



HICMR Infection Control Newsletter

SEPTEMBER 2009

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



Endo & SS Workshops Sept 2009 - Feb 2010

Endoscopy Workshops (10 yr Anniversary!!)

Brisbane: 17.09.09

Melbourne: 12.11.09

8.12.09 (BCP) **New!**

18.02.10 **New!**

Sydney: 25.11.09

25.2.10 (Newcastle)

Endo Preceptors

Adelaide: 9.12.09 **New!**

Brisbane: 16.09.09

Melbourne: 8.12.09 **New!**

Sterilising Services Workshops

Brisbane: 18.09.09

Melbourne: 29.10.09

Perth: 8.09.09

Sydney: 7.10.09

26.02.10 (Newcastle)

Further details &/to register: www.hicmr.com.au

IMPORTANT NOTICE! HICMR HAS MOVED OFFICE



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Please ensure all updated B&BFEI Packs with the new details are available as relevant.

Topic of the Month: Gastroenteritis - A Timely Reminder

- Gastroenteritis Outbreaks are one of the most common types of outbreaks reported in healthcare facilities. These outbreaks are commonly caused by viral agents such as Norwalk like viruses, which are spread from person to person.
- A Gastroenteritis Outbreak is defined as two or more cases of vomiting or diarrhoea over a 24 hour period, (above the usual number of cases in the facility).
- All staff should report all episodes of diarrhoea (patient or self) to their manager promptly, so that cases can be monitored and an outbreak identified as early as possible.
- All staff members with signs and symptoms of Gastroenteritis should stay away from work until 48 hrs without any symptoms.
- The Health Act requires that all Healthcare facilities should notify the State Health Department when a Gastroenteritis Outbreak occurs.
- Inform your Infection Control Consultant and implement Infection Control measures immediately, including effective hand hygiene, to limit the spread of infection, reduce staff absenteeism and reduce harm/cost to the facility, patients and the community.

For further information refer HICMR IC Policy, Toolkit and ET: Gastroenteritis Outbreak.

Client Portal/HARP Update

Updated Products include:

Policy Manuals/RA Tools:

- Infection Control – Index V13, Staff Health Polices/Toolkit, B&BFEI Toolkit. Nb. Surveillance Toolkit coming soon!
- Day Surgery – Manual under review.
- Endo/Probes – Index V8, all Toolkits, Skills Assessments, & RA Tools. (This Manual is currently under review). Nb. New IA Tools: Tracking Audits coming soon!
- Sterilising Services – Index V3, revised Section 2, & RA Tool. Nb. New IA Tool: Tracking Audit coming soon!
- Facility Wide IC Program RA - a new RA Tool will be available soon!

Education Tools: Acute Respiratory Infections – Clinical and NonClinical, & Powerpoint Presentation. Nb. Gastro Outbreak Mngmnt coming soon!

HICMR ICCs Orientation PP: updated.

ICMPs Vic: currently being prepared.

HICMR Website: www.hicmr.com.au

Provides general access to information about HICMR & IC Workshops.

Client Portal: a secure site for facility-wide access to Infection Control Manuals/Toolkits. All Client Portal logins have recently been reassigned.

HICMR Assessment & Reporting Program (HARP):

a restricted site for access by the facility DON/Manager, and 1 other rep only. Includes RAs Reports, Action Plans, Graphs, etc.

Contact your HICMR ICC for further details.

Pandemic Influenza Update

- The World Health Organisation (WHO) is advising countries in the Northern Hemisphere to prepare for a second wave of pandemic spread. Countries in the temperate part of the southern hemisphere should remain vigilant as localized "hot spots" of increasing transmission can occur even when the pandemic has peaked at the national level. No studies so far have detected that the virus has mutated to a more virulent or lethal form.
- Studies continue to confirm that the majority of people infected with Pandemic (H1N1) 2009 will have a self-limited illness, and will recover with rest at home and supportive measures.
- Current evidence shows that this is not the same as seasonal influenza as it is affecting younger age groups.
- Some people may suffer a more severe illness, and may rapidly deteriorate. There should be continued focus on early recognition and treatment of this group.
- People considered to be vulnerable to more severe outcomes, and who therefore should be specially monitored include those with the following:
 - Chronic respiratory conditions (eg. asthma, COPD).
 - Pregnancy (2nd and 3rd Trimester).
 - Morbid obesity.
 - Indigenous people of any age, (especially those with chronic conditions).
 - Other chronic conditions such as cardiac disease, diabetes mellitus, immunosuppression – this group seem to have a greater risk of severe illness.
- Under the current Pandemic Phase: Modified Sustain to Control a Pandemic (H1N1) vaccine is undergoing trials. It is due to be available for mass vaccination at the end of September/October for adults, and October/November 2009 for children in Australia.
- Each state will receive allocated vaccines to be distributed in phases to high risk patients/HCWs - refer to individual State Pandemic (H1N1) Forums for roll out details.
- Consent forms, Multi-dose issues, and TGA approval are currently being discussed at State and National levels.
- For updated information refer HICMR August Information Sheets and DoHa: <http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/home-1>
<http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/healthprof#clinical>

Standards Update

- CDNA, 2004: Infection Control Guidelines - under review.
- AS/NZS 4187, 2003 - under review.
- GESA/GENCA - under review. Monitor GENCA website to see draft version