



RISK ALERT –

ACCIDENTAL SHARING OF EBM

There have been several reports within the industry recently of Accidental Sharing of Expressed Breast Milk (EBM). Risk minimisation requires strict adherence to safe management and rigorous checking procedures.

- ♣ EBM is a body fluid with the potential for transmission of infectious pathogens if contaminated due to inappropriate storage and handling. Therefore practices related to storage and handling of EBM in healthcare facilities (HCFs) should ensure contamination does not occur.
- ♣ There is potential for infection transmission if EBM is administered to the wrong baby. This could occur in any area where mothers and babies are separated and/or EBM is dispensed.
- ♣ All HCWs handling EBM have a duty of care to ensure EBM is managed safely, including:
 - Awareness of current policies and procedures.
 - Attending regular education on management of EBM.
 - Routine compliance with correct documentation and checking procedures prior to giving EBM to a baby.
- ♣ Parents should be provided with appropriate information regarding the collection, labelling, storage and checking processes for the safe management of EBM.
- ♣ For further details refer HICMR Policy and Information Sheet: *Breast Milk - Safe Management*.

CLIENT PORTAL/HARP UPDATE

- ❖ **HARP Logins:** Due to demand an automated process to self generate forgotten logins will be available soon.
- ❖ **RA Tools:** All are currently under review as per Policies. Several have been updated - CU-Med/Surg & AC; Endo & Probes; IPC Program; OT; SS.
- ❖ **IA Tools:** More new/updated IA Tools are now available for MS clients – CU-Med/Surg, CCU, ED, Maternity; Endo & Probes; SCN & OT. Refer HARP.
- ❖ **Policy Manuals:** The 3 year review is well underway. Updated sections of the S-AM Manual are progressively being loaded on the Client Portal. The new Front Cover, Document Control Library, Foreword and Section 2 are now available. There is also a Table of Contents for each section, and the alphabetical index will be available once the Manual is complete. A more user friendly Search Function is also being developed. All other Manuals to follow.
- ❖ **Current Versions of HICMR Manuals:**
 - Infection Control:
 - Surgical-Acute Medical (S-AM) - V18. (Under review).
 - Aged Care (AC) – V7. (Under review).
 - Day Surgery – V3. (Under review).
 - NonSurgical (NS) – V6. (Under review).
 - DI & NEPT – (Under review).
 - Endo/Probes – V13 (Under review). Nb. Revised Tracking Toolkit Trial: V12-811 is now available - **feedback is required by the end of Sept.**
 - Sterilising Services – V3. (Awaiting review of AS/NZS 4187 - ? draft available Feb 2012).

PRODUCT REVIEW

1. **Alcohol Based Hand Scrubs/Rubs For Pre-Op Surgical Disinfection**
 - ♦ Current WHO guidelines recommend the use of alcohol based formulations for pre-operative surgical hand prep given their superior antimicrobial efficacy. *“It is important to note that the antibacterial efficacy of products containing high concentrations of alcohol by far surpasses that of any medicated soap presently available. For this reason, preference should be given to alcohol-based products. Furthermore, several factors including rapid action, time savings, less side-effects, and no risk of recontamination by rinsing hands with water, clearly favour the use of pre-surgical hand rubbing.”* (WHO, 2005-2006. Guidelines on Hand Hygiene in Healthcare Section 13.6. Advanced Draft).
 - ♦ ACORN advise “As with all our evidence based ACORN Standards the Committee will thoroughly research all documentation pertaining to the introduction of alcohol hand scrubs/rubs prior to recommending any changes to practice within the relevant standards.” (ACORN website – Media Releases).
 - ♦ Skinman Soft N is one of the TGA approved alcohol based antiseptic hand rubs for surgical hand disinfection currently available, and is registered with the TGA as a topical antiseptic. A number of other companies are currently seeking approval for alcohol based hand rubs for pre-op surgical disinfection.
2. **Alcohol For Use on Medical Devices**
70% Alcohol used for drying instruments, eg. Flexible Endoscope channels, must be suitable for use on medical devices and TGA approved for the purpose. We are aware of 1 brand that now complies with this requirement - provided by Whitley Chemicals.

INFECTION CONTROL EDUCATION

For new and existing staff working in Infection Control – check out the Safety and Quality Website for great e-learning packages on a wide range of Infection Control topics.
Register your details, complete the package and print your certificate on completion.
<http://infectionprevention.e3learning.com.au/>

NEW/REVISED STANDARDS/GUIDELINES

- ✓ Royal Australasian College of Surgeons (RACS), 2010. Position Paper: Prevention of Healthcare Associated Infection in Surgery.
<http://www.surgeons.org/racs/college-resources/publications/position-papers/prevention-of-healthcare-and-associated-infection-in-surgery>
- ✓ ACSQHC, June 2011. National Safety & Quality Standards.
[http://www.health.gov.au/internet/safety/publishing.nsf/Content/37088D5E3CFF8205CA2573AF007BC4FF/\\$File/NSQHS%20Standards.PDF](http://www.health.gov.au/internet/safety/publishing.nsf/Content/37088D5E3CFF8205CA2573AF007BC4FF/$File/NSQHS%20Standards.PDF)
- ✓ ANZCA, 2010. Difficult Airway Management Guideline.
<http://www.anzca.edu.au/resources/professional-documents/tg4.html>

TRANSMISSIBLE DISEASES TOPIC

Shingles (Herpes Zoster)

- ✚ “Varicella Zoster Virus” causes Shingles.
- ✚ Symptoms: Shingles is a skin rash with painful blisters, which usually follow nerve tracts around the body. Within five days from the start of the pain a rash similar to Chickenpox will develop that turns into blisters that then become crusted. The chest and stomach are commonly affected. The pain is due to damage of the nerves by the virus. This pain can range from tingling to very severe pain that may last for weeks or months.
- ✚ Transmission: Shingles occurs due to a reactivation of the Chickenpox virus, which remains in nerve cells of the body after an initial attack. Anyone who has had Chickenpox can develop shingles. A person cannot develop Shingles from a person with Shingles. A person not immune to Chickenpox however, can develop Chickenpox from contact with fluid from the lesions by touching dressings, sheets or clothes soiled with discharge from these lesions.
- ✚ Management/Treatment: Transmission Based Contact Precautions are recommended for patients with Shingles. Anti-viral medications to lessen severity of the disease should be started 24-72 hrs from the onset of a Shingles rash.
- ✚ What can I do? HCWs should be aware of their immune status, ie. History of disease as a child, or vaccination against Varicella. **Non-immune staff should not care for a patient with Shingles.**
- ✚ Refer HICMR Policy: *Transmissible Disease Exposure Management, including TB.*

INFECTION CONTROL WORKSHOPS 2011-2012* FLEXIBLE ENDOSCOPY/PROBES & STERILISING SERVICES (SS)

HICMR Workshops are for all interested HCWs. CPD Points are available. Book early as places fill fast!
For details/online registration refer www.hicmr.com.au

Endoscopy/Probes Workshops

06 Oct 11	Albury	
20 Oct 11	Canberra	New
09 Nov 11	Sydney	Full
16 Nov 11	Adelaide	
30 Nov 11	Melbourne	Full
07 Dec 11	Brisbane	
01 Mar 12	Melbourne	New
14 Mar 12	Sydney	New

Preceptor Endoscopy/Probes Workshops (For HICMR Endoscopy/Probes Manual Clients only)

05 Oct 11	Albury	
08 Nov 11	Sydney	
29 Nov 11	Melbourne	Full
06 Dec 11	Brisbane	
28 Feb 12	Melbourne	New
13 Mar 12	Sydney	New

Sterilising Services Workshops

10 Nov 11	Sydney	Full
08 Dec 11	Brisbane	
29 Feb 12	Melbourne	New
15 Mar 12	Sydney	New

*2012 Workshops are in the process of being scheduled. BCP Workshops will no longer be offered due to insufficient demand, but all relevant info will be covered in Endo/Probes Full Day Workshops for relevant HCWs.