



# HICMR Infection Control Newsletter

## AUGUST 2011 (V2)

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



### ENDOSCOPY/PROBES & STERILISING SERVICES IC WORKSHOPS: 2011-2012

HICMR Endo/Probes & SS Workshops are for all interested HCWs. Book early as places fill fast! For details/online registration refer

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

#### Endoscopy Workshops

06 Oct 11	Albury	
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

#### BCP Workshop

(For staff processing Bronchs/Cystos/Probes only, ie: Not GI)

16 Aug 11	Melbourne	Full
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#### Preceptor Endoscopy Workshops

(For HICMR Endoscopy Manual Clients only)

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

#### Sterilising Services Workshops

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

Continuing Professional Development  
(CPD) Points Available

### RISK ALERT - Storage Of Flexible Endoscopes & Diagnostic Probes

Further to the March 2011 Newsletter, as per revised GESA/GENCA, and NHMRC Guidelines,\* Gastrosopes, Colonoscopes, Flexible Sigmoidoscopes, Radial EUS Scopes, Emergency Intubating Bronchoscopes, Diagnostic Probes and non channelled Endoscopes, eg. ENT, can be used for up to 72 hours without reprocessing provided all recommended conditions are met, including:

- Should have been processed correctly within the previous 72 hours, including drying with forced air and alcohol as per the manufacturers IFU, and there is documented evidence of same.
- Should be stored in dry, well-ventilated, enclosed cupboard/s made of smooth, non porous cleanable materials, free of extraneous items. (For non channelled Endoscopes/Probes, if unable to be hung should be stored in clean waterproof containers with a lid and lint free towels).
- Should be stored without being reassembled, and hanging freely, vertically on appropriate hangers with all valves & caps removed and not touching the ground. OR in validated Drying Cabinets.
- Should not be stored in the cases as they may have become contaminated, and do not allow airflow to remove residual moisture from the Flexible Endoscope.
- Storage Cupboards should be cleaned weekly, and there should be a documented cleaning schedule.
- Should have evidence of last 12 months of routine microbiological surveillance of the Flexible Endoscopes showing negative culture results. Nb. If a positive result is obtained the 12 months will need to recommence.
- Where the above recommended conditions for 72 hour storage are not met/available/required, and for Bronchoscopes Cystoscopes, Duodenoscopes and linear EUS Scopes, processing should be prior to first use of the day, unless sterilised via the wrapped sterilisation method, eg. ETO/Low Temperature Hydrogen Peroxide eg. Sterrad. \*NHMRC, 2010. *Australian Guidelines for the Prevention and Control of Infection in Healthcare* now available: <http://www.nhmrc.gov.au/node/30290>  
\*GESA/GENCA 2010, *Infection Control in Endoscopy Guidelines*: <http://www.genca.org/>

### TRANSMISSIBLE DISEASES TOPIC Varicella (Chicken Pox)

- ✚ "Varicella Zoster Virus" causes Chickenpox.
  - ✚ Symptoms: 1st symptoms are often fever and feeling unwell. In some, the 1<sup>st</sup> sign of infection is the rash. The rash usually starts on the head and chest, although some children and adults can have spots all over the body. The spots start as red, itchy lumps, which then become blisters. These blisters contain infectious watery fluid. The blisters will crust over in about 5 days. Children often have a mild illness, but some can be quite ill. Usually adults have a more severe illness, which lasts 7-10 days.
  - ✚ Transmission: Chickenpox is highly infectious and is spread by droplets from an infected person coughing or sneezing, or by contact with the fluid in the blisters. A person with Chickenpox can be infectious up to 2 days before the rash appears and until the blisters are dry and crusty. Over 90% of close contacts will contract Chickenpox if they are not immune.
  - ✚ Incubation period: Symptoms develop around 14-15 days after contact, (range 10-21 days).
  - ✚ Management/Treatment: Airborne Transmission Based Precautions are required. Anti-viral medications can be effective, if commenced early, to treat or lessen the severity of the disease.
  - ✚ What can I do? Staff must be aware of their immune status, ie. History of disease as a child or been vaccinated against Varicella. **Nb. Non-immune staff should not care for a patient with Varicella.**
- For further information refer HICMR Policy: *Transmissible Disease Exposure Management, Including Tuberculosis (TB).*

### Hand Hygiene Australia (HHA) UPDATE

#### HHA's Response to Recent MJA\* Letter

- The recent letter in the MJA regarding the consumption of 6 bottles of an alcohol based hand rub (ABHR) by a patient with a history of poly-substance abuse highlights some important points.
  - This is a timely reminder that the placement of these products must be carefully planned in areas that manage potentially less-rational patients, (e.g. Aged Care/Mental Health) consideration must be given to the appropriate placement of such patients where there is widespread distribution of ABHR.
  - Many of these issues are identified in the HHA Generic ABHR OH&S Risk Assessment matrix on the HHA website under 'Manual'.
  - These products should be bracketed to prevent easy removal of the bottle. HHA note some hospitals use 'cable ties' to secure products.
  - The Director and Project Manager of HHA noted: "although the availability and use of ABHR can be linked to a reduced risk of acquiring a healthcare acquired infection, there might occasionally be an associated small risk identified using these products. Thus, a carefully considered Risk Management strategy should be employed for the safe use of these products."
- Refer: <http://www.hha.org.au/>  
\*Reference: MJA 2011; 194 (12): 664.

### NEW/REVISED STANDARDS/GUIDELINES

- ✓ GENCA/Qld Health Endoscope Reprocessing Package, 2011. <http://www.health.qld.gov.au/EndoscopeReprocessing/default.asp>
- ✓ Royal Australian 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>

### CLIENT PORTAL/HARP UPDATE

❖ **Policy Manuals:** The 3 year review is in progress as per revised state, national and international guidelines. The revised versions will include a more user-friendly format with an alphabetical index, and Table of Contents for each section. Updated sections will be loaded progressively on the Client Portal.

#### Current Versions of HICMR Manuals:

- Infection Control:
  - Surgical-Acute Medical (S-AM) - Index V17. (Under review).
  - Aged Care (AC) - Index V7. (Under review).
  - Day Surgery - Index V3. (Under review).
  - NonSurgical (NS) - Index V6. (Under review).
  - DI & NEPT Manuals - reformatted versions available soon.
- Endo/Probes - Index V12 (Under review). Nb. Education Tools updated, & Revised Tracking Toolkit Trial V2 will be available soon.
- Sterilising Services - Index V3.
- ❖ **RA Tools:** Under review as per Policies. **IA Tools:** More new/updated IA Tools and Tracking Audits are now available for MS clients.