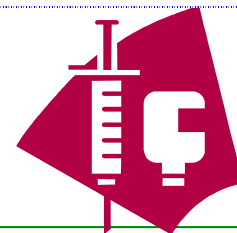


HICMR Infection Control Newsletter

AUGUST 2008



To contact your **HICMR Consultant (ICC)** OR to report Blood and Body Fluid Exposure Incidents (B&BFEI), call **pager 016 301 701**.

HICMR CLIENT PORTAL

- The following revised/new Manuals are now available on the Client Portal:
 - Aged Care
 - Day Surgery
 - Diagnostic Imaging
 - Endoscopy
 - Non-Emergency Pt Transport (NEPT)
 - Non-Surgical **New!**
 - Office Based (OB) Practice
 - Sterilising Services (SS)
 - Sterilising Services (SS) for OB Practice
 - Surgical-Acute Medical
- Manuals are accompanied by Toolkits, which include Forms, Posters etc. to assist in implementation. Nb. Revised Endo Tracking Toolkit now available.
- A new Document Control System Policy is now available explaining the development, revision, access, implementation and feedback process.
- **New!** SDLPs and SS Education Program with online auditing by both Participant and Activity are currently undergoing client testing, and will be available soon. Refer New Education Policy & Endo/SS Education Program Policies for implementation.

Make sure you know your facility's login details for the Client Portal!

HICMR ASSESSMENT & REPORTING PROGRAM

- ✓ **New!** RA Action Plans are now available! These are a Word Doc for the client to use as required.
- ✓ **New!** Electronic Monthly B&BFEI Reports are now available!
- ✓ HICMR are currently in the process of revising the 38 automated Risk Assessment (RA) Tools in line with updated Policies.
- ✓ Internal Audit (IA) Tools are in the development phase for HICMR clients to self-audit compliance. Client testing will commence soon.
- ✓ Electronic Reports/Graphs/Calendars are being tested and will be available soon via a secure site on the Client Portal.

STAFF HEALTH: PERTUSSIS

- ✓ Pertussis (whooping cough) is an epidemic respiratory infection caused by *Bordetella pertussis*, with an incubation period of 7-20 days. Epidemics occur every 3-4 years. Maternal antibodies may not provide reliable protection and the highest risk of infection and severe morbidity is in infants prior to receiving at least 2 vaccine doses.
- ✓ There have been several cases of reported nosocomial infection in young infants acquired from healthcare workers (HCWs).
- ✓ Immunisation Guidelines 9th ed. now recommends a single booster dose of dTpa for all HCWs, provided that no documented dTpa booster dose has been previously received.

Refer HICMR IC Policy and Toolkit.: Staff Health Management Program.

CLINICAL UPDATE: SINGLE USE/SINGLE PATIENT USE

- Reprocessing of 'single use' medical devices raises several safety issues including potential for cross infection, endotoxin reactions, material degradation and mechanical failure. As a consequence, medical devices labelled by the manufacturers as deemed for **single use only** should not be reprocessed ie. Such items should be used once only then discarded.
- Some medical devices are labelled by the manufacturer as '**single patient**' use. Single patient use "means more than one episode of use of a medical device on one patient only. The device may undergo some form of processing between each use." It is therefore acceptable to re-use these devices for the duration of a patient's therapy "provided the intended purpose has not changed and the reprocessing for reuse is consistent with the manufacturer's instructions."

Refer HICMR Policy: Single use/Single Patient Use Medical Devices.

TOPIC OF THE MONTH:

Pulmonary Tuberculosis (TB)

What is TB? A curable disease caused by the bacteria *Mycobacterium Tuberculosis*. TB can damage a person's lungs or other part of the body and cause serious illness.

How is TB spread? Through the air when a person with TB in the lungs coughs/sneezes/ speaks, sending the bacteria into the air. When other people breathe in the bacteria, they may become infected.

TB Infectivity: TB infection can lay dormant in the body for many years and only become infective to others when infection becomes active, ie. open pulmonary disease.

S & S: A chronic cough - sometimes with haemoptysis; fever and night sweats; loss of weight and generally feeling unwell.

Diagnosis: Clinical presentation; tuberculin skin testing using mantoux procedure/quantiferon gold; Chest xray; direct staining of and culture of sputum and/ or PCR.

Incubation Period: Infection to the primary lesion or significant tuberculin reaction is about 4-12 weeks.

Treatment: Chemotherapy.

Precautions: Additional Precautions including Respiratory isolation, N95 masks until non-infectious.

Refer HICMR IC Policy & Toolkit: Pulmonary TB.

ENDO & SS WORKSHOPS

✚ Sterilising Services Workshops:

<u>Melbourne:</u>	27.8.08 (Full)
	28.11.08 New!
<u>Perth:</u>	2.9.08
<u>Brisbane:</u>	09.10.08
<u>Sydney:</u>	30.10.08
<u>Newcastle:</u>	2.12.08 New!

✚ Endoscopy Workshops:

<u>Adelaide</u>	13.8.08
<u>ACT:</u>	12.9.08 New!
<u>Brisbane:</u>	12.11.08
<u>Sydney:</u>	20.11.08
<u>Melbourne:</u>	27.11.08 (Full)
<u>Newcastle:</u>	03.12.08 New!

✚ BCP Workshops:

<u>Sydney:</u>	11.9.08
<u>Melbourne:</u>	17.9.08

✚ Endo Preceptors:

<u>Adelaide:</u>	12.8.08
<u>Sydney:</u>	11.9.08
<u>Melbourne:</u>	17.9.08
<u>Brisbane</u>	11.11.08

✚ For further details/register ASAP:
www.hicmr.com.au > Workshops>
Type of Workshops > State >
Register online OR Contact
workshops@hicmr.com.au.



HICMR Assessment & Reporting Program

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