



HICMR Infection Control Newsletter

SEPTEMBER 2008



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

Stop Press: National Hand Hygiene Initiative

ACSQHC is launching Hand Hygiene Australia - 5 moments for hand hygiene in February 2009. A national approach to hand hygiene, including education tools, standardised practices/protocols and auditing tools for hand hygiene compliance.

Stay tuned to October's HICMR IC Newsletter for more details.

HICMR CLIENT PORTAL

- All the revised/new Manuals are now available on the Client Portal.
- Manuals are accompanied by Toolkits, which include Forms, Posters etc. to assist in implementation.
- The revised Endo Tracking Toolkit is now available.
- A new Document Control System Policy is now available explaining the development, revision, access, implementation and feedback process.
- All relevant Policies will soon be updated with new CDNA Infection Control Guidelines website:
<http://www.health.gov.au/internet/main/pub/ishing.nsf/Content/icg-guidelines-index.htm>

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!
- ✓ **On Trial!** General, Endo and SS Education Packages have undergone client testing, and are being modified as per feedback. Refer relevant Education Policies for implementation.
- ✓ **Under Review!** HICMR automated RA Tools are under review in line with updated Policies – this may result in a change of total score for that RA.
- ✓ **Being Developed!** Internal Audit (IA) Tools are in the development phase for HICMR clients to self-audit compliance.
- ✓ **Available Soon!** RA Reports/Graphs/Schedules will soon be available via a secure site on the Client Portal.

STAFF HEALTH: VARICELLA

- ❖ **Pre-Exposure Vaccination of HCWs:** A HCW with a negative or uncertain history of varicella infection is recommended to undergo serological testing. If seronegative, vaccination should be offered in a 2 dose schedule. Testing to check seroconversion after vaccination is not recommended
- ❖ If a rash develops within 6 weeks after administration of the vaccine, the HCW should cover the rash and be assigned to duties that require no patient contact, or placed on sick leave for duration of the rash. (Rash occurs in less than 5% of Vaccinations).
- ❖ **Post-exposure management of HCWs:** If history of previous vaccination or infection, assume immunity. Offer vaccination to those HCWs who are not vaccinated, have negative or uncertain history of varicella infection. This is usually effective in preventing development of varicella if given within 3-5 days, after exposure.

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

CLINICAL UPDATE: SKIN DISINFECTANTS

- In Australia, skin disinfectants/antiseptics are regulated by the TGA. Products are either registered (AUSTR), or listed (AUSTL). Products approved for use will display these numbers and should be used accordingly.
- The most appropriate agent should be selected for skin disinfection with regard to the tissue to be applied to, procedure to be performed and the manufacturer's instructions, particularly contraindications.

Refer to HICMR Policy Skin Disinfectants- Selection and Use.

TOPIC OF THE MONTH: HEPATITIS C

Hepatitis C is caused by a blood-borne virus that affects the liver. At the end of 2006, an estimated 271,000 people living in Australia had been exposed to the hepatitis C virus. Of those 68,500 were estimated to have cleared the virus, with the remaining 202,400 having a chronic infection. The number of new infections per year is estimated to be 9,700 nationally. The hepatitis virus is a slow acting virus, and for the majority of people infection will not result in serious disease or death.

Transmission: Occurs when the blood of someone, who is already infected with Hepatitis C virus, enters the bloodstream of another person eg. IV drug use, tattooing, needlestick injury. (Risk of transmission in a healthcare setting due to a needlestick is 2-8%).

S&S: Acute infection - first stage (<6 months, usually within 12 weeks), usually asymptomatic but may have nausea, dark urine, jaundice and/or abdominal discomfort. Hepatitis C is cleared from the body, without medical intervention in about 25% of the people within 2-6 months of infection. Chronic infection can occur and lead to liver damage.

Diagnosis: Blood test - antibodies and/or PCR; LFTs, liver biopsy.

Treatment: Pegylated Interferon, and Ribavirin. No vaccine is currently available.

Appropriate Precautions: Standard Precautions.

ENDO & SS WORKSHOPS

✚ Sterilising Services Workshops:	
<u>Melbourne:</u>	28.11.08 (Full)
<u>Brisbane:</u>	09.10.08
<u>Sydney:</u>	30.10.08
<u>Newcastle:</u>	02.12.08 New!

✚ Endoscopy Workshops:	
<u>ACT:</u>	12. 9.08
<u>Brisbane</u>	12.11.08
<u>Sydney:</u>	20.11.08
<u>Melbourne:</u>	27.11.08 (Full)
	26. 2.09 New!
<u>Newcastle:</u>	03.12.08 New!

✚ BCP Workshops:	
<u>Melbourne:</u>	17. 9.08 (Full)

✚ Endo Preceptors:	
<u>Melbourne:</u>	17. 9.08 (Full)
<u>Brisbane</u>	11.11.08

For further details or to register online:
www.hicmr.com.au
Workshops > Type of Workshops > State
Contact: (03) 9520 3040 /
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HICMR Assessment & Reporting Program

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