HANDS UP FOR HANDS-ON!

Infection Prevention & Control Newsletter

The purpose of bringing this newsletter to you is to provide you with information and updates on contemporary infection prevention and control issues that may be relevant to your workplace. We hope you find the information informative and useful.

Hands Up for Hands-On

Autumn/Winter 2011

Inside this issue:

Special Points of Interest

Latex Allergy in Healthcare Workers

Latex allergy can result from repeated exposures to proteins in natural rubber latex through skin contact or inhalation. The amount of exposure needed to sensitise individuals to natural rubber latex is unknown, but reductions in exposure to latex proteins have been reported to be associated with decreased sensitisation and symptoms.

How common is Latex Allergy?

There has been an increasing incidence of latex sensitivity amongst healthcare workers (HCWs) who are frequently exposed to latex products. Studies indicate that 8-12% of HCWs regularly exposed to latex are sensitised, compared with 1-6% of the general population.

Products containing Latex

A wide variety of products used in the health industry contain latex, including: disposable gloves, intravenous tubing, syringes, stethoscopes, surgical masks, rubber aprons, goggles, respirators, injection ports, catheters, wound drains and injection ports.

The most significant exposure to latex products is from the use of latex gloves (the most frequently used form of PPE). Exposure occurs both from direct contact but also from when gloves are changed. At this point latex protein/powder particles get into the air where they can be inhaled.

Symptoms of Allergy Reactions

Reactions usually begin within minutes of exposure to latex, but they can occur hours later and can produce various symptoms.

These include;

- skin rashes
- itching
- hives
- flushing
- asthma
- nasal, eye or sinus symptoms
- shock (in rare cases).

Workplace Controls

It is recommended that the following steps are taken to protect workers from latex exposure and allergy in the workplace:

- All workers at risk of developing latex sensitivity are made aware of the hazards associated with exposure to latex
- Workers should be informed of the symptoms of latex allergy
- Latex-free gloves are available to staff with latex allergies
- Powder-free, low allergen latex gloves are available to staff
- All products and medical devices that come in contact with individuals at risk, should be reviewed for possible latex content
- All staff should be screened on commencement of employment for latex allergy.

Vaccination Update Poliomyelitis

Are you up-to-date with the current guidelines?

The current vaccination schedule is:

- *2, 4 and 6 months of age*
- *4 years of age*

Combination vaccines are usually used for children.

Booster doses for adults are not necessary unless they are at special risk, such as travellers to countries where poliomyelitis is epidemic or endemic, or healthcare workers in possible contact with poliomyelitis cases.

For those exposed to a continuing risk of infection, booster doses are advisable every 10 years. dTpa-IPV combination vaccines can be used.

For further information see:
www.immunise.health.gov.au

What am I?

I am a sporazoan parasite which causes intermittent bouts of fever, shivering and profuse sweating. Complications can include coma, severe haemolysis and renal failure. My incubation period ranges from 2 days to several months. My incidence is steadily increasing due to the increasing volume of international travel. Chemoprophylaxis is available but does not give 100% protection from me.

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HCW's with Acute Infections

Are you aware of the exclusion periods for staff with acute infectious illnesses?

Does your facility have clearly documented policies regarding disease-specific work restrictions and exclusions?

With the influenza season upon us, it might be timely to review this topic. Any employee who has an infectious disease has a responsibility to consult with an appropriate medical practitioner or infection prevention nurse to determine that they are capable of performing their tasks without putting patients/residents/clients or other workers at risk.

Below is a summary of the more common infectious illnesses and their restrictions/exclusion period.

Acute Infection	Restriction/Exclusion period
Conjunctivitis	Must not provide patient care for the duration of symptoms.
Gastroenteritis	Must not attend work whilst symptomatic and until 48 hours after symptoms have resolved.
Herpes Simplex (Cold Sores)	Must not provide direct care to neonates, newborns, patients in delivery suite, severely immunocompromised individuals, burns patients, those with extensive eczema, or patients in the OR if there is an exposed herpatic lesion. May provide direct care to other patients/residents/clients, do not need to wear a mask.
Herpes Zoster (Shingles)	Must not provide any direct care if lesions cannot be covered. If lesions can be covered, may provide direct care except as in herpes simplex.
Influenza	Employees should remain off work for 5-6 days, or until they are symptom free.
Pertussis (Whooping cough)	Remain away from work until at least 5 days after commencement of appropriate antibiotic therapy; or for 21 days after onset of symptoms if not receiving antibiotic treatment.
Staphylococcal Infection (e.g. boils/wound infections)	Any staphylococcal lesions must be covered with an occlusive dressing. If lesions cannot be covered, must not perform direct care or prepare food until received the appropriate antibiotic therapy and the infection has resolved.
Streptococcal Infection (e.g. tonsillitis / impetigo)	All lesions must be covered with an occlusive dressing. If lesions cannot be covered, employees must not provide direct care nor prepare food until 24 hours after commencement of appropriate antibiotic therapy. Employees with tonsillitis/pharyngitis should avoid direct contact for at least 24 hours after starting appropriate antibiotic therapy.
Viral respiratory tract infections (e.g. common cold)	Staff should be excluded from contact with susceptible persons until they are no longer symptomatic. Staff should stay at home until they feel well.

Reference: National Health and Medical Research Council and Australian Commission on Safety and Quality in Healthcare. (2010). Australian Guidelines for the prevention and control of infection in healthcare. Canberra. Australian Government.

Available at: http://www.nhmrc.gov.au/guidelines/publications/cd33

Education Matters

Infection Prevention and Control Study Day Series

Infection Prevention Study Day Series (No 2) for Residential Care
25 July 2011 (Adelaide)
27 July 2011 (Perth)

Infection Prevention Study Day Series (No 3) for Residential Care
15 November 2011 (Adelaide)
30 November 2011 (Perth)

Infection Prevention Study Day Update for Residential Care
29 June 2011 (Perth)
14 November 2011 (Adelaide)

For further details or enrolments contact our office or visit our web-site

Our educational courses have been endorsed by APEC No 070523701 as authorised by Royal College *of* Nursing, *Australia* (RCNA) according to approved criteria. Attendance attracts RCNA CNE points as part of RCNA's Life Long Learning Program (3LP).

Pneumococcal Disease

Clinical Features:
Invasive Pneumococcal Disease (IPD) is defined as the isolation of *Streptococcus pneumoniae* from a normally sterile site, most commonly blood. To date, 90 capsular antigenic types have been recognised.

In adults, pneumococcal pneumonia is the most common clinical presentation, whilst in children, bacteraemia accounts for more than 2/3 of cases.

Epidemiology:
The highest rates of IPD are seen in children <2 years of age and adults >85 years of age. The overall rate of IPD in Indigenous Australians was 3.2 times that of non-indigenous Australians. Implementation of the pneumococcal conjugate vaccine program in 2001 for high-risk children has reduced that gap between Indigenous and non-Indigenous children <2 years of age.

Risk Factors:
The risk of IPD is highest in those people with impaired immune systems for any reason. In those people without impaired immune systems, frequent otitis media, exposure to tobacco smoke, and recently starting childcare are associate with increased risk.

For further information see:

www.immunise.health.gov.au

When can you give blood following Influenza or Hepatitis B vaccinations?

According to the Red Cross Australia website there is no delay required following Influenza vaccination.
Donors are asked to wait 1 week following hepatitis B vaccination (The Hepatitis B vaccine can interfere with the Red Cross testing of the blood). As a precaution, it is advisable to notify the staff following any vaccinations within 1 month prior to donating blood.

Brain Teaser—what am I? Unscramble me using the clue:

1. *tbcoteraaince; an aerobic Gram –ve bacillus isolated from the hospital environment which can cause HAI's and pneumonia.*
2. *indcpmae; an epidemic that is geographically widespread.*
3. *bsilllkeea iumneepnoa ; gram –ve bacteria frequently responsible for HAI's of wounds and UTI's.*
4. *ryhpoohleitc; a chlorine based disinfectant.*

Answers page 4

Reporting of Adverse Events Following Immunisation

The WA Vaccine Safety Surveillance (WAVSS) was launched in early March 2011. This service was established by the WA Department of Health to help immunisation providers manage individuals who have had an adverse event following immunisation (AEFI).

Who should report AEFIs?

Medical practitioners in WA have a statutory requirement to notify the WA Health Department of AEFIs. Parents, guardians or any health care professional may also report.

Which AEFIs should be reported?

Any AEFI felt to be significant following immunisation, or any reaction requiring assessment by a doctor or a nurse should be reported. Common/minor reactions need not be reported.

How do you report an AEFI?

At any time (24 hours a day/7 days a week) by the following methods:

- On line reporting : www.wavss.health.wa.gov.au
- Telephone: (08) 9321 1312 between 08.30-16.30 hours.
- Completing a WAVSS reporting form and returning it by;
    - Post: Central Immunisation Clinic, PO Box 8172, Perth Business Centre, WA 6849
    - Fax: (08) 9426 9408 (24 hours)

What are the benefits of reporting an AEFI to WAVSS?

WAVSS provides;

- A user-friendly way for AEFIs to be reported.
- Clinical support to patients and immunisation providers.
- Individualised assessment of the suspected adverse event and options regarding future vaccinations.
- Referral to immunisation clinics for individuals with a history of a significant AEFI.
- Feedback to immunisation providers about the AEFIs they have reported.

An immunisation nurse reviews all AEFIs reported to WAVSS.

Reference: www.public.health.wa.gov.au

Gastro-Info: Gastroenteritis Kit for Aged Care

The revised national ***Gastro-Info: Gastroenteritis Kit for Aged Care*** was recently sent to all residential care facilities.

The need to revise the existing kit was identified, with respect to *Clostridium difficile*, following the detection of a number of cases of hypervirulent strains of *Clostridium difficile* in Australian health care facilities including residential aged care facilities.

The revised kit aims to strengthen advice about management of gastroenteritis including cohorting residents, increased hand hygiene and increased hydration for affected residents. Aged care providers were reminded about strict adherence to hand hygiene, cleaning of equipment between residents and good environmental housekeeping as necessary for the prevention of the spread of *Clostridium difficile*.

It will also be available shortly on the Department's website at: http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-publicat-gastro-kit.htm

In WA, it was agreed with the WA Office of Aged Care Quality and Compliance, that aged care facilities would follow the WA Guidelines

http://www.public.health.wa.gov.au/cproot/1072/2/10479%20final%202.pdf

with regard to reporting, but that these Commonwealth guidelines can be used as an extra resource.

The WA guidelines are presently being revised, and a 2nd edition will be produced later in the year.

For any queries, contact:
Communicable Disease Control Directorate
Department of Health, Western Australia

Answers to:

What am I? (page 2): Malaria (*plasmodium falciparum*)

Brain Teaser (page 3)

1. Acinetobacter
2. Pandemic
3. *Klebsiella pneumoniae*
4. Hypochlorite