

Hands-On Newsletter

January 2015

Summer Issue

Message from our Director



Megan Reilly, Director of Hands-On Infection Control

Welcome to our Summer Newsletter which we hope you will find a useful resource to support your infection prevention and management program.

The Hands-On team has returned from the Christmas/New Year break well rested and reinvigorated for a full and productive 2015 providing existing and new services. Our consultancy, education and immunisation services continue to expand and we thank all our clients for their ongoing support and recommending our services.

An addition to our education and training activities has been the development and implementation of our online learning portal which provides an alternative learning method to face-to-face training for organisations and individuals. I would encourage you to take a look

<http://handsoninfectioncontrol.e3learning.com.au/>

We will be welcoming Chris Baker back to the team in April to assist with the provision of our comprehensive influenza vaccination program. Don't forget to book your clinic early so as not to miss out!

<http://handsoninfectioncontrol.com.au/services/staff-immunisation/>



Chris Baker, Immunisation Nurse

MRSA Screening Requirements for Residents

All residents who have been an inpatient in a Health Care Facility (HCF) or resided in a Residential Care Facility outside of WA in the past 12 months will be required to be screened on or prior to facility admission.

The following one set of screening swabs are required:

- Nostrils (single swab moistened with sterile water);
- Any wounds, ulcers or skin lesions;
- A catheter urine specimen if an indwelling or suprapubic urinary catheter is insitu;
- In addition, it is recommended that a throat swab is collected if decolonisation is to be undertaken on the return of a positive result and/or to increase sampling yield.

Ref: Department of Health Government of Western Australia. (OD 0478/13). *Infection prevention and control of Methicillin-resistant Staphylococcus aureus (MRSA) in Western Australian healthcare facilities.* Perth, Australia: Department of Health Government of Western Australia.



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Antimicrobial Stewardship Clinical Care Standard

During November, the Australian Commission on Safety and Quality in Health Care (ACSQHC) launched the Antimicrobial Stewardship Clinical Care Standard – the first standard that applies to clinical practice to be launched in Australia.

Australia has one of the highest rates of antibiotic use in the developed world. Although antimicrobial resistance is a natural feature of bacterial evolution, the inappropriate use of antibiotics has increased the development of antimicrobial-resistant bacteria in hospitals and healthcare facilities and in the community.

The Antimicrobial Stewardship Clinical Care Standard aims to ensure every use of an antibiotic is targeted and appropriate to effectively treat patients, while limiting the rise of resistant bacteria that could harm the whole community.

[Download the Antimicrobial Stewardship Clinical Care Standard](#) from ACSQHC or via the HOIC website in the News section.

AS/NZS 4187:2014 Reprocessing of Reusable Medical Devices in Health Service Organisations

The recently revised AS/NZS 4187:2014 is now available for access and can be purchased via the following link

<http://infostore.saiglobal.com/store/Details.aspx?ProductID=1773923>

Review of AS 1071 “... hand hygiene materials in health care settings”

The Australasian College for Infection Prevention and Control (ACIPC) is collating a response on the draft standard which will be forwarded via the on line response process as well as directly to Standards Australia. The College and Standards Australia is asking for interested parties to review the document and provide comments relating to the sections that you believe need changing or are contradictory.

The draft AS1071 document is only valid until 5th February when submissions close. To access the draft copy on the SAI Global Website you will need to create a free account.

Use this link to access the SAI Global website and download your very own free draft version.

<http://infostore.saiglobal.com/store/Details.aspx?ProductID=17711>

WHO AM I?

I cause acute infections in humans but have no animal reservoir. I survive well in the environment outside of human hosts. I can persist on hands for several hours and in food for considerably longer. I am relatively resistant to heat and freezing. In young children I am often asymptomatic or cause only very mild disease, adults are more likely to have systemic infection. I am predominantly transmitted by the faecal-oral route. The incubation period is 15-50 days and I am excreted in faeces for up to 2 weeks before onset of illness and at least 1 week afterwards. My symptoms include fever, malaise, weakness, anorexia, nausea and vomiting. Dark urine is often my first symptom, followed by pale faeces and jaundice. Complications from me are rare.

(Answer page 4)

Single Use Devices vs Single Patient Use Devices

Do you know the difference?



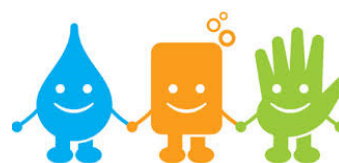
Single-use labeled devices must be discarded after each single use in accordance with Therapeutic Goods Administration Regulations. They are labelled with the Do Not Re-Use Symbol.

This internationally recognized symbol described in ISO 15223-1:2012(E) Medical devices – Symbols to be used with medical device labels, labelling and information to be supplied, means DO NOT RE-USE. This indicates a medical device that is intended for one use, or for use on a single patient during a single procedure. The synonyms for this symbol are “single use” or “use only once”.

Single patient use labelled devices are able to be reprocessed in accordance with the manufacturer's instructions and reused **on the same patient/resident/client only**, not put into general supply.

Ref: Department of Health Government of Western Australia. OD 0531/14. *Re-use of single use devices*. Perth, Australia: Department of Health Government of Western Australia.

INFECTION PREVENTION THE RESPONSIBILITY IS IN YOUR HANDS



Tetanus

Tetanus is caused by *Clostridium tetani*, a motile, non-capsulated, Gram-positive rod that forms endospores. Spores of the bacillus are found in manured soil and can enter wounds. Once in a wound site, the bacillus can grow anaerobically.

Incubation Period: 3 - 21 days.

Clinical Features: Tetanus is an acute, often fatal disease caused by the toxin produced by *C. tetani*. The neurotoxin acts on the central nervous system to cause muscle rigidity with painful spasms. Early signs and symptoms include increased tone in the masseter muscles (trismus or lockjaw), dysphagia, and stiffness or pain in the neck, shoulder and back muscles. Some patients develop paroxysmal, violent, painful, generalised muscle spasms. A constant threat during generalised spasms is reduced ventilation, apnoea or laryngospasm. Fever may or may not be present. Complications include pneumonia, fractures, muscle rupture, DVT, pulmonary emboli, decubitus ulcers and rhabdomyolysis. Death results from respiratory failure, hypertension, hypotension or cardiac arrhythmia.

Prevention: Tetanus is uncommon in people who have received a full course of tetanus containing vaccine, and in those who have received their last dose within 10 years. Complete immunisation (a 3 dose primary schedule and 2 booster doses) induces protective levels, but by middle age about 50% of vaccinated people have low or undetectable levels. A single dose of tetanus toxoid produces a rapid anamnestic response in such people.

Vaccination: Tetanus toxoid is available in Australia only in combination with diphtheria and other antigens.

dT: (diphtheria and tetanus)

dTpa: (diphtheria – tetanus - acellular pertussis)

The recommended vaccination schedule is:

Primary course: 2, 4 and 6 months of age.

1st booster: 4 years of age

2nd booster: 10-17 years of age:

3rd booster: at 50 years of age if a person has not received a dose within the previous 10 years.

Ref: NHMRC. Australian Immunisation Handbook, 10th ed., 2013



Can I have a tetanus vaccination if I am pregnant or breastfeeding?

Tetanus containing vaccinations (dT or dTpa) are not routinely recommended for pregnant women but can be given under certain circumstances (i.e. management of a tetanus prone wound, or to prevent pertussis in pregnant women and their newborns).

dT and dTpa can be given to breastfeeding women.

Ref: NHMRC. Australian Immunisation Handbook, 9th ed., 2013

Influenza Vaccine Supply Delay

There will be a delay to the start of the National Seasonal Influenza Immunisation Program in 2015. There are no firm dates yet for when vaccines will be available, but it is not likely to be until April. More information will be provided by WA Health in February.

The 2015 southern hemisphere influenza vaccine will contain two different strains to the 2014 vaccine, and this double-strain change has resulted in manufacturing delays.

**“FOR CONTINUING PROTECTION,
MAKE SURE YOUR VACCINATIONS
ARE UP-TO-DATE”**

All healthcare workers have a responsibility to know their immunisation status:

- *what vaccinations they have had;*
- *if their vaccinations are up-to-date; and*
- *what they are not immune to.*

Do you know your vaccination status?

Education and Training

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Have you seen this?

Hands-On Infection Control's portal to online courses and learning opportunities



<http://handsoninfectioncontrol.e3learning.com.au/>

The freedom to learn at your own pace in your own time!

Courses available cover the following topics:

First Aid *Food Safety* *Hazard Guides (Biological and Use of PPE)*
Health and Aged Care *Infection Control* *Invasive Procedures*
Manual Handling *Occupational Health and Safety*
Workplace Health and Safety *Wound Care*

Follow the link above and explore the options available

FOOD SAFETY

With the onset of summer weather it is important to ensure good food safety practices are in place.

Remember the basics:

- Good personal hygiene
- Good hand hygiene
- Clean food handling equipment, utensils and surfaces with hot soapy water
- Keep food at correct temperatures, including during travel and/or delivery:
 - Cold food < 5°C
 - Hot food >70°C
- Keep raw and cooked foods separate
- Cover all food when not being served/eaten



***All the best for a
productive 2015***

***from the team at
Hands-On Infection Control***

Quiz Answers:

What Am I?

(page 2)

Hepatitis A