

Hands-On Newsletter

August 2016

Winter Issue

Message from our Director



Megan Reilly, Director of Hands-On Infection Control

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

Life on the frontline has been challenging, particularly most recently with the increase in influenza and gastroenteritis activity in the community, residential aged care and child care settings which of course impacts on our hospitals.

Influenza-like illness (ILI) activity stabilised the week ending the 21st August, but influenza notifications continue to increase, with influenza A/H3N2 (69% of detections) the dominant circulating strain, along with influenza B (25%). The percent of tests positive for influenza virus and notifications of laboratory-confirmed influenza remain higher than levels experienced at the same time in the past 3 years. Hospital additions with notified influenza are still increasing and are above the recent average for this time of year. The Department of Health WA reports several influenza (A/H3N2) outbreaks have occurred in residential aged care facilities in the past few weeks. This of course is impacting on staff absentee levels. The good news is that non-influenza respiratory virus activity remains well below levels for the corresponding period in 2015.

Norovirus detections have increased sharply in recent weeks, and a number of outbreaks have been reported in residential aged care and child care facilities. Rotavirus detections remain relatively low, but increased slightly the week ending the 21st August.

Both these highly infectious organisms highlight the importance of infection control, with an emphasis on prevention and remaining alert for both single cases of infection and escalating numbers of cases in your facility. In the case of influenza disease, vaccination is your best defence. It is not too late to get vaccinated!

This newsletter's articles feature pneumococcal disease, influenza vaccination and hand hygiene product placement. Our usual features include What am I?, recently released guidelines update and our online learning opportunities with the recent inclusion of the Gastroenteritis Outbreak IPC Management course. Enjoy!



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HANDS-ON INFECTION CONTROL



INFLUENZA VACCINATION

Influenza (flu) is a highly contagious viral infection that is responsible for major outbreaks of respiratory illness around the world, usually in the winter months. Unlike the common cold, influenza can cause severe illness and life-threatening complications such as pneumonia and bronchitis, which often require hospitalisation. Influenza is a serious disease that can lead to hospitalization, and sometimes death. Rates of both are increased in the people most vulnerable.

Anyone can get sick from 'flu, including people who are otherwise healthy. If you get the flu, you can pass it to others, including the vulnerable people you care for, even if you don't feel sick.

Immunisation is the single most important measure available to prevent infection and its complications.

Influenza immunization is recommended annually, even if you have been vaccinated in previous years with an influenza vaccine that contains the same strains. This is because the immunity acquired by immunization wanes rapidly.

Health care workers (HCWs) are strongly advised to receive the influenza vaccination each year due to their proximity in caring for vulnerable people. This means that HCWs are at higher risk of transmitting influenza to others at increased risk of complication from influenza.

This year for the first time, a quadrivalent influenza vaccine (QIV) was available in Australia as well as a trivalent influenza vaccine (TIV). The QIV contained the same 3 strains found in the TIV, plus an extra B strain (Yamagata lineage).

Trivalent vs Quadrivalent Vaccine

The additional protection gained from the QIV is unknown as it depends on the strains of influenza virus circulating. **The TIV will still protect against the majority of the 'flu viruses predicted to be circulating this winter, and will give good protection for most people.** The QIV is recommended for those people at **high risk** of complications from the influenza virus as it will maximise their protection. The government is providing the QIV under the National Immunisation Programme as immunisation is provided free to those people at high risk.



HAND HYGIENE PRODUCT PLACEMENT

Critical to the success of any hand hygiene program is having alcohol-based hand rub (ABHR) readily available to HCWs in their work area and near the patient, at the point of care. Dispensers act as a visual cue for HH behaviour.

Placement of ABHR needs to be consistent and reliable. The placement of dispensers next to sinks is strongly discouraged as this can cause confusion for some HCWs who may think they need to rinse their hands with water after using ABHR.

The following ABHR placement locations are suggested:

- On the end of every patient/resident bed (fixed or removable brackets)
- Affixed to mobile work trolleys (e.g. intravenous, medication and dressing trolleys)
- High staff traffic areas (e.g. nurse's station, pan room, medication room and patient/resident room entrance)
- Other multi-use patient/resident-care areas, such as examination rooms and outpatient consultation rooms
- Entrances to each ward, outpatient clinic or Department
- Public areas – e.g. waiting rooms, reception areas, HCF foyers, near elevator doors in high traffic areas.

Placement recommendations:

- The maximum size of an individual ABHR dispenser should not exceed 500mls
- No more than 80 individual ABHR dispensers (each with a maximum capacity of 500ml) should be installed within a single smoke compartment
- Corridors should have at least 1.8m wide with at least 150cm between each ABHR dispenser
- Dispensers should not project more than 15cm into corridor egress
- Wall mounted brackets should be located at a height of between 92cms and 122 cm above the floor (avoid placing at eye level)
- Dispensers should not be located over carpeted areas, unless the area is protected by active sprinklers
- Dispensers should not be located over, or directly adjacent to ignition sources (e.g. electrical switches, power points, call buttons, or monitoring equipment).
- ABHR dispensers should be separated from heat sources and electric motors
- Regular maintenance of dispensers and brackets should occur in accordance with manufacturer's guidelines
- Product usage signs should be clearly visible and laminated.

Special consideration is necessary when locating ABHR in clinical areas where ingestion or accidental splashing of ABHR is a particular risk such as paediatric wards, dementia units and public areas. (accidental ingestion of ABHR has been reported, but is uncommon). Small personal bottles that HCWs carry with them may be more appropriate in some of these areas.



Details available from: www.hha.org.au

PNEUMOCOCCAL DISEASE

Streptococcus pneumoniae is a Gram-positive coccus. The natural reservoir is the mucosal surface of the upper respiratory tract of humans. In a large majority of people, the pneumococci are carried with no apparent symptoms.

Clinical features: From the nasopharynx, pneumococci may spread locally into adjacent sites and cause sinusitis, otitis media or pneumonia. pneumococci may enter the bloodstream (Invasive pneumococcal disease - IPD) and cause meningitis, and infections in bones, joints and soft tissue. The major clinical categories of IPD are meningitis, bacteremia pneumonia, and bacteremia without focus.

Transmission: via contact with respiratory droplets of colonised persons/carriers.

Epidemiology: The highest incidence is seen in the very young and the elderly.

Risk factors: people who are immunocompromised, living in crowded living conditions, exposed to cigarette smoke, excessive alcohol consumption, chronic diseases and indigenous persons.

Vaccines: Vaccination was first introduced for children in 2001 (7vPCV) and IPD rates for these serotypes subsequently decreased by 97%. In 2009 and 2010, 10vPCV and 13vPCV became available in Australia. For adults, 23vPCV was introduced in 1999.

Currently the vaccines in use are:

- 10vPCV for infants and children aged 6 weeks to 2 years.
- 13vPCV for infants and children 6 weeks to 7 years, and adults ≥ 50 years.
- 23vPPV for children > 2years and adults.

Current schedule: (all children)

- 2 months,
- 4 months, and
- 6 months of age
- 12-18 months of age (indigenous children).

For all children with a medical condition increasing their risk of IPD:

- 2 months,
- 4 months, and
- 6 months of age
- 12 months of age
- 4-5 years of age.

Adults:

- 50 years of age and over (Indigenous persons)
- 65 years of age and over (all persons).

Source: [Immunise - 4.13 Pneumococcal disease](#)

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?*

Operational Directive / National Guideline Updates

WA Health has recently published the following public health and infection control related operational directives. This is an opportunity to review your policies, procedures and protocols on these issues where indicated.

OD 0647 /16 Wednesday, 13 January 2016

Title: [National Standard for User-Applied Labelling of Injectable Medicines, Fluids and Lines](#)

OD 0651 /16 Thursday, 21 January 2016

Title: [Clinical and Related Waste Management Policy](#)

OD 0660 /16 Wednesday, 2 March 2016

Title: [Adoption by WA Health of 'Series of National Guidelines' \(SoNGS\) produced by the Communicable Diseases Network Australia for public health management of communicable diseases.](#)

Available from: www.health.wa.gov.au/circularsnew.

[TGA Medical Devices Safety Update - Endoscopes](#)

Asepsis and Gowning/Gloving Updates

The Australian College of Operating Room Nurses (ACORN) this year published the 14th edition of the Standards for Perioperative Nursing in Australia. Particularly relevant to infection control are the standards on:

- Perioperative attire
- Asepsis
- Surgical hand antisepsis, gowning and gloving
- Management of instrument loan sets and reusable medical devices

Available from: <https://www.acorn.org.au/standards/>

WHAT AM I?

I cause a highly infectious form of gastroenteritis. My symptoms include vomiting, diarrhoea, nausea, stomach cramps, headache, low grade fever, chills and muscle aches, and usually last 1-3 days. When people are infected with me they shed me in faeces and vomit and I am easily spread from person-to-person as I can survive on contaminated surfaces. Many common disinfectants do not kill me and antibiotics are not effective against me. There is no specific treatment for me. The dehydration I can cause is especially dangerous for babies and the elderly.

Education & Training

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Hand-On Infection Control Professional Development Events for 2016

Hands-On Infection Control offers a broad range of education and training programs in infection prevention, management and related areas. Programs can be tailored to suit the specific needs of individual organisations, specialities, environments and staff/volunteer groups. These programs can be incorporated into existing induction/orientation, inservice, professional development and targeted programs for all categories of clinical, support and ancillary staff.

Newsletters

The purpose of bringing our seasonal newsletters 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.

If there are any particular topics you would like covering, or any comments you would like to make, please let us know by contacting us at:

info@handsoninfectioncontrol.com.au

Have you visited our portal to online courses and learning opportunities yet?

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



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 Workplace Health and Safety Wound Care*

**The freedom to learn at your own pace in your own time!
Please give us your feedback**

ACIPC 2016 Conference

20-23 November
in

Melbourne



Quiz Answers:

[What am I?](#) Norovirus