

Hands-On Newsletter

August 2015

Winter Issue

Message from our Director



Megan Reilly, Director of Hands-On Infection Control



Rosie Emeljanow, Infection Prevention Nurse



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.

It is with great pleasure that I introduce to you the latest members of the Hands-On Team, Rosie Emeljanow Infection Prevention/Immunisation Nurse and Jes Farate Sterilisation Advisor.

Rosie started her career in 1995 graduating from Curtin University as a registered nurse with a membership of the Golden Key Honours Society. She has clinical nursing experience at Sir Charles Gairdner and King Edward Memorial hospitals. Her patient nursing experience covers obstetrics/gynaecology theatre, neurosurgery recovery care, and high dependency patient care. She has also worked in Sydney, as an Injury Manager, case managing and co-ordinating medical care for injured workers. In addition to her clinical roles, Rosie has worked in occupational health and safety, and infection prevention and control for over nine years. She attained her Certificate of Immunisation Competency in 2011, and joined the Hands-On team in May.

Jes is newest member of the Hands-On Team. She started her sterilisation career in 1993 as a technician at Fremantle Hospital. She completed her Sterilisation Technology Course in 1996. For the past 15 years Jes has worked at Peel Rockingham Health Service as a Supervisor/Coordinator in the Hospital Sterile Supply Department. Jes worked as a Casual Lecturer teaching Certificate III in Sterilisation at TAFE in 2010. She was the Interim A/Deputy Manager at Fiona Stanley Hospital SSD in March/April 2015.



Jes Farate, Sterilisation Advisor

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acNAPS

(Aged Care National Antimicrobial Prescribing Survey)

acNAPS is a joint collaboration between the National Centre for Antimicrobial Stewardship at the Peter Doherty Institute and the Australian Infection Surveillance – Aged Care (AIS-AC) Coordinating Centre. AIS_AC is the new national branch of the Victorian Healthcare Associated Infections Surveillance System (VICNISS).

The aim of the acNAPS is to develop and implement a sustainable methodology to estimate the prevalence of healthcare associated infections (HIAs) and the quality of antimicrobial prescribing in Residential Aged Care Facilities (RACFs). This survey will also assist in demonstrating concordance with the Australian Aged Care Accreditation Standards for Infection Control and Medication Management.

For details or queries contact the NAPS coordinating team at:

Email: NAPS@vicniss.org.au or (03) 9342 9415.
NAPS website: [NAPS Home Page](#)

Operational Directives

The 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 0600/15

Influenza and Pertussis Vaccinations for Pregnant Women

OD 0587/15

Title: WA Health Safe Use of Medication Refrigerators Policy

All operational directives can be downloaded from <http://www.health.wa.gov.au/circularsnew/index.cfm>

Guidelines for Legionella Control in Health and Aged Care Facilities

The draft guidelines stakeholder feedback period closed 31 July 2015. We will provide a further news update when the guidelines are approved.

Middle East Respiratory Syndrome (MERS)

Middle East Respiratory Syndrome (MERS) is a viral respiratory illness that is new to humans. It was first reported in Saudi Arabia in 2012 and has since spread to several other countries. Most people infected with MERS-CoV develop severe acute respiratory illness, including fever, cough, and shortness of breath. Many of them have died.

Since May 2015, the Republic of Korea has been investigating an outbreak of MERS. It is the largest known outbreak of MERS outside the Middle East.

Countries with travel-associated MERS cases: Algeria, Austria, China, Egypt, France, Germany, Greece, Italy, Malaysia, Netherlands, Philippines, Republic of Korea, Tunisia, Turkey, United Kingdom (UK), and United States of America (USA).

Clinical Presentation: A wide clinical spectrum of MERS-CoV infection has been reported ranging from asymptomatic infection to acute upper respiratory illness, and rapidly progressive pneumonitis, respiratory failure, septic shock and multi-organ failure resulting in death. Most MERS-CoV cases have been reported in adults (median age approximately 50 years, male predominance), although children and adults of all ages have been infected (range 0 to 99 years). Most hospitalized MERS-CoV patients have had chronic co-morbidities. Among confirmed MERS-CoV cases reported to date, the case fatality proportion is approximately 35%.

At hospital admission, common signs and symptoms include fever, chills/rigors, headache, non-productive cough, dyspnea, and myalgia. Other symptoms can include sore throat, coryza, nausea and vomiting, dizziness, sputum production, diarrhea, vomiting, and abdominal pain. Atypical presentations including mild respiratory illness without fever and diarrheal illness preceding development of pneumonia have been reported. Patients who progress to requiring admission to an intensive care unit (ICU) often have a history of a febrile upper respiratory tract illness with rapid progression to pneumonia within a week of illness onset

Infection Prevention and Management Measures:

Standard, contact, and airborne precautions are recommended for management of hospitalized patients with known or suspected MERS-CoV infection.

Note: additional infection prevention precautions or considerations may be needed if a MERS-CoV patient has other conditions or illnesses that warrant specific measures (e.g. tuberculosis, *Clostridium difficile*, multi-drug resistant organisms).

Reference: <http://www.cdc.gov/coronavirus/mers/>

**INFECTION PREVENTION
THE RESPONSIBILITY IS IN
YOUR HANDS**



Pertussis

Pertussis (whooping cough) is a respiratory disease caused by *Bordetella pertussis*, a gram negative, pleomorphic bacteria.

Incubation: 7 – 20 days.

Symptoms: cough, paroxysmal in children, can last up to 3 months in adults. Natural infection does not provide long term protection and repeat infections can occur.

Epidemiology: despite a long standing immunisation program, pertussis remains highly prevalent in Australia and the least well controlled of all vaccine preventable diseases. Epidemics occur every 3-4 years. The maximum risk of infection and morbidity are in young children not old enough to have received at least 2 doses of vaccine. In recent years many cases have occurred in young people and adults due to waning immunity. These people are significant reservoirs of infection and evidence shows close family members are the source of >50% of infection in infants. There have also been reported cases in pertussis infections acquired from health care workers.

Updated dTpa vaccination schedule:

- 2, 4 and 6 months of age
- **18 months of age**
- 4 years
- 10-17 years of age.
- 50 years of age.
- **Any woman in the 3rd trimester of each pregnancy.**

The 18 month booster has been introduced to reduce infection in the 1-3 year age group and help protect younger siblings.

The booster in the 3rd trimester of each pregnancy is intended to improve protection for young infants.

Health Care Workers are recommended to have a pertussis (dTpa) booster every 10 years.

Reference:

<http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/news-20151504>



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?

INFLUENZA AND ILI ACTIVITY

Indicators of influenza activity remain relatively steady, indicating we may be at or near the peak of the influenza season. Non-influenza virus activity continues to decline.

- ILI presentations to sentinel general practitioners (GPs) and emergency departments (EDs) have plateaued.
- Influenza virus detections and notifications have plateaued, but percent positivity increased this week. Influenza B virus (61% of detections) continues to predominate, but is gradually declining in relative terms, with influenza A/H3N2 now comprising 32% of cases.
- Hospitalisations with confirmed influenza have plateaued and may be declining.
- Non-influenza respiratory virus activity, and particularly RSV, continued to decrease this week.

DENTAL GUIDELINES

NATIONAL STANDARD GUIDELINES FOR DENTAL PRACTICE HAVE BEEN REVIEWED BY ACSQHC. THE CONSULTATION PERIOD HAS NOW CLOSED AND THE REVISED STANDARD WILL BE ISSUED IN THE NEXT FEW MONTHS.

DETAILS ARE AVAILABLE ON THE COMMISSIONS WEBSITE:

<http://www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards/information-for-dental-practices/>



Do you love your teeth?

WHAT AM I?

(Answer page 4)

I am a virus containing a circular, partially double-stranded DNA. My incubation period is from 45 – 180 days, and my period of communicability lasts from several weeks before the onset of acute illness to the end of the period of acute illness. My symptoms include fever, jaundice, malaise, anorexia, nausea, vomiting, abdominal pain, myalgia and the passage of dark coloured urine and light coloured stools. However, I am asymptomatic in 50-70% of adults and >90% of young children and infants. I am transmitted via contact through broken or penetrated skin, or mucosal contact, with blood and body fluids from someone already infected.

I am a vaccine preventable disease. In the early 1980's an immunization program targeting individuals at risk (including health care workers) commenced, and a national infant immunization program commenced in 2000.

Hand-On Infection Control Professional Development Events for July – December 2015**South Australia**

Infection Prevention Update for Residential Care 31 August 2015

<http://handsoninfectioncontrol.com.au/wp-content/uploads/2014/02/Infection-Prevention-Update-for-Residential-Care-31-August-20151.pdf>

Infection Prevention Workshop for Residential Care Cleaning Services Staff 3 September 2015

<http://handsoninfectioncontrol.com.au/wp-content/uploads/2014/02/Infection-Prevention-Workshop-for-Residential-Care-Cleaning-Services-Staff-3-September-2015.pdf>

Western Australia

Infection Prevention Update for Day Hospitals/Procedure Facilities 2 October 2015

<http://handsoninfectioncontrol.com.au/wp-content/uploads/2014/02/Infection-Prevention-Update-for-Day-Hospitals-Procedure-Facilities-2-October-2015.pdf>

Infection Prevention Update for Residential Care 12 October 2015

<http://handsoninfectioncontrol.com.au/wp-content/uploads/2014/02/Infection-Prevention-Update-for-Residential-Care-12-October-2015.pdf>

Infection Prevention Workshop for Residential Care Cleaning Services Staff 22 October 2015

<http://handsoninfectioncontrol.com.au/wp-content/uploads/2014/02/Infection-Prevention-Workshop-for-Residential-Care-Cleaning-Services>

Have you explored Hands-On Infection Control's portal to online courses and learning opportunities yet?

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

**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 Wound Care
Workplace Health and Safety*

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

**ACIPC
International Conference**

22-25 November 2015
Hobart, Tasmania

For details go to:

<http://www.acipcconference.com.au>



Australasian College
for Infection Prevention and Control
2015 CONFERENCE
Hobart, Tasmania | 22-25 November 2015 | Grand Chancellor Hobart

Quiz Answers:
What Am I?
(page 3)
Hepatitis B