



September 2020
SPRING



Message from the Director

Megan Reilly

2020 has been a year like no other for the Australian health care setting! As COVID-19 continues to challenge us all, our preparedness has provided us with the opportunity to further develop and improve our infection prevention and control systems and processes. It is ensuring that we get the basics right, every time. The Victorian experience and evolving literature, is enabling us to fine tune our pandemic response plans.

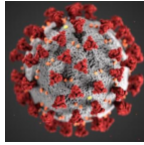
Due to this year's circumstances, this the first of our quarterly newsletters for 2020 with a move to a new format which you have the option to unsubscribe to future issues if you wish. Of course our focus is COVID-19 and providing you with information on current key issues related to environmental management and Personal Protective Equipment (PPE), and access to the myriad of international, national and state resources. There have also been changes to the NHHI compliance auditing program due to COVID-19, handling and disposal of human tissue and explanted medical devices and the surgical NAPS program. In addition, global handwashing day, food safety week and world antimicrobial awareness week are looming with opportunities to participate in learning and quality activities.

We hope that you will enjoy this issue of our newsletter and look forward to receiving any suggestions for improvement.

During this uncertain time, we remain committed to assisting and supporting our clients.

Stay safe, keep well.

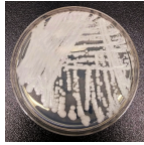
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Important Dates

[Global Handwashing Day: Hand Hygiene for All](#) 15 October 2020

[Food Safety Week](#) 14 - 21 November 2020

[World Antimicrobial Awareness Week 2020](#) 18 - 24 November 2020

[The ACIPC Conference Community](#) October 2020 - June 2021

[See all upcoming events](#)

Coronavirus (COVID-19)

As of 29 January 2020, 'Human coronavirus with pandemic potential' has been declared an urgently notifiable disease under Part 9 of the *Public Health Act 2016*. It was declared a pandemic by the World Health Organisation on 11 March 2020.

Any person who meets the following criteria are required to isolate themselves at home for 14 days from the date of travel or close contact.

Criteria:

- Overseas or interstate travel in the past 14 days **OR**
- Close or casual contact in the past 14 days with a confirmed case of COVID-19.

Persons who meet the above criteria should not work or visit a health care facility, including aged care homes within that 14 days and should undergo testing for COVID-19.

A person will be considered for testing if they meet any of the following [criteria](#):

- Overseas or interstate travel, or close contact with a confirmed case **OR**
- Fever ($\geq 37.5^{\circ}\text{C}$) **OR** a recent history of a fever (e.g. night sweats, chills) without a known source **OR**
- An acute respiratory infection e.g. shortness of breath, cough, sore throat **OR**
- Acute loss of smell or taste

It is important if you have respiratory illness symptoms to stay at home until you are well.

Department of Health State Health Incident Coordination Centre (SHICC) updates are released every Tuesday and are available [here](#).



The importance of fit-testing and recognising non-compliant devices.

The Australian Institute of Occupational Hygienists has published [a useful guide to buying P2 respirators and equivalent respirators](#). In particular, it provides guidance on how to recognise non-compliant devices and the limitations of KN95 devices and other devices with ear loops rather than headband straps.

[A recent study in JAMA Internal Medicine](#) compared the filtration efficiency of 29 fitted face mask alternatives, finding that masks secured with elastic ear loops had the lowest performance.

In Australia, the Commonwealth Department of Health, National Medical Research Council, and the Australian Commission of Healthcare Safety and Quality recommend that both fit testing and fit checking are required for P2 and N95 respirators. AS/NZS 1715 specifies that users of respirators are to be [fit tested prior to starting work and annually after that](#).

The Australian Nursing and Midwifery Federation have also released their [position on fit testing](#). The WA Health policy framework on fit testing and checking is available [here](#).

Airconditioning, ventilation and COVID-19

Do air conditioning and ventilation systems increase the risk of virus transmission?

[The Global Heat Health Information Network](#) state: 'Air conditioning and ventilation systems that are well-maintained and operated should not increase the risk of virus transmission'.

There are two ways a poorly maintained system could contribute to transmission of the virus: 1) the system could recirculate contaminated air; and/or 2) could create temperature and humidity levels that support survival of the virus on surfaces.

Buildings that use a central ventilation and/or climate control system, should use the most efficient filters. For example, in a health care environment, [a HEPA filter has been demonstrated to capture viruses effectively](#). Studies ([1](#), [2](#)) that performed air sampling in the immediate vicinity of COVID-19 patients in a hospital setting reported that the virus was not detected.

[Recent research](#) has shown that COVID-19 survival on surfaces is comparable to SARS-CoV-1. [Previous research](#) has also shown that lower temperature and relative humidity (below 21°C and below 40% RH) increase the survival time on dry surfaces of both coronaviruses and influenza.

COVID-19 Links & Resources

[COVID-19 Infection Prevention and Control in Western Australian Hospitals](#)

[COVID-19 infection prevention and control risk management guidance](#)

[COVID-19: Elective surgery and infection prevention and control precautions](#)

[Infection prevention and control Covid-19 PPE poster](#)

[Special precautions for Covid-19 designated zones poster](#)

[Environmental Cleaning and Infection Prevention and Control](#)

FAQs for clinicians on elective surgery

FAQs on consumers on elective surgery

COVID-19 and face masks: Information for consumers

The COVID-19 CDNA National Guidelines for Public Health Units v3.8

Infection Control Expert Group (ICEG) Guidance

National COVID-19 Clinical Evidence Taskforce

VICNISS Literature Reviews on COVID-19

Break the chain of infection: Stopping COVID-19 poster

Coronavirus (COVID-19) Easy Read resources

***Candida auris* Screening**

Candida auris (*C. auris*) is an emerging yeast that is of concern due to antifungal drug resistance making it more difficult to treat, its ability to cause outbreaks of invasive infections in hospitals, and the risk of missed identification in the laboratory. *C. auris* is rapidly developing resistance to common antifungal drugs and some laboratories in the United Kingdom and India are reporting the possibility of pan-drug resistance.



C. auris is a pathogen of significant concern to WA due to the possibility of outbreaks leading to significant morbidity and mortality as well as costs to the health system.

Clinical Features

Colonisation may be asymptomatic and may be identified on many body sites including axilla, nares, groin, rectum, in urine, and in or around indwelling medical devices, such as central venous lines and feeding tubes. Infection with

C. auris may present as sepsis, urinary tract or wound infections, ear infections, or intravascular line infections.

Mode of Transmission

C. auris can cause widespread contamination of hospital surfaces and equipment, such as pulse oximeters, axillary temperature probes, blood pressure cuffs, stethoscopes and other fomites. *C. auris* is capable of biofilm formation. Acquisition of *C. auris* can occur after as little as 4 hours of exposure to a contaminated environment or *C. auris* case. The exact mode of transmission is unclear, but is likely to be by contact transmission.

The following patients presenting for an **inpatient** admission are to be screened for *C.auris*:

- any person who has a history of an overnight stay in an overseas healthcare facility in the previous 12 months;
- any person identified as a contact of a known positive *C.auris* patient; and
- any person readmitted with a micro-alert K, i.e. previously identified contact for whom screening was not undertaken or was incomplete at time of discharge.

There is no requirement to screen patients presenting as day cases.

Management in Healthcare Facilities

Contact precautions in single room with private ensuite for colonised or infected patients.

Environmental cleaning is carried out using a chlorine-based disinfectant at a concentration of 1000 ppm (0.1%) or other TGA registered hospital grade disinfectant with label claims effective against *C. auris*. Note: Quarternary ammonium compound disinfectants are not effective against *C. auris*.

Patients who are being screened due to hospitalisation outside of Australia, but are **not** direct transfers, may be admitted without initiation of contact precautions **if** the interim *C. auris* screening result is negative, as long as the screening results for vancomycin-resistant *Enterococci* (VRE), carbapenemase-resistant *Enterobacteriaceae* (CRE) and methicillin-resistant *Staphylococcus aureus* (MRSA) are also negative.

Full details are available from the WA Health [website](#), along with the [Interim Infection Prevention and Control Requirements](#).

Handling and Disposal of Human Tissue and Implanted Medical Devices

This is a **mandatory** policy for all Health Service Providers (HSP) in WA and outlines:

- the inclusion and exclusion criteria under which human tissue or explanted medical devices can be released;
- how the tissue/device must be prepared prior to release;
- the documentation that must be completed; and
- compliance monitoring required by a HSP.

The document is available [here](#).



National Hand Hygiene Initiative (NHHI) Changes

Since 1 November 2019, the National Safety and Quality Commission (NSQHC) has taken over management of the NHHI and now hosts the [NHHI auditing resource \(HHCApp\)](#), undertakes the analysis of the audits to produce national reports, reviews and hosts the [hand hygiene learning modules](#) and manages the help desk. The Commission supports the states, territories and the private sector in this important endeavour to reduce infections by appropriate hand washing. The web address to complete on-line hand hygiene training has changed. The new web address is <https://nhhi.southrock.com/>. All logins/passwords remain the same.

Submission of hand hygiene compliance data for NHHI Audit 3 2020 is not mandatory, as per [Advisory AS20/01 from the Australian Commission on Safety and Quality in Healthcare](#). Data may still be submitted as usual via HHCApp and there is no requirement to submit the usual minimum required moments. The end-date for NHHI Audit 3 is the 31st October 2020.

Surgical NAPS

The new version of Surgical NAPS was released in May 2020. You can now enter patient data and produce the reports in real time.

A [summary of changes](#) and an updated [data collection form](#) and [user guide](#) are available on the [Resources](#) page.

Infection Control Education

A number of Infection Prevention and Control Education resources are available on line:

1. Tasmanian Infection Prevention and Control Unit. Standard and transmission based precautions PPE video series:

- [Standard Precautions](#)
- [Contact Precautions](#)
- [Contact and Droplet Precautions](#)
- [Contact and Airborne Precautions](#)
- [Droplet Precautions](#)
- [Airborne Precautions](#)

2. The ACSQHC has a **Basics of Infection Prevention and Control Orientation Module** for Health Care Workers. This and other e-learning modules are available [here](#).

3. The Australian College of Perioperative Nurses (ACORN) has a number of upcoming free pre-recorded webinars as part of the 2020 [virtual conference](#) which may be of interest. These include:

- **Managing the risk of surgical site infection (SSI)** by Dr Ken Loi (Monday 28th September 4.00pm AEST, recording available [here](#)).
 - **Surgical safety - what COVID-19 has taught us** by Menna Davies (Wednesday 14th October 7.30pm AEST, register [here](#)).
 - **Perioperative Stewardship: The Perioperative Nurse's Role in Preventing Surgical Site Infections** by Peter Graves and Maureen Spencer (Tuesday 27th October 12.00pm AEST, register [here](#)).
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Antimicrobial Medicines Dispensing Report

The Australian Commission on Safety and Quality in Health Care (ACSQHC) has released the [Antimicrobial Medicines Dispensing from 2013/14 to 2017/18](#)

report. The new interactive report format analyses antimicrobial dispensing over five years at national, state and territory, Primary Health Network (PHN) and local area levels. Although there has been a reduction in national antimicrobial dispensing rates (down 13.3% over five years), Australia's rate remains high by international standards. The report indicates potential overuse in some geographical areas, however the [media release](#) notes that WA and Perth North and Perth South PHNs have performed well, with antimicrobial prescribing rates lower than the national average.

Antimicrobial Awareness Week

Webinar Series

November 18, 2020 - November 24, 2020

National Centre for Antimicrobial Stewardship will host a webinar series, focusing on antimicrobial resistance and stewardship in Australia. There is no registration fee for this event. For more information go to <https://www.ncas-australia.org/AAW2020>

Add to your calendar



Quick Links

[NSQHS Standards](#)

[WA Health COVID-19](#)

[ACSQHC COVID-19](#)



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