HANDS UP FOR HANDS-ON!

Infection Prevention & Control Newsletter

The purpose of bringing this quarterly 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.



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REMEMBER...
TAKE TIME TO
WASH YOUR
HANDS WELL!

Introducing our new Team Member...

We have welcomed a new member, Yvonne Fletcher, to our team. Yvonne has been employed as an Infection Control Nurse and joined the team in May. Yvonne completed her registered nurse training at the WA Institute of Technology in 1994. After completing her midwifery certificate at KEMH in 1988 she moved into day surgery where she has remained for the past 21 years combining a clinical and management role including staff development, OH&S, quality, accreditation and infection control. Yvonne completed the Graduate Certificate in Infection Control in 2007. Yvonne brings to the team a wealth of experience in the day surgery setting with particular knowledge and skills in the reprocessing of reusable instruments and equipment, and maintenance of the associated environment. Welcome to the Hands-On Team Yvonne.

PANVAX® Vaccination Campaign

In response to the recent influenza A (H1N1) pandemic, a national vaccination program has been initiated by the Commonwealth. The aim of this program is to provide free vaccine against pandemic (H1N1) 2009 influenza for all members of the community who wish to be vaccinated. Vaccinations are scheduled to commence on Wednesday 30 September 2009.

The initial rollout of the Panvax® H1N1 vaccine will focus on ensuring that people in the specified priority groups are offered the vaccine first. This includes people with existing underlying medical conditions who have been identified as being at highest risk from pandemic (H1N1) 2009 influenza.

There will be flexibility to vaccinate other people, such as family members of those at risk, if they wish to be vaccinated.

The principles for targeting groups in Australia include:

- 1. To prevent disease in those people vulnerable to more severe outcomes.
- 2. To prevent spread of disease to the vulnerable by vaccinating their contacts.
- 3. To protect those people at higher risk of exposure because of their work i.e. health care workers.
- 4. To protect health care services and reduce healthcare worker absenteeism.
- To mitigate potential economic impact on the Australian pig industry.
- 6. To provide herd immunity.



PRIORITY GROUPS FOR VACCINATION

- People with underlying chronic medical conditions which may make them more vulnerable to complications from H1N1 infection.
- Health care and community care workers (including volunteers & students).
- ♦ Indigenous people.
- ♦ Pregnant women.

Vaccinations will take place either at your workplace, your GP or a community based Mass Vaccination Clinic (MVC).

To find out more information about locations and opening hours of the MVCs visit:

www.public.health.wa.gov.au



MANY OF US MAY BE AT RISK OF COMING INTO CONTACT WITH HEPATITIS A OR B...

WHAT ARE YOU DOING ABOUT IT?



Hepatitis A & B Vaccination - Who Needs It?

Hepatitis A vaccination is recommended for:

- All travellers to, and all expatriates living in, moderately to highly endemic areas (including all developing countries;
- ♦ Those whose occupation may put them at risk of acquiring hepatitis A child day-care & preschool staff, carers of people with intellectual disabilities, healthcare workers who regularly provide care to Aboriginal & Torres Strait Islander children, plumbers or sewage workers and sex workers;
- Those whose lifestyle may put them at risk of acquiring hepatitis A men who have sex with men, and injecting drug users;
- ♦ People with intellectual disabilities;
- People chronically infected with either hepatitis B or C viruses; and
- Patients with chronic liver disease.

Hepatitis B vaccination is recommended for:

- Residents and staff of facilities for people with intellectual disabilities;
- Healthcare workers, ambulance personnel, dentists, embalmers, tattooists and body piercers;
- Others at risk include Police, emergency services staff, funeral workers, staff of child day-care centres and sex industry workers; and
- Household contacts of acute and chronic hepatitis B carriers.

OUTBREAK!

HAVE I TICKED ALL THE BOXES??



Effective & Appropriate Cleaning Prevents



Gastroenteritis Outbreak Checklist

Over the past few weeks, there have been a number of residential care facilities who have experienced a gastroenteritis outbreak. The following is a quick reference checklist to ensure that the outbreak is being managed correctly:

- 1. Inform staff, residents & visitors of the outbreak. Provide information about gastroenteritis & put up advisory notices at appropriate sites around the facility.
- Emphasise the importance of frequent & meticulous hand hygiene for staff, residents & visitors. Provide adequate HH supplies (liquid soap, paper towels, alcohol-based hand rub).
- 3. Implement contact precautions including isolation/cohorting and PPE.

- 4. Separate affected & unaffected residents.
- 5. Restrict/discourage/minimise visitors.
- 6. Restrict movement of staff, residents & visitors within the facility.
- 7. Exclude staff with gastroenteritis until at least 48hrs after resolution of symptoms.
- 8. Instruct cleaners on increased/specific cleaning requirements.
- 9. Instruct staff on standard precautions for linen handling.
- 10. Notify the regional Population Health Unit.







Cleaning Re-usable Instruments & Equipment

Effective reprocessing of reusable instruments and equipment involves cleaning immediately after use to remove organic residue and either disinfection (heat or chemical) or sterilisation. The procedures necessary for the cleaning, disinfection and sterilisation of reusable medical instruments and equipment, and for the maintenance of associated environments in health care facilities, are provided in AS/NZS4187 & AS/NZS4815. Instruments and equipment must be reprocessed to a level appropriate for their intended use.













Cleaning Re-usable Instruments & Equipment cont.

The minimum levels of processing and storage requirements for reusable instruments and equipment are based on the following three risk categories of use:

- 1. Critical site (entry into sterile tissue, cavity or bloodstream) instruments should be sterile at time of use. Instruments should be single use and either steam sterilised or low-temperature chemical sterilised.
- 2. Semi-critical site (contact with non intact skin or intact non sterile mucosa) instruments should be single use or sterilised after each use. If this is not possible, high-level disinfection is the minimum level of reprocessing that is acceptable.
- 3. Non-critical site (contact with intact skin) cleaning alone is generally sufficient for all noncritical items after every individual use, although either intermediate or low-level disinfection may be appropriate in specific circumstances.

These recommendations apply to all health care facilities including office-based practices.

Personal Protective Equipment

The use of personal protective equipment (PPE) protects healthcare workers from exposure to blood or body substances, non-intact skin and mucous membranes. PPE should comply with relevant Australian Standards. Types of PPE include disposable examination and surgical gloves, protective eyewear (glasses, goggles or face-shields), surgical face masks and respirators (P2 particulate respirator), gowns and plastic aprons. Selection and utilization of PPE is dependant on the outcome of a risk assessment. This assessment determines the probability of exposure to blood and body substances, amount likely to be encountered, type of body substance involved and probable route of transmission of the infectious agent. To ensure complete compliance with PPE, healthcare facilities should ensure that all necessary items of PPE are readily available, accessible and maintained in good working order. Appropriate education on correct use should be provided to all healthcare workers. Always perform hand hygiene immediately before donning and

Sequence for donning PPE

- ◆ Perform hand hygiene
- ♦ Gown/apron

after removing PPE.

- ♦ Mask
- ♦ Protective eyewear

1. How to don a gown

- ♦ Opening is in the back
- Fully cover torso from neck to knees & wrap around
- Secure at neck and back
- 2. How to don a mask
- Secure on head with ear loops or ties
- ◆ Place over nose, mouth &
- Fit flexible nose piece over nose bridge
- Adjust fit, snug to face and
- ♦ Fit test (to check for air escape around edges of mask)
- 3. How to don eye protection
- ◆ Position eyewear over eyes & secure
- 4. How to don gloves
- Insert hands into gloves
- ♦ Extend gloves over gown cuffs (if wearing long sleeve

Sequence for removing PPE

- All items must be removed and discarded carefully
- 1. Glove removal
- Outside of glove is 'dirty'; use glove-to-glove/skin-toskin handling method
- Grasp edge near wrist, peel away from hand, turning glove inside out, hold in opposite gloved hand

- ♦ Slide ungloved finger under wrist of remaining glove, peel off from inside, creating a bag for both gloves
- ♦ Discard

2. Gown removal

- Gown front & sleeves are 'dirty'; handle by inside/ back of gown, unfasten ties, peel gown away from neck and shoulders
- Turn contaminated outside surface toward the inside, fold or roll into a bundle
- Discard
- ♦ Perform Hand Hygiene
- 3. Eyewear removal
- Outside of eyepiece is 'dirty'; handle by earpieces, grasp earpieces with ungloved hands, pull away from face
- ♦ Place is designated receptacle for cleaning

4. Mask Removal

- Front of mask is 'dirty'; handle by ear loops/sides, remove from face in a downward direction, using ear loops
- ♦ Discard
- 5. Perform hand hygiene immediately after removing PPE.

Remember...

PPE is single person, single task use ONLY



Donning & Removal of PPE Sequence Order





























Our Education Program

Infection Prevention & Control - The Responsibility Is In Our Hands

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Hands-On Infection Control offers a broad range of education training programs in infection prevention, control and related areas. Programs can be tailored to suit the specific needs of individual organisations, specialties, 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, ancillary and office based staff.

Education can be provided on or off site for your organisation using accredited trainers & assessors.



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).

Training Activities for 2009

- ♦ Infection Control On-Site Education and Training 2009—Schedule of Topics
- ♦ Infection Prevention Study Day for Residential Care Staff September 2009 (Adelaide)
- Infection Prevention Study Day for Day Hospital/Procedure
 Facilities October 2009 (Perth)
- Infection Prevention Study Day (No. 3) for Residential Care Staff November 2009 (Perth)

All education topics and Study Day information is available on our website.

To schedule your education and training needs please contact our staff.



USEFUL WEBSITES & RESOURCES

Government of Western Human Swine Influenza for Health Providers

http://www.public.health.wa.gov.au

Commonwealth Human Swine Flu for Health Professionals

http://www.healthemergency.gov.au

<u>Immunise Australia Program</u>

http://www.immunise.health.gov.au

Gastro-Info & Influ-Info Kits

Order from National Mail & Marketing 1800 020 103 or

Email NMM@nationalmailing.com.au

Standards Australia

http://www.standards.org

SAI-Global WebShop

http://www.saiglobal.com

Guidance for Selection & Use of PPE in Healthcare Settings

http://www.cdc.gov/ncidod/dhqp/ppe.html

REMEMBER!



"Hand Hygiene protects the people we come into contact with, our families, the environment, our communities and US!"

"HANDS UP FOR HANDS-ON!"

This newsletter's purpose is to provide information only. Every effort has been taken to ensure it contains accurate and up-to-date information at the time of publication. While our advice and information is professionally sourced and provided in good faith and all care has been taken in preparation of this newsletter, we do not accept legal liability or responsibility relating to this newsletter and the information it contains.