

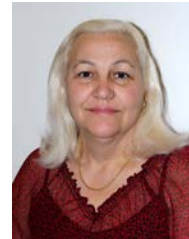
## Message from our Director



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.

There are a few recent and upcoming changes to the Hands-On team. Our Sterilisation Advisor Jes Farate has recently retired from both the acute health care sector where she managed the CSSD of a general hospital, and consulting at Hands-On. Jes has had a long career in sterilisation services and our team and clients have benefited from her hands-on approach and wealth of knowledge. While Jes will be missed, we wish her well while she focuses time on her family and self.



In addition, our Immunisation Nurse Chris Baker has decided a relocation further south to enjoy the estuary life in Mandurah is the life for her! Chris's proficiency at executing a vaccination clinic and sense of humour, no matter the environment – the remoter the better – will not be forgotten.



We are now busy recruiting for what is anticipated to be a very productive 2018 and hope to introduce you to our new team members in the next Newsletter.

Our consultancy, education and immunisation schedules are filling fast so if you haven't booked your activities please contact our office via email or phone to arrange. We look forward to working with you.



*The Flu season is coming – have you started planning your program yet?*

*We have! So don't hesitate to call us if we can assist you this season to keep your clients and staff safe*

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HANDS-ON INFECTION CONTROL

## Infection Prevention It's in Our Hands

## Single Use Wound Dressings

**Wounds Australia. [Application of Aseptic Technique in Wound Dressing Procedure. A Consensus Document](#)** was released in late 2017. There are some contentious issues regarding its application, in particular the practice of reusing single use open but unused portions of wound dressings. Reuse of open but unused wound dressings is **not** recommended due to risk of contamination and infection.

**Each office-based practice, residential care facility and home care service will need to perform its own risk assessment to determine if the practice is safe for them.** The document provides some clear guidelines for the conditions required to minimise the risk of infection to the client/resident if this practice is performed.

It is recommended that service providers have clear, written and approved guidelines/policies/procedures for managing dressing products, including open-but-unused products if applicable, providing:

- guidance for the health care professional (HCP) e.g. medico legal considerations
- protection for the client/resident and the HCP e.g. medico legal considerations

### 5.2 Product considerations in using open-but-unused wound dressings

#### 5.2.1 Product suitability

- The dressing cannot be managed as open-but-unused if cutting it will alter its performance or structural integrity.
- Any opened wound dressing product remaining at the end of the procedure is discarded. Refer to the manufacturer's recommendations for guidance.
- Collect all equipment and supplies prior to commencing the wound dressing procedure.
- Wherever possible select the most appropriate dressing size to match the wound size to avoid using open-but-unused dressings.
- If larger dressing sizes only are available, and all the other criteria are met, then consider the use of an open-but-unused dressing.

#### 5.2.2 Product management

- Cutting and handling procedures for open-but-unused dressing portions must be managed aseptically to minimise the risk of contamination.
- An open-but-unused wound dressing can only be used for the **same client/resident**.

#### 5.2.3 Storage

- An open-but-unused portion of dressing must be contained in its **original** packaging.
- Discard any remaining dressing if the original packaging is damaged, torn, or unable to be adequately secured.
- Decanting of dressings into **alternative** containers or non-original packaging is **not an acceptable practice**.
- Packets containing open-but-unused dressings have the opened end turned over twice and sealed with a tape that can be easily removed without damaging the packaging (e.g. paper tape).
- The secured, original packaging containing the open-but-unused portion of dressing is stored in a clean, resealable plastic bag containing **only that** open-but-unused dressing

Due to the lack of definitive information, any open-but-unused dressing and the resealable plastic bag is kept **no longer than four weeks** unless the manufacturer states that the shelf life is longer or less once opened. Every time an open-but-unused dressing product is accessed and handled there is an increased risk of contamination.

- The client/resident's name, date of birth, identification number and date of first use is recorded on:
  - the original packaging of the open-but-unused dressing, or
  - the resealable plastic bag. If there are resealable plastic bags for multiple clients/residents stored in the same area, the individual's name, date of birth and identification number is clearly identifiable on the outside of the plastic bag to avoid opening the bag except during a wound dressing procedure.
- The client/resident is provided with information regarding the use and storage of open-but-unused dressings.
- If there are multiple resealable plastic bags containing open but unused dressings for different clients/residents, keep them in a separate area, (e.g. separate drawer) away from other un-opened wound dressing products and equipment.

**If any of the above recommendations are unable to be met, the HCP cannot manage the dressing as open-but-unused.**



## NAPS National Antimicrobial Prescribing Survey

Antimicrobial stewardship programs have been developed to reduce inappropriate and unnecessary use of antimicrobials and assist in slowing the progression of antimicrobial resistance. Participation in NAPS assists with local antimicrobial stewardship initiatives, and supports healthcare facilities to demonstrate compliance with [National Safety and Quality Health Service \(NSQHS\) Standard 3: Preventing and Controlling Healthcare Associated Infections](#)

**Are you participating in the survey relevant to your category of healthcare? (Aged Care/ Hospital/ Surgical)**

### Operational Directive / National Guideline Updates

The following public health and infection control related operational directives/guidelines have been published. This is an opportunity to review your policies, procedures and protocols on these issues where indicated.

**MP 0078/18 [Medication Chart Policy](#)**

## Snippets from the ACIPC Conference 2017

### Hand Hygiene:

Hand Hygiene Procedure: WHO are reviewing the recommended hand hygiene procedure. Likely outcome will be the same actions but a different order. Fingertips into the palm of the hand will be placed further up the order of actions when there is a higher concentration of products in the palm of the hand.

Time of ABHR Application: Some studies are suggesting the current recommendation of alcohol based hand rub (ABHR) being applied for 20-30 seconds is not warranted, and 10-12 seconds may be sufficient. This has been identified as an area requiring further attention.

### Glove Use:



Glove use is still an issue for cross contamination of infection. Gloves continue to be a barrier to hand hygiene, and **are often misused**. They are predominately used to protect the wearer, and often not based on sound infection control principles.

### Antimicrobial Stewardship (AMS):

AMS is no longer just a health issue, it is also a social, economic and environmental issue. Antimicrobial use in agriculture and animal management must be considered as part of the problem.

AMS is now a regulatory requirement in Australia, yet the inappropriate antibiotic use in healthcare persists. There is a call to redefine AMS as a patient safety issue, not just an infection control issue. This would allow the development of clear and enforceable rules, not just guidelines.

### Use of Video's for Staff Training:

Recently, education-entertainment has been used as a medium to promote infection control measures, in particular hand hygiene. A presentation explored content, quality, viewer exposure and engagement of hand hygiene YouTube videos.

Results showed that YouTube videos showing dance routines were more likely to have incomplete or incorrect demonstration of Hand Hygiene (HH) technique. This affected the clarity of the video's purpose because of the lack of distinction of the HH aspect of the dance routine, leading to potential user misinformation and confusion.

***If using YouTube (or other training) videos you need to ensure that the content is complete, accurate and sends the message you want to send to your staff.***



## NSQHS Health Service Standard Three: Preventing Infection

The National Safety and Quality Healthcare Standards (1<sup>st</sup> Ed) have been in effect since January 2013. In November 2017 the 2<sup>nd</sup> edition was launched for full implementation in January 2019.

There are significant changes in this standard overall. Version 2 will comprise 8 standards and 148 actions. The 4 key criteria identified are:

1. Governance and quality improvements;
2. Infection prevention and control systems;
3. Reprocessing of reusable medical devices; and
4. Antimicrobial stewardship.

The content covered by the actions has been realigned to reduce duplication but maintain the focus on the important factors of a quality and safety program designed to identify, analyse, evaluate and respond to risks associated with infections, reprocessing of reusable medical devices and antimicrobial stewardship.

Standard 3: Preventing Infection, has had no substantial change to the content.

Accreditation against version 2 will commence in January 2019.

## NHMRC Guidelines for the Prevention and Control of Infection in Healthcare:

The guidelines were first introduced in 2010, and are now being reviewed. Two innovations are being used in this review – the use of an internationally recognised approach to synthesise the evidence (GRADE), and reformatting the guidelines in an IT platform (MAGICapp). No estimated date for completion has been given yet.

## AS/NZS 4187:2014:

Further review is planned for AS/NZS 4187:2014 which may result in 2 major changes:

- AS/NZS 4815 (office base reprocessing) incorporated into AS/NZS 4187; and
- Product families reviewed and hopefully simplified.

## WHAT AM I?

I am caused by a gram negative bacteria. There are 13 known serogroups of me, the most common that cause disease are serogroups A, B, C, W and Y. The overall mortality risk of me is 5-10% and of those who survive, approximately 10-20% develop permanent sequelae. I am vaccine preventable and part of the childhood vaccination schedule. Until recently, the vaccine did not include the W serogroup.

# Education & Training

February 2018

Summer Issue

## Hand-On Infection Control Professional Development Events for 2018

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 or feedback you would like to make, please let us know by contacting us at:

[info@handsoninfectioncontrol.com.au](mailto:info@handsoninfectioncontrol.com.au)

# Events

## Key Dates for Your 2018 Calendar

- World Hand Hygiene Day 5<sup>th</sup> May
- World Hepatitis Day  
28 July
- World Sepsis Day  
13<sup>th</sup> September
- International Infection Prevention Week  
15<sup>th</sup> – 21<sup>st</sup> October 2018
- Antibiotic Awareness Week  
12<sup>th</sup> – 18<sup>th</sup> November 2018
- World AIDS Day  
1 December



## ACIPC 2018 Conference

19-21 November  
in  
**Brisbane**



## Quiz Answers:

[What am I?](#) Meningococcal Disease