

# IMPACTeam UPDATE

June 2002  
Vol 3 No 1

*Infection Management, Prevention and Consultation Team  
Women's and Children's Health*

*“Infection Control is in your hands”*

## Annual Report 2001 Highlights

The Infection Control Annual Report for 2001 is now available from the Infection Control Department. The report highlights the many changes that have occurred in the department over the last 12 months.

The Hospital Infection Control Committee was re-established in November 2001, meets on a quarterly basis and is responsible for coordinating infection control activities across the network. The committee is chaired by Assoc. Prof. Suzanne Garland at RWH and by Dr Andrew Daley at RCH. Relevant issues can be raised by writing to Andrew Daley.

The IMPACTeam continues to update and develop new hospital policies and procedures with each undergoing extensive consultation and review before implementation. If there are infection control issues in your department that are not adequately addressed in existing policies, or you would like input from the Team on relevant issues in your area, please contact us.

Finally, education of staff and patients about the prevention of infection in the hospital environment is an important

role of the team. Interventions range from the so-called ‘standard precautions’, the most important of which is hand-washing, to vaccination of staff and isolation of potentially infectious patients. Again, the Team would be happy to be involved in any areas of education in your ward or department.

*Andrew Daley*

## Bug of the Month ESBL's



**Extended Spectrum Beta Lactamase.** (ESBL's) are enzymes that may be produced by Gram negative bacteria usually found in the bowel like *Klebsiella* and *E. Coli*. These organisms may colonise a person and cause no signs of infection but they are capable of causing infections in urine, wounds or blood.

Transmission between patients is primarily via hands of HCW's or contaminated equipment.

ESBL's are no more virulent or infective than other Gram negative bacteria but their greater resistance means they may not respond to the common antibiotics.

These organisms are resistant to penicillins and cephalosporins and may also be resistant to gentamycin or ciprofloxacin. If a patient develops an actual infection it is treated with carbapenems such as imipenem and meropenem or amikacin.

### Patients most at risk

- immunocompromised
- post transplant
- premature infants
- intensive care patients
- those on long term antibiotic therapy
- those with invasive devices
- post surgical procedures

Staff are unlikely to become colonised or infected provided they adhere to good **standard precautions** such as **handwashing** after attending patients and wearing of gloves if in contact with any blood or body fluid.

ESBL's may transfer both within species and between other species of gut flora.

Spread can be restricted by admitting the patient to a single room or cohorting with other patients with ESBL's and implementing strict **handwashing** and **standard precautions**.

Careful cleaning of all equipment, the patient environment and correct handling of waste and linen are also essential.

*Susan Thorpe*

## “Fridge” Monitoring

Vaccine fridges are located in the Delivery Suites at RWH and in the Emergency Departments.

Please ensure that vaccines are not placed in ward fridges, as the temperature may not be stable or monitored.

Vaccine fridges must be maintained between 2 to 8 degrees Celsius.

***Don't forget to check the temperature daily and document on chart !!!***

*Susan Thorpe*

## “Flu” Campaign 2002

**All in all an outstanding success!**



Many immunisation sessions were conducted this year at both RCH and RWH. Mobile clinics operated in and around the different wards and departments.

*To date we have immunised  
1900 staff*

We will soon be conducting a survey amongst all staff about the Flu Immunisation campaign - we want to hear your comments!

*Sue King*

**PS:** *Over 500 staff have attended infection control inservice or orientation sessions in the first 3 months of 2002*

## NICU – RWH

### Ward Rounds

A/Prof Suzanne Garland, Dr Andrew Daley (medical consultants), Dr Ayad Alajeel (microbiology registrar) and Mrs Janine Malcolm, (infection control nurse consultant) have formally joined the team of neonatal physicians, nurses and fellows on the “Clinical Round” each Friday morning in the RWH NICU.

Being able to discuss clinical cases of sepsis occurring in the neonates, their management and infection control implications, has been very beneficial to all parties.

It has been a very useful and rewarding exercise for both the NICU and IMPACTeam in understanding the role of nutrition, ventilation requirements etc. as well as the most appropriate diagnostic tests, and microbial agents to use in the management of the very premature and vulnerable septic infant.

*Suzanne Garland*

### Interested in the quality of **Melbourne Tap Water????**

Department of Human Services have published their findings on the microbial safety of drinking water in the Victorian Infectious Diseases Bulletin Vol. 5 Issue 1.

If you would like to know what they found, visit their web site on [www.dhs.vic.gov.au/phd/vidb/](http://www.dhs.vic.gov.au/phd/vidb/)

## Team Changes

**Dr Andrew Daley** was appointed as a Medical Microbiologist and Infection Control Physician in Dec 2001. Andrew has trained as a Paediatric Infectious Diseases Physician and Clinical Epidemiologist and his interests include nosocomial infections, immunisation and diagnosis of congenital infections.

**Ms Terri Butcher**, Infection Control Consultant, has returned from Maternity Leave.

**Ms Jan Matthews**, Secretary, has retired from her position due to ill health. We will miss her valuable contribution to our department.

**Ms Mary Farrugia** has taken over this role and we welcome her to the team. She has previously worked at the Justice Department and brings valuable skills to the team.

### What to do with “Dummies”

- One pacifier should be allocated per infant.
- If the pacifier comes into contact with body fluids, the floor or other contaminants, discard immediately.
- At other times clean with warm water and neutral hospital detergent.
- Store dry in a clean container when not in use.
- Discard when the infant is discharged.

*Terri Butcher*