

INFECTION CONTROL NEWSLETTER

January 2001
Volume 2, Issue 1

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Infection Control Department
Women & Children's Health
Melbourne

This Edition

This month we will introduce some of the recent changes and events which have occurred in the Infection Control Department at Women's and Children's Health.

Government Initiatives

In 1999, the Department of Human Services made a commitment to improve infection control services across Victoria. This included injecting funds into hospital programs to audit cleaning standards, provide staff health services and to increase the number of infection control practitioners.

Earlier this year the Department of Human Services announced *Victoria's Infection Control 5 Point Plan* - the main goal of which is to address the issue of hospital acquired infections.

Hospitals were asked to develop individual strategic plans for their infection control program. These were submitted to DHS in September and we are awaiting a response.

Funding was allocated for the employment and education of an additional 30 Infection Control practitioners across Victoria. Women and Children's Health was allocated an additional 1.5 EFT staff to join the current nursing team and therefore two new members commenced with us in November.

Commitments were also made to conduct audits of infection control and sterilization practices in public hospitals

- a repeat of the Taskforce surveys conducted in 1997. Independent *ad hoc* audits will also be conducted to assess cleaning standards and improve environmental surveillance.

Funding has also been provided for staff health programs to provide vaccines, screening programs and the establishment of databases.

DHS have endorsed the implementation of co-ordinated surveillance systems for hospital acquired infections as well as a system for the monitoring and development of prevention strategies for antibiotic use, hand washing, VRE surveillance, patient blood borne exposure notification system and influenza campaigns.

The Infection Control Team at WCH has worked hard over the last six months to prepare the strategic plan, conduct pilot audits for the cleaning program, and establish a staff vaccination program. All this amidst the resignation of two long time staff members - Raylee Pandur (RCH) and Sue Mackay (RWH) as well as the appointment of new staff.

STAFF HEALTH PROGRAM:

In February this year Janine Malcolm was appointed as a project nurse under funding from the Department of Human Services.

Janine's brief included two main objectives:

To establish a database of staff immune status and vaccinations

To review the current policy for the management of needle sticks and body fluid contact.

In order to collect information, a variety of strategies have taken place - vaccination clinics, ward and department in services, mail outs and discussion groups.

Staff Health forms collect information on demographic details such as name, occupation, employee number and date of birth (although some people have been reluctant to share this!!)

Part 1 of the form asks questions about your exposure to many of the common childhood infectious diseases as well as those you may encounter in the course of your employment.

Part 2 (on the back of the page) asks about your previous and current vaccination history

Information gathered from the audit form is then entered onto a database which is secured and confidential. The information is analysed and an individual action plan developed for each staff member. This action plan will list the recommended vaccinations or blood tests you require.

To date over 1000 forms have been collected and entered onto the Staffshield© database.

VACCINATION SCHEDULE FOR

HEALTH CARE WORKERS:

Hepatitis B

Primary course of three injections, followed by a blood test to confirm antibody levels are adequate. Re-test antibody level after any incident involving exposure to blood or body fluids. Booster doses are no longer routinely recommended.

Measles/Mumps/Rubella

If you are aged between 18-30 years you may have low levels of immunity against these infectious diseases. It is recommended that you receive a booster dose, (Pregnancy is contra indicated for three months after vaccination)

Influenza

Annual vaccination is recommended for all staff. Watch out for our mobile clinics between February and May each year. Next year there will be more clinics available particularly at RWH

Polio

Single booster dose recommended for all adults especially if you are considering travel to Asia and India

Mantoux

This skin test is used to detect exposure to tuberculosis. A mild reaction may occur if you have previously been vaccinated with BCG. This test should be done when you commence employment then every 2-3 years. BCG vaccination is no longer given on a routine basis.

Tetanus/Diphtheria

Preferably given as a combined injection. If you have completed a primary course (usually as a child) you will not require a booster dose until the age of 50 years (unless you sustain a tetanus prone wound)

Varicella (Chickenpox)

Recommended for staff who have not been previously exposed to chickenpox. A blood test will be required to exclude a sub clinical infection. If negative you will be given two doses of vaccine, six weeks apart.

Most of these recommended vaccines are provided to staff free of charge, the cost being met by Occupational Health & Safety and the Department of Human Services.

Infection Control

Activities Report

The Infection Control team through Associate Professor Suzanne Garland (currently on sabbatical leave in Geneva) is responsible to WCH Executive committees for the effective and efficient management of the infection control program

Aims:

- ❖ To minimise patient morbidity and hospital costs resulting from nosocomial infections
- ❖ To minimise the risks to hospital employees from contracting or spreading infections
- ❖ To be a resource for all matters relating to paediatric, neonatal, obstetric and gynaecological infection control
- ❖ To establish RCH and RWH as models for effective infection control, teaching & research.

Policy development. The Infection Control team continually formulates and reviews policies in order to minimise risks to staff & patients. Currently under review are "Loan Sterile Instrument policy", "Management of CJD patients", "Staff Immunisation" and "Occupational Exposures"

Consultations with clinical and allied health departments on issues of patient management, risk of disease transmission and equipment cleaning are sought on a daily basis. Liaison has occurred about the current and proposed renovations and building works at both campuses.

753 community calls were received and recorded in 1999. Callers included GPs,

parents, grandparents, staff from child care facilities, schools, and Maternal & Child Health nurses. Queries related to community outbreaks of diseases such as Chickenpox, Slapped cheek, Hand, Foot & mouth diseases and Meningococcal disease; immunisation of children and pregnant women, decontamination of items such as breast pumps, teats and dummies; or information about blood borne diseases.

Surveillance programs help to detect the underlying infection rates both in individual areas or hospital wide.

Results are analysed and an action plan developed. This may include education programs, practice reviews and further audits.

Hospital wide prevalence surveys were conducted in 1999 and 2000, and the results compared with other hospitals. Targeted surveillance is conducted in areas such as Intensive Care and Neonatal Units.

In conjunction with Environmental Services, audits have been conducted to assess cleaning standards across both campuses. This is to comply with DHS guidelines and to prepare for the random audits which will commence in the new year.

Education sessions are conducted as part of the orientation program for new staff, or held in wards and departments. Topics covered included staff immunisation, neonatal infection risks, chickenpox and standard precautions.

Meet the Team

Sue Scott
Clinical Nurse Consultant
Based at RCH

Has worked in infection control area for many years, and has a special interest in paediatric infectious diseases, surveillance of hospital acquired infections, and infection control issues in child care.

Janine Malcolm
Clinical nurse Consultant.
Based at RWH

With previous experience at both Williamstown and Box Hill Hospitals, Janine commenced at the network in January to set up staff health program, and recently assumed the role of infection control at RWH. She will continue to oversee the programs for staff health including vaccination programs and occupational exposure management.

Terri Butcher
Infection Control Practitioner
Formerly worked as respiratory nurse consultant at RCH, Terri was selected under the government initiative program (see page 1) Terri will be working on several projects including neonatal surveillance and equipment review

Sue Thorpe
Infection Control Practitioner
Also selected under the Government initiative program, Sue previously worked at MDU and has been involved in many research projects. Like Terri she will be undertaking some new projects including nosocomial surveillance.

Medical Staff- Support team

A/Prof Suzanne Garland
Director of Clinical Microbiology.
Many years of experience both in Australia and overseas. Has a special interest in women's health and sexually transmitted diseases.

Dr Mike Starr
Infectious Diseases Physician
Specialises in paediatric diseases, travel health and immunisation.

Hand Washing Quiz

Circle the correct answer

1. The most essential step in preventing and controlling infection is:
 - a) Wearing protective equipment such as gloves, gowns and masks
 - b) Hand washing
 - c) Having an infection control team
 - d) Using Standard Precautions
2. Hand washing is necessary:
 - a) before starting work
 - b) before wearing gloves
 - c) after visiting the toilet
 - d) all of the above
3. The best water temperature for hand washing is:
 - a) warm
 - b) hot
4. Care of your hands should include all of the following except:
 - a) keeping nails short and trimmed
 - b) making sure your nail polish is not chipped
 - c) applying hand lotion
 - d) wearing gloves when you wash the dishes.
5. In a situation where gloves are worn for a procedure:
 - a) hands should be washed before gloving
 - b) its ok to wear rings and a wrist watch
 - c) the risk of infection is reduced by 50%
 - d) applying alcohol hand wash gives added protection
6. It is ok to skip hand washing if:
 - a) You washed your hands before starting work this morning
 - b) You forgot
 - c) You are very busy
 - d) None of the above
7. As a staff member of the hospital you should remember to:
 - a) Wash your hands as recommended
 - b) Follow infection control guidelines to reduce the risk of infection
 - c) Wear gloves when it is appropriate to do so
 - d) All of the above

Contacting the Nursing team

Name	Phone	Pager
Sue Scott	5740	5740
Janine Malcolm	2020	2020
Terri Butcher	6663	4073
Sue Thorpe	2020	2439

Members of the team are available for consultation Monday - Friday 0800-1700 hours. We can provide information on a wide range of topics including nursing management of patients with infectious diseases, staff immunisation requirement, the use of personal protective equipment, surveillance of hospital acquired infections, policy development, equipment care and product evaluation. We are also willing to provide education sessions for any ward or department on a relevant topic of your choice.

