



NSW State News

NSW Introduces its VIPS



Over the next few issues NSW will introduce the Executive, the Journal Committee and the Regions.

A photo of the NSW Executive will be published when they recover from the conference.

The executive of the Infection Control Association NSW Inc, are as follows:

President	Cathryn Murphy
Vice President	Dianne Dalton
Secretary	Joy Borgert
Assist. Secretary	Yvonne de Main
Treasurer	Sue Greig
Assist. Treasurer	Valda Mentjox
Membership Sec	Lorraine Dorrington
Resource & Development	
Co-ordinator	Sheila Tranter
Admin. Assistant	Di Mikosch
Public Relations Assist.	Sue Resnik
NSW Editorial	

Representative Margaret Evans

One of the many functions the executive carry out is the buddy system, as well, each person for a month takes a turn to be on call. Over the next couple of issues the executive will be introduced to you so you may have some idea about the person at the other end of the phone.

Profile: Cathryn Murphy

Position: President

Work: Project Officer NSW 24 hour Needlestick Injury hotline.

History: Worked a few years as a scrub sister in theatres then acted in Infection Control. In 1989 was appointed CNC Infection Control at The Sutherland Hospital. 1994 was the project officer for NSW Nosocomial Infection Outcome Indicator Project. I have been a member of the executive since 1992.

Philosophy: We are living in times when the profile of Infection Control is skyrocketing, thus we are compelled to justify through ongoing education, collaboration and scientifically based research, how well we practice and why we do what we do in Infection

Control. Constantly frustrated by the "grey areas" of Infection Control, these could be demystified through standardised policy, practice and surveillance methodology. After travelling overseas and reviewing USA's Infection Control I firmly believe that Australia's Infection Control has the potential to become world leaders in this field.

Interests: Hospital epidemiology – information technology and Infection Control – surveillance and – self confessed chocoholic!

Profile: Lorraine Dorrington

Currently the NSW membership secretary, a position I have held since 1993. I am also a member of the Standards for Practice sub-committee.

I have been working in Infection Control since 1984 and during this time I have gained experience in many different areas in Public Hospitals across NSW. Currently I am employed to develop Infection Control policies for the Ambulance Service of NSW.

I completed the Advanced Infection Control course at the NSW College of Nursing in 1983, a Bachelor of Arts (Education) at Macquarie in 1992 and hopefully complete a Bachelor of Health Service Management at Charles Sturt University Bathurst this semester.

My main interest is in Standards development and the continual raising of the professional profile of Infection Control in NSW.

Profile: Sue Greig

Currently treasurer of the Infection Control Association of NSW Inc. and regional chairperson of the Northern Metropolitan.

I have recently completed the Sydney Hospital Post Registration Infection Control Certificate which consumed an enormous amount of time in 1995 was well worth the effort. My time in 1996 is being spent on trying to make the National Conference a success along with the rest of the executive.

I work at Longueville Private Hospital on the lower north shore of Sydney. This job is part-time and encompasses

Infection Control, staff health and safety and Quality Improvement.

I would like to have Infection Control better recognised within health care as an essential component of a well run facility. It is an area that permeates throughout the whole facility into every department and should be recognised as such.

Infection Control is not a job description – it a job in itself and needs appropriate time allocated to be done effectively.

Profile: Di Mikosch

I am a registered nurse with 30 years experience. I hold the position of administrative assistant on the state executive.

I work in the private sector, at a 94 bed medical/surgical rural coastal hospital. My position is full-time, shared between the medical ward and Infection Control. I have been doing Infection Control since 1991 and hold the Sydney Hospital Infection Control Certificate.

My responsibilities include education of all staff in Infection Control, participation in orientation of all new staff, Infection Control surveys, audits and policy manual, staff health and occupational exposures. My special interest is in staff health.

Profile: Yvonne de Main

I am employed as the Infection Control Coordinator (ICC) at the Illawarra Regional Hospital and have completed the Certificate Course in Infection Control at Western Sydney University.

In 1993 a few enthusiastic nurses met and subsequently re-established the Illawarra Region. This was a very exciting time for me personally as president. Exactly two years later Illawarra hosted the State conference. Whilst this event brought the members together as a team, it took everyone some time to recover from the shock at the concept and lots of social events after to unwind!

In April 1995 I accepted the position of Assistant Secretary for ICANSW Inc. This is one way of developing your word processing skills and a great way to keep abreast of what's happening in Infection Control.



ACT State News



Infection Control "Office Practice" Seminars for general practitioners, dentists, beauty therapists and others have been arranged for late May and October. This has been organised in collaboration with the Australian Association of Practice Managers.

During 1995 there was a small increase in sporadic cases of meningococcal meningitis in the ACT. As a consequence the Department of Health's Communicable Diseases Control Section, Population Health Division and Woden Valley Hospital's Infection Control Service

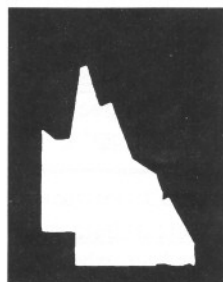
have collaborated in drafting a protocol for the giving of information and administering prophylaxis when appropriate to close contacts. The draft is currently being reviewed by the Chief Health Officer and Hospital Executive.

On a personal note: I have recently spent three weeks with friends in Noumea, and on the Loyalty Island of Ouvea in New Caledonia. During this time, a cyclone confined everyone inside their homes for 36 hours by orders of the gendarmerie who patrolled the streets in vans with megaphones. Schools, shops and businesses were closed. Main water pipes were smashed and for about 30 hours Noumea was without running water. This had been foreseen and we had

prepared by filling huge garbins with water for drinking and toilet use. Post cyclone, news bulletins warned about dengue fever and dengue haemorrhagic fever and the increased breeding activities of infective vectors *Aedes aegypti* mosquitoes carrying the viruses types I-4. These are day biting species with increased biting activity for two hours after sunrise and two hours before sunset. Long sleeved shirts and trousers, together with smothering remaining "bare parts" with N, N-diethyl-m-toluamide (deet) became the order of the day.

It was an interesting experience!

Elaine Graham
Sub-Editor ACT
Telephone (06) 244 2512



Queensland State News



The ICPAQ has formulated a two week Infection Control Course. The format was adapted from the course run by Madeleine McPherson and Dr David McGechie in Fremantle Hospital. They are to be congratulated on implementing this Infection Control initiative which has facilitated the dissemination of Infection Control education for a period of approximately ten years.

ICPAQ has developed a framework and formulated lecture objectives. The planning of the course will be

completed within the next few weeks.

The ICPAQ starter kit has been reviewed and will be republished soon. Financial members of ICPAQ will receive their updates free.

Professor Glen Mayhall, of Galveston Texas, addressed a forum and discussed Surgical Wound Surveillance and Waste Management. This educational initiative was funded by Dr M Whitby, Director of the Department of Infectious Diseases, Infection Control and Sexual Health, Princess Alexandra Hospital.

Monitoring of Surgical Wound Surveillance, accuracy of data, allocation of resources and outcomes were discussed. The importance of Post Discharge Surveillance was identified. Currently there is no

system/process that has been scientifically validated. Institutions that have a system in place were encouraged to seek validation.

The inappropriate cost of waste tracking was the major focus of Professor Mayhall's presentation on waste management. Approximately 1.3 billion dollars is spent in the United States on waste tracking annually. Studies have clearly shown that this initiative has not benefited Preventative Health or Occupational Health and Safety. He stated that we had a responsibility to ensure that this system of processing waste was not implemented into Australia!

Dolly Olesen
Sub Editor
Queensland



Northern Territory State News



Measuring Standard (Universal) Precautions



Universal, now referred to as standard precautions were first published as such by the Centres for Disease Control in 1986.

Yes, I hear you saying that these measures have been in practice a lot longer than that, they just didn't have a specific name. That is true.

However, with or without a name, just how well do staff implement safeguards to protect their patients and themselves?

Ten years have passed since universal precautions arrived with much publicity. This means that health care professionals younger than thirty to thirty five years old should apply these precautions as second nature, having known no other system. But do they? This is obviously the question that prompted our infection control committee chairperson to ask for a surveillance tool to be developed specifically to measure staff compliance. He rapidly expanded this idea to offering a prize to the area which could show the greatest compliance. Perhaps, he thought, even a dinner out at the hospital's expense.

While he went off to discuss the possibility of a prize with our General Manager, I was left with the task of designing an observation sheet. Not a form to be used by infection control staff, but one to be used by ward staff to observe each other and, with civilised criticism, create a positive learning environment, remembering that the observer may also learn good practices from the person they are observing. In other words, the exercise is not to be a punitive measure, but one which promotes the correct and timely application of infection control precautions.

After quite a few attempts and many field trials, I came up with the form

shown on next page. I am the first to agree that it is not perfect, it is less objective than I would like, but it is being used and no doubt we will be able to improve on it with feedback from the users. Our reasons for opting for ward staff to be the observers of clinical practice are many. Firstly, we want to promote the teaching of clinical skills at the work unit level, so that this is seen as a work area responsibility. Next, we want everyone to have a turn at being the observer not just the observed. This enhances learning because the observer

needs to know what precautions are required for a procedure before he or she can evaluate others. Further to this, changes in practice agreed and implemented at ward level tend to be more lasting than changes that are perceived as being imposed from outside, and lastly, I like to enhance the advisory/resource role of infection control rather than the policing role. Staff need to be able to approach infection control on sensitive subjects without background issues impacting, and the negative effects of policing practices may severely impede this.

I am sure that

work areas will need positive encouragement to keep the surveillance going and to this may well come from seeing a reduction in nosocomial infections. We have noted a marked drop in MRSA cases from January to February and March, however it is far too soon to say if there is a possible link. It may just be wishful thinking! I will keep you posted.

**Regards,
Anne Arthur
Royal Darwin Hospital
Territory Health Services**

Sheldons Linen Service

Sheldons
Linen
Service

Linen hire and laundry services for:

**Hospitals
Medical centres
Nursing homes**

Specialists in Theatre Bundles

Phone 9818 0241
Fax 9819 6560
2 Roche St. Hawthorn
Victoria 3122

INFECTION CONTROL OBSERVATION SHEET

Date: ____/____/____ Time: ____ hours. Ward/Unit: ____ Assessor: ____ (clear name & signature)

Observations: mark relevant boxes down one column/person. Leave boxes blank when activity not observed.

Personnel: Record staff I/D ie MO, RN, EN, AHP, PCA etc.	1 []	2 []	3 []	4 []	5 []	6 []
Procedures: ✓ appropriate boxes						
▪ Medical Examination						
▪ Wound Examination						
▪ Suction (oral, nasal, ETT or Tracheal)						
▪ Sterile Procedure (IV, LP, Biopsy etc)						
▪ General Patient Care/Assistance						
▪ Bedmaking/linen handling						
Universal Standard Precautions:	Rate: Y=yes,	N=no or leave	blank if not applicable			
▪ Handwashing: performed adequately and timely						
▪ Gloves required: used & changed when appropriate.						
▪ Surgical mask indicated: worn covering nose & mouth.						
▪ Eye protection required: worn during splash-risks.						
▪ Gown/Apron indicated: worn & discarded after use.						
▪ Sterile Supplies/field: contamination prevented.						
▪ Medical Sharps: handled & disposed of correctly.						
▪ Used linen and waste disposal: handled & bagged correctly.						
Infection Control Questions: (Ask staff member one question)	Y = correct response.	N = incorrect response.				
▪ Urinary Catheter Care: gloves, eye protection, hand washing and surgically clean jug to empty.						
▪ IVT Site Care: Clear, occlusive dressing, check site for redness, heat, swelling, pain, discharge.						
▪ Patient bed allocations: Clean cases not accommodated with open infected cases.						
▪ CSD equipment: Don rubber gloves. Wash & Dry items. Place in CSD trolley. Place non-disposable sharps in tube.						
▪ Patient sponge bowls: Either washed, dried immediately and kept for one patient use or rinsed, bagged and sent to CSD for washing in Hobart Washer.						
▪ Respiratory Isolation: Negative pressure room, door kept closed, masks to be worn when entering. (Required for TB and infections transmitted via inhalation mode).						

Total +ve Responses: _____ Total -ve Responses: _____ Total applicable responses: ____ Rate: ____%

Form developed March 1996 for RDH Infection Control Committee by Anne Arthur, ICND



Victorian State News



Infection Control Taskforce

The Department of Human Services, as a joint initiative of its acute Health and Public Health Divisions has recently established an Infection Control Taskforce to address a range of issues arising in infection control in Victorian hospitals.

The project consists of the following components:

- a comprehensive literature review on infection rates and cleaning, sterilising and disinfecting;
- An audit of cleaning, sterilising and disinfecting resources in Victorian public acute hospitals;
- An audit and evaluation of infection control processes and policies.

Tenders for components of the project or the whole project have been invited and close 16 May 1996. VICNA was not initially invited to be involved in the project however, this has been rectified and a representative will be participating on the taskforce. Many VICNA members attended the information forum held on

March 28 which introduced the terms of reference of the taskforce.

Victorian Standing Committee on Infection Control (H&CS)

The committee is taking a pro-active stance on Vancomycin Resistant Enterococci (VRE). A sub-committee working party has been formed to address three core areas:

1. Education re the appropriate use of Vancomycin and review of the antibiotic prescribing guidelines.
2. Increased surveillance for VRE – with five institutions participating.
3. Patient management guidelines. VICNA have submitted guidelines and a representative will attend subcommittee meetings on patient management.

McFarlane Burnet Centre (MBC) for Medical Research Survey; Hepatitis B Vaccination of Staff Employed in Victorian Health Care Institutions

A VICNA representative is a member of the MBC steering committee which has

surveyed 25% of Victorian hospitals and 10% of nursing homes to ascertain policies, practice and performance regarding Hepatitis B vaccination of staff. The survey will in part identify areas where greater clarification of guidelines is needed and report on the features of those systems which appear to function most effectively.

Sixteen site visits were also carried out to observe practical aspects of implementing policy, any difficulties experienced and solutions which may be helpful to others.

To date it has become apparent that there are a number of areas where more in-depth guidelines about Hepatitis B vaccination and follow-up is required. This report will provide answers to many of the common problems regarding Hepatitis B vaccination which Infection Control Consultants face frequently.

Jane Hellsten

Assistant Sub Editor Victoria



Tasmanian State News



The Annual General Meeting of the Tasmanian Infection Control Association was held on February 20 1996.

A new team of Office Bearers were elected for two year terms:

President Jenny Tuffin

Jenny is Clinical Nurse Consultant Infection Control/Quality Improvement Co-ordinator at Hobart's Calvary Hospital.

Vice President Pam Sykes

Pam is Clinical Nurse Consultant Infection Control at the Royal Hobart Hospital.

Secretary Shasta Tonks

Shasta is Clinical Nurse Consultant Infection Control/Quality Improvement/Wound Care for the Department of Community & Health Services – located in the Community Care (Community Health Nursing)/Acute

Care Programmes (Repatriation General Hospital) in Hobart.

Assistant Secretary Lyn Fysh

Lyn is Clinical Nurse Consultant Infection Control at Hobart's St John's Private Hospital.

Treasurer 1996 Pam Sykes

Assistant Treasurer 1996

Nancy Gillam

Nancy is Clinical Nurse Consultant at Burnie's North West General Hospital.

Treasurer 1997 Nancy Gillam

We will continue this year to alternate meetings up and down the State in an effort to assist our members with reduced travelling times, but geographically this is difficult for some.

We are about to start re-organising our State conference for September this year. This was originally planned for September 1995 but unfortunately had

to be postponed.

Plans are also underway for a State Newsletter with our first one due to be published in August and thereafter two (2) publications a year. Mr David Bryce, recently retired, has kindly offered to prepare and print our newsletter and Mary Bates will undertake the collection of materials for this.

Every second month an educational/interesting visit will be arranged to coincide with the meeting.

The first such visit occurred this week in Hobart with a visit to the new premises of Hobart Pathology Laboratories. Most enlightening.

At this point four of our members are planning to attend the National Conference in Sydney in May, we look forward to meeting many of you then.

Shasta Tonks



South Australia State News



The Infection Control Association of South Australia (ICASA Inc.), enjoys the reputation of being an extremely productive and worthwhile Association that continues to attract membership. The executive Committee continues to strive towards excellence and to maintain this Association as a strong and supportive professional body that serves its membership well.

To enable the Committee to plan future activities that would better serve the membership, a "needs analysis questionnaire" was distributed.

The questions were targeted towards areas that perhaps would facilitate a members ability to attend or participate in activities organised by ICASA Inc. These included questions related to:

- Preferred meeting day (as some members have commitments to other professional activities that have set meeting times).
- Frequency of the meetings ie; monthly, second monthly, quarterly.
- Venue. Past venues have not been central making travel difficult for some members.
- A State Conference and country study days.

The response was not overwhelming from city members who generally have greater access to information, however country members represented themselves extremely well!

So what did our members suggest?

- Meeting day - In South Australia, the meeting is held on the second Thursday of the month and this was considered suitable by a majority of members.
- Monthly meetings - There was a

significant response in favour of maintaining monthly meetings. Many of these responses were from those living in the metropolitan area. A number of country members indicated that bi-monthly meetings would be easier, probably from the travelling aspect.

- Venue - Most respondents were happy with the centrally located facilities currently utilised.
- Country study day - There was great enthusiasm expressed by all regions confirming the necessity for information sharing and networking. Many offers were received from outlying areas to host such a study day.
- State conference - Many responses indicated that this would be of benefit with suggested topics including Infection Control in aged care settings, Waste management, and Accreditation. The possibility was raised of combining a conference with another professional group with similar interests.
- Workshops - This topic was very popular with the respondents indicating that workshops would be highly desirable as people appreciate the 'hands on' approach.
- What do members like about meetings - 'friendliness, networking and interesting speakers' were frequent comments.
- Suggested improvements to the ICASA Inc meetings - Wearing name tags to assist new members, the inclusion of a 'subject night' for members to bring along articles and personal experiences related to pre-specified subjects, maintaining the visibility of the Association and more joint activities with other linked groups.

Comments like: 'ICASA Inc. is doing well - keep up the good work!' were very encouraging.

Post questionnaire goals:

- Short term July/August 1996. 1 Day Epi-info Workshop
- September/October 1996 Third Seminar for Office Practice Personnel

October/November 1996 - 1 Day Seminar for country area

- Medium term 1997/8 State Conference
- Long term goal-Host 1999 National Conference

All comments were noted by the committee and preparations are under way to take action. The initial phase of distributing the questionnaire outcomes to keep members informed has already occurred and plans are underway to incorporate some of the suggestions into future meetings. The greatest need is to move our focus out into the country areas and provide support to members who are unable to access information easily. Negotiations have begun and it is envisaged that a Country Seminar will be a reality before the end of the year.

As one member noted: The success of the Association demands continuing commitment and exposure which is costly in time and, resources but we cannot let up!

The future of ICASA Inc. is looking healthy if our members enthusiasm is anything to go by!

Marilyn Parkes
Committee Member.

QUALITY INFECTION CONTROL PRODUCTS

DENTAVISION are importers and distributors of a wide range of competitively priced products including Tecnol face masks. Flexi-Fit gloves, Virahol non-toxic surface spray, Germiphene Concentrate disinfecting solution, Gobble suction cleaner, Swipes alcohol wipes, Germx spray, Healthsonics ultrasonics and much, much more. Take advantage of our no-fuss ordering system and support service.

DENTA
VISION

1 800 806 640

for a demonstration and additional information



West Australian State News



The ICAWA was able to provide funding for six association members to attend the AICA conference in Sydney in May.

Madeleine McPherson (AICA and ICAWA Presidents, Fremantle Hospital), Chen Anderson (Royal Perth Hospital), Gabby Robathan (Princess Margaret Hospital), Sue Gruber (Cambridge Hospital), Terri Orrell (King Edward Memorial Hospital) and Barbara Elliott (Bethesda Hospital) were the successful scholarship recipients. The former three presented papers at the conference.

The ability of the association to provide such scholarships is a reflection of the successful annual State conferences. It is timely therefore to acknowledge the enormous efforts of the past and present ICAWA conference committees.

This year's annual State conference will be held on Friday 20 September at the Burswood Resort, Perth. Gina Pugliese from the USA will be the keynote speaker. Topics to be covered will include ACHS Charter for Change, wound infection and peripherally inserted central catheters. For those considering travelling to WA for the conference,

the weather in Perth in September is superb and the wildflowers spectacular. Conference convenor: Barbara Elliott telephone 340 6300, fax 340 6399.

Plans are well underway for the National AICA conference to be held at the Burswood Resort in Perth in May 1998. The keynote speaker will be Richard Wenzel from the USA. The conference will extend over two days and incorporate meeting time for specialist infection control groups.

Gabby Robathan
Sub-editor, ICAWA
PO Box 674
Claremont WA 6010

AT LAST... The Infectious Control Association Visits The Rocks

The Rocks, Sydney's beautiful harbourside historic precinct, will be the setting for the 1996 Infections Control Association Conference on May 8-10. Ironical, really, when you consider the area's colourful, plague-filled past...

The conference, held at The Regent hotel, will attract more than 400 members for two days of informative conference sessions and three nights of networking, exchanging ideas and entertainment. The conference will begin on Wednesday 8 with cocktails surrounded by bright art at the Ken Done Gallery. Thursday 9 will feature a special function, sponsored by the Sydney Cove Authority, at the aptly

named Nurses Walk. With a treasure hunt, this will be an unusual night to remember. The conference will close with a gala dinner at the Museum of Contemporary Art on the 10th.

With all the attractions and facilities of The Rocks close at hand – from elegant restaurants and cheerful cafes, to quirky gift shops and exciting arts and crafts galleries, to historic exhibitions and cosy pubs – the 1996 conference is sure to be a highlight for members. For though The Rocks is still vibrant and colourful, the only

plagues in the area will be the ones discussed at the conference!

For further information, please contact Kirsty Creese at the Sydney Cove Authority's Tourism Marketing Department on (02) 255 1765.

**CLINICAL
WASTE
AUSTRALIA** 

ACN 003 716 256

THE RESPONSIBLE ANSWER

For the secure transport and disposal, by high temperature incineration of clinical and related wastes, including sharps, pharmaceuticals and security wastes

TELEPHONE: (02) 748 4552
FACSIMILE: (02) 748 2456

2 – 16 Wiblen Street
SILVERWATER 2128