



NSW State News

ICA NSW Inc – Presidential Report



With the National Conference completed, NSW Infection Control is almost back to normal. On behalf of the Executive and Conference Planning Committee I would like to take this opportunity to thank each of the individual members for their support in attending the Conference. There were problems that have been acknowledged in the reviews we received and hopefully VICNA can address these before next year. The ICA NSW Inc is saddened by the retirement of two of our members, Sheila Tranter and Megan Breust who have worked tirelessly for the association over the years in a variety of roles. We will miss both and wish them all the best in retirement.

The NSW Health Department has recently established a nosocomial Infection Taskforce. The ICA NSW is well represented on the Taskforce and as I have been seconded to the Health Department for twelve months as a Policy Analyst – Nosocomial Infection, we can hope that collaboration between these two groups continues. The Health Department is about to release the



NSW Executive

From the left: Sue Greig, Dr Virginia Furner, Cathryn Murphy, Dr Julie Gerberding, Di Mikosch, Sue Resnik, Lorraine Dorrington, Joy Borgert, Yvonne DeMain, Valda Mentjox, Margaret Evans and Dianne Dalton.

Infection Control Training & Information Resource Kit which will be of most use for novice and beginning practitioners. This kit has been developed collaboratively with appropriate groups including ours working closely on the document. The launch and introduction of the kit into NSW is to be undertaken by Dianne Dalton, Vice President who has been seconded for six months to the NSW Infection Control Resource Centre.

Many members have expressed an

interest in computing in our membership applications and two special interest groups are about to be formed to help meet membership needs – Infection Control & Information Systems and Hospital Epidemiology Interest Groups – more news later. We are also investigating the feasibility of establishing a Home Page on “the super highway”. For those of you interested in seeing what we may use as a model try the APIC home page at <http://www.apic.org>

Diary Date – Saturday, 26 October 9.00am-16:30am – ICA NSW Inc Workshop and Annual General Meeting – agenda items being received now on 02 9380 6114 (Ph/Fax). It is hoped some of the excellent work from the Education and Career Pathway Committee on Competencies can be presented at this meeting.

Congratulations to those members heading off to Ireland for the International Conference, please keep us informed of any interesting updates.

Cathryn Murphy

ACT State News

An “Office Practice” Seminar held mid-year proved very successful. This was organised in collaboration with the Australian Association of Practice Managers. Approximately 150 participants attended from dental, medical, tattooing and body piercing. Another Seminar is to be held in October. After 23 years of being known as Woden Valley Hospital, the ACT

Department of Health has changed the name to The Canberra Hospital (TCH). The telephone and fax numbers are unchanged.

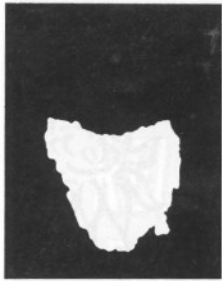
The Canberra Hospital is holding an Infection Control Day on 5 September involving staff from the Centre for Professional Development, Infection Control, Infectious Diseases and Microbiology.

A second Infectious Diseases Physician with a strong interest in infection control has recently joined the staff of The Canberra Hospital. His name is Dr Ashley Watson. After graduating from the University of Melbourne in 1983, Ashley did his residency at the Austin Hospital, followed by advanced training in Infectious Diseases at St Vincent's,

Fairfield and the Alfred Hospitals. In 1992-1993 he worked in a provincial hospital in Zimbabwe where he discovered that infection control practices as we know them are non-existent in developing countries.

Recently he returned from Boston USA, where he undertook a three-year Fellowship in Infectious Diseases and completed a Master of Public Health degree. Areas of interest in infection control include practice guidelines, education, tuberculosis and antibiotic usage. He is also determined to find a better way to get people to wash their hands!

Elaine Graham
Sub-Editor ACT



Tasmanian State News

At the National Conference, Tasmanian delegates Jenny Tuffin and Shasta Tonks presented the final one hour session, entitled 'conference summation'. The message behind the session is that we can all have a say, and we can all contribute personally to the outcome of conferences, by taking issues away and work-shopping them.

The outcome has been some undertakings, some resolutions, and a set of information that can be shared via this publication. Where possible the list of names and contact details was sent to all group members. Unfortunately, not all members gave their fax contact, or address, so have not had material sent to them.

Issues were identified that fitted into four main groups:

- credentialling, standards; competencies and certification;
- developing ethics reflecting respect for others;
- speakers notes from national conference;
- post surgical infections in DRGs 401, 402, 449, 450.

The first, and most daunting group wanted to tackle credentialling, standards, competencies and certification as their issue(s). Sandy Berenger and Deborah Macbeth headed up the group: Wendy Barr, Cynthia Bryce, Jenny Tuffin, Lyn Fish, Elizabeth Batt, Andrea Rodriguez, Lisa Freeman, Pauline Cepak, Sally Kirkwood, Frances Birrell, Elizabeth Hollis, Marilyn Harnett, Pauline Michell, Kate Hipsley and Mary Mott.

- Sandy Berenger and Deborah Macbeth have generated this report:

National Standards for Infection Control Practice

Resolved: AICA to send copies of the final draft to be sent to members of this working party for comment by 30 June 1996.

Standards for Infection Control Practitioners

ICA NSW has developed such a standard and this is to be sent to members of this working party for comment.

Competencies for Infection Control Practitioners and Practice

Some competencies have been developed in draft by ICA NSW. These

are to be distributed to members of this working party for comment and consideration. Lyn Fish has volunteered to act as resource person to assist with the formatting of the competencies.

Certification for Infection Control Practitioners

AICA is considered the appropriate body to approve the primary post graduate qualifications for an Infection Control Practitioner in Australia. The group recognises that people from disciplines other than nursing would also seek clarification. Members of the working party suggested that while the process for certification and credentialling is formulated in Australia, AICA should consider selection of a site(s) in Australia where interested members could undertake the certificate examination offered by the Certification Board of Infection Control (CBIC) in the United States. Members of the working party agreed that this should be an interim measure only until the Australian process is formulated.

Respect for Others

Kate Sharp identified the issue, resulting from some discriminatory remarks made by speakers. Kate was joined by Cathryn Murphy, Carol Morphet, Mary-Anne Ford, Madeleine McPherson, Sue Greig, Vi Lennon, Jan O'Hara, Lisa Rodier, Leona Lederhore. The group resolved that nurses should not publicly 'bag' their colleagues, or they will drive a permanent wedge between themselves and colleagues.

Speakers Notes from National Conferences

Sue Coleman identified this issue, resulting from frustration shared by colleagues at the

conference with having to take notes, and the desire to come away from the conference with substantial reference material/Susan was joined in discussion by Carolyn Walker, Jacqui McLean, Alison Grierson and Alison Pyper. They resolved that the issue should be raised at AICA executive: that notes, or tape of national conference proceedings should be made available.

Post Surgical Infections in DRGs 401, 402, 449, 450

Denise Breadsell expressed an interest in benchmarking, and, after discussion with Denise Callister and Sheila Moloney, undertook to return to Queensland and commence benchmarking with other regional Queensland hospitals.

What Happens Next?

The group members need to keep their interest in the topic moving, by contacting each other and networking. We would like to hear, through this journal, from the groups.

Thank You

On behalf of the Tasmanian Infection Control Association, I thank all colleagues who have telephoned, written, and personally conveyed their sadness at the events of Port Arthur. It was an Australian tragedy, and our hearts go out to those directly touched by the deaths.

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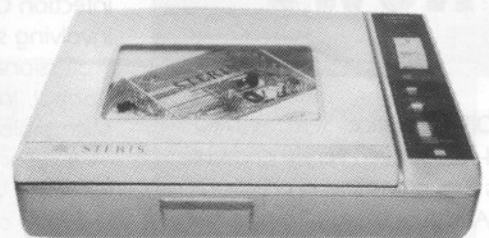
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West Australian State News

Infection control study at Manjimup

The Infection Control Association of WA Inc (ICAWA) was invited by nursing staff at the Warren District Hospital to provide an education forum in the form of a study day on current infection control issues. This hospital is located approximately 250km south-west of Perth in the town of Manjimup. Four members of ICAWA volunteered to travel to this area in July to fulfil the association's objective of providing a forum for infection control education. Topics covered included:

- meeting the requirements of accreditation;
- device related infections (urinary and intravascular catheters);
- staff health (infections requiring exclusion policies);
- management of staff accidental inoculations;

- standard and additional infection control precautions;
- management of equipment, including AS4187;
- surgical site infections (categories, risk factors, methods) wound management;
- infection control in the operating room;
- MRSA/NMRSAs;
- environmental cleaning.

Delegates attended from many areas in the south-west of WA.

Revised policy on MRSA

In April this year, the Health Department of WA (HDWA) released a revised policy on *Control of Multi-resistant Staphylococcus aureus (MRSA)*. During recent years, a strain of methicillin resistant (but non multiple antibiotic resistant) *Staphylococcus*

aureus (NMRSAs) has appeared in both the community and hospital setting in WA. It appears to be neither as virulent as multi-resistant MRSA nor to cause hospital epidemics to the extent of MRSA. Therefore, it has been recommended not to include NMRSAs in the MRSA policy. Hence the change in definition of MRSA to "multi-resistant" rather than "methicillin resistant".

Screening of patients and staff entering WA hospitals will continue as before. That is, all patients who have been hospitalised outside WA in the previous 12 months will be isolated whilst awaiting the results of MRSA screening swabs. All prospective staff from outside WA will require MRSA clearance prior to commencing employment in WA. Minor modifications were made to the revised policy in relation to screening, clearance, isolation and decontamination practices.

MRSA screening in WA has been in practice since 1981, and has successfully prevented this organism from becoming endemic in WA hospitals. The revised policy is available from the HDWA. Contact: (09) 388 4999, Fax: (09) 388 4888.

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Queensland State News

The 10th Annual State Infection Control Conference will be hosted by the Sunshine Coast Infection Control Network titled "Bugs on vacation". The conference will be held at the Novotel Twin Towers, Mudjimba Beach, Sunshine Coast on 5, 6 and 7 September 1996.

It will be at this venue that our current state President Mary Mott completes her term. Her commitment

to the development of Infection Control in Queensland has been invaluable. She represents the foundation of Infection Control in Queensland and is known as the matriarch of the Association. She has the respect (fear) of her peers and will be an invaluable resource to the incoming executive. We wish her every success for the future.

The Infection Control course is being conducted 22 July-2 August, 1996 at the Princess Alexandra Hospital,

Brisbane. The course will be evaluated and feedback will be in the next issue.

The Queensland Infection Control Steering committee has been formulated to direct the strategic focus of Infection Control towards 2000. The committee has expert representatives and members of the Association will keep us informed regarding their progress.

Queensland Health has formulated a Sterilising working party. The members are discussing issues related to the reuse of single-use items and AS 4187. The outcomes of the working party will be disseminated by the members in due course.

Dolly Olesons
Sub-Editor, ICPAQ



Victorian State News



Hospital amalgamations and the establishment of health care networks

The Executive is concerned about the effects of the restructuring of health services on Infection Control Practitioners and their positions. With amalgamations come reports of the downgrading of some positions and the loss of others. Pressure to make health care professionals, other than nurses, responsible for infection control have been reported. Changes to the role of the Infection Control practitioner immediately after an Accreditation survey have also occurred.

CONFERENCE NEWS National Conference

Dr Raf Mertens from the Epidemiology Unit of the Institute of Hygiene and Epidemiology in Brussels has accepted the invitation to be International Keynote Speaker at the Conference. The venue for the Conference is the Carlton Crest Hotel which overlooks Albert Park Lake. The conference Dinner will be held at another famous landmark, The Windsor Hotel. This wonderful period piece offers wonderful ambience, service, food and overlooks, for better or worse, the State's Parliament House.

A call for abstracts for this Conference will be posted to all

members in the near future. Please consider! A national poster competition with a prize appropriate to the occasion, is also planned.

State Conference

A welcome is extended to all members of AICA to attend the State Conference to be held at the Hilton Hotel on the Park.

For details contact the State President, Bronwyn Holbeche at the PANCH, Bell St, Preston 3072 or phone Bronwyn on 03 9285 2222 or fax 03 9285 2344.

Conference Dates

State Conference, 16 and 17 September 1996; National Conference, 21-23 May 1997.

State Report VICNA

Annual General Meeting

Twenty members attended the Annual General Meeting of VICNA held on 18 June at the Austin and Repatriation Medical Centre.

Issues addressed included:

Name of the Association

A majority of members agreed to retain the word "Nurse" in the name of the association.

Membership

The Association has 235 members.

Executive Committee

membership/elections

The committee was increased to 12

to assist in preparation for the state and National conferences.

Changes to the Constitution

Changes to the Constitution, as proposed, were agreed to. These changes represent minor amendments designed to streamline administration of the Association and to bring it in line with the AICA constitution.

President

Bronwyn Holbeche has been elected to the position of President and Coralie Tyrrell President Elect.

Tribute was paid to Bronwen Mander (immediate past President) and to Anne-Marie Keenan (Treasurer) for their enthusiasm and hard work as members of the Executive. Both have resigned from the Executive.

Further Executive Committee News

At the first meeting after the Annual General Meeting the Executive agreed unanimously that the President need not necessarily be the VICNA representative to AICA. The Committee elected Melissa Abeline as our representative and as such Melissa is eligible for election to the position of president of AICA.

The positions of Secretary and Treasurer have been filled by Joy Humphreys and Kevin Kendall respectively. VICNA members have been notified of the complex list of positions and the allocation of responsibilities.

Northern Territory State News



Caresys arrived in Territory hospitals on 1 July! A Windows based version of the Medilinc Hospital Information System (HIS), Caresys operates by using a mouse and smart-pads as well as the usual function keys and screen selection processes. As with Medilinc, Caresys operates from the Patient Master Index (PMI) for Territory hospitals in Darwin, Alice Springs, Katherine, Gove and Tennant Creek. It's simply a case of identifying the required patient's computer listing and logging information on to the relevant screen. Every screen accessed provides the selected patient's PMI and current admission details on the screen and remains with this patient from screen to screen until a new patient is selected. One of the great advantages with Caresys is the provision of lookup windows for each field requiring a code. Saves trying to remember codes for rare conditions only seen on the odd occasion.

All we do to register an infection is:
Find patient listing ⇨ Select required admission ⇨ Select Register Infection Screen; then enter
Code for infection type ⇨ Date infection evident ⇨ if Community or Nosocomial in origin
It is that simple!
Microbiology results can be added to patient infection records as they become

available and a separate screen is used to record antibiotic sensitivities and resistances. The system allows an unlimited number of infection episodes to be logged for each patient admission and up to three micro-organisms per type of infection. (Anything growing more than three things is a market garden!) An inquiry screen displays all of the infections registered for a patient, and any of these records can be accessed for checking or updating by simply selecting the required entry. All screens in the system are linked allowing patient information from Emergency, Theatre, Delivery, and Ward screens to be accessed for Infection Control surveillance purposes.

As part of the system upgrade, we have an exciting new report which will provide better analysis of community acquired infections among admissions to Territory hospitals. Infection present on admission can be as high as 20 to 30% in our hospitals, making this the most common direct cause of admission. Having better reporting facilities on patient infection data linked to their demographic details is important. This information can now be easily reported on by type of infection, causative organism, age, sex and ethnicity of those infected from each local community. This will give a clearer picture of infectious conditions occurring in each location most often resulting in patient hospitalisation. Education can then be targeted at causes identified. Hopefully, this will reduce the need for hospital treatment and ultimately reduce the cost of providing health services.

Another new report can be used to source information on a specific ICD9CM

code or a group of related codes. For example, now that we have about six years of data on computer, we can run a retrospective report on laparoscopic Cholecystectomies and compare the outcome of those with standard Cholecystectomies. Standard reporting parameters will automatically identify number of cases in each group, giving a breakdown on ages, sex, ethnicity, infection outcomes and patient LOS. With the computer doing all the back work, this will make comparing patient outcomes much easier. I am looking forward to using this report to check a couple of my own theories. I might even find something interesting enough to write up.

Today, a doctor who worked at RDH from 1987 to 1989 came to the office looking for the name of an overseas patient he had seen at RDH in 1988 who had an unusual microbiological finding rarely seen in Australia. I had to pull out all of my old manual records and we searched through them for about 30 minutes before we found the information we were looking for. It would have been much easier to find on the computer system, but I was still proud that we found the details he required and that they were accurate. Records, in whatever form, come in handy.

Anne Arthur, Darwin NT

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South Australia State News



**Vaccine Development
Celebration on Tuesday 14
May 1996, the Bicentennial
celebration of the first
recorded inoculation given by
Edward Jenner was held.
This discovery has since
been heralded as the most
effective procedure in
modern preventative
medicine. It is interesting to
read how Jenner took a
small boy and inoculated him
with cowpox lymph and later
inoculated that same boy
with small pox eight times.
One wonders where the
Ethics committee were hiding
in the midst of this event. In
addition to this, the rights of
the child were surely being
abused by exposing him to a
disease that had previously
proven to be fatal. Perhaps
we should also ask what
parent would allow their
child to be subjected to such
a seemingly barbaric
experiment? Whilst we
applaud the discovery of the
immunisation it is just as
well for poor James Phipps
(the guinea pig) that
Jenner's theory was correct!**

It is easy to look back in hindsight and have a light-hearted look at the "rights" or "wrongs" of Jenner's process but it is clear that we in this age, have received enormous benefit from this ground-breaking discovery.

The Vaccination Celebration dinner was held at the Colonial Restaurant for a large guest list who were then inoculated with information surrounding the subject of Vaccine development. (Jacqui didn't think much of the decor!)

Two hundred years after the first vaccination was recorded, progress continues and as a result 24 other vaccines have been developed.

Vaccination methodology has also undergone an evolutionary process. Initially vaccine was administered by a scratch method, or by a multiple pressure technique. Two new methods of vaccination were later developed: the "high-tech" jet injector followed by the bifurcated needle. This latter invention held a drop of vaccine between its prongs and required only one quarter as much vaccine as previous methods.

The finance managers of the functional units were obviously putting on the pressure regarding increased productivity and cost cutting! Has anything really changed?

A day in the earlier vaccination clinics began with a jar of "sterile" needles. After use these were collected in a re-useable plastic container, designed by Dr Eshan Shafa, whose invention was produced in Pakistan. The needles also were re-useable and were processed by boiling ready for the next day's activities. (No "Single-Use Only" debate appeared to feature here). Our State president is keen to get on the phone to request a copy of the Pakistani Standards in order to help us develop ours!

Australia accepted the advances of vaccination almost as soon as they were produced, and instituted public

vaccination much earlier than other countries.

The Australian experience has shown that when vaccines are universally used, disease can be controlled or eliminated.

Who was it?...

New Wound Dressing!

Who was the local ICP who read in case-notes that the Doctor had ordered an Agarol dressing for a client's abdominal wound? As Agarol is usually prescribed as a laxative treatment, there was need for more information. On questioning the prescriber further, it was evident that the intended dressing was Algoderm.

Hairy Batter

Who was the ICP who discovered hair in the batter of her calamari rings whilst dining at a well known Sydney seafood venue? This dedicated practitioner then proceeded to follow through with an "on-the-spot" education to the Maitre'd on correct food handling techniques. His previously aloof manner mellowed rapidly. Jenny Wallace, we salute you!

Table for Sex

Who was the Kiwi ICP at the recent National Conference who gave instructions to the Dining Room manager that our group required a "table for sex", (at least that's how it sounded)?

He skilfully retained his composure and replied "It's a good thing that I've been vaccinated", as he led the SIX red-faced ICIPs to be seated at the rear of the restaurant.

Elocution lessons were hurriedly provided for the Kiwi for future numerical pronunciations whilst in Australia!

Jacqui McLean & Alison Grierson