

In SafeHandS

Newsletter of the SafeHandS network

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In SafeHandS is the official newsletter of the SafeHandS network to promote health care worker safety in the Asia Pacific. It is compiled and distributed by the Albion Street Centre.

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Editorial panel:

Maggy Tomkins; Philip Melling; Peta-Anne Zimmerman; Peter Said & Alexandra Wilson

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? Contributions

We encourage members to contribute to *In SafeHandS* by:

- Participating in the 'Member Profile' by providing a brief profile about yourself and a brief example about your experience in improving health care worker safety in your workplace.
- Providing information about recent articles, resources or upcoming events related to health care worker safety.
- Submitting a question or concern or comment you have about health care worker safety.



Photos courtesy of Mahosot, Lao PDR & Chiang Mai University Hospital, Thailand.

The focus of this issue is HIV/AIDS. The focus of the June issue will be in the Pacific.

Deadline for contributions for the next issue is 15th May, 2006.

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Editorial

Human Immunodeficiency Virus and Health Care Worker Safety.

Throughout history there have been infectious diseases which have been hazardous to health care workers. Bubonic plague, yellow fever, smallpox, for example, were all diseases which were very infectious to anyone attending the sick and yet many physicians put themselves at risk (though many others fled).¹

By the late 1970s, there was a general complacency about the ability of medical science to control infectious diseases. This was challenged by the emergence and realisation of the scale of the HIV/AIDS epidemic in the 1980s.

The fear of transmission of HIV felt by both the community and health care workers was out of proportion to the risk of infection. However, this concern about potential transmission led to the generation of excellent guidelines for protection against all blood borne viruses (not just HIV) – originally published by the US CDC as “Universal Precautions”. Thus many of the guidelines and protocols for health care worker safety (HCWS) that we use and take for granted today are a result of the emergence of HIV.

Twenty five years after the first reports of AIDS, most health care workers claim to practise Standard (Universal) Precautions to protect themselves – and their patients – against blood borne pathogens. In practice these guidelines are often misunderstood and thus imperfectly followed.

Also many health care workers in resource constrained settings do not report potential occupational exposures to HIV or other blood borne pathogens because post exposure prophylaxis (PEP) is thought to be unavailable. In fact there are many more aspects of managing and reducing the morbidity from occupational exposures than just the provision of PEP. When PEP is available, it may be given for exposures with little risk of transmission – because of misunderstanding of transmission and also disproportionate fear of HIV.

There are still many reported instances of

people with HIV experiencing stigma and discrimination from health care workers. This may be because of the attitude of the health care worker to patients perceived to be from marginalised groups, but it may also stem from the health care worker’s fear of HIV transmission in the course of their work.

Addressing HCWS in the context of HIV today means ensuring:

- Evidenced based practice – whereby actions are based on scientific rationale rather than fear or prejudice
- Availability of PEP with protocols for appropriate administration
- Correct application of Standard (Universal) Precautions in all settings
- Education and training programs to address these issues

Addressing HCWS is a small investment which will lead to big returns – in recruitment and retention of health care workers and improved patient care.

Maggy Tomkins
Clinical Nurse Coordinator
SafeHandS

¹ Zuger A (1987) Physicians, AIDS, and Occupational Risk *JAMA* 258(14): 1924-8

What is SafeHandS?

SafeHandS is a 'virtual' network designed to link and support health care workers across the Asia-Pacific region who are caring for people with HIV/AIDS and other communicable diseases.

We know that health care workers are essential in responding to HIV/AIDS and other communicable diseases. Without health care workers, there is no health system. We want this network to provide **information, support and practical solutions** to help health care workers in resource limited settings to feel safe and encouraged to provide optimal care.

SafeHandS is a forum where health care workers can share issues and ideas. We can encourage and learn from each other to find practical solutions to improve health care worker safety in resource limited settings.



SafeHandS is being funded by the Australian Agency for International Development (AusAID) and coordinated by the Albion Street Centre. This is a public health care facility based in Australia for the treatment, care and support of people living with or

affected by HIV/AIDS. The team includes infection control specialists with international experience in health care worker safety.

Benefits of membership include:

- Receiving a **newsletter** (In SafeHandS) every 3 months
- Participating in a **moderated group email discussion e-list** for posting questions, comments and issues
- Access to a clearinghouse of new resources and publications produced by different organisations about health care worker safety (links are posted on the website)
- Access to **resources** developed by SafeHandS
- Joining a **database** of expertise

Membership is free. To join, you can either:

- Go to our website: <http://www.uow.edu.au/health/safehands/index.html> and click on the 'membership' page, or,
- Cut off the form at the back of the *In SafeHandS* newsletter and send or fax the form to the Albion Street Centre.

You can elect to receive the newsletter by post. However, this will be a shorter version than the electronic version.

Update on SafehandS membership

We are pleased to report that we now have 53 members of SafeHandS. Members are from: India, Indonesia, Fiji, China, Vietnam, Pakistan, Lao PDR, Taiwan, Cambodia, Malaysia, Nigeria, Turkey, Papua New Guinea, Kenya and Australia.

Our members' feedback on membership forms indicates that your priority services are:

- Access to current publications on health care worker safety
- Training resources
- Sample policies and protocols
- Email discussion forum between members
- Tools (e.g. surveillance forms, checklists for health care worker safety)
- Advice and information

In 2006 we will focus on expanding the "useful links and resources" page of the website to give you access to more resources on improving HCW safety in resource limited settings.

We will also be developing our own resources such as training materials, sample policies and protocols and tools (e.g. surveillance forms).

Member Profiles

To help link and support members, we provide two profiles of a SafeHandS members.

Name: Mary Ellen Kerrigan

Title: Sister, but you can call me Mary Ellen.



The Nursing Department's Lunar New Year Meal celebration this year. You can pick me out easily.

Contact Details: kerriganme@yahoo.com

Describe your current job:

For the past 13 years I have been a volunteer at National Taiwan University. My main focus is anything having to do with anyone infected with or affected by HIV/AIDS. In this time of AIDS, that should just about cover all of us! Through the years my main focus has been on the needs of patients, family members and nurses. I grasp every opportunity I can to try to educate myself and other people so that we can attain a greater understanding of HIV infection, know better how to protect ourselves, experience less fear, recognize and say "NO!" to stigma and give loving care to persons infected with HIV.

What was your career path that brought you to your current job?

I am a nurse and a Maryknoll Sister missionary who has lived happily in Taiwan since I was assigned here 40 years ago. In our Maryknoll Sisters Congregation we are sometimes called back to give service in our Cente. From 1987 to 1991, I was in the USA helping women discern whether or not they wanted to become a Maryknoll Sister. It was during those years that I learned about HIV/AIDS and decided that after I returned to Taiwan I would

devote the rest of my life to fighting HIV infection and helping to care for people who were infected. It was easy to get started in helping patients with HIV infection because so few were willing to do so.

What do you like most about your job?

Most of all I like the patients, my friends, from whom I have learned so much. I like the fact that, having been a volunteer in National Taiwan University Hospital for so many years, the health care workers here are used to me and I feel very much 'at home' here. I also like the nurses very much. The Taiwanese are friendly, very kind and quite good at excusing me - for whatever- simply because I'm a foreigner. I am grateful to them for giving me the opportunity to be here and to serve in this way.

What do you like least about your job?

It seems that I just keep running into that big wall called STIGMA! It is everywhere, in almost everyone. Except in the AIDS ward, there just doesn't seem to have been much, if any, progress in coming to accept people infected with HIV. There still is that judgmental attitude and that firm conviction that "It won't happen to me or anyone in my family"...

What does health care worker safety mean to you?

Health care safety means a great deal to me because I want health care workers to be as safe as possible. Because there is a real hunger here in Taiwan for learning the English language I am often asked to teach it and I have always refused until a few months ago. It finally dawned on me then that I could teach an English class for nurse supervisors and head nurses -- with the stipulation that we would only talk about HIV/AIDS! During those classes, twice a week for three months, we had rich discussions about health care worker safety. I told them all about SafeHandS and tried to get a few to join as members. I was unsuccessful but I will continue to try because what you are doing is so needed. We were able to discuss a lot about the things that they fear and some progress was made in that they designed, and are using, a new safer receptacle for used syringes and needles. We

were working on revising the procedure to be followed after a needle-stick injury but, unfortunately, it never materialized. No matter what we discussed about health care worker safety, cost was always mentioned as an inhibiting factor. Unfortunately, the English classes were "postponed" until "a later date" when the supervisors and head nurses "would not be so busy preparing for the Bird Flu". Thus, HIV/AIDS was once again put on the back burner. There is a real reluctance, no matter how much they seem to know about HIV/AIDS, to accept the fact that anyone, except the patients already in the AIDS ward, has HIV infection. Standard precautions are talked about as if they are, but they aren't, followed.

What are you reading at the moment?

In Memory of Her by Elisabeth Schussler Fiorenza. (She is a feminist theologian's feminist theologian).

What are you currently listening to?

Country Music

What is your favourite saying?

"I call you friends." Jn 15:15

Name: Prom Phanit

Title: Medical Doctor



Contact Details:

National Center for HIV/AIDS, Dermatology and STD, # 170, Sihanouk Blvd, Ministry of Health, Phnom Penh, Cambodia. 855-23 216 515 /855-12 967 758

Describe your current job:

I work for the National Center for HIV/AIDS, Dermatology and STD, Ministry of Health Cambodia. I am a vice chief of AIDS Care unit, Chief of Voluntary Confidential Counselling and Testing subunit. The goals of the center are to reduce HIV transmission and to provide care and treatment for PLWA.

What was your career path that brought you to your current job?

I got permission from the Ministry of Health to work as my current job after I graduated from the University. The position here always assigned by institution Director.

What do you like most about your job?

I like developing training curriculum, manuals to build the capacity of other staff. I like training other people. For example my job is providing HIV counselling training for counsellors who work for voluntary confidential HIV counselling and testing. They can help other people too because new career.

What do you like least about your job?

No idea.

What does health care worker safety mean to you?

Health care worker safety means that the health workers can avoid any harm related to their occupation. To avoid any risk of infection, for example needle stick injury, blood contamination contacted can cause HIV, B and C hepatitis.

What are you reading at the moment?

I read document from the websites, HIV/AIDS, other infectious diseases, magazines and books on health.

What are you currently listening to?

I like listening to radio to the news.

What is your favourite saying?

I like saying about health and ethics.

Summary of the Global HIV Epidemic

The UNAIDS/WHO AIDS Epidemic Update is published before World AIDS Day (1st December) each year. The information below was taken from the December 2005 report which is available at: http://www.unaids.org/epi/2005/doc/report_pdf.asp

Estimated numbers for 2005 for:	World	Asia	Oceania
Number of people living with HIV:			
• Total	40.3 million	8.3 million	74,000
• Adults	38.0 million		
• Women	17.5 million	2.0 million	39,000
• Children < 15	2.3 million		
Number of people newly infected with HIV:			
• Total	4.9 million	1.1 million	8,2000
• Adults	4.2 million		
• Children <15	700,000		
Deaths from AIDS	3.1 million	520,000	3,600

Acquired Immunodeficiency Syndrome (AIDS) has killed more than 25 million people since it was first identified in 1981, making it one of the most destructive epidemics in recorded history.

[In 2005] the total number of people living with the human immunodeficiency virus (HIV) reached its highest level: an estimated 40.3 million people. Almost 5 million people were newly infected.

Two thirds of all people living with HIV are in sub-Saharan Africa, as are 77% of all women with HIV.

The number of people living with HIV has increased in all but one region – the Caribbean - in the past two years. Several of the epidemics in Asia and Oceania are increasing, particularly in China, Papua New Guinea and Viet Nam. It is also thought that other countries—including Pakistan and Indonesia—could be on the verge of serious epidemics.

National HIV infection levels in Asia are low compared with some other continents, notably Africa. However, the populations of many Asian nations are so large that even low national HIV prevalence means large numbers of people are living with HIV

HIV infections have now been reported in

every country or territory in Oceania, apart from Niue and Tokelau. Although the epidemics are still in their early stages in most places, preventive efforts need to be stepped up. More than 90% of the HIV infections reported across the 21 Pacific Islands countries and territories by the end of 2004 were recorded in Papua New Guinea.

There is no single AIDS epidemic. Even within a country, epidemics can be extremely diverse.

Measures recommended in the Update to get ahead of the epidemic are:

- Scaling up prevention programs simultaneously with expansion of access to treatment and care
- Increasing global & national commitment
- Prevention programs focusing on injecting drug use and commercial sex (which propel most of the epidemics in Asia)
- Addressing stigma and discrimination
- Engaging people living with HIV more fully in the AIDS response

In the past two years, access to antiretroviral treatment has increased significantly but not enough. At best, one in ten Africans and one in seven Asians in need of antiretroviral treatment were receiving it by mid-2005.

However, over one million people in low-and

middle-income countries are now living longer and better lives because they are on antiretroviral treatment. Because of the recent treatment scale-up since the end of 2003, between 250 000 and 350 000 deaths were averted in 2005. The full effects of the dramatic treatment scale-up during 2005 will only be seen in subsequent years.

Health Care Worker Reluctance to Care for People with HIV

By Maggy Tomkins

For the first ten years or so after discovery of HIV, there were many published studies from all regions of the world, detailing the reluctance of health care workers to care for patients with HIV. We might think that this is a phenomena which has changed over time with appropriate policies, more education, and more experience with HIV positive patients.

However, a short search of the latest literature found the following:

- 9 % of surveyed Nigerian doctors, nurses, midwives reported that they had refused to care for a patient with HIV/AIDS although two thirds reported they witnessed others refusing care. ¹
- Only 15% of surveyed dental practices in Jordan were willing to provide routine dental care for HIV positive persons. ²
- In a study in the US, 26% of HIV-infected adults receiving health care reported experiencing at least 1 of 4 types of perceived discrimination by a health care provider since becoming infected with HIV. ³
- Interviews with HIV-positive people interviewed in India, Indonesia, Thailand and the Philippines found that the major area of discrimination in each country is within the health sector, with over half of those surveyed reporting some form of discrimination. This included being refused treatment after being diagnosed with HIV, delayed provision of treatment or health services, and breaches of confidentiality by health workers. ⁴
- In a survey of health care workers in Cameroon poor attitudes to patients were surmised to be based on both fear of

infection and stigma. ⁵

- A study of health care workers in Northern India showed that they were mostly willing to care for people with HIV but that they overestimated their risk of transmission. ⁶

The UNAIDS/WHO AIDS Epidemic Update for December 2005 states that: "HIV stigma and the resulting actual or feared discrimination have proven to be perhaps the most difficult obstacles to effective HIV prevention. Stigma and discrimination simultaneously reduce the effectiveness of efforts to control the global epidemic and create an ideal climate for its further growth. HIV stigma stems from fear as well as associations of AIDS with sex, disease and death, and with behaviours that may be illegal, forbidden or taboo, such as pre- and extramarital sex, sex work, sex between men, and injecting drug use. Stigma also stems from lack of awareness and knowledge about HIV." ⁷

"Surveys of health workers generally show that about 10% - 20% hold negative attitudes towards people living with HIV/AIDS. Such attitudes are associated with both fear of transmission and fear or disapproval of the actual or presumed lifestyles of people living with HIV/AIDS." ⁸

Personal fears of infection usually stem from lack of knowledge. ("There is a high correlation between ignorance of the means of HIV transmission and the fear of contagion/infection" ⁸) In some settings fear may also stem from lack of personal protective equipment.

If this is the case, one would expect that health care workers would do everything they can to protect themselves against HIV. And yet, we still see recent studies (from both resource-rich and resource-constrained settings) demonstrating a lack of compliance with Standard/Universal Precautions even when policies and equipment are available:

- The authors of a literature review from 1990 to 2003 concluded: "The consensus from this body of evidence is that, globally, knowledge of universal precautions is inadequate and compliance low." ⁹
- A study in Northern India, concluded: "Knowledge and understanding of UPs was partial, and UPs compliance was

sub-optimal e.g. only 32% wore eye protection when indicated and 40% recapped needles at least sometimes”¹⁰

- A study in a rural hospital in Cameroon found that only 39.3% of respondents always used gloves for risky procedures, 13.1% never used gloves and 76% always recapped needles.⁵
- A survey of surgeons, theatre nurses who scrub for surgery and midwives employed in general operating theatres and delivery suites in one National Health Service Trust in the United Kingdom found that “only 1•5% (3/200) of respondents adopted universal precautions for all patients.” “Most respondents (63•3%) admitted making judgements related to nationality, lifestyle or sexual orientation when making decisions about protective clothing.”¹¹
- A survey of health care workers at community hospitals in Iowa, USA found that “44% wore gloves less than 100% of the time, while 61% washed their hands less than 100% of the time. ... Failure to wear gloves routinely was highest among those who said that following precautions interfered with their ability to provide care and among those who believed a particular patient to be low risk; failure to wash hands routinely was also highest among the latter group.”¹²

It seems that many health care workers around the world are still using or deciding not to use Standard/Universal Precautions based on value judgements about patients. This practice puts everyone at risk - not just individuals, but also our health care systems. Many countries worldwide are facing severe shortages of health care workers. “Protecting health care providers is critical to strengthening health care systems, and implementing universal precautions is an important part of protecting health care providers.”¹³

See *Standard Precautions Revisited* and the *Infection Control In Health Care Facilities* later in this newsletter for more information.

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Standard Precautions Revisited

A simple message with a huge impact

By Peter Said

Change is an interesting thing: we all claim to welcome change but it is amazing how slow the transition from one concept to a new one actually is. The new concept itself may be easy to grasp but identifying an old concept with some minor changes under a new name can prove very challenging. The transition from Universal Precautions to Standard Precautions, although quite simple in practice, has been difficult for many to adopt. The choice to adopt Standard Precautions over Universal Precautions as a more consistent and user-friendly alternative for providing an effective system of barrier protection and safe work practices has been itself a challenging one. It appears that, no matter how simple the message, people have a need to complicate and make things more difficult than they actually are!

Standard Precautions are a system of barrier precautions and safe work practices to be used by all personnel for contact with blood, body fluids, secretions and excretions, non-intact skin and mucous membranes of ALL patients, regardless of the patient's diagnosis or presumed infectious state. These precautions are the "standard of care" for all patients and embody the concepts previously known as "Universal Precautions" and "Body Substance Isolation."

So, with this knowledge at hand, the message remains simple;

"treat the blood and body fluids of ALL patients as potentially infectious", which

means that it is not necessary to know the blood borne virus status of each person we care for or have contact with. So as health care workers why are we so insistent on finding out a patient's blood borne virus status? Is it because we do not trust the power of Standard Precautions to protect us? Do we modify the guidelines to suit ourselves when we know that someone has or doesn't have a blood borne virus, or are we just naturally inquisitive and feel the need or right to know?

I am sure it may well be a combination of factors, but one should ask oneself the question: "If I knew a patient's blood borne status, whether it be positive or negative, how valuable is this information and what would I do differently with such information?"

These are questions that as health care workers we ask ourselves time and time again, sometimes without really being fully aware we are actually even asking them. We often justify the need to wear gloves and other personal protective equipment based on what we know or assume a patient's status to be. This assumption may be based purely on appearances, sexual or drug use practices, or even age. Once we have performed a risk assessment based on our own individual derived criteria we can then implement our own unique version of precautions.

What is wrong with this?

Firstly it is dangerous (not to mention discriminatory) to assume a person's blood borne virus status based on such things as appearances and sexual practices. There are many instances where the person themselves may not even be aware that they have a blood borne virus: perhaps they have never been tested or they may be in a window period and have undetectable antibodies.

With so many possible scenarios and so many variables it is difficult to apply a set of precautions based on what we know or assume about individual patients. The only effective way to protect oneself and to avoid assumptions and unnecessary judgements is to apply a standard rule to the care of all patients. It is important to remember however that it is not actually the patient but their blood or body substance that is potentially infectious and so it is important to ensure that we have a

set of safe work practices and protective barriers to avoid contact with such blood and body fluids, in order to protect us from potential blood borne viruses.

Some of the safe work practices and protective barriers that make up Standard Precautions include:

1. Hand washing
2. Use of personal protective equipment such as gloves, gowns, masks, protective eyewear when contact with blood and other body fluids is anticipated
3. Appropriate reprocessing of reusable equipment and instruments
4. Environment controls such as design and maintenance of buildings, spill management, soiled linen handling, and environmental cleaning
5. Safe handling and disposal of sharps and other clinical waste

Infection Control In Health Care Facilities

What is Infection Control?

Infection Control in a health care facility is the prevention of the spread of micro-organisms from:

- Patient to patient
- Patient to staff member
- Staff member to patient

Who does Infection Control?

Every health care facility should have a nominated person or team to ensure Infection Control Policies and Procedures are in place.

However, all employees who have contact with patients or items used in the care of patients must adhere to Infection Control Policies and Procedures, which means **YOU** do Infection Control.

Why is Infection Control important in health care facilities?

In most health care facilities many sick people are treated or cared for in confined spaces.

This means there are many micro-organisms present. Patients will come into contact with many members of staff who can potentially spread the micro-organisms between patients.

Large amounts of waste contaminated with blood and body substances are handled and processed in health care settings increasing the risk of infection.

The following medical procedures also increase the risk of infection:

- Inserting a tube into the body to drain or deliver fluids provides a pathway through which bacteria can enter
- Surgery requires cutting the skin which is one of the body's most important defences against infection
- The over-use of antibiotics have caused the development of some drug resistant bacteria that are harder to destroy

Controlling the spread of infections in a health care facility is, therefore, very important.

What is the risk of people working in health care facilities getting infections from patients?

The risk is very low if all staff members follow good hygiene principles and other Standard Precautions.

What are Standard Precautions?

Standard Precautions (or Universal Precautions) are work practices that are required for the basic level of Infection Control. They include:

- Good hygiene practices
- Frequent hand washing
- The appropriate use of gloves
- The use of other protective apparel, such as eye protection, masks, aprons, gowns and overalls
- The safe use and disposal of sharp instruments, such as needle and syringes
- The use of disposable equipment where applicable and available
- Correct cleaning, disinfection and sterilization of non-disposable equipment
- Safe collection, storage and disposal of

waste

- The appropriate use of cleaning agents
- Protocols for preventing and managing occupational exposures to blood and body substances

Why do we need Standard Precautions?

Standard Precautions will help stop the spread of infections. Often you can't tell who is infected with a disease, or the person may be infected but have not yet developed any signs or symptoms. Some diseases can take several months before people become sick but they can still be infectious.

Therefore **ALL** body substances (except sweat and tears) of **ALL** people are considered to be potential sources of infection.

When should we use Standard Precautions?

For the treatment and care of **ALL** patients regardless of their infectious status

Why is frequent hand washing important?

Hand washing is the most important procedure in the prevention and minimisation of the spread of infection within health care settings.

Always wash your hands thoroughly using soap and running water:

- At the start and finish of your work shift
- Before and after physical contact with a patient
- After handling contaminated items, such as bedpans, urine bottles and dressings
- After removing gloves
- Before and after eating, drinking and smoking
- Before and after toileting
- After blowing your nose or covering a sneeze
- Whenever hands become obviously soiled

When should I wear gloves?

Gloves are worn as a barrier to protect the wearer's hands from contamination or to prevent the transfer of organisms already on the hands.

Gloves ideally must be worn in situations

where the worker can be potentially exposed to blood or body substances:

- When handling blood and body substances
- When handling non-intact skin
- When handling mucous membranes
- While suctioning a patient
- While handling items or surfaces that have come into contact with blood or body substances
- While performing invasive procedures, venipuncture or a finger or heel stick
- When handling contaminated sharps

What other precautions should I take?

Cover cuts with a waterproof occlusive dressing. If you have any concerns about old cuts, sores, rashes or other lesions seek the advice of your supervisor, Staff Health Co-ordinator or Infection Control Officer.

Get yourself vaccinated against hepatitis B and tetanus. Vaccination is the most effective protection against these diseases. Always make sure your vaccinations are up-to-date.

What is the best way to remove a needle and syringe that has been disposed of incorrectly?

- Put on a pair of gloves
- Ideally take a sharps container to the needle and syringe
- ***NEVER*** recap a needle and syringe even if a cap is there
- Use tongs, or similar implement, to pick up the needle and syringe. If no implement is available, carefully pick up the needle and syringe with the needle furthest away from your fingers and body
- Place the sharps container on the floor or bench
- Carefully place the needle and syringe in the sharps container
- Report the incident to your supervisor

What do I do if I get a patient's blood or body fluid on my skin?

If the blood or body substance is on intact skin, wash the blood or body substance off thoroughly with soap and water.

The skin acts as a very effective barrier and

most infections cannot get through intact skin. All skin cuts, skin breaks or other lesions should be covered with a water-resistant occlusive dressing at the start of your shift.

If you accidentally get blood or body substance in an open cut, non-intact skin, rash or other lesion:

- Immediately wash the wound with soap and water
- Cover all skin cuts or breaks with a water-resistant occlusive dressing

If you accidentally prick yourself with a used needle:

- Let the wound bleed freely for a few seconds
- Immediately wash the wound with soap and water
- Do not use any solution stronger than soap and water

If you accidentally get blood or body substance in the eye:

- Irrigate it gently and thoroughly with water
- DO NOT USE SOAP
- Gently pour water over the eye while pulling the eye lids up and down
- If you wear contact lenses, keep them in while you irrigate the eye.
- Then take the contact lenses out, clean them in the normal manner and put them back in again

If you accidentally get blood or body substance in the mouth:

- Spit the blood or body substance out
- Rinse the mouth several times with water, spitting out after each rinse

Report the injury or exposure to your supervisor or manager. You will need to see designated in your facility's policy such as the Infection Control Officer, who will determine the risk of infections and refer you for treatment if appropriate.

Most injuries are low risk for getting infections but they **MUST** be reported, documented and assessed by a medical professional.



Infection Control In Health Care Facilities will be available on our website to print as an information sheet.

Standard Precautions Posters - Available on our website soon.

We are about to add to our website two posters developed for use in the state of New South Wales (NSW), Australia in collaboration with the NSW Health Department. The first poster depicts the concept of a two-tiered approach to infection control as adopted by the NSW Health Department and clearly highlights the significant presence of **Standard Precautions** as the minimum acceptable level of practice in infection control. These precautions are designed for the care of all patients, regardless of their diagnosis or presumed infection state. The second tier includes precautions that are applicable only for the care of specified patients. These additional **Transmission Based Precautions** are for patients known or suspected to be infected by pathogens spread by airborne or droplet transmission or by contact.

The second poster demonstrates diagrammatically, with use of examples, the application of **Standard Precautions** in the health care environment.

Current Resources

In this section, we list the abstracts of recent relevant articles about health care worker safety in the Asia Pacific. We will also list any new resources which might be helpful such as policies, protocols and training materials. In some instances we may include references from other regions if they can potentially be adapted to the region.



SafeHandS invites members to contribute by sending an e-mail to: safehands@sesiahs.health.nsw.gov.au

Title: Awareness of post-exposure prophylaxis guidelines against occupational exposure to HIV in Hospital Sungai Petani

Authors: Bairy KL, Ganaraja B, Indira B, Thiyagar N, Choo CM, See CK.

Date: March 2005

Source: Medical Journal of Malaysia. 60(1):10-4

Abstract: Occupational risk of Human Immunodeficiency Virus (HIV) infection is a matter of concern for health care workers. We conducted a study to gauge the level of awareness amongst HCW (doctors and nurses) working in Hospital Sungai Petani regarding the post-exposure prophylaxis in case of needle stick injuries from confirmed or suspected cases of HIV. Nineteen Doctors (56%) and 13 nurses (25%) were aware of correct risk of transmission. None identified all the four risk fluids correctly. 94% of doctors and 98% of nurses correctly stated that washing the site with soap and water is the initial procedure, but only few (1/10 of doctors and 1/3 of nurses) knew whom to contact immediately after injury. Twenty three doctors (67%) and 41(78%) nurses were aware of the use of Zidovudine but only 10 participants were aware of the use of second drug. Only 6 doctors (17%) and 8 nurses (15%) knew the correct duration of post-exposure prophylaxis. Twenty-three doctors (67%) and 35 nurses (67%) knew that the drugs were available in Hospital Pharmacy and 11 doctors and 12 nurses knew the approximate cost of therapy. On the average about 50% of doctors and nurses have fair knowledge of post exposure prophylaxis against HIV. Ongoing awareness

and training are necessary to improve the same.

Title: Surveillance of HIV, Hepatitis B Virus, and Hepatitis C Virus in an Estonian Injection Drug-Using Population: Sensitivity and Specificity of Testing Syringes for Public Health Surveillance

Authors: Uuskula A, Heimer R, Dehovitz J, Fischer K, McNutt LA

Date: 1 February 2006

Source: J Infect Dis. 193(3):455-7

Abstract: Surveillance of blood-borne infections among injection drug users (IDUs) can be accomplished by determining the presence of pathogen markers in used syringes. Parallel testing of returned syringes and venous blood from IDUs was conducted to detect antibodies to human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV). Syringe surveillance for HIV yielded a sensitivity and specificity of 92% and 89%, respectively, and provided a reasonable estimate of the prevalence of HIV among participants. Because sensitivity for HBV (34%) and HCV (55%) was low, syringe testing may be useful for surveillance of hepatitis over time but not for estimation of prevalence.

Title: Estimation of the global burden of disease attributable to contaminated sharps injuries among health-care workers

Authors: Pruss-Ustun A, Rapiti E, Hutin Y

Date: December 2005

Source: Am J Industrial Med 48(6): 482-90

Available online at: http://www.who.int/entity/quantifying_ehimpacts/global/7sharps.pdf

BACKGROUND: The global burden of hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV) infection due to percutaneous injuries among health care workers (HCWs) is estimated.

METHODS: The incidence of infections attributable to percutaneous injuries in 14 geographical regions on the basis of the probability of injury, the prevalence of infection, the susceptibility of the worker, and

The percutaneous transmission potential are modelled. The model also provides the attributable fractions of infection in HCWs.

RESULTS: Overall, 16,000 HCV, 66,000 HBV, and 1,000 HIV infections may have occurred in the year 2000 worldwide among HCWs due to their occupational exposure to percutaneous injuries. The fraction of infections with HCV, HBV, and HIV in HCWs attributable to occupational exposure to percutaneous injuries fraction reaches 39%, 37%, and 4.4% respectively.

CONCLUSIONS: Occupational exposures to percutaneous injuries are substantial source of infections with bloodborne pathogens among health-care workers (HCWs). These infections are highly preventable and should be eliminated.

Title: **Risk factors for hepatitis C virus transmission to health care workers after occupational exposure: a European case-control study**

Authors: Yazdanpanah Y et al

Date: 15 November 2005

Source: Clin Infect Dis. 41(10):1423-30.

BACKGROUND: Additional studies are required to identify risk factors for hepatitis C virus (HCV) transmission to health care workers after occupational exposure to HCV.

METHODS: We conducted a matched case-control study in 5 European countries from 1 January 1991 through 31 December 2002. Case patients were healthcare workers who experienced seroconversion after percutaneous or mucocutaneous exposure to HCV. Control subjects were HCV-exposed healthcare workers who did not experience seroconversion and were matched with case patients for centre and period of exposure.

RESULTS: Sixty case patients and 204 control subjects were included in the study. All case patients were exposed to HCV-infected fluids through percutaneous injuries. The 37 case patients for whom information was available were exposed to viremic source patients. As risk factors for HCV infection, multivariate analysis identified needle placement in a source patient's vein or artery (odds ratio [OR], 100.1; 95% confidence interval [CI], 7.3-1365.7), deep injury (OR, 155.2; 95% CI, 7.1-3417.2), and sex of the health care worker

(OR for male vs. female, 3.1; 95% CI, 1.0-10.0). Source patient HCV load was not introduced in the multivariate model. In unmatched univariate analysis, the risk of HCV transmission increased 11-fold for health care workers exposed to source patients with a viral load $>6 \log_{10}$ copies/mL (95% CI, 1.1-114.1), compared with exposures to source patients with a viral load $\leq 4 \log_{10}$ copies/mL.

CONCLUSION: In this study, HCV occupational transmission was found to occur after percutaneous exposures. The risk of HCV transmission after percutaneous exposure increased with deep injuries and procedures involving hollow-bore needle placement in the source patient's vein or artery. These results highlight the need for widespread adoption of needle-stick prevention devices in health care settings, together with other preventive measures.

Title: **Blood-borne Infections in Health Care Workers**

Authors: Multiple

Date: November 2005

Source: Viral Hepatitis 14(1): 1-15 (whole issue)

Available online at: http://www.vhpb.org/files/html/Meetings_and_publications/Viral_Hepatitis_Newsletters/vhv14n1.pdf

This issue of *Viral Hepatitis* examines the important topic of blood-borne infections in healthcare workers (HCWs), as discussed at the meeting of the Viral Hepatitis Prevention Board (VHPB) held in Rome, Italy, from 17-18 March 2005. The meeting was hosted by the team of experts based at the Istituto Nazionale per le Malattie Infettive IRCCS 'Lazzaro Spallanzani'.

The aim was to review the global epidemiology of blood-borne infections in HCWs; to evaluate the transmission of hepatitis B virus (HBV) and hepatitis C virus (HCV) as an occupational risk; to discuss primary and secondary prevention measures against HBV and HCV infections in HCWs; and to review the current recommendations for HBV- and HCV-infected HCWs.

AIDS_ASIA e Forum

AIDS_ASIA e Forum is an experimental occasional electronic newsletter. An e-forum committed to the development of an Asian perspective on AIDS prevention and care issues. HIV/AIDS does not recognise national boundaries. As Asia-Pacific countries are increasingly interconnected through migration and trade, it is imperative to generate a regional perspective on HIV/AIDS related issues.

A forum for critical analysis of issues, events and programs, which has implications for our ability to address HIV/AIDS prevention and care issues across the region. More than 4,000 subscribers are using this FORUM.

Strategic HIV information and communication support to promote the capacity of Asian leaders, activists and people living with HIV/AIDS, to facilitate their engagement and networking, to highlight their experiences and the solutions they are offering to address HIV/AIDS issues in this region.

A cross cultural discourse on issues and concerns of Asia-Pacific countries (regions): Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, China, East Timor, Fiji, India, Indonesia, Japan, Kiribati, Laos, Malaysia, Marshall Islands, Micronesia, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, Palau, Papua New Guinea, Philippines, Samoa, Singapore, Solomon Islands, South Korea, Sri Lanka, Taiwan, Thailand, Tonga, Tuvalu, Vanuatu and Viet Nam will be presented and promoted on this forum.

To join or to read archived messages go to:
http://health.groups.yahoo.com/group/AIDS_ASIA/

Global HIV/AIDS: The Basics Kaiser Family Foundation

http://www.kaiseredu.org/reference_index.asp

This Reference Library on Global AIDS concerns, includes links to information about epidemiology and policy, as well as fact sheets and key organizations.

New Infection Control Journal

The International Journal of Infection Control (IJIC) is the official journal of the International Federation of Infection Control (IFIC).

IJIC covers key topics and issues in infection control and epidemiology for Infection control professionals, including physicians, nurses, and epidemiologists. The aim of the journal is to inform members about IFIC activities and to provide members and individuals in countries without infection control societies with state of the art articles and articles on infection control practice.

The first issue of the International Journal of Infection Control (IJIC) is available now both in hard and electronic versions (2.66Mb) .

<http://www.theifc.org/journal.asp>

International Nurses Day 2006

<http://www.icn.ch/indkit2006.pdf>

International Nurses Day is celebrated each year on the 12th May. This year the theme is Safe Staffing Saves Lives. A poster and information and action toolkit can be downloaded from the website of the International Council of Nurses:

Models of Care Resource Database Australian Society of HIV Medicine

<http://www.ashm.org.au/moc>

The ASHM Models of Care Resource Database is an online searchable database of valuable HIV-related publications and resources. It is designed for use by GPs and allied health workers as a stage one model of care. This is a living database which will be routinely updated.

Calendar of Events

In SafeHandS *invites members to advise us about any future events related to health care worker safety which other members may be interested to attend. Send an email to: safehandS@sesiahs.health.nsw.gov.au*

16th Annual Scientific Meeting of the Society for Healthcare Epidemiology of America (SHEA) 18-21 March, 2006, Chicago, Illinois, USA

The goal of the meeting is to support SHEA's mission for the promotion, development, and application of scientific principles to healthcare epidemiology, in order to advance education, foster safe healthcare environments, and improve patient outcomes. The program includes issues such as antibiotic resistance, hand hygiene, healthcare worker and patient safety and emerging issues such as avian influenza, rapid detection methods, advances in epidemiologic methods and new paradigms for infection prevention.

For more information, visit the website:
<http://www.shea-online.org>

International Conference on Emerging Infectious Diseases 19-22 March, 2006, Atlanta, Georgia, USA

This is the fifth International Conference on Emerging Infectious Diseases. The conference brings together public health professional to encourage the exchange of scientific and public health information on global emerging infectious disease issues. Major topics include current work on surveillance, epidemiology, research, communication and training, bioterrorism, and preventions and control of emerging infectious diseases, both in the United States and abroad.

For more information, visit the website:
<http://www.iceid.org>

16th European Congress of Clinical Microbiology and Infectious Diseases 1-4 April, 2006, Nice, France

For more information, visit the website:
<http://www.akm.ch/eccmid2006/>

Bridging Global Partnerships, Community and Hospital Infection Control Association Canada and Co-hosted by Southwestern Ontario Professionals in Infection Control, a Chapter of CHICA-Canada 6-10 May, 2006, London, Ontario, Canada

For more information, visit the website:
<http://www.chica.org/2006conference.html>

4th Institution of Electrical Engineers (IEE) International Seminar on Appropriate Healthcare Technologies for Developing Countries 23-24 May 2006 at The IEE, Savoy Place, London, UK

Organised by the Healthcare Technologies Professional Network. This seminar is an exclusive opportunity to update your knowledge on the issues surrounding healthcare provision in the developing world. This event, now the fourth in the series, will address key needs and problems relating to healthcare technologies for developing countries. The event will also aim to identify future strategies and solutions.

For further information, contact:
Carilyn Clements, Professional Network Manager
Michael Faraday House, Six Hills Way
Stevenage, Herts SG1 2AY
England, UK
Tel: +44 (0) 1438 765631
Fax: +44 (0) 1438 742856
<http://www.iee.org/events/aht2006.cfm#intro>

Association of Professionals in Infection Control and Epidemiology (APIC) Annual Educational Conference and International Meeting 11-15 June, 2006, Tampa, Florida, USA

APIC's Annual Educational Conference and International Meeting is considered an important educational opportunity for health-care professional in all settings who have infection control and prevention responsibilities. It is also the meeting place for novice and experienced infection control practitioners to expand their knowledge base, establish

practical expertise in infection control and epidemiology and network with infection control experts and colleagues.

For more information, visit the website:
http://www.apic.org/Content/NavigationMenu/Education/Annual/Conference_Conference1.htm

**12th International Congress on Infectious Diseases (ISID)
 15-18 June, 2006, Lisbon, Portugal**

ISID has membership from more than 100 countries and focuses on both low and high resource settings. Abstract submission will begin no later than 1 October, 2005. If you pre-register with the conference, they will send you an announcement when abstract submission has begun.

For more information, visit the website:
http://www.isid.org/12th_icid/

**7th Annual Congress of the International Federation of Infection Control (IFIC)
 3-5 July, 2006, Stellenbosch, South Africa**

The programme includes international speakers from Latin America and the Middle East as well as Europe and North America, with the programme including sessions devoted to (amongst others):

- MRSA and other antibiotic resistant organisms
- Tuberculosis
- Transmission of blood borne viruses
- Institutions as amplifiers of infectious diseases
- Sterile services in developing countries
- Infection control in high care settings
- Antibiotic use and pressure
- The economics of infection control
- The effect of migration on communicable diseases
- Quality management and infection control
 Waste disposal

For more information, visit the website: <http://www.theific.org/southafrica2006/default1.asp>

XVI International AIDS Conference (AIDS 2006)

13 to 18 August 2006. Toronto, Canada

The world's largest HIV/AIDS conference provides an international, open & independent forum for the exchange of ideas, knowledge and research which will inform HIV/AIDS programmes and strengthen prevention, treatment and care efforts worldwide.

Over 15 000 delegates including scientists, health care providers, political, community and business leaders, journalists, government, non-governmental and intergovernmental representatives, and people living with HIV/AIDS are expected.

The Conference theme - Time to Deliver - will focus AIDS 2006 on the promises and progress made to scale-up treatment, care and prevention. Conference sessions and activities will be designed to engage all delegates in dialogue about strategies to meet these shared goals.

For more information about the Conference:
<http://www.aids2006.org>

SafeHandS Membership Form



Welcome to SafeHandS

To help us develop a network which meets your needs to improve health-care worker safety, we would appreciate if you could take the time to complete this membership form.

* Compulsory fields to complete

Title:

First Name*:

Last name*:

Position*:

Department*:

Organisation*:

E-mail address:

Postal address:

Address Line 1:

Address Line 2:

Suburb/City:

State/Province:

Postal/Zip Code:

Country*:

Country of work*:

<input type="checkbox"/> Australia	<input type="checkbox"/> Cambodia	<input type="checkbox"/> Fiji
<input type="checkbox"/> India	<input type="checkbox"/> Indonesia	<input type="checkbox"/> Japan
<input type="checkbox"/> Loa PDR	<input type="checkbox"/> Malaysia	<input type="checkbox"/> Myanmar
<input type="checkbox"/> New Zealand	<input type="checkbox"/> Papua New Guinea	<input type="checkbox"/> People's Republic of China
<input type="checkbox"/> Thailand	<input type="checkbox"/> Vanuatu	<input type="checkbox"/> Vietnam
<input type="checkbox"/> Other (please specify)		

Gender: Female Male

Preferred method to receive newsletter*: (select one only)

From the website (PDF or HTML)

By email (PDF)

By post (this will be a shorter version)

Other (please specify)

Professional: (select one)

- Nurse
- Doctor
- Counsellor
- Dentist
- Dental nurse/staff assistant
- Pharmacist
- Occupational therapist
- Physiotherapist
- Laboratory staff
- Other (please specify)

Position: (select one)

- Health care worker
- Health manager
- International consultant
- Student
- Volunteer
- Other (please specify)

Sector: (select one)

- Public
- Private
- Non-government
- Academic
- Other (please specify)

Principal type of workplace: (select one)

- Hospital
- Outpatient clinic
- Nursing home/hostel
- Community centre or clinic
- Home based care
- Private practice
- University/college
- Other (please specify)

Main are of work: (select as many as apply)

- Infectious diseases
- Infection Control
- HIV/AIDS
- Hepatitis
- General
- Other (please specify)

How did you hear about SafeHandS? (select one)

- Website
- Newsletter
- Another person
- Other (please specify)

What are the 2 most important things you would like from SafeHandS network: (select 2 only)

- Access to current publications on health care worker safety
- Tools (eg surveillance forms, checklists) for health care safety
- Training resources
- Email discussion forum between members
- Directory of other practitioners/consultants in region
- Advice and information
- Upcoming regional conferences
- Links to other organisations
- Sample policies and protocols
- Other (please specify)

Areas of expertise or resources in relation to health care worker safety I am willing to share with colleagues: (select 3 only)

- Education and training
- Education resources—training package
- Education resources—Web-based training
- Clinical consultancy—HIV or hepatitis
- Clinical consultancy—Infection control
- Policy development
- Sample policies and protocols
- Other (please specify)

Privacy

Individual information collected on this form will only be accessed by the SafeHandS secretariat (who are employees of the Albion Street Centre of the University of Wollongong) unless consent is given as below.

I give consent for any information in this form to be made available to other members of SafeHandS.

Yes

No

If you tick yes above, personal information provided in this form will only be disclosed to a third party if an individual or organisations are seeking advice or services from members with specific expertise or wishing to contact members with similar areas of interest. This will only be done with your prior consent.

Thank you for completing this for.

We look forward to sharing information through SafeHandS!

You can return this form by:

Email: safehands@sesiahs.health.nsw.gov.au

Or Fax: 61 2 9380 6572

**Or Mail: SafeHandS, International Health Services Unit
150 Albion Street
SURRY HILLS NSW 2010
AUSTRALIA**