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In SafeHandS

Newsletter of the SafeHandS network

..Information, support and practical solutions to promote health care worker safety in the Asia Pacific

Inside this issue:

ALBION STREET CENTRE

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.

SafeHandS is funded by AusAID.

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

This issue focuses on: Asia Pacific Society of Infection Control Congress

The next issue will be published in December 2009

Deadline for contributions – 20 November 2009

Guidelines for contributors can be found on the SafeHandS website

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APSIC Congress

Maggy Tomkins

I attended the 4th International Congress of the Asia Pacific Society of Infection Control (APSIC) in Macau SAR, China in July.

APSIC is a regional society formed in 1998. It is an umbrella organisation for national and other infection control organisations.

This year's congress theme was "Controlling Infection for Safer Hospital and Safer Community". This is how Dr Kong Chan, the Conference Organizing Chairman explained the theme:

"Controlling Infection for Safer Hospital and Safer Community", the theme of the Congress, explains a close connection between hospital and community. SARS and avian influenza are two of the remarkable diseases in the world that bring turbulence in the worldwide healthcare system. The disruption of diseases in the community and healthcare environment brings socio-economic and political turmoil. The shock to the society and healthcare system was absorbed quickly due to the efforts of extensive evidence-based knowledge and global experience sharing. Nowadays, diseases are unpredictable. The scope of infection control is much wider and it has extended to the community. The emergence of infectious diseases in the community, increase of mobile population, changes of setting in which care is delivered and shorten length of stay in hospitals are some factors that explicate the reasons for infection control in the community. Controlling and preventing infection in the community is an escalating challenge as much as in the hospital. This unbreakable chain between the community and the hospital will strengthen the infection control infrastructure." http://www.apsic2009.org/message_president.html

The four day Congress was attended by about 1300 people, mostly from Asia and Australasia. Invited speakers were from Argentina, Australia, Canada, China, Germany, Hong Kong SAR, Japan, Korea, Malaysia, Singapore, Switzerland, Taiwan, Thailand, Viet Nam, the United Kingdom and the United States of America

Many topics were discussed at the congress. Some of the key themes were:

- H1N1 influenza and pandemic preparedness
- Emerging infections
- Health care associated infections
- Hand hygiene
- Disinfection and sterilization

There were also 120 posters displayed including one about SafeHandS. Twenty new members joined SafeHandS during the congress and many membership forms, information sheets and newsletters were distributed to participants.

A group of SafeHandS members from Indonesia enjoying the APSIC congress

Although there was much to interest a SafeHandS member in the program themes, I was disappointed that there was only one session specifically on health care worker safety. That session was a

general overview of occupational blood borne disease prevention guidelines such as standard precautions and sharps safety. As you are all aware, the SafeHandS position is that health care workers will engage in optimal patient care and infection control activities more readily if they feel safe and confident in their workplace. It therefore makes sense to make health care worker safety an important part of any infection control planning and programs.

It was also disappointing that much of the information presented by the invited speakers was not adapted for the region. While it is interesting to hear the international experts, local implementation guidelines would often be useful as well.

I encourage all members to start preparing for the next APSIC congress in 2011, to help increase information about health care worker safety in our region. As well as submitting abstracts, members may have some ideas about appropriate speakers and themes for the congress.

APSIC 2011 – the 5th International Congress of the Asia Pacific Society of Infection Control will be held in Australia at the Melbourne Convention Centre from 8th to 11th November 2011.

Congress abstracts

Abstracts from the 4th International Congress of the Asia Pacific Society of Infection Control, which relate specifically to health care worker safety, are reproduced here.

Oral presentations

Abstract 18.1 Protecting health care workers from blood and body fluid exposure risks: going global
Bradley T; UK

The health care worker (HCW) requires protection from exposure to potentially hazardous body fluids. The infectious state of a patient is often unknown and universal precautions should be followed. This includes minimising the risk of exposure by the use of protective clothing, safe handing and disposal of sharps, prompt removal of spillage, etc. The most important aspect is having policies and procedures in place and training of all HCW in the principles of infection transmission and infection prevention and control. The control measures in place are similar throughout the world although the risks can vary considerably.

Abstract #005 Effects of standard precautions practice promotion on practices and incidence of blood and body fluid exposure among professional nurses in emergency department

Sompongsakul K, Senaratana W, Unahalekhaka A; Thailand

Background/objective. Standard precaution practices of personnel can reduce nosocomial infections. The objective of this quasi-experimental research was to determine the effects of standard precautions practice promotion on practices and incidence of blood and body fluid exposure among 9 professional nurses in an emergency department of a Community Hospital.
Methods. Data were collected during March to July 2008. The PRECEDE-PROCEED Model was used as a conceptual framework for implementation. Predisposing factors were an educational training and provision of guideline. Reinforcing factors were feedback and displaying a monitorial poster, and enabling factors were supporting of protective equipments (PPE) and hand hygiene facilities. Practices of personnel and incidence of blood and body fluid exposure were observed by the researcher. Data were analyzed using descriptive statistics, Chi-square test and Wilcoxon match-paired signed-rank test.
Result. Standard precaution practices after promotion were significantly better than before promotion (42.4% VS 89.1%, p<.001), especially hand hygiene, using PPE, respiratory hygiene/cough etiquette and patient placement, care of environment, textiles and laundry, and needles and other sharp objects. Patient resuscitation and managing patient –care equipment were correct both before and after promotion. The incidence of blood and body fluid exposure among professional nurses after the implementation was significantly lower (15.2 VS 6.1 per 00 activities, p<.05).
Conclusion. The study indicated that promotion of standard precautions practice using the PRECEDE-PROCEED Model was effective in improving compliance on standard precautions practice, and reducing incidence of blood and body fluid exposure among professional nurses.

Abstract #010 Needlestick injuries in third world countries – a different spectrum

Warrier A, Aisha; India

Objectives. To evaluate the risk of Needle Stick Injuries (NSI) in a tertiary care centre in South India over 1 year.
Methods. The data was collected through self-reporting by affected health care workers over a period of one year – January 2008 to December 2008. The risk for NSI for different classes of health care workers (HCW) – NSI per 100 HCW – and the total risk of NSI per 100 admissions was calculated.
Results. There were 28 incidents of NSI reported. 18 were nurses, 7 support staff (housekeeping and maintenance) and 3 doctors. The risk for each these affected staff were calculated as 3.8% for nurses, 4% for support staff and 1.1% for doctors. The overall risk per 100 admissions was [incomplete].
Conclusions. The risk of NSI was highest for support staff in this study closely followed by nursing professionals, which is unlike that of data from the developed countries. This highlights the fact that improper disposal of sharps is a major concern in our area.

Poster presentations

Abstract #001 Effect of airborne precautions education and feedback on practices of personnel in a community hospital

Chaichumpou P, Unahalekhka A, Lueang-a-papong S; Thailand

Background/objectives. Airborne transmission can easily occur in the health setting. Personnel who work in the outpatients departments (OPD) and emergency rooms (ER) are at high risk of airborne infection during patient care practice. The purpose of this quasi-experimental research was to determine the effect of airborne precautions education and feedback on practices of personnel in the OPD and ER at a community hospital.

Material and Method. The study was conducted between 47 registered nurses who worked in the OPD and ER during the study period. Educational content included incidence and impact of airborne disease and airborne precautions practice. A fit-check of respiratory protection was demonstrated and return demonstrated. A handbook of airborne precautions was distributed to all registered nurses. The sample received both formal and informal feedback. Data were collected by observing personnel practices before and after airborne precautions education and feedback, and were analyzed using descriptive statistics, Chi-square test and Fisher's exact probability test.

Results. After precautions education the total correct practices increased significantly from 28.5% to 46.1% ($p<.01$). Patient isolation practices increased from 1.7% to 30.8%, using personal protective equipment from 0% to 9.1% and patient transportation from 84.8% to 96.9%. Correct practices of personnel in all activities increased with a statistically significant difference at .001, .05 and .05 respectively.

Conclusion. The findings in this study suggested that the effect of airborne precautions education and feedback could improve correct practices on airborne precautions among personnel. However, it is necessary for the hospital to follow personnel practices and provide personal protective equipment and isolation area in order to maintain correct practices.

Abstract #043 The environmental change reduced the needlestick injury of the nurse in the district hospital, the Southern Taiwan

Wu S-L, Chung Y-C, Sung C-C, Chen Y-L, Yang C-Y; Taiwan

Background. Needle stick injury occurred often because of unsafe behaviour and inadequate environmental resources. Environmental change should consider top manager recognition of its importance. How can needle stick injury be reduced in a district hospital with cost conscious policies? Then infection control team should use multiple dimension infection control bundles to improve health care workers' safety.

Objectives. The environment changes into safer to protect healthcare worker and reduce needle stick injury rate.

Methods. The incidence rate of needle stick was monitored by infection control committee and annual report should report to top manager which decided to change collect needle stick method twice in 2007 and in 2008.

Results. The mean injury incident events were 12in 2005, 20 in 2006, 20 in 2007, but 9 in 2008. Using plate to collect needle stick was failed in 2007 but using safe container was succeeded to reduce injury rate in 2008. The results were significant difference between 2006 and 2008 ($Z = -2.110$, $P = 0.035$), and between 2007 and 2008 ($Z = u2.134$, $P = 0.033$) by Mann-Whitney U test.

Conclusions. Although safe container was more expensive than plate, it is well design to protect health care worker in needle stick injury. The result has dramatically been changed and this change has given the safe environment for health care workers.

Abstract #060 Role of safety-engineered devices (SEDS) in preventing needlestick injuries (NSI) at extended care hospital

Fok F, Chan KK; Hong Kong

Introduction. Needlestick injuries (NSI) are a frequent occupational hazard for health care workers and carry the risk of transmitting blood-borne pathogens.

Objectives.

(1) to minimize and avoid NSI in workplace
(2) to provide devices with safety features benefit from preventing NSIs
(3) to encourage needle free working environment

Methodology.

(1) to identify the top five primary activities associated with the majority of NSIs in workplace from 2001 to 2004 (4 yrs)
(2) to select appropriate SEDS which were advised to prevent top five NSIs
(3) to conduct prospective surveillance of NSIs from 2005-2008 (4yrs)

Results. There were totally 46 NSIs in HHH in the period between 2001 & 2004. The top five primary activities associated with the NSIs were identified as follows: pricked by intravascular injection with needles connecting to the infusion system at the injection port, recapping of needles, pricked by lancets, disposal of blood taking devices & pricked by butterfly needle for subcutaneous infusion. The strategy was emphasized on engineering control to provide devices with safety features in preventing NSIs such as safety plugs for intravascular injection, needle free connectors for infusion system, retractable lancets, autoguard angiocath for intravenous puncture (gauge 22), angiocath (gauze 22) connecting to extension tube substitute for butterfly needle for subcutaneous infusion; & needle recapping devices. A prospective survey was conducted during 2005 – 2008 by ICN. The number of reported NSI has been decreasing dramatically to 1-3 cases annually after implementation of SEDS. Totally 7 cases were reported NSI in the period between 2005 – 2008. *Conclusions.* Use of SEDS is one of the effective strategies in preventing NSI at extended care hospital.

Abstract #102 Perception of influenza vaccination by HCWs in Riyadh, Sauli Arabia

Hakawi A, Ghazal S, Syam, C; Saudi Arabia

Background/objectives. Annual influenza vaccination is the most effective method for preventing influenza virus infection and its complications. We would like to estimate influenza vaccination coverage among HCWs in Riyadh and to identify the main reasons for lack of compliance with influenza vaccination and to identify Health Care Workers (HCW) behavior related to influenza vaccination of their family members and patients.

Methods. A cross sectional Study of physicians, nurses, other staff (mainly technicians) from January to March 2009 using a self administered questionnaire containing 7 questions about flu vaccine during influenza season 2008-2009. data entry and analysis done using SPSS software.

Results. Response rate: 87% (347/400). Distribution of respondents by job category: physicians 20% (69), nurses 61% (214), other staff 19% (65). Influenza vaccination coverage rate was 56%, varies significantly between job categories (p_000), physicians having the lowest coverage rate (32%). Most common reasons for not getting influenza vaccination were: being busy 51%, not satisfied with outcome 31%, other reasons 8.5%, not availability of vaccine 4.2%. Influenza vaccination was given to family members by 15% of HCWs. There was not statistically significant difference between physicians, nurses and other staff in this regard (p_0.72). According to this study only 34% of HCWs had referred their patients for influenza vaccination.

Conclusion. This study indicated low coverage for influenza vaccine. There are still misconceptions regarding indications and contra-indications of

vaccination. There is a clear need to conduct active campaigns to improve compliance to flu vaccine.

Abstract #131 Effectiveness of safety device in reduction of needlestick injuries in Queen Mary Hospital

Cheung C, Tai J, Ching P; Hong Kong

Background. To protect staff at risk of bloodborne viruses as related to sharps injury, safety program should be initiated. But before introduction of any safety devices, trending and analyzing of annual incidents would definitely assist in prioritizing and planning for the program introduction.

Sharps Safety Program Implementation (2000 to 2008) In year 2000, devices mostly related to sharps injuries were of injecting needles thus a closed blood collection system was introduced with great reduction from 84 to 31. Subsequently in 2004, retractable lancet was brought in resulting vast reduction from average 6 to 9 cases per year to only one. Then in 2006, the needle-free intravenous connector was initiated through which percent incidents reduced further in both groups of nurses (72%) and doctors (90%). However the needlestick injuries climbed up from 113 in 2006 to 145 in 2007. This was mainly of the lengthy scalp vein needles that sprung back during disposal. With these, retractable scalp vein set with shorter tubing was implemented in 2007 with 37% reduction. Last year retractable safety IV catheter was implemented for setting peripheral intravenous device. This new engineering device enhanced further reduction from 11 to 4. This year, intravenous administration set with needle-free connector was promoted with results pending.

Conclusion. Sharps safety program implementation in related to needlestick injuries obtained marked success. Our road ahead is to prevent further sharps injuries as related to surgical operation such as suturing needles and surgical blades.

Abstract #134 The effect of the prevention program of needlestick injury on needlestick knowledge, compliance and incidence

Choi IC, Lee KH, Kwon KY, Kim CS, Ryoo NH, Ryu SY; Korea

Objectives. The purpose of this study was to examine the effect of prevention program of needlestick injury on knowledge, compliance and incidence about needlestick injury among health care workers.

Method. Subjects were nurses (RN) and nurse's aids (AN) working at an university hospital in Daegu. Data was collected with self reported questionnaires and needlestick injury report before and after program application. Contents of the program were education, use of standardized boxes for BST, and use of IV catheter with safety needle. The data was analyzed by paired t test and frequency.

Result. The score on knowledge ($p=0.000$ for RN, $p=0.007$ for AN) and compliance ($p=0.000$ for RN, $p=0.038$ for AN) after intervention were significantly higher than before intervention . Incidences of needlestick injury before and after intervention in RN were increased from 17 to 21 and 4 to 9 in AN, respectively.

Conclusion. The prevention program of needlestick injury was effective in increasing knowledge and compliance on needlestick, while reported rate was increased significantly after intervention. It is concluded that educational program to increase awareness of risk encouraged subjects to report the injury, thus the incidence of underreporting was increased. Monitoring and analysis on injury should follow continuously and intervention should be evaluated to reduce needlestick injury in the hospital setting.

Infection control resources

World Health Organization
SAVE LIVES: Clean Your Hands
This initiative started this year (2009) as part of *The First Global Patient Safety Challenge: Clean Care is Safer Care* which commenced in 2005.

"Focusing on hand hygiene in patient safety, the SAVE LIVES: Clean Your Hands initiative reinforces the "My 5 Moments for Hand Hygiene" approach as key to protect the patient, the health-care worker and the health-care environment against harmful germs and thus, reduce HCAI [health care associated infections]. It aims to engage a wide range of health-care facilities across the world to move countries from pledging to action at the point of care."
Go to the website to sign up for a newsletter, read case studies and get tool and information.
http://www.who.int/gpsc/en/ For specific enquiries, email savelives@who.int

World Health Organization World Alliance for Patient Safety First Global Patient Safety Challenge Core Group of Experts.
Guidelines on hand hygiene in healthcare 2009
The World Health Organization's Guidelines on Hand Hygiene in Health Care were issued on 5 May 2009 on the occasion of the launch of the Save Lives: Clean Your Hands initiative. The Guidelines represent the contribution of more than 100 international experts and provide a comprehensive overview of essential aspects of hand hygiene in health care, evidence- and consensus-based recommendations, and lessons learned from testing their Advanced Draft and related implementation tools.
The guidelines provide health-care workers, hospital administrators and health authorities with a thorough review of evidence on hand hygiene in health care and specific recommendations to improve practices and reduce transmission of pathogenic microorganisms to patients and health care workers.
http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf (4.3Mb file)

Hand hygiene tools and resources
The World Health Organization (WHO) Patient Safety team has provided a suite of tools to support health-care facilities to prepare effective Action Plans to improve hand hygiene, regardless of their starting point. The tools are categorized according to the 5 critical components of the WHO Multimodal Hand Hygiene Improvement Strategy that all health-care facilities should address in order to improve hand hygiene.
http://www.who.int/gpsc/5may/tools/en/index.html

Guide to Implementation of the WHO Multimodal Hand Hygiene Improvement Strategy
This is a key tool that provides comprehensive advice on how to develop an effective hand hygiene improvement Action Plan and how to use the other tools. This tool will help you to ascertain which other supporting tools will be most relevant to your health-care facility.
http://www.who.int/gpsc/5may/Guide_to_Implementation.pdf (5.7Mb file)

World Health Organization
Core components for infection prevention and control programmes
Report of the Second Meeting Informal Network on Infection Prevention and Control in Health Care, Geneva, June 2008.
The objectives of the meeting were to identify infection prevention and control (IPC) core
components for national programmes and for the programmes of local health-care facilities, in order to contribute to the strengthening of capacity for the prevention of health care-associated infections (HAI) and to prepare an efficient response to emergencies involving communicable diseases, such as epidemics. This meeting report summarizes the conclusions of the participants during discussions on the scope of IPC programmes and the considerations necessary for the description of core components of IPC programmes. These discussions covered prevention of HAI in patients, health-care workers and visitors; preparation of health-care systems for the early detection and management of epidemics and effective response to these; coordinating the community response to infectious diseases; prevention of the emergence of antimicrobial resistance and/or dissemination of resistant strains; and minimization of the impact of HAI infections on the environment.
http://whqlibdoc.who.int/hq/2009/WHO_HSE_EPR_2009.1_eng.pdf

World Health Organization
WHO Policy on TB Infection Control in Health-Care Facilities, Congregate Settings and Households. 2009. Geneva
Here are some extracts from this document which relate to health care workers:

3.3.2 Control 9 – Provide a package of prevention and care interventions for health workers including HIV prevention, antiretroviral therapy and isoniazid preventive therapy for HIV positive health workers
All health workers should be given appropriate information and encouraged to undergo TB diagnostic investigation if they have signs and symptoms suggestive of TB. Similarly, all health workers should be given appropriate information and encouraged to undergo HIV testing and counselling. If diagnosed with HIV, they should be offered a package of prevention, treatment and care that includes regular screening for active TB and access to antiretroviral therapy....
3.5.1 Control 12 – Use of particulate respirators
Health workers may gain additional protection from TB through the use of particulate respirators that meet or exceed the N95 standards set by the United States Centers for Disease Control and Prevention/National Institute for Occupational Safety and Health (CDC/NIOSH) or the FFP2 standards that are CE certified. In addition to implementation of administrative and environmental controls, use of particulate respirators is recommended for health workers when caring for patients or those suspected of having infectious TB. Visitors should also wear particulate respirators when in enclosed space with infectious cases. Considering the risk of stigma that the use of particulate respirators may generate, there should be a strong focus on behaviour-change campaigns for health workers, patients and communities. Particulate respirators should not be used by patients or people suspected of having infectious TB; rather, surgical masks are appropriate in such cases, to ensure proper cough etiquette. In particular, health workers should use particulate respirators:
• during high-risk aerosol-generating procedures associated with high risk of TB transmission (e.g. bronchoscopy, intubation, sputum induction procedures, aspiration of respiratory secretions, and autopsy or lung surgery with highspeed devices)
• when providing care to infectious MDR-TB and XDR-TB patients or people suspected of having infectious MDR-TB and XDR-TB.
A comprehensive programme for training health workers in the use of particulate respirators should be implemented, because correct and continuous use of respirators involves significant behaviour change on the part of the health worker. Consideration should be given to including fit testing of respirators.

Remarks
This recommendation is based on current understanding of the way in which TB is transmitted, with particulate respirators having a high potential benefit because they provide protection for health workers, in particular in the absence of other controls. In addition, this control is justified by the high morbidity and mortality caused by MDR-TB and XDR-TB.
To date, few studies have looked at whether particulate respirators are of value when providing routine care to patients if administrative and environment controls are in place.
http://whqlibdoc.who.int/publications/2009/9789241598323_eng.pdf

Queen Mary Hospital Infection Control Centre of Hong Kong
WHO collaborating centre for research, training and outbreak response in infection control
Major Programme: Combating communicable diseases
Programme Area: Communicable disease surveillance and response
Designated: 15 Jan 2009 - 15 Jan 2013
Head of Centre: Professor Wing-Hong Seto

Terms of Reference:
(1) To contribute to pandemic preparedness by participating and supporting the development of guidelines on related areas;
(2) To provide training on infection control for health professionals;
(3) To support and provide research data for who programmes and projects on infection control related issues; and
(4) To increase the knowledge on natural ventilation for its use in containing patients with respiratory infections.
http://www.wpro.who.int/col/scripts/collaborating_centre.aspx?collab_id=1551

Australian Infection Control Association
Healthcare Infection
Healthcare Infection, continuing *Australian Infection Control*, is the official journal of the Australian Infection Control Association Inc, a multi-disciplinary association of health care professionals involved in the prevention and control of infection. The journal provides a medium for communicating findings and perspectives among the physicians, nurses, and epidemiologists involved in this specialist field. Its purpose is to expand infection control knowledge in order to prevent infection-related illness through providing up-to-date and peer-reviewed articles covering clinical topics and original research. The journal specifically targets infection control activities within the Asia Pacific and South American regions and boasts an International Editorial Committee.

Current and back issues of **Healthcare Infection**, notice to authors, and archive of all abstracts dating back to 1985 are available online. Details of how to obtain a full copy of a manuscript can be found on the website.
www.publish.csiro.au/journals/hi

International Health Regulations

"With the support of WHO, the 194 States Parties to the International Health Regulations (IHR) have been implementing these global rules to enhance national, regional and global public health security.

Key milestones for countries include the assessment of their surveillance and response capacities by June 2009 and the development and implementation of plans of action to ensure that these core capacities are functioning by 2012."

http://www.who.int/ihr/en/

"Q: What are the International Health Regulations?

A: The International Health Regulations (IHR) are an international legal instrument that is binding on 194 countries across the globe, including all the Member States of WHO. Their aim is to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.

In the globalized world, diseases can spread far and wide via international travel and trade. A health crisis in one country can impact livelihoods and economies in many parts of the world. Such crises can result from emerging infections like Severe Acute Respiratory Syndrome (SARS), or a new human influenza pandemic. The IHR can also apply to other public health emergencies such as chemical spills, leaks and dumping, or nuclear melt-downs. The IHR aim to limit interference with international traffic and trade while ensuring public health through the prevention of disease spread.

The IHR, which entered into force on 15 June 2007, require countries to report certain disease outbreaks and public health events to WHO. Building on the unique experience of WHO in global disease surveillance, alert and response, the IHR define the rights and obligations of countries to report public health events, and establish a number of procedures that WHO must follow in its work to uphold global public health security.

The IHR also require countries to strengthen their existing capacities for public health surveillance and response. WHO is working closely with countries and partners to provide technical guidance and support to mobilize the resources needed to implement the new rules in an effective and timely manner. Timely and open reporting of public health events will help make the world more secure."

http://www.who.int/features/qa/39/en/index.html

Note: Resources for pandemic influenza were published in the June newsletter.

Recently got email access?
Changed your email address?

If you received this newsletter in the post, it means you have not supplied your email address or that the one you supplied is no longer working.

Please help to keep our postage costs down by letting us know if you get access to email or if your address changes.

Email access means your copy of the newsletter is available the day it is published.

The print version of the newsletter may also be smaller than the email version.

More importantly, you can join in email discussions with other members and receive up to date information by email.
Just email us at: safehands@sesiahs.health.nsw.gov.au

Member Profile

To help link and support members, we provide a profile of one of our SafeHandS members

Name: Dimple Kasana

Title: Senior Specialist

Contact Details: D-II.173,Kidwai Nagar West Delhi 110021 India

Describe your current job.
Microbiologist in charge of routine bacterial diagnostic work and in charge hospital infection control,teaching MBBS, BSC nursing, BSC microbiology and DMLT

What was your career path that brought you to your current job?
I was heading laboratory deptt and was teaching DMLT for 2 years before joining microbiologist at tertiary care center, a largest in Asia hospital at Delhi. Worked as programme officer in charge of research and development at national AIDS control organization. Was also responsible for quality assurance at laboratories at national level.

What do you like most about your job?
It's challenging and helps me to contribute towards society

What do you like least about your job?
Localized sphere of work

What does health care worker safety mean to you?
Productive, prolonged and quality service to patient and to carry forward our work.

What are you reading at the moment?
Recent advances in waste disposal.

What are you currently listening to?
Update on Infection Control

What is your favourite saying?
Be positive. Whatever man conceives he can achieve

SafeHandS small grants scheme

Successful applications for funding for health care worker safety projects

In the last newsletter we called for expressions of interest to receive small grants to conduct local projects to improve health care worker safety. Nine expressions of interest were received. Four applications were successful.

Organisation Faculty of Nursing, Chiang Mai University
Contact person Dr Wanchai Moongtui
Location Chiang Mai, Thailand
Project title Development of program for management of needlestick and sharp injuries among health care workers in Thailand

Organisation Indonesian Association for Infection Control
Contact person Ms Ramah Surbakti
Location East Jakarta, Indonesia
Project title Project on capacity building of nurses in demonstration of health care worker safety

Organisation Khmer-Soviet Friendship Hospital
Contact person Dr Phanit Prom
Location Phnom Penh, Cambodia
Project title To provide policy, guidelines, knowledge and skill on how to prevent and manage blood borne diseases from routine career

Organisation Safdarjung Hospital
Contact person Dr Dimple Kasana
Location New Delhi, India
Project title Reduction of needlestick injuries in Intensive Care Unit

Congratulations to the successful applicants and we look forward to reading about their projects in a future newsletter.

Coming events

Infection Prevention 09.The Annual Conference and Exhibition of the Infection Prevention Society
21 – 23 September 2009, Harrogate, United Kingdom
Celebrating the past looking to the future – 50 years of infection prevention
There is a wide range of speakers and topics to suit all interests and levels of competence. There are many international and UK speakers who have been selected not only because they are experts in their field but they are outstanding presenters. This will be *the* infection prevention event of 2009 for all those with an interest in or responsibility for infection prevention and communicable disease control in all areas of health and social care.
For more information visit the website: www.ips.uk.net

10th International Federation of Infection Control (IFIC) Congress
8 – 11 October 2009, Vilnius, Lithuania
The conference will guarantee an outstanding educational experience through a mixture of state-of-the-art lectures by renowned experts in the field as well as symposia, pro-and-con debates and industry organised sessions. The academic programme, which shall encompass a wide mixture of topics, will be regularly updated on the congress website.
In addition, IFIC conferences are recognised as venues for effective networking and experience sharing between the participating delegates. This will be made possible through numerous small group workshops and buzz groups and the general organisation of the event.
Delegates will also have an extensive opportunity to share their research and experience through oral as well as poster presentations.
For more information visit the website: http://www.ific2009.com/

1st International Congress of Infection Control Association (Singapore)
6 – 7 November 2009, Singapore
“Meeting new challenges in infection control”
For more information visit the website: http://www.icas.org.sg

International Conference on Psychosocial Factors at Work: Job Stress Prevention and Work Ability Promotion
30 November – 3 December 2009, Bangkok, Thailand
Abstract submission deadline is 31 August 2009
For more information visit the website: http://www.workability2009.com

Safe Injection Global Network (SIGN) Annual Meeting
30 November – 2 December 2009, Geneva, Switzerland

The 2009 SIGN annual meeting coincides this year with SIGN's 10th anniversary. 10 years! While celebrating the event we will take the opportunity to review what SIGN has achieved since its launch in the area of injection safety and progressively in related infection control.

For enquiries, please send an email to sign@who.int copy to matovuj@who.int
For more information visit the website: http://www.who.int/injection_safety/en/

14th International Congress on Infectious Diseases (ICID)
9 – 12 March 2010, Miami, Florida, USA
The 14th ICID will continue the unique educational approach that distinguish International Congresses on Infectious Diseases from other meetings, namely a scientific program that runs the spectrum from cutting edge science to state-of the-art practices to global infectious disease control, all presented by a truly international faculty and attended by participants whose diverse backgrounds create an incomparable opportunity for the worldwide exchange of information for the benefit of our patients and societies. Plenary lectures by world leaders in infectious disease and microbiologic research, clinical practice and health policy will be complemented by symposia organized, moderated and presented by experts in their respective fields, interactive meet-the-professor sessions headed by engaging faculty and daily oral and poster presentations based on submitted abstracts. Importantly, the Congress allows members to renew and expand their participation in the Society and non-members to become members that contribute to its future. The Congress also provides a perfect environment for stimulating intellectual exchange and camaraderie, essential elements for the creation of new ideas and partnerships.
Abstract submission deadline is 1 November 2009.
For more information visit the website: http://www.isid.org/14th_icid/index.shtml

The Fifth Decennial International Conference on Healthcare-Associated Infections
18 – 22 March 2010, Atlanta, Georgia, USA
This event is co-organised by Centers for Disease Contro (US)l, Association for Professionals in Infection Control and Epidemiology Inc (US), Society for Healthcare Epidemiology of America, and Infectious Diseases Society of America.
Abstract submission deadline is 16 November 2009.
For more information visit the website: http://www.decennial2010.com

ESCMID – SHEA – ASID Intensive Infection Control Course
21 – 25 June 2010, Port Douglas, Australia
For more information visit the website: http://www.asid.net.au

Hong Kong Infection Control Nurses' Association, 4th International Infection Control Conference
27 – 29 August 2010, Hong Kong SAR, China
For more information visit the website: http://www.hkicna.org/education.html

12th Western Pacific Congress on Chemotherapy and Infectious Disease
2 – 5 December 2010, Singapore
"New pathogens, new challenges"

Asia Pacific Society of Infection Control, 5th International Congress
8 – 11 November 2011, Melbourne, Australia

Current resources

Title	**Caring for severe acute respiratory syndrome (SARS) patients in acute care institutions in the greater Toronto area**
Author	Nicolle LE, Perkins P, Gravel D, Paton S, Christian M, Ofner M, Henry B, McGeer A, Vearncombe M, Simor A, Barry C, Mederski B
Source	*Canada Communicable Disease Report 2008 December; 34(12):1-17* *Full text. http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/08vol34/dr-rm3412a-eng.php*
Country	Canada
Extracts	"Greater Toronto Area (GTA) was the only site outside Asia to experience a large outbreak of severe acute respiratory syndrome – coronavirus (SARS-CoV) in the spring of 2003." "During the outbreak, the GTA and adjoining municipalities identified 358 cases, and the case-fatality ratio was 17 %. Amongst the 225 cases in the GTA, 88 (39%) occurred in healthcare workers, 49 (22%) in patients, and 25 (11%) in hospital visitors." "This large outbreak of acute infectious illness with high mortality caused by a novel virus was unprecedented in Canada in recent times. By the time the outbreak was first identified, several healthcare facilities were already implicated in infection transmission, and many of the early cases occurred among healthcare workers." "Observations from this experience, which are described in this review, are limited by incomplete information and variable reporting among facilities. While the experience of only eight hospitals is described, these hospitals are likely representative of the experience throughout the GTA as these hospitals admitted the majority of the SARS patients. The experience of each hospital was unique, but the consistent stresses and problems in addressing the outbreak were remarkably consistent across this diverse group. The comments of individuals are evidence for the stress experienced and consistency in issues of concern for participating individuals." "The experience in the GTA and other urban areas with large SARS outbreaks described is exceptional. Infection control personnel should all be hopeful they will not find themselves in a similar situation. Beyond this, reviewing the experience allows an exploration of what aspects of the experience could be improved through improved understanding and preparedness. Among these is an appreciation that healthcare delivery is a fully integrated system, and no facilities can function in isolation. Second, the commitment to infection control practices, based on knowledge, must be a focus of any outbreak response to promote practices which are rational and feasible. Standardized, continuing, training of healthcare workers in infection control must remain a priority."

Title	**The psychological impact of the SARS epidemic on hospital employees in China: exposure, risk perception, and altruistic acceptance of risk.**
Author	Wu P, Fang Y, Guan Z, Fan B, Kong J, Yao Z, Liu X, Fuller CJ, Susser E, Lu J, Hoven CW
Source	*Canadian Journal of Psychiatry 2009 May; 54(5): 302-11*
Country	China
Abstract	*Objective:* We examined the psychological impact of the 2003 outbreak of severe acute respiratory syndrome (SARS) on hospital employees in Beijing, China. *Methods*: In 2006, randomly selected employees (n = 549) of a hospital in Beijing were surveyed concerning their exposure to the 2003 SARS outbreak, and the ways in which the outbreak had affected their mental health. *Results*: About 10% of the respondents had experienced high levels of posttraumatic stress (PTS) symptoms since the SARS outbreak. Respondents who had been quarantined, or worked in high-risk locations such as SARS wards, or had friends or close relatives who contracted SARS, were 2 to 3 times more likely to have high PTS symptom levels, than those without these exposures. Respondents' perceptions of SARS-related risks were significantly positively associated with PTS symptom levels and partially mediated the effects of exposure. Altruistic acceptance of work-related risks was negatively related to PTS levels. *Conclusions*: The psychological impact of stressful events related to an infectious disease outbreak may be mediated by peoples' perceptions of those events; altruism may help to protect some health care workers against these negative impacts.

Title **Facemasks and hand hygiene to prevent influenza transmission in households: A randomized trial**

Author Cowling BJ, Chan KH, Fang VJ, Cheng CK, Fung RO, Wai W, Sin J, Seto WH, Yung R, Chu DW, Chiu BC, Lee PW, Chiu MC, Lee HC, Uyeki TM, Houck PM, Peiris JS, Leung GM.

Source *Annals of Internal Medicine; 2009 August 3 [Epub, ahead of print]*
Full text: http://www.annals.org/cgi/content/full/0000605-200910060-00142v1

Country Hong Kong SAR, China

Abstract *Background*: Few data are available about the effectiveness of nonpharmaceutical interventions, such as hand hygiene and facemasks, forpreventing influenza virus transmission.
Objective: To investigate whether hand hygiene and use of facemasks prevents household transmission of influenza.
Design: Cluster randomized controlled trial. Randomization was computer generated; allocation was concealed from treating physicians and clinics and implemented by study nurses at the time of the initial household visit. Participants and personnel administering the interventions were not blinded to group assignment.
Setting: Households in Hong Kong.
Patients: 407 people presenting to outpatient clinics with influenza-like illness who were positive for influenza A or B virus by rapid testing (index patients) and 794 household members (contacts) in 259 households. Intervention: Lifestyle education (control) (134 households), hand hygiene(136 households), or surgical facemasks plus hand hygiene (137 households)for all household members.
Measurements: Influenza virus infection in household contacts, as confirmed by reverse transcription polymerase chain reaction (RT-PCR) or diagnosed clinically after 7 days.
Results: Sixty (8%) household contacts in the 259 households had RT-PCR-confirmed influenza virus infection in the 7 days after intervention. Hand hygiene without or with facemasks seemed to reduce influenza transmission, but the differences in transmission compared with the control group were not statistically significant. In 154 households in which interventions were implemented within 36 hours of symptom onset in the index patient, transmission of RT-PCR-confirmed infection seemed to be reduced, an effect attributable to reductions in infection among participants using facemasks plus hand hygiene (adjusted odds ratio, 0.33 [95% CI, 0.13 to 0.87]). Adherence to interventions was variable. Limitation: The delay from indexpatient symptom onset to intervention and variable adherence may have mitigated intervention effectiveness.
Conclusion: Hand hygiene and facemasks seemed to prevent household transmission of influenza virus when implemented within 36 hours of index patient symptom onset. These findings suggest that nonpharmaceutical interventions are important for mitigation of pandemic and interpandemic influenza.

Title	**Long-term psychiatric morbidities among SARS survivors**
Author	Mak IW, Chu CM, Pan PC, Yiu MG, Chan VL
Source	*General Hospital Psychiatry 2009 Jul-Aug; 31(4): 318-26*
Country	Hong Kong SAR, China
Abstract	*Objective*: Severe acute respiratory syndrome (SARS) was the first massive infectious disease outbreak of the 21st century. However, it is unlikely that this outbreak will be the last. This study aimed to evaluate the long-term psychiatric morbidities in survivors of SARS. *Method*: This is a cohort study designed to investigate psychiatric complications among SARS survivors treated in the United Christian Hospital 30 months after the SARS outbreak. Psychiatric morbidities were assessed by the Structured Clinical Interview for DSM-IV, the Impact of Events Scale-Revised and the Hospital Anxiety and Depression Scale. Functional outcomes were assessed by the Medical Outcomes Study 36-Item Short-Form Health Survey. *Results*: Ninety subjects were recruited, yielding a response rate of 96.8%. Post-SARS cumulative incidence of DSM-IV psychiatric disorders was 58.9%. Current prevalence for any psychiatric disorder at 30 months post-SARS was 33.3%. One-fourth of the patients had post-traumatic stress disorder (PTSD), and 15.6% had depressive disorders. *Conclusion*: The outbreak of SARS can be regarded as a mental health catastrophe. PTSD was the most prevalent long-term psychiatric condition, followed by depressive disorders. Our results highlight the need to enhance preparedness and competence of health care professionals in detecting and managing the psychological sequelae of future comparable infectious disease outbreaks. [The paper says “Among HCWs, 22% were still on intermittent or continuous sick leave at the time of this study [30 months post-SARS], and 7.4% had applied for early retirement.”]

Title	**Prevention and management of needlestick injury in Delhi.**
Author	Simon L
Source	*British Journal of Nursing 2009 Feb 26-Mar 11;18(4):252-6*
Country	India
Abstract	Needlestick and sharps injuries are the most common cause by which blood borne pathogens are transmitted between patients and health-care workers. A study was conducted to assess the knowledge and existing practices of staff nurses regarding needlestick injuries (NSIs) and evaluate the effectiveness of guidelines developed for the prevention and management of NSIs in a selected government hospital of Delhi. The study revealed that 70% of staff nurses had sustained NSI. The majority 24 (68%) got NSI with a hollow-bore needle. There was lack of awareness among staff nurses regarding prevention and management of NSIs. Among the nurses who sustained NSI, the majority (71%) did not report it. The developed guidelines regarding prevention and management of NSI was found to be effective in enhancing the knowledge and improving the practices of staff nurses. It is useful for British nurses to be able to compare their experience of NSI with that of nurses in Delhi, to see if lessons can be learnt that can be applied British nursing

Title **Barriers to the reporting and management of needlestick injuries among surgeons**

Author Kennedy R, Kelly S, Gonsalves S, Mc Cann PA.

Source *Irish Journal of Medical Science 2009 September; 178(3): 297-9*

Country Ireland

Abstract *Objective*: Needlestick injuries are common within surgical practice and carry the risk of transmission of blood borne viruses. Key to reducing this risk is an accessible system of reporting and involvement of occupational health services. We aimed to identify surgeons' attitude and experience dealing with such injuries and identify why in many cases needlestick injuries go unreported. *Methods*: 70 questionnaires were hand delivered to surgeons and trainees across 3 UK hospitals and a variety of surgical specialties. The number of injuries and reporting practice was identified. Surgeons were asked to identify from a list the reasons why they did not report their injuries and record importance on a 5-point scale (0-4).
Results: 52 surgeons and trainees replied (75%). 42 (81%) had suffered at least 1 needlestick injury with 4 (8%) reporting more than 20. 8 (19%) had reported all their injuries to occupational health with no significant difference in reporting between consultants and trainees (P = 0.2). 12 (23%) felt that reporting of injuries helped to reduce transmission rates. 18 (35%) said that a needlestick had caused them moderate or significant anxiety. The top reasons for not reporting were (0-4). (1) Process too time consuming (2.7), (2) transmission risk very low (2.6), (3) do not want to disrupt operating list (2.0), (4) post exposure prophylaxis ineffective (1.3).
Conclusions: Most surgeons and trainees do not report all their needlestick injuries to occupational health despite many reporting injury related anxiety. The process is felt to take too long and the perceived risk of viral transmission is low.

Title	**Perceived knowledge of blood-borne pathogens and avoidance of contact with infected patients.**
Author	Kagan I, Ovadia KL, Kaneti T
Source	*Journal of Nursing Scholarship 2009 Mar; 41(1): 13-9*
Country	Israel
Abstract	*Purpose*: To examine the relationship between nurses' knowledge of blood-borne pathogens (BBPs), their professional behavior regarding handwashing, compliance with standard precautions (SPs), and avoidance of therapeutic contact with BBP-infected patients. *Design*: This cross-sectional design study took place in a regional medical center in Central Israel during 2003. METHODS: Of the 180 participants, 159 (88.3%) were women with an average educational level of 16.40 years (SD=2.66). The mean age of the sample was 39.41 (SD=10.1). Data were collected using a structured questionnaire including sociodemographic information, level of knowledge concerning three BBPs (human immunodeficiency virus [HIV], hepatitis B virus [HBV], and hepatitis C virus [HCV]), level of compliance with SPs, understanding of SP principles, and avoidance of therapeutic contact with BBP-infected patients. *Findings*: Levels of HIV-related knowledge were significantly higher than were those of HBV- and HCV-related knowledge. Only 96 participants (54.5%) stated that all patients should be treated as BBP-carriers. The understanding of the basic principle of SPs did not influence the relationship between perceived knowledge and self-reported compliance with SPs; 77.3% of the sample reported that they avoid therapeutic contact with BBP-infected patients. The level of perceived knowledge did not contribute to the nurses' avoidance of care of BBP carriers. *Conclusions*: Perceived knowledge of BBPs has a weak effect on compliance with SPs and willingness to care for BBP-infected patients. *Recommendations*: Nurses must identify their preconceptions when caring for BBP-carriers. Further research on this issue is needed to attempt to understand the forces acting on our nursing staff, in order to ensure appropriate care of BBP-infected patients. *Clinical relevance*: Our study indicated some reluctance among nurses to care for patients with blood-borne pathogens. This appears to be the result of value systems and not a lack of knowledge, indicating a need to integrate a psychoeducational approach to education of nurses.

Title	**Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: A randomized controlled trial**
Author	Jacobs J, Ohde S, Takahashi O, Tokuda Y, Omata F, Fukui T
Source	*American Journal of Infection Control 2009;37(5): 417-9*
Country	Japan
Abstract	*Background:* Health care workers outside surgical suites in Asia use surgical-type face masks commonly. Prevention of upper respiratory infection is one reason given, although evidence of effectiveness is lacking. *Methods:* Health care workers in a tertiary care hospital in Japan were randomized into 2 groups: 1 that wore face masks and 1 that did not. They provided information about demographics, health habits, and quality of life. Participants recorded symptoms daily for 77 consecutive days, starting in January 2008. Presence of a cold was determined based on a previously validated measure of self-reported symptoms. The number of colds between groups was compared, as were risk factors for experiencing cold symptoms. *Results:* Thirty-two health care workers completed the study, resulting in 2464 subject days. There were 2 colds during this time period, 1 in each group. Of the 8 symptoms recorded daily, subjects in the mask group were significantly more likely to experience headache during the study period ($P < .05$). Subjects living with children were more likely to have high cold severity scores over the course of the study. *Conclusion:* Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds. A larger study is needed to definitively establish noninferiority of no mask use.

Title	**Paris on the Mekong: using the aid effectiveness agenda to support human resources for health in the Lao People's Democratic Republic**
Author	Dodd R , Hill P, Shuey D, Antunes A
Source	*Human Resources for Health 2009, February 25, 7:16*
Country	Lao PDR
Abstract	This study examines the potential of aid effectiveness to positively influence human resources for health in developing countries, based on research carried out in the Lao People's Democratic Republic (Lao PDR). Efforts to make aid more effective – as articulated in the 2005 Paris Declaration and recently reiterated in the 2008 Accra Agenda for Action – are becoming an increasingly prominent part of the development agenda. A common criticism, though, is that these discussions have limited impact at sector level. Human resources for health are characterized by a rich and complex network of interactions and influences – both across government and the donor community. This complexity provides a good prism through which to assess the potential of the aid effectiveness agenda to support health development and, conversely, possibilities to extend the impact of aid-effectiveness approaches to sector level.

Title **Impact of infection control activities on the rate of needle stick injuries at a tertiary care hospital of Pakistan over a period of six years: an observational study**

Author Zafar A, Habib F, Hadwani R, Ejaz M, Khowaja K, Khowaja R, Irfan S

Source *BMC Infectious Diseases* 2009 May 29;b 9:78. *Full text* http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2692861

Country Pakistan

Abstract *Background*: Accidental exposure to blood and body fluids is frequent among health care workers. They are at high risk of nosocomial transmission of blood borne pathogens due to injuries caused by used sharps. We are reporting impact of surveillance and educational program on the rate of needle stick injuries among health care workers at a tertiary carehospital in Pakistan.

Methods: At Aga Khan University Hospital sharp injuries are reported to infection control office. To reduce these incidents a quality improvement project was inducted in the year 2005. Health care workers were educated; surveillance data from 2002 to 2007 was analyzed and compared with various risk factors.

Results: During study period 1382 incidents were reported. Junior doctors sustained highest number of injuries (n = 394; 28.5%) followed by registered nurses (n = 283; 20.4%). Highest number of incidents was reported during blood collection (19%). An increasing trend was observed in the pre intervention years (2002-04). However noticeable fall was noted in the post intervention period that is in year 2006 and 2007. Major decline was noted among nurses (from 13 to 5 NSI/100 FTE/year). By relating and comparing the rates with various activities directly linked with the use of syringes a significant reduction in incidents were found including; hospital admissions (p-value 0.01), surgeries and procedures performed (p = 0.01), specimens collected in the laboratory (p = 0.001) and patients visits in clinics (p = 0.01).

Conclusion: We report significant reduction in needle stick injuries especially during post intervention study period. This is being achieved by constant emphasis on improving awareness by regular educational sessions, implemented as a quality improvement project.

Title **AIDS and the stigma of sexual promiscuity: Thai nurses' risk perceptions of occupational exposure to HIV**

Author Chan KY, Rungpueng A, Reidpath DD

Source *Culture, Health and Sexuality 2009 May;11(4):353-68*

Country Thailand

Abstract This paper examines the culturally shaped meanings of AIDS and perceptions of accidental occupational exposure to HIV among a group of twenty nurses in Bangkok, Thailand. The findings are based on data collected as a part of a larger mixed-methods study that examined how perceptions of risk behaviours (including sexual promiscuity) shape health workers' perceptions of patients living with HIV/AIDS. Nurses' narratives revealed that despite acknowledgement of the low probability of occupational exposure to HIV, the fear of HIV infection remained and was largely driven by the enormity of the anticipated social (rather than the health) consequences of being HIV-positive. The perceived certainty of social ostracism was reinforced by participants' observations of the social rejection experienced by people living with HIV/AIDS both within and outside clinical settings. For female nurses, the dominant social perception that women living with HIV/AIDS were violators of gender norms, and thus 'guilty' victims, was an issue central to their self-identities. Ways of improving care for people living with HIV in the light of the nurses' concerns and future research are discussed.

Title **Improving influenza vaccination to health care workers (Letter)**

Author Primus L

Source *American Journal of Infection Control 2009; 37(5): 430-1*

Country USA

Extract Improving dismal vaccination rates among HCWs requires having a comprehensive influenza vaccine campaign that not only provides the vaccine but also provides educational support. Employee and occupational health clinicians must continue to provide education and demonstrate that the benefits of vaccination outweigh the risks. Implementing roving clinics for influenza vaccination can increase vaccination rates, if utilized correctly. Influenza campaigns can only continue to be effective if the HCW understands their role in the transmission of the flu virus and that influenza can be a deadly disease to the very young, immunocompromised, and elderly populations.

Title	**Evaluation of institutional practices for prevention of phlebotomy-associated percutaneous injuries in hospital settings.**
Author	Knapp M, Grytdal S, Chiarello L, Sinkowitz-Cochran R, Zombeck A, Klein C, Warden B, Lyden J, Pearson M
Source	*American Journal of Infection Control 2009;37(6): 490-94*
Country	USA
Abstract	*Background*: To reduce the incidence of phlebotomy-related percutaneous injuries (PIs), factors that contribute to these injuries must be identified. This study examined institutional phlebotomy practices, policies, perceptions, and culture to identify facilitators and barriers that appear to have the greatest impact in preventing injuries. *Methods*: During site visits at study hospitals, observational data were collected during the performance of phlebotomy. In addition, interviews and focus groups were conducted with hospital personnel involved in phlebotomy procedures. *Results*: Nine hospitals participated in the study. A total of 126 phlebotomy procedures were observed. Health care personnel chose devices with safety features for the majority of observed procedures (n 5 122, 97%). Recommended phlebotomy practices for handling needles after use were observed in 42% to 92% of procedures. Adherence varied by type of device, occupation, and facility PI rate. In the 23 interviews and 9 focus groups, participants identified factors that facilitated PI prevention such as the availability and use of devices with safety mechanisms, adherence to recommended safe needle-handling practices, and institutional phlebotomy training. *Conclusion*: The quantitative and qualitative data indicate that a wide array of factors can affect phlebotomy-related practices and perceptions. Prevention of PIs may require comprehensive, multifaceted intervention efforts to improve the safety culture and reduce PIs and exposure to bloodborne pathogens in health care facilities.

Title	**Collaborative approach in assessing community readiness for a pandemic event (Letter)**
Author	Kettunen C, Becker J, McIntyre K
Source	*American Journal of Infection Control 2009; 37(6): 514-15*
Country	USA
Extract	Lessons learned: The study was limited by the self-reporting nature of the surveys and the convenience sampling method; despite this fact, the planning committee recognizes that much work remains to be completed to get the community prepared for a pandemic. Many residents have not received information on pandemic planning, and many of the members in the community who have received information do not believe that a pandemic is something they should be concerned about. Under the comment section, over 50% of respondents mentioned that there are more concerning issues for the community. These included lack of affordable medical care, unemployment, lack of medical insurance, and poverty. The committee will need to explore new methods for educating the community and gaining their support because community education and preparedness are extremely important to a community pandemic plan. This will be especially challenging with the economic conditions of the community.

Title	**Evaluation tool for the assessment of personal protective respiratory equipment (Letter)**
Author	Gershon R, Pearson J
Source	*Infection Control and Hospital Epidemiology 2009;30(7):716-8*
Country	USA
Extract	Worker input about safety devices is an important part of an overall safety program, and indeed, it is a requirement for the selection of needle safety devices.9 Several evaluation tools have been developed to readily enable the collection of worker feedback regarding these types of devices. However, to our knowledge, similar evaluation tools are lacking for N95 respirators. To address this gap, we recently developed and pilot-tested an N95 respirator evaluation tool. Three major criteria—fit/comfort, aesthetics, and somatic impact—were identified after a literature review of publications on compliance with instructions for the use of personal protective respiratory equipment and in consultation with experienced personnel from the hospital and emergency medical services sectors. Using a participatory action research framework, a team of 6 highly experienced, hospital-based registered nurses was recruited to develop and test an N95 evaluation tool. Points of evaluation that addressed each of the 3 major criteria were then identified.

Title	**Blunt needles for the reduction of needlestick injuries during cesarean delivery: a randomized controlled trial**
Author	Sullivan S, Williamson B, Wilson LK, Korte JE, Soper D.
Source	*Obstetrics and Gynecology 2009 Aug;114 (2 Pt 1): 211-6*
Country	USA
Abstract	*Objective*: To compare the rate of glove perforation as a proxy for needlestick injuries between blunt and sharp needles used during cesarean-delivery closure and to survey physician satisfaction with blunt needles. *Methods*: Patients requiring cesarean delivery were assigned randomly to receive closure with either blunt (study group) or sharp needles (control group). Patient demographics, operator experience, and other clinical variables were collected. Physicians reported any percutaneous injuries and were surveyed regarding satisfaction with the assigned needles. Glove perforation was determined using a validated water-test method. Differences between patient groups were tested using chi and Fisher exact test for categorical variables and Student t-test or Wilcoxon rank-sum test for continuous variables. *Results*: There were 194 patients enrolled in the trial: 97 in the control group and 97 in the study group. There were no statistical differences between groups in patient demographics. There were no differences between groups in clinical variables, type of cesarean delivery, or experience level of the surgeon. There was a significant reduction in total glove perforation rate for the primary surgeon with blunt needles (7.2%) compared with sharp needles (17.5%) (relative risk [RR] 0.66, 95% confidence interval [CI] 0.49-0.89) as well as for the assistant surgeon (RR 0.54, 95% CI 0.41-0.71). There was poor correlation between reported perforations and those detected by water test (R=0.3). Physicians reported that they were not as satisfied with blunt needles compared with sharp needles (P=.001). *Conclusion*: There was a significant decrease in the rate of glove perforation for surgeons and assistants performing cesarean-delivery closure with blunt needles. Assistant surgeons had the greatest reduction in glove perforations. However, physicians reported decreased satisfaction performing the surgery with blunt needles.

Title	**SARS vaccines: where are we?**
Author	Roper R, Rehm K
Source	*Expert Review of Vaccines July 2009; 8 (7): 887-898*
Country	USA
Abstract	In this review, the current state of vaccine development against human severe acute respiratory syndrome (SARS) coronavirus, focusing on recently published data is assessed. We discuss which strategies have been assessed immunologically and which have been evaluated in SARS coronavirus challenge models. We discuss inactivated vaccines, virally and bacterially vectored vaccines, recombinant protein and DNA vaccines, as well as the use of attenuated vaccines. Data regarding the correlates of protection, animal models and the available evidence regarding potential vaccine enhancement of SARS disease are discussed. While there is much evidence that various vaccine strategies against SARS are safe and immunogenic, vaccinated animals still display significant disease upon challenge. Current data suggest that intranasal vaccination may be crucial and that new or combination strategies may be required for good protective efficacy against SARS in humans.

Title	**Patient-days: A better measure of incidence of occupational bloodborne exposures**
Author	Chen LF, Sexton DJ, Kaye KS, Anderson DJ
Source	*Am J Infect Control. 2009 Jun 9 [Epub ahead of print]*
Country	USA
Abstract	*Background*: There is currently no accepted standard denominator to calculate and to report the incidence of occupational exposures to bloodborne pathogens (OEBBPs) in health care. *Methods*: We performed a multicenter study of OEBBP injuries reported from 31 community hospitals in the southeastern United States from January 2003 to December 2006. A qualitative design was used to assess 4 commonly used denominators to calculate the incidence of OEBBP: patient-days; staffed beds; occupied beds and full-time employee equivalents (FTEs). Six criteria were used to assess the quality and suitability of each denominator as a standard method to calculate incidence of OEBBP. We also analyzed the correlation of hospital rankings produced by these 4 denominators. *Results*: During 4 years of study, a total of 3375 occupational exposures were reported. Patient-days outperformed others as a denominator to calculate rates of OEBBP when judged by 6 predefined criteria. Data for staffed beds, occupied beds, and FTE were manually collected, infrequently reported, and often subject to missing data. Furthermore, FTE and staffed beds data also captured unoccupied beds and non-clinical employee data that were not associated with risk of OEBBP. *Conclusion*: Patient-days may be the most suitable and readily available denominator for standard reporting and benchmarking of incidence of OEBBP. Patient-days may be used as a standard method for comparing rates of OEBBP.

Title	**Self-protection as a driver for hand hygiene among healthcare workers**
Author	Borg M, Benbachir M, Cookson B, Redjeb S, Elnasser Z, Rasslan O, Gur D, Daoud Z, Bagatzouni D
Source	*Infection Control & Hospital Epidemiology 2009 June; 30(6): 578-580*
Country	Regional - Mediterranean
Abstract	A total of 2,725 healthcare workers in 8 Mediterranean countries replied to a self-assessment questionnaire that assessed their perceptions on hand hygiene. Responses revealed that rates of hand hygiene compliance before patient contact were significantly less than rates after patient contact ($P < .001$) and that use of soap and water was preferred over use of alcohol-based hand rub. These findings suggest that self-protection could be a major subliminal driver for performance of hand hygiene

Title	**Equity-oriented toolkit for health technology assessment and knowledge translation: application to scaling up of training and education for health workers**
Author	Ueffing E, TugwellP, Roberts J, Walke P, Hamel N, Welch V
Source	*Human Resources for Health 2009*, August 5, 7**:** 67
Country	Global
Abstract	Human resources for health are in crisis worldwide, especially in economically disadvantaged areas and areas with high rates of HIV/AIDS in both health workers and patients. International organizations such as the Global Health Workforce Alliance have been established to address this crisis. A technical working group within the Global Health Workforce Alliance developed recommendations for scaling up education and training of health workers. The paper will illustrate how decision-makers can use evidence and tools from an equity-oriented toolkit to scale up training and education of health workers, following five recommendations of the technical working group. The Equity-Oriented Toolkit, developed by the World Health Organization Collaborating Centre for Knowledge Translation and Health Technology Assessment in Health Equity, has four major steps: (1) burden of illness; (2) community effectiveness; (3) economic evaluation; and (4) knowledge translation/implementation. Relevant tools from each of these steps will be matched with the appropriate recommendation from the technical working group.

Title	**Occupational transmission of bloodborne diseases to healthcare workers in developing countries: meeting the challenges**
Author	Lee R
Source	*Journal of Hospital Infection 2009; 72(4), August: 285-91*
Country	Global
Extract	In determining the risks of occupational exposure to bloodborne pathogens, it is important to emphasise that the bulk of the data comes from developed countries. HCWs in these countries not only have less chance of coming into contact with the pathogens, but also have many safety measures in place should they happen to do so. Risks in developing countries are cumulative in nature. The probability of pathogen transmission is not a result of a single incident, but a number of exposures over time combined with high prevalences of diseases. Due to the lack of surveillance in developing countries, it is hard to evaluate the impact of individual factors on risk, and therefore priorities in strategies to reduce it. This may be an argument for taking comprehensive measures aimed at decreasing all the components. However, in resource-poor settings, inevitably some prioritising must occur. In this review a number of potential areas of intervention were identified. The main considerations should be towards standard precautions, attitudes/behaviours, vaccination, and PEP.

Title	**Strategic Advisory Group of Experts on Immunization – report of the extraordinary meeting on the influenza A (H1N1) 2009 pandemic, 7 July 2009**
Author	World Health Organization
Source	*Weekly epidemiological record. 24 July2009, 30, 84: 301–308* *Full text* http://www.who.int/wer/2009/wer8430.pdf
Country	Global
Extracts	The Strategic Advisory Group of Experts on Immunization (SAGE) held an extraordinary meeting on 7 July 2009 in Geneva, Switzerland, to discuss issues related to, and make recommendations on, vaccines for the infl uenza A (H1N1) 2009 pandemic. The objectives of the meeting were to review (i) current epidemiological and clinical evidence on infl uenza A (H1N1); (ii) the current status of seasonal vaccine production and potential A (H1N1) vaccine production capacity; and (iii) potential A (H1N1) vaccine options and discuss prioritization of population groups for immunization with A (H1N1) vaccines. SAGE recommendations 1. All countries should immunize their health-care workers (1–2% of the world's population) as a first priority to protect the essential health infrastructure. Significant pandemic-related morbidity in such workers will compromise the capacity of health services to care for patients sick with influenza and other life-threatening conditions. Health workers need to be able to protect their own lives while putting themselves at risk of infection through caring for influenza patients. Furthermore, infected healthcare workers may spread the virus to vulnerable patients and initiate nosocomial outbreaks. There is a need to maintain general health services as the pandemic unfolds.

Title	**New international human rights and labour instrument on HIV/AIDS**
Author	International Labour Organization
Source	*http://www.ilo.org/public/english/protection/trav/aids/events/ilc09.htm*
Country	Global
Summary	HIV/AIDS workplace policies and programmes have proved effective across the world in protecting rights as well promoting universal access to HIV prevention, treatment, care and support. This has resulted in demand for an international labour standard to reinforce the widely-used ILO Code of Practice on HIV/AIDS and the world of work. A first discussion took place at the International Labour Conference in June 2009 and draft conclusions were agreed which will be circulated to the ILO's constituents - ministries of labour, employers' and workers' organizations - in its 183 member States. They are encouraged to consult widely, including with associations of people living with HIV, and based on their comments a draft text will be prepared for discussion and adoption at the International Labour Conference in June 2010.

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 and other communicable diseases.

We know that health care workers are essential in responding to HIV 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 (ASC). ASC is a public health care facility based in Australia for the treatment, care and support of people living with or affected by HIV. The team includes infection control specialists with international experience in health care worker safety.

Become a member

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 organizations 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

- Send an email to:
safehands@sesiahs.health.nsw.gov.au

You can elect to receive a hard copy of 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 at the end of July 2009, we had 220 members of SafeHandS working in 38 countries.

Members work in:

Australia, Bangladesh, Cambodia, Canada, China, Cook Islands, East Timor, Federated States of Micronesia, Fiji, India, Indonesia, Kenya, Kiribati, Lao PDR, Malaysia, Marshall Islands, Nauru, New Zealand, Nigeria, Nuie Island, Northern Mariana Islands, Pakistan, Palau, Papua New Guinea, Philippines, Qatar, Samoa, Saudi Arabia, Singapore Solomon Islands, Sri Lanka, Taiwan, Thailand, Tonga, Turkey, Tuvalu, Vanuatu and Vietnam.

Feedback on membership forms indicates that the services that the members would most like are (in order of preference):

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