



Registrar Orientation

# Infection Prevention and Control

Gareth Hockey Infection Prevention and Control

Prince of Wales Hospital



## POWH and SSEH Infection Prevention and Control Staff & contact details

Nurse Manager	Gareth Hockey	Ext: 22519	Page 44241
CNC Infection Prevention and Control (POWH)	Erin McSweeney	Ext 22083	Page 44219
CNC Infection Prevention and Control (SSEH)	TBD	Ext: 27199	Page 22070
Occupational Exposure Management CNS	Aurea Ayalon	Ext: 22859	Page 44186
Infection Prevention and Control RN	Nelley Youssef	Ext: 23980	-----
Clerical Support Officer	Fiby Sultan	Ext: 22499	-----

• **Office Hours: 7-day service** 0800 – 1630 hours – Page 44219

• **Contact Tracing and afterhours support:** 1630 – 2200hrs

# Healthcare associated infections

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## Most common complication of healthcare

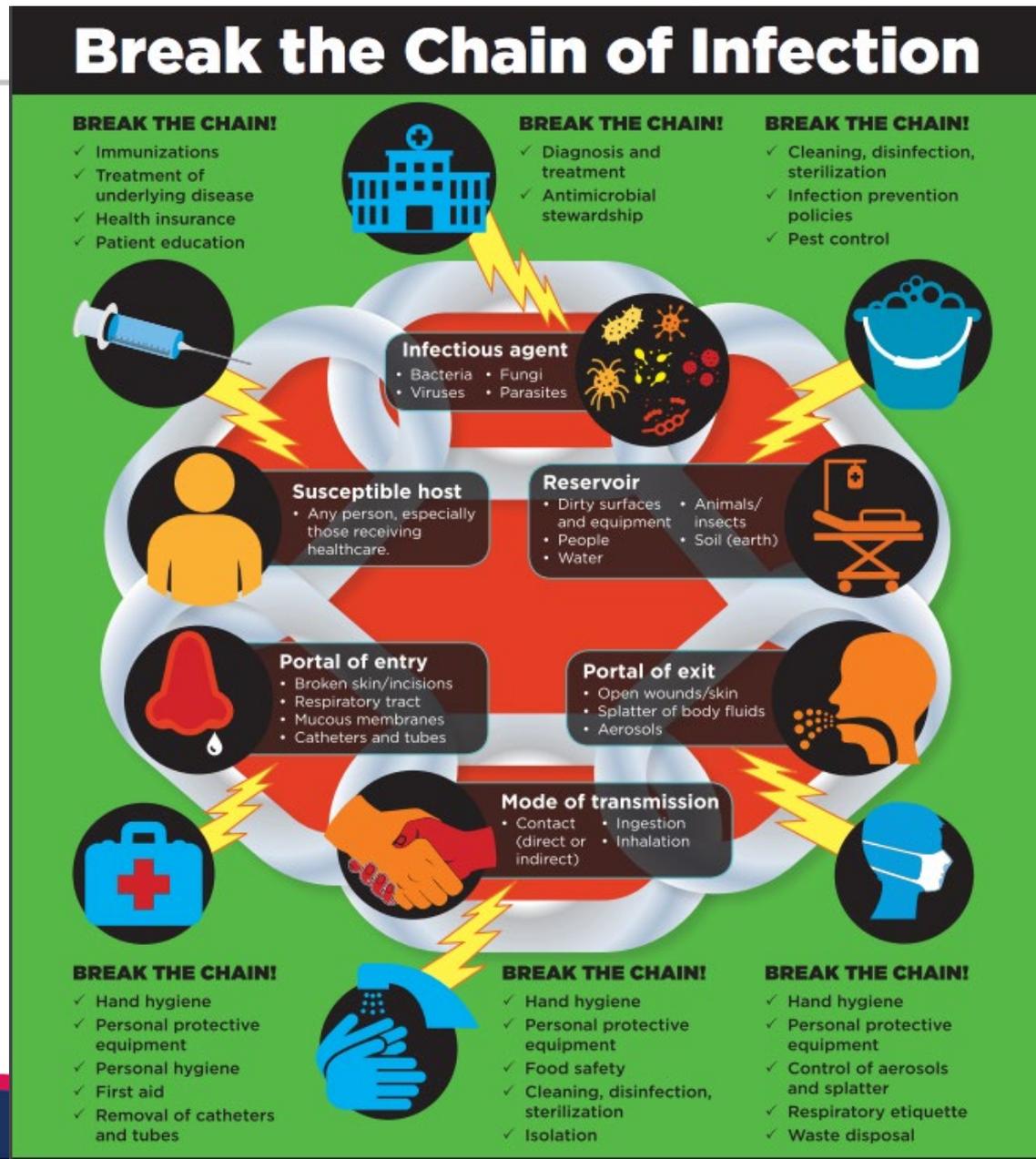
Approx 165,000 HAIs in Australia annually

- Many HAI's are preventable
- Increased length of stay
- Increased healthcare cost
- Unnecessary pain and suffering
- Increased antibiotic usage
- Unplanned procedures
- Increased mortality risk
- Loss of income and social impact



# Chain of infection

Combination of mechanisms to prevent/reduce infections



# Current POW COVID/ARI directive

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## Memo

Executive Unit

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To: ALL PRINCE OF WALES STAFF

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CC:

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From: DR MARTIN MACKERTICH - DIRECTOR OF CLINICAL SERVICES

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Date: 17 JANUARY 2024

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**Subject: PPE USAGE IN CLINICAL AREAS**

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High community prevalence

- Multiple COVID outbreaks and staff illness

I would like to thank everyone for their co-operation with the use of appropriate PPE over the Christmas and New year period.

Unfortunately the numbers of COVID cases in the community and as a result in our patients and staff continues to be at a high level. The hospital continues to have significant numbers of COVID +ve inpatients as well as staffing absences.

Over the holiday period, there were a number of cases of in-hospital transmission impacting on patients and requiring multiple patient movements as well as affecting our ability to staff across all wards.

As a result, the Hospital Executive has decided that we need to continue the current mandatory wearing of surgical masks in all clinical and patient facing areas of the hospital.

At this stage staff are also required to wear surgical masks in communal and shared spaces, particularly confined areas, to prevent transmission between colleagues. This includes shared offices, meetings, tea rooms and the ETR spaces in the ASB.

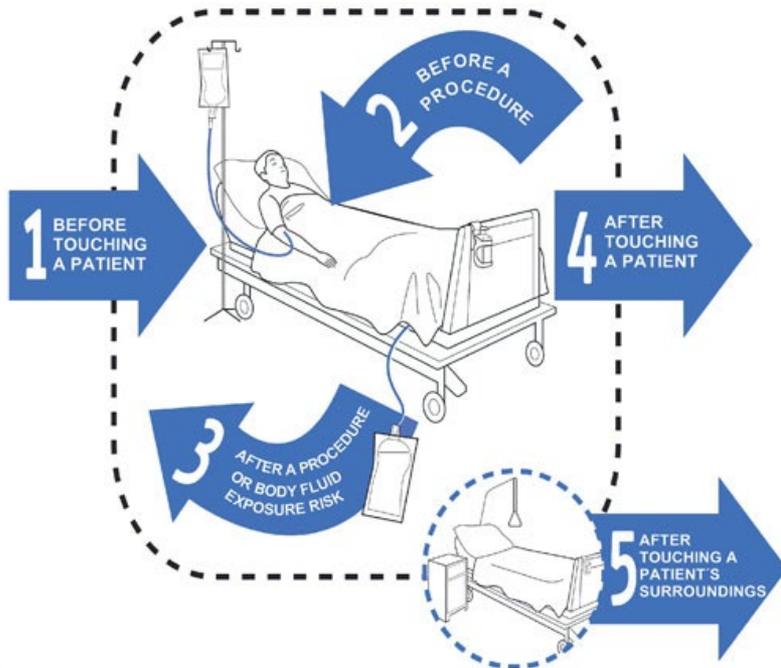
This requirement will be in place until the situation changes and you are advised otherwise.

If you have any questions/concerns please raise them with your department/ward or Programme managers or email me at [martin.mackertich@health.nsw.gov.au](mailto:martin.mackertich@health.nsw.gov.au).

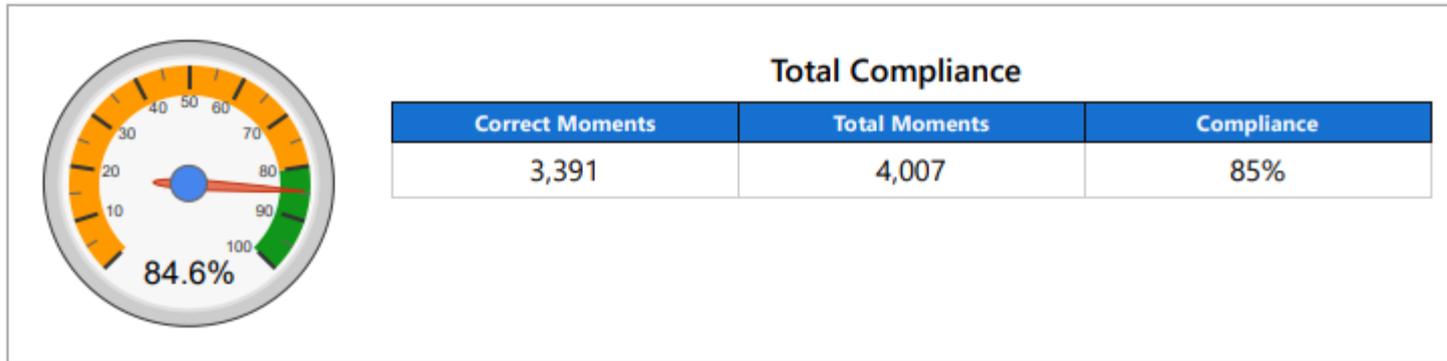
I thank you for your ongoing co-operation and support.

# Standard precautions

**Standard precautions** refer to those work practices that are applied to all regardless of their perceived or confirmed infectious status to ensure the foundations infection prevention and control are implemented



# Hand Hygiene POW – Audit 3 2023



## Compliance by Hand Hygiene Moment

Moment	Correct Moments	Total Moments	Compliance
1 - Before Touching a Patient	950	1,215	78%
2 - Before a Procedure	471	504	93%
3 - After a Procedure or Body Fluid Exposure Risk	475	505	94%
4 - After Touching a Patient	1,039	1,195	87%
5 - After Touching a Patient's Surroundings	456	588	78%



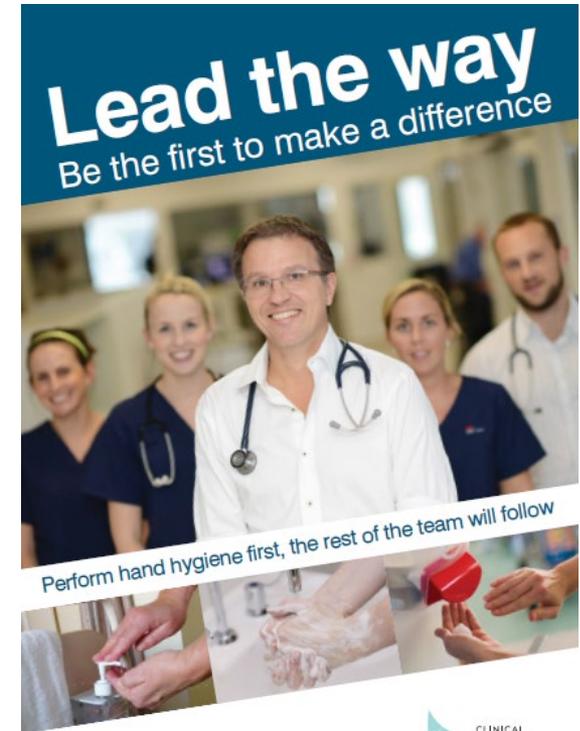
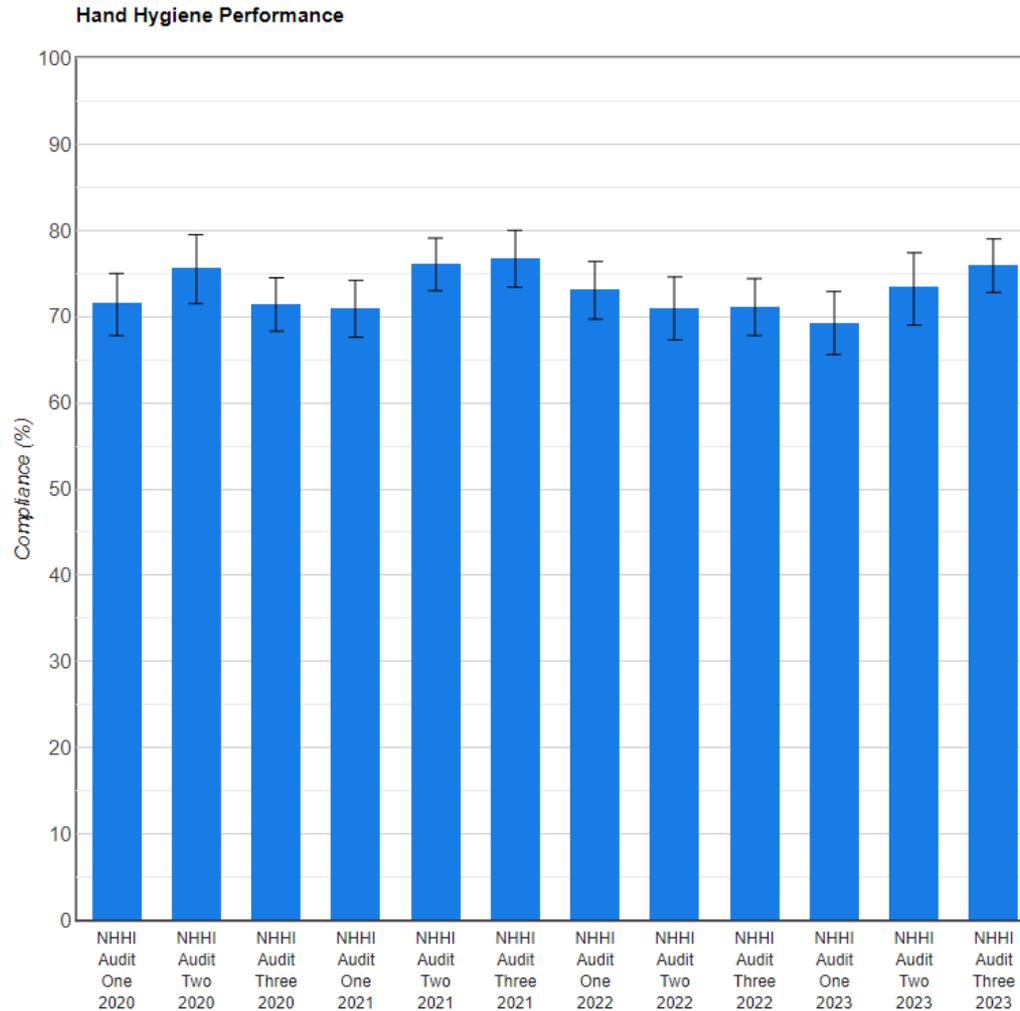
# Hand Hygiene POW – Audit 3 2023

Compliance by Health Care Worker Group

Health Care Worker	Correct Moments	Total Moments	Compliance
Nurse/Midwife	2,404	2,767	87%
Medical Practitioner	398	544	73%
Personal Care Staff	67	82	82%
Allied Health Care Worker	213	242	88%
Administrative and Clerical Staff	2	2	100%
Invasive Technician	36	40	90%
Domestic	41	51	80%
Student Doctor	6	6	100%
Student Nurse/Midwife	128	148	86%
Student Allied Health	20	24	83%
Other - Not Categorised Elsewhere	11	13	85%
Surgeon	12	16	75%
Anaesthetist	34	47	72%
Operations Assistant	11	13	85%
Scout Nurse	2	6	33%
Anaesthetic Nurse	6	6	100%



# POW Medical officer compliance



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# Gloves

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- To reduce the risk of contamination of healthcare worker hands with blood and body fluids, including contact with mucous membranes and non-intact skin
- Overuse in healthcare?
- Contamination of the environment?
- Hand hygiene adequate unless anticipated contact with bodily fluids?

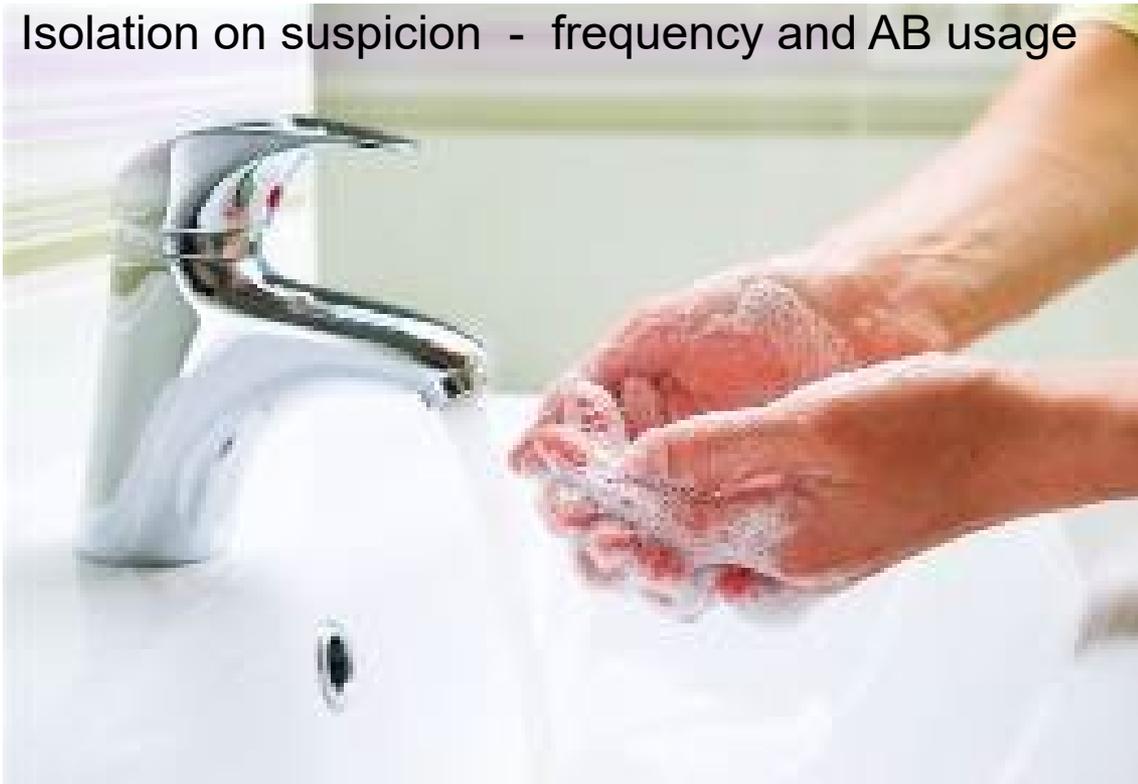


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# C Difficile and Handwashing

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- Alcohol based handrubs are not effective at killing and removing C Diff spores
- Handwashing with soap and H2O in conjunction with glove usage
- Isolation on suspicion - frequency and AB usage



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# Contact precautions

**STOP**  
Visitors  
See a nurse for information before entering the room

For all staff  
**Contact Precautions**  
in addition to Standard Precautions

**Before entering room**

- 1 Perform hand hygiene
- 2 Put on gown or apron
- 3 Put on gloves

**On leaving room**

- 1 Dispose of gloves
- 2 Perform hand hygiene
- 3 Dispose of gown or apron
- 4 Perform hand hygiene

- MRSA
- Scabies
- VRE
- ESBL
- Risk assessment for placement and glove usage
- Strict adherence to hand hygiene

# Droplet precautions

**STOP**  
See a nurse for information before entering the room

**Visitors**  
See a nurse for information before entering the room

For all staff  
**Droplet  
Precautions**  
in addition to Standard Precautions

**Before entering room**

- 1 Perform hand hygiene
- 2 Put on a surgical mask

**On leaving room**

- 1 Dispose of mask
- 2 Perform hand hygiene

- Influenza
- Rhinovirus
- RSV
- hMPV

# Airborne precautions



**STOP** **Visitors**  
See a nurse for information before entering the room

For all staff  
**Airborne Precautions**  
in addition to Standard Precautions

**Before entering room**

- 1 Perform hand hygiene
- 2 Put on N95 or P2 mask
- 3 Perform a fit check of the mask

**On leaving room**

- 1 Dispose of mask
- 2 Perform hand hygiene

**Keep door closed at all times**

- Pulmonary TB
- Chicken Pox
- Disseminated shingles
- Measles

# COVID-19



## Visitors

See a nurse or midwife for information before entering

## For all staff

Contact + Droplet + Airborne Precautions  
In addition to standard Precautions

### Before entering the patient zone

-  perform hand hygiene
-  put on long sleeve impervious gown
-  put on P2/N95 mask
-  put on eye protection
-  perform hand hygiene
-  enter patient zone and put on gloves

### On leaving the patient zone

-  remove gloves and dispose
-  perform hand hygiene
-  remove gown and dispose
-  perform hand hygiene then leave the patient zone
-  remove eye protection
-  perform hand hygiene after cleaning outside eye protector
-  remove mask and dispose
-  perform hand hygiene

- Airborne+ Contact + Droplet Precautions
- Suspect and confirmed infection
- Neg Pressure ideal
- Units on 100% exhaust
- HEPA filters and single rooms



# Personal protective equipment (PPE) Donning and Doffing

Mandatory PPE Donning  
and Doffing training

**Before entering a room**

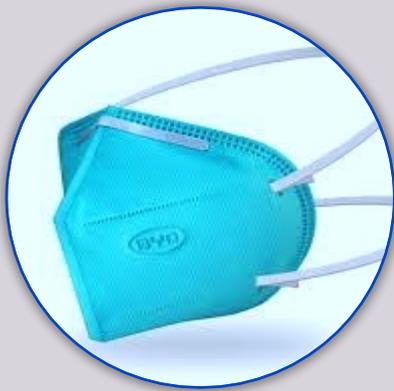
-  perform hand hygiene
-  put on long sleeve impervious gown
-  put on surgical mask
-  put on protective eyewear
-  perform hand hygiene
-  put on gloves

**On leaving room**

-  remove gloves and dispose
-  perform hand hygiene
-  remove gown and dispose
-  perform hand hygiene
-  remove eye protection
-  perform hand hygiene
-  remove mask and dispose
-  perform hand hygiene

# Fit testing

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## Fit testing

- Not required if completed in past 9/12

# Needlestick or BBF splash injury

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1. Apply first aid
  2. Do not squeeze – let injury bleed freely
  3. Report exposures immediately
- Monday to Friday (0800- 1630 hours)  
Page 44186
  - **After hours** - call switchboard via 9 and ask for Needlestick Assessor on call
  - ID on call

If after hours injury please contact IP&C on next working day via phone ext. 22859 and/or advice from ID on call assesor

IIMS+ notification



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# Preventable line related infection(s)?

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## Contributing factors

- Dwell time
- Hand Hygiene
- Aseptic Technique
- Documentation
- Record of PIVC insertion in iView



# Notification

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- Isolation advice
- Deisolation advice
- Recognition of clusters
- Travel history: testing and isolation
- Measles and isolation
- CPE and *Candida auris*



# IP&C - Policies and Procedures

- State, LHD, POW
- Isolation and management
- Notification processes
- Contact IPC as required

The screenshot displays the website for Health South Eastern Sydney Local Health District. The header includes the NSW Government logo and the text 'Health South Eastern Sydney Local Health District'. Below the header, there is a navigation bar with 'Contact SESLHD | SESLHD Internet' and 'ABN 70 442 041 439'. A search bar is located on the right. The main content area features a left-hand navigation menu with categories such as 'Board and Governance', 'Clinical Governance Unit', 'District Clinical Services', 'Corporate & Legal Services', 'Forms and Templates', 'Hospitals/Facilities', 'Our Performance', 'Policies and Guidelines', 'Population and Community Health', 'Staff Help Centre', 'Strategy, Innovation and Improvement', 'Support and District Services', and 'People and Culture (Workforce Services)'. The 'Policies and Guidelines' menu item is expanded, showing sub-items: 'Ministry of Health Policy Directives and Guidelines', 'SESLHD Policies, Procedures and Guidelines Home', 'A-Z', 'Functional Groups', 'National Safety and Quality Health Service Standards', 'SESLHD Archived documents', 'NSW Ministry of Health Archived documents', 'Hospital sites', and 'Draft for Comment'. The main content area includes a banner for 'On the Pulse' with the subtitle 'The latest news across South Eastern Sydney Local Health District', a section for 'Shoebboxes of Christmas joy', and a prominent 'Important COVID-19 Update' banner with links for 'Information' and 'Vaccinations'. Below this, there is a section for 'SESLHD Nursing & Midwifery - Our Strategy for Transforming Person-Centred Cultures 2024 - 2029' and a logo for 'Exceptional Care, Healthier Lives'. A list of documents is provided at the bottom right: 'SESLHD 2022-25 Strategy: Exceptional Care, Healthier Lives', 'Environmental Sustainability', and 'SESLHD Business Plan 2023-24'. The footer of the website features the NSW Government logo and the text 'Health South Eastern Sydney Local Health District'.

# Antimicrobial Stewardship Program

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- Guidance: Clinical Decision Support Tool for Antimicrobial Prescribing

 Discern: (1 of 1)



**RESTRICTED**

**CEFTRIAXONE is a RESTRICTED (YELLOW) antimicrobial.**

Approval is required prior to prescribing.

[CLICK HERE](#) to automatically log into Guidance MS and obtain an approval number.

OK



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# Antimicrobial Stewardship Program

<< Back      Next >>      Start of Guideline

Please note, ceftriaxone is a cephalosporin (beta-lactam) antibiotic and should not be administered to patients with a history of immediate hypersensitivity to penicillins (e.g., anaphylaxis, angioedema, wheeze etc.).

Before proceeding, you may review the list of accepted indications at the right.

If you do not see the indication that you are looking for, you may select **Other**. This requires you to enter your reason for wanting to prescribe the drug and will generate an automatic review by the Infectious Diseases service.

Select a system/site of infection:

Click 'Next' or press 'Enter' to continue

### Ceftriaxone Approvals

Please review the list of accepted indications for the use of ceftriaxone at this hospital.

These indications are based on the **Australian Therapeutic Guidelines: Antibiotic** (eTG June 2019 edition). You will be provided with a direct link to the website when you reach the approval.

System	Indication	Criteria	Duration
Cardiovascular	Aneurysm or Intravascular prosthesis infection		3 days *ext
	Endocarditis or other endovascular infection caused by enterococci		3 days *ext
	Endocarditis or other endovascular infection (including streptococcal and HACEK organisms)		3 days *ext
Central nervous system / Eye	Bacterial meningitis - Empiric treatment		3 days *ext
	Bacterial meningitis - <i>Haemophilus influenzae</i>		7 days
	Bacterial meningitis - <i>Neisseria meningitidis</i>	If nonsevere hypersensitivity to penicillins	5 days
	Bacterial meningitis - <i>Streptococcus pneumoniae</i> (susceptible strain)		7 days *ext
	Brain abscess or Subdural empyema		3 days *ext
	Conjunctivitis - Gonococcal		1 day
	Epidural abscess	Empiric treatment OR proven pathogen with susceptibility	3 days *ext
	Orbital (postseptal) cellulitis		3 days
Ear, Nose and Throat	Periorbital (preseptal) cellulitis	If the patient has concurrent sinusitis or risk factors for <i>H.influenzae</i> type b infection	3 days *ext
	Epi-glottitis		3 days
	Appendicitis, acute	If nonsevere hypersensitivity to penicillins OR gentamicin is contraindicated	3 days
	Ascending cholangitis OR Cholecystitis	If nonsevere hypersensitivity to penicillins OR gentamicin is contraindicated	3 days
	Diverticulitis, severe or complicated	If nonsevere hypersensitivity to penicillins OR gentamicin is contraindicated	3 days
	Liver abscess	If nonsevere hypersensitivity to penicillins OR gentamicin is contraindicated	3 days *ext



# Antimicrobial Stewardship Program

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Select	Drug	Site	ApprovalNo	Duration	Indication	Status	Expiry
<input type="radio"/>	Ceftriaxone	POWH	XXX-2901-0102	3	DAYS Pneumonia, Aspiration - if not responding to empirical CAP or HAP therapy	Expired (Recommend Followup)	01 Feb 2024



# Antimicrobial Stewardship Program

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- Gentamicin & Vancomycin Dose Advisor

Discern: (1 of 1)



## Gentamicin Dose Advisor

Appropriate gentamicin dosing is determined by a patient's weight, BMI and renal function.

Obese patients ( $BMI \geq 30 \text{ kg/m}^2$ ) may require modified aminoglycoside doses.

**Please click the 'Advisor' button to calculate the recommended gentamicin dose for this patient.**

Advisor

OK

# Antimicrobial Stewardship Program

- Gentamicin & Vancomycin Dose Advisor

Gentamicin Advisor - Adults - Nelson, Keith

Performed on: 02/02/2024 15:48 AEDT By: Chieng, Daniel Siew Yip (Pharmacist)

### Gentamicin Dosage Advisor - Adults

**Nelson, Keith** MRN: 10910686 DOB: 05/04/1977 AGE: 46 Years MC: 24929596671  
108 Woodcourt Rd BEROWRA HEIGHTS NSW 2082 SEX: M LOC: ASB7NRESPID POW; -: 32

**Contraindications**

- None
- History of aminoglycoside-induced vestibular or auditory toxicity
- History of a severe hypersensitivity reaction to an aminoglycoside
- Myasthenia gravis

Do not use aminoglycosides

**Precautions**

- pre-existing significant auditory impairment
- pre-existing vestibular condition
- first-degree relative with aminoglycoside-induced auditory toxicity
- chronically impaired kidney function
- rapidly deteriorating kidney function unrelated to sepsis
- frail and elderly (eg 80 years or older)

Aminoglycosides should not generally be used

A single dose of an aminoglycoside can be used

**Actual Body Weight**  kg

**Height (to calculate BMI)**  cm

**BMI**

**IBW**  \*

**Adjusted Body Weight**  \*

**Most recent eMR measurements**

Weight: 68.8 kg (28/01/24 10:21:00)  
Height: 186 cm (20/01/24 17:29:00)  
eGFR CKD-EPI: >90 (01/02/24 14:39:00)

**Calculated Dose**  \*

**Dose Calculation**  kg ×  4 mg/kg  5 mg/kg  7 mg/kg - [septic shock or ICU support] and likely CrCl > 60 mL/min  2 mg/kg - surgical prophylaxis  1 mg/kg - endocarditis =  \*

**Please round dose down to nearest multiple of 40 mg**

\* Right-click in box, then click Reference Text for more dosing information from Therapeutic Guidelines