

## BUNDABERG HEALTH SERVICE DISTRICT

### POSITION DESCRIPTION

<b>POSITION TITLE</b>	<b>Infection Control Clinical Nurse Consultant</b>
<b>VACANCY REFERENCE NO.</b>	
<b>LATTICE POSITION NO.</b>	
<b>LOCATION</b>	Bundaberg Base Hospital.
<b>CLASSIFICATION LEVEL</b>	3
<b>REPORTS TO</b>	Director of Nursing Services
<b>AWARD</b>	Queensland Nurses Award
<b>REVIEW DATE</b>	December, 2005

---

#### PURPOSE OF POSITION

The Infection Control CNC is responsible for:

- Planning, implementing, maintenance, and supervision of an Infection Control program for the Bundaberg Health Service District.
- Coordination of Waste Management Program in collaboration with Safe Practice and Environment Committee
- Coordination of optimal patient care by integrating the role of clinician, consultant, and resource person.
- Promoting and maintaining a safe environment and effective patient care by utilising continuous quality improvement techniques.
- Providing cost-effective care by utilising clinician-led management principles.

#### ROLE OF DEPARTMENT

The Infection Control Program aims to:

- Reduce the incidence of hospital acquired infection
- Ensure appropriate management of clinical, related and general waste
- Improve patient outcomes in collaboration with clinicians
- Prevent infection transmission within the health care facility

#### ORGANISATIONAL ENVIRONMENT

The Bundaberg Health Service District provides comprehensive Hospital and Community based health care. The District consists of Bundaberg City and surrounding coastal towns from Burnett Heads to Woodgate, the towns of Childers, Gin Gin and Mount Perry. There are Hospitals at Bundaberg, Childers and Gin Gin and a Community Health Centre at Mount Perry.

The Bundaberg Hospital campus is a 140-bed facility. The Hospital provides medical, surgical, paediatrics, emergency, intensive/coronary care, day surgery, renal, orthopaedics, diabetes, gynaecology/obstetrics, medical oncology, rehabilitation, allied health and mental health services for the District population.

Community Health Services provided by the District comprises Community Mental Health, Alcohol and Drug, Child & Youth Mental Health, Child Health, Breast Screen, Oral Health and Indigenous Health.

Bundaberg Health Service District has approximately 850 employees.

### **REPORTING RELATIONSHIPS**

- Reports to the Director of Nursing Services.
- Has working relationships with Assistant Director of Nursing, Bed Coordinator and Director of Corporate Services.
- Communications will take place with a number of stakeholders including patients, members of the community, colleagues within the nursing division and medical, operational, housekeeping, catering, dental, breastscan and pathology services .

### **QUALIFICATIONS**

- It is essential that the nurse is registered by the Queensland Nursing Council and holds a current practicing certificate.
- It is highly desirable that the nurse possesses or is working towards a certificate/diploma in Infection Control.

### **SPECIFIC DELEGATIONS/ACCOUNTABILITIES**

- Accountable for a safe standard of care.
- Assumes responsibility for own actions.
- Performs continuous quality improvement activities including performance indicators for unit, performance appraisals, incident monitoring, audits, policy review, evidence based practice and orientation of new staff.
- Accountable for the management of the resources of the unit utilising the principles of clinician-led management.
- Accountable for the management of the unit within the financial delegations/guidelines to achieve activity/target outcomes.
- Accountable for the provision of a monthly report on budget expenditure to the Director of Nursing Services.
- Accountable for completion of a yearly Infection Control Management Plan.
- Delegation of recurrent funding \$1000
- Delegation for non-recurrent funding \$1000.

### **PRIMARY DUTIES/RESPONSIBILITIES**

- Provide inservice to all staff to ensure infection control educational needs are met.
- Provide inservice to all staff to ensure waste management educational needs are met.

- Participate in the evaluation of new products within the health service.
- Maintain an Infection Control Policy manual in accordance with evidence-based literature, current legislation and guidelines.
- Develop and maintain a system of recording, reporting and evaluating hospital-acquired infections.
- Undertake research projects as identified through the surveillance and monitoring program
- Establish and monitor performance indicators
- Maintain own professional and clinical competence through inservice programs and conferences.
- Actively participate in a working environment that supports quality human resource management practices including workplace health and safety, employment equity, antidiscrimination and ethical behaviour.
- Provide expert advice on infection control issues within the facility and in the community as required
- Actively support the concept of quality improvement by coordinating and conducting quality activities pertaining to infection control
- Relieves in higher positions as required

### **ADDITIONAL INFORMATION**

Queensland Health is a "smoke free" employer. Smoking is not permitted in any Queensland Health facility except where specifically defined.

The Bundaberg Health Service District requires all employees to adopt appropriate and recognised measures to minimise the risk of infection and workplace injury to themselves, other staff and clients and to adhere to the Districts Infection Control Policy Manual and Workplace Health and Safety policies and practices.

A Bundaberg Health Service District *Confidential Agreement* is to be signed upon appointment.

*The Bundaberg Health Service District is an Equal Employment Opportunity Employer*

*Applicants must address each selection criterion.*

### **SELECTION CRITERIA**

- |              |  |
|--------------|--|
| <b>KSC 1</b> | Demonstrated competence in patient-focussed care and problem solving skills at an advanced level in a specific field of practice.                                |
| <b>KSC 2</b> | Demonstrated ability to contribute to efficient and effective management of resources  |
| <b>KSC 3</b> | Demonstrated ability to provide nursing leadership and high level of communication while working as an autonomous practitioner within a multidisciplinary field. |
| <b>KSC 4</b> | Demonstrated knowledge of and involvement in:<br>Quality improvement<br>Research<br>Staff Development  |

**KSC 5**

Demonstrated ability to actively participate in quality human resource management practices including Workplace Health and Safety, Employment Equity, Anti-Discrimination and ethical behaviour.

6A2

**From:** Gail Aymer  
**To:** Allan, Liz; Baxter, Sharon; Hoffman, Toni; Jenkin, Di; Kuhnel, Faye; McDermid, Gwenda; Robinson, Ann; Smith, Karen; Tilsed, Joy; White, Jennifer; Williams, Janice  
**Date:** 3/07/2003 12:13pm  
**Subject:** wound dehiscence

Hi all

I am (as I know a number of you are as well) becoming increasingly concerned re the number of wound dehiscence that have occurred over the last 6 - 8 weeks. While it does not appear that the dehiscence is relating to infection, this needs to be investigated further to identify the cause/s.

Things to consider for example include - how frequently this is occurring? what type of surgery is involved? how many days post-op did the dehiscence occur? who the surgeon, assistants, scrub nurse etc were? what theatre did the surgery occur in? what ward they were nursed on? etc etc

I have investigated a couple, and in those cases the primary post-op dressing was left intact for >24hrs, thereby allowing for a reasonable wound union to occur before the ward staff came near the wound.

Can I ask you to gather any data you may have and come to the Seminar Room Monday 7 July at 0900hrs so we can investigate this situation further. At this stage I have not invited any medical officers.

thanks  
Gail

Gail Aymer  
Infection Control Coordinator  
Bundaberg Health Service District  
Bundaberg Base Hospital  
PO Box 34  
BUNDABERG Q 4670  
Ph: 4150 2273  
Fax: 4150 2309

**CC:** Goodman, Glennis; Kennedy, Carolyn

## REPORT TO LEADERSHIP AND MANAGEMENT

7 July 2003

### Infection Control

**Statistics** – Surgical Site Surveillance for May 2003

#### **Vaccine Cold Chain**

- Audit conducted last week by Public Health of the 5 vaccine fridges, and Childers. Gin Gin and Mt Perry audited earlier in June – awaiting Report
- Requires a policy – department protocols

#### **Reporting from Rural Facilities**

- Current reporting process flawed – indicated that Childers had an infection rate of 39.5% - will consult with rural facilities and develop a standardised reporting tool for them

#### **Occupational Exposures**

- Updating the info currently supplied
- Will supply 'Occupational Exposure Kits' to DEM – complete with policy, info and path forms

#### **Wound Dehiscence**

- Concern re high number of abdominal wound dehiscence since early May - currently investigating 13 patient charts at the moment ? technique ? fault with closure product used
- Would like to implement that all wound dehiscence in the future are automatically swabbed for culture (& sensitivity).

#### **Education Program**

- Handwashing – all clinical staff
- Infectious patients – for clinical and non-clinical staff

#### **Waste Management**

- currently reviewing location and size of waste bins in clinical areas – 3<sup>rd</sup> floor

#### **Product Review**

- Haemolancets – safe retractable – low/med/high flow
- NGT / feeding tube attachment device – currently surveying ICU / Surgical / Medical ward staff

#### **Professional Development**

- 4 days training at Brisbane Chest Clinic

**Report compiled by:**

Gail Aylmer

CNC Infection Control

6A4

## Wound Dehiscence Report

May 2003 to June 2003

UR No	Pt's DOB	Surgeon & Assist	Adm date	Disch date	Re-adm	Initial Surgery	Date	Date of dehiscence	Wound swab	Comments
130224	22/12/39	Drs Patel & Igras	5/6/03	Transf to Mater Brisbane 20/6/03	No	Oesophago-gastrectomy	6/6/03	12/6 & 16/6	Yes 17/6 → see attached path form	12/6 → OT resuturing & washout of abdo wound dehiscence 16/6 → OT repair wound dehiscence & washout → OT exploratory Laparotomy, repair of leaking jejunostomy
128142	19/6/25	Drs Patel, Igras & Britten	26/6/03	2/7/03	Yes 3/7/03 Day 7 post-op	Sigmoid colectomy & High Ant Resection	26/6/03	3/7/03	No	3/7/03 dehiscence with greater omentum protruding from wound → OT resuturing & washout of abdo wound dehiscence
012769	13/9/24	Drs Patel & Igras	26/5/03	4/6/03	No	Sigmoid Colectomy	26/5/03	30/5/03	No	30/5 bowel visible through staple line (1 staple embedded in bowel) → OT suturing wound dehiscence
071453	30/10/27	Drs Patel & Igras	20/5/03	14/6/03 RIP	No	Sigmoid Colectomy & colostomy	23/5/03	30/5/03	No	30/5 → OT repair of abdo wound dehiscence

9A4

6A

# REPORT TO LEADERSHIP AND MANAGEMENT

2 November 2003

## Infection Control

- Infection Control Management Plan – to be evaluated SP&E May 2004

### Surveillance follow-up post-discharge

#### Options

- Continue as is
- Ask MOs to notify IC CNC
- Give package to patients on-discharge includes follow-up letter with return envelope, wound info

### Education Program

- Education for non-clinical staff - isolation practices – 12 sessions in October
- Plan in place to commence monthly Infection Control education sessions for all non-clinical staff in January 2004. Will precede WH&S.
- Plan in place to commence in January 2004, quarterly Infection Control sessions for Allied and Community Health staff
- Competency for wearing Personal Protection Equipment (PPE) – hope to complete before Christmas
- Laminated cards – occupational exposure & waste segregation – to be distributed this month
- Better signage & quick reference guide for isolation procedures – commencing education for nursing staff Thursday – focus on areas with isolation rooms first.
- International Infection Control Week in October – foyer display & in excess of 100 staff undertook hand-washing 'glitterbug' test
- BBV Promotion – in collaboration with Q Clinic

### Vaccine Cold Chain

- BFU fridge replacement fridge ordered. Q Clinic & Mt Perry have purchase details - need replacement in the long-term.
- All nursing staff sent individual letter highlighting the importance of Cold Chain management and reinforcing the appropriate response when a breach in the Cold Chain occurs.
- Asked all dept heads to ensure their unit protocols have been updated, and that Cold Chain is mentioned in their orientation booklets

### Occupational Exposures

- Waiting times in DEM (previously approx 2 hrs) decreased to average 30 mins. Protocol & info letter for staff.

### Staff Health

- Latex sensitivity register – memo to staff
- Review vaccination status for certain staff – i.e plumber's assistant, paed's staff

## Waste Management

- Sharps audit in December with Rep
- Nifty nabber & policy – inservice this week with Gardening staff
- Sharps disposal bins to be placed in public toilets & replace existing ones near ATODS. Awaiting info from Collex re outside sharps disposal bin/s

27



- Saniflash

<b>Product Review</b>
-----------------------

- Disposable plastic gowns
- Hollister tube attachment device

**Report compiled by:**

Gail Aylmer

CNC Infection Control

GA

GAG

**From:** Robyn Pollock  
**To:** Gail Aylmer  
**Date:** 25/11/2003 11:48am  
**Subject:** Doctors don't have GERMS

Gail, We had the delightful Dr Patel here today attempting to fix a central dialysis catheter. The nursing staff are always very strict with using aseptic technique accessing these catheters, sterile gloves etc. The nursing staff mentioned to Dr Patel as he was about to access one of these lines the need for sterile gloves, handwash. He refused stating "Doctors hands don't have germs". This just isn't good enough! what can we do. Robyn

GAG

- 7

**From:** Gail Aylmer  
**To:** Keating, Darren  
**Date:** 3/12/2003 3:37pm  
**Subject:** Renal

hi Darren

I spoke to Robyn in renal about your meeting with Dr Patel. She and the 3 staff members that witnessed the situation obviously do not agree with Dr Patel's version of the situation, however they are pleased you have spoken to him about this.

Just FYI because I think it should be noted, Dr Patel visited the unit today and said that he has "had enough of renal and he wasn't going to do it anymore".

Gail Aylmer  
Infection Control CNC  
Bundaberg Health Service District  
Bundaberg Base Hospital  
PO Box 34  
BUNDABERG Q 4670  
Ph: 4150 2273  
Fax: 4150 2309

PS

**From:** Gail Aylmer  
**To:** Callanan, Beryl  
**Date:** 3/12/2003 3:39pm  
**Subject:** Fwd: Renal

Hi Beryl

just to keep u in touch with the Dr Patel thing - basically he denied it by the sounds (no surprise). I have forwarded u a further email I sent Darren just FYI

Gail

Gail Aylmer  
Infection Control CNC  
Bundaberg Health Service District  
Bundaberg Base Hospital  
PO Box 34  
BUNDABERG Q 4670  
Ph: 4150 2273  
Fax: 4150 2309

GA

# **BUNDABERG HEALTH SERVICE DISTRICT RECORD OF MEETING**

Meeting of: Infection Control Committee

Meeting No: 09/03

Date: 22 September 2003

Start Time: 1335hrs

Present: J White, C Kennedy, R McDermid, W McLucas, G Aylmer (insufficient numbers for a quorum)

Apologies: J Kirby (P Heath) and Annette Baldry

Confirmation of Minutes:

Seconded:

Minute Taker: R McDermid

Correspondence: Nil

STANDING AGENDA ITEMS		
Item No.	Topic	Discussion
09/03-1	Reports	<ul style="list-style-type: none"> <li>Report process from Rural Facilities restructured</li> <li>Reports from Childers and Gin Gin received and presented. Mainly nursing home type patient infections, and any infection in acute patients generally were transfers</li> <li>0% infection rate for Bundaberg Surgical site surveillance for July</li> <li>discussion followed about deciding on new clinical indicators, difficulty in post-discharge follow-up and about signal surveillance that is currently undertaken.</li> </ul>
09/03-2	Quality Management	<ul style="list-style-type: none"> <li>Gail reported that we still require a number of policies – these include <ul style="list-style-type: none"> <li>Outbreak management</li> <li>Spills management</li> <li>Screening for Significant Organisms</li> <li>Collection of specimens</li> <li>SARS</li> </ul> </li> </ul>
09/03-3	Waste Management	<ul style="list-style-type: none"> <li>Gail passed on from Narelle issues Gin Gin was having in regard to</li> </ul>
		<p>Agreed Action, Person Responsible, and Time Frame</p> <ul style="list-style-type: none"> <li>Gail to finalise paperwork for rural facilities</li> <li>Gail will commence giving a monthly Signal Surveillance report</li> <li>Gail to continue to liaise with infection control network in regard to any new initiatives in post-discharge surveillance</li> <li>Gail to formulate and present at next Infection Control meeting</li> </ul>
		<ul style="list-style-type: none"> <li>Narelle to implement locally</li> </ul>

		disposal of oxygen/IV tubing etc at the local dump. Received complaint from council concerned that IV drug users were removing the tubing etc. Gail had discussed with Peter Heath and Christian Pattinson (CZ Waste Coordinator) - due to small amount of contaminated waste Gin Gin has, these items can go into contaminated waste bins. Peter Heath asked that Christian discuss issue with council and do an audit in the future.	
09/03-4	CSSD	<ul style="list-style-type: none"> <li>Disposal of kitchen oil from Gin Gin - approval for a local farmer to dispose of same</li> <li>Raelene expressed concern re Air Viva bags/ laryngoscope blades being hand-washed in the ward and not being sent to CSSD for decontamination</li> <li>Memo to be distributed listing items for decontamination etc. If compliance did not improve following memo, we discussed sending a letter to the Clinical Service Forums to assist in staff compliance</li> </ul>	<ul style="list-style-type: none"> <li>Carolyn and Raelene to do a memo to staff giving them guidelines.</li> <li>Contact educators in regard to providing education for staff who do not use a reservoir bag on their air vivas</li> <li>Jenny and Gail to look at purchase of disposable equipment for arrest trolleys</li> </ul>
09/03-5	Environmental Audits	<ul style="list-style-type: none"> <li>Cleaning Services Supervisor not in attendance - all audits presented had been followed up and completed.</li> </ul>	
<b>BUSINESS ARISING</b>			
03/03-1	Anaesthetic equipment from Special Care Nursery - BFU	<ul style="list-style-type: none"> <li>Carolyn read response and noted NUM's concern re return of equipment - memo (as mentioned above) will address this issue</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> </ul>
07/03-6	Terms of Reference & review of membership	<ul style="list-style-type: none"> <li>Letter not sent as yet to representatives from medical and surgical ward</li> </ul>	<ul style="list-style-type: none"> <li>Gail to discuss with NUMs from both areas</li> </ul>
<b>NEW BUSINESS</b>			
<b>Item No.</b>	<b>Topic</b>	<b>Discussion</b>	<b>Agreed Action, Person Responsible, and Time Frame</b>
09/03-6	CHRISP Report	<ul style="list-style-type: none"> <li>Data from report presented - due to small number of cases, very difficult to draw any conclusions, however our rates fall well within acceptable ranges</li> <li>Gail has presented to L&amp;M</li> </ul>	<ul style="list-style-type: none"> <li>Gail to present to ASPIC</li> </ul>
09/03-7	Vaccine Fridge Audit Report	<ul style="list-style-type: none"> <li>Reasonable outcome from auditor. Only one fridge (BFU) fridge requires replacement within 6 - 12 months, and 2 fridges (Q Clinic and Mt Perry) both are highlighted as requiring long-term replacement. Only require telephone audit in future. Cold Mark monitors and instructions have been distributed, and the Immunisation Coordinator for zone has given extra education.</li> </ul>	<ul style="list-style-type: none"> <li>Gail to provide education to pharmacy delivery staff</li> </ul>
09/03-8	Protocol for DEM re waiting times for staff following	<ul style="list-style-type: none"> <li>Since implementation of new kits, it has been identified that staff can spend up to 2 hours in DEM following an occupational exposure. Gail</li> </ul>	<ul style="list-style-type: none"> <li>Gail to develop protocol for DEM. Also educate Triage nurses and inform all staff in area of new protocol</li> </ul>

	Occupational Exposures	took this to L&M – outcome that staff are to be seen asap	
09/03-9	Isolation Signage	<ul style="list-style-type: none"> <li>Gail presented signage used by some to the Brisbane hospitals. To introduce locally as STOP and Protective equipment required signs are very clear and would be 'universally understood'. Has L&amp;M approval.</li> </ul>	Gail to introduce signage – requires aluminium frames to be placed on appropriate 1/4 doors of the isolation rooms. Gail to check with workshop
09/03-10	Competency for wearing of Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> <li>Important to ensure staff know not only what equipment is available, but also how to wear and remove same safely. Gail has L&amp;M approval to introduce a competency for this</li> </ul>	Gail to proceed with developing competency
09/03-11	Education for non-clinical staff in regard to Isolation Practices	<ul style="list-style-type: none"> <li>Gail conducting 8 sessions with operational and housekeeping staff, and 4 sessions for catering staff. Important that staff understand modes of transmission and basic isolation practices</li> </ul>	Gail conducting education during October
09/03-12	International Infection Control Week	<ul style="list-style-type: none"> <li>Week 20 to 26 October – theme is 'Lend health care a hand by washing yours'.</li> </ul>	Gail to focus on handwashing in as many departments as possible during this time
09/03-13	'Bug Busters'	<ul style="list-style-type: none"> <li>Looking a clinical portfolios for clinical areas – utilise resource people</li> </ul>	Gail to discuss with NUMs

Meeting Closed: 1435hrs

Next Meeting: 23 October 2003

23

# BUNDABERG HEALTH SERVICE DISTRICT RECORD OF MEETING

Meeting of: Infection Control Committee

Meeting No: 12/03

Date: 9 December 2003 (November mtg cancelled)

Start Time: 1335hrs

Present: C Kennedy, A Baldry, Y Spokes, R McDermid, J White, G Aylmer

Apologies: P Heath

Confirmation of Minutes: Raelene McDermid

Seconded: G Aylmer

Minute Taker: R McDermid

Correspondence: Nil

STANDING AGENDA ITEMS		
Item No.	Topic	Discussion
10/03-1	Reports	<ul style="list-style-type: none"> <li>Reports presented. Nil significant.</li> <li>Gail discussed new approach to obtaining information on post-discharge surgical site surveillance. Dr Patel has agreed to trial a process where the Medical officers seeing the patients at follow-up visits will complete an Infection Control form. This form will indicate whether or not the patient has had a post-op wound infection. In the attempt to capture all patients, Gail will still send letters out to those patients who the doctor does not complete a follow-up form for.</li> </ul>
10/03-2	Quality Management	<ul style="list-style-type: none"> <li>Discussed survey recommendations</li> </ul>
10/03-3	Waste Management	<ul style="list-style-type: none"> <li>Gail reported sharps bins will be fitted soon in public toilets in foyer and in DEM and near ATODS and downstairs from ATODS.</li> <li>Close to installing outside sharps bins - will be placed near Rose Garden entry &amp; at bottom of concrete steps near back of ATODS. Gail</li> </ul>
		<p><b>Agreed Action, Person Responsible, and Time Frame</b></p> <ul style="list-style-type: none"> <li>Gail to develop an appropriate form and distribute to surgical teams - to commence January 2004 and report back progress at future meetings</li> <li>Gail to address recommendations as appropriate and report back progress at future meetings</li> <li>Gail to send letter to IC CNC at Fraser Coast re dental services</li> <li>Gail to report progress at next meeting</li> </ul>



		Gin and Childers are both getting a bin each - location selected - awaiting arrival of bins through Needle & Syringe Program.	
09/03-4	CSSD	<ul style="list-style-type: none"> <li>Pupil nurse x 2 placement. No problems as yet with linen room ceiling leaking due to rain.</li> </ul>	<ul style="list-style-type: none"> <li>Raelene to feedback at next meeting whether memo regarding decontaminating equipment has improved compliance with clinical staff</li> </ul>
09/03-5	Environmental Audits	<ul style="list-style-type: none"> <li>Nil presented this month</li> </ul>	
<b>BUSINESS ARISING</b>			
<b>Item No.</b>	<b>Topic</b>	<b>Discussion</b>	<b>Agreed Action, Person Responsible, and Time Frame</b>
09/03-3	Waiting times for staff in DEM post occupational exposure	<ul style="list-style-type: none"> <li>Complete</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> </ul>
09/03-4	Isolation Signage	<ul style="list-style-type: none"> <li>Complete. Infection Control competition "who is the face behind the mask" was successful</li> <li>Catering staff have obtained competency.</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> </ul>
09/03-5	Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> <li>Complete. Ongoing education starting monthly 2004</li> </ul>	<ul style="list-style-type: none"> <li>Gail to contact Yvonne re training of housekeeping staff</li> </ul>
09/03-11	Education for non-clinical staff in regard to Isolation Practices	<ul style="list-style-type: none"> <li>Complete</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> </ul>
09/03-13	'Bug Busters'	<ul style="list-style-type: none"> <li>Discussed value of role</li> </ul>	<ul style="list-style-type: none"> <li>Gail to follow-up with some allied health areas as well</li> </ul>
10/03-1	Ongoing Infection Control education for clinical & non-clinical staff	<ul style="list-style-type: none"> <li>Complete</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> </ul>
<b>NEW BUSINESS</b>			
<b>Item No.</b>	<b>Topic</b>	<b>Discussion</b>	<b>Agreed Action, Person Responsible, and Time Frame</b>
12/03-1	Infection Control Management Plan 2003-2004	<ul style="list-style-type: none"> <li>Tabled as some small changes to plan have been made</li> </ul>	<ul style="list-style-type: none"> <li>Agreed Action, Person Responsible, and Time Frame</li> <li>Peter Heath to take to L&amp;M</li> </ul>
12/03-2	Holiday Reliever	<ul style="list-style-type: none"> <li>Gail discussed closure period. To ask Liz Allan to respond to any occupational exposures during this time. Both Carolyn and Raelene are available to support staff with infection control issues over this time. Memo with contact details will be circulated. Cameron Duffy relieving Gail for 2 weeks starting 19 January 2004.</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> </ul>

Meeting Closed: 1400hrs

Next Meeting: 24 February 2004 (no January meeting)

## Specialist Out-patients Post-Operative Follow-up

Clinic Date: \_\_\_\_\_

UR NUMBER	PATIENT'S SURNAME	PROCEDURE	INFECTION?		
1.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
2.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
3.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
4.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
5.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
6.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
7.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
8.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
9.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
10.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
11.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
12.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
13.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
14.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
15.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
16.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
17.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
18.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
19.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
20.			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
<b>Please send this form to INFECTION CONTROL</b>					

*6/7*

# **BUNDABERG HEALTH SERVICE DISTRICT RECORD OF MEETING**

Meeting of: Infection Control Committee

Meeting No: 08/04

Date: 24 August 2004

Start Time: 1330hrs

Present: Carolyn Kennedy, Gail Aylmer, Raelene McDermid, Peter Heath, Yvonne Spokes

Apologies: Annette Baldry

Confirmation of Minutes: Carolyn Kennedy

Minute Taker: Raelene McDermid

Seconded: R McDermid

Correspondence: Nil

STANDING AGENDA ITEMS for Criterion 5.1.3		
Item No.	Topic	Discussion
06/04-1	Reports	<ul style="list-style-type: none"> <li>CHRISP data presented – reasonable comparison for BBH against 23 other QH hospitals</li> <li>ICAT data reviewed for June and July 04</li> <li>Gin Gin report – only one Long stay chest infection</li> </ul>
06/04-2	Quality Management	<ul style="list-style-type: none"> <li>IV Cannulation – completed in the last month and sent to Continuum of Care Committee.</li> </ul>
06/04-3	Waste Management 5.1.9	<ul style="list-style-type: none"> <li>New 'know what bins to throw it in' signs placed around BBH that reflects new allowances by city council</li> <li>Shawn working on increasing quantity of items that can be recycled</li> <li>October waste audit planned</li> </ul>
06/04-4	CSSD	<ul style="list-style-type: none"> <li>SRACA Conference update – Keynote speaker announced that use of linen drapes will eventually (approaching 2007) not meet standards, therefore need to consider disposable drapes in the future</li> <li>gowns – brought a sample of a long sleeve disposable gown - \$1 each/pack 75. Comes in 2 sizes – Kimberley Clark</li> <li>updating trays – commenced process of reviewing trays to meet new standards</li> <li>Loan sets – new trial in place for loaner kits looking at weight load of carry kits being excessive for staff to handle</li> </ul>
		Agreed Action, Person Responsible, and Time Frame
		<ul style="list-style-type: none"> <li>Nil action</li> </ul>
		<ul style="list-style-type: none"> <li>Gail to check up on progress of other policies to ensure they have been signed off</li> <li>Gail to move toward organising October audit</li> </ul>
		<ul style="list-style-type: none"> <li>Gail and Raelene to compare cost of existing disposable long-sleeved plastic gown to this Kimberley Clark gown</li> </ul>

BUSINESS ARISING from Criterion 5.1.3			
Item No.	Topic	Discussion	Agreed Action, Person Responsible, and Time Frame
01/04-1	Negative pressure rooms	<ul style="list-style-type: none"> <li>Geoff Hill is hopeful the medical ward negative pressure rooms will be functional in the second week of September</li> </ul>	<ul style="list-style-type: none"> <li>Gail to follow-up and report back to committee</li> </ul>
06/04-5	Committee Membership	<ul style="list-style-type: none"> <li>NUM ICU and Medical Ward, plus CN from Surgical have agreed to join committee</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> </ul>
NEW BUSINESS from Criterion 5.1.3			
08/04-5	Frequency of Meetings	<ul style="list-style-type: none"> <li>This topic has been discussed again – all present agreed that a 2<sup>nd</sup> monthly meeting was appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Gail to make changes to Terms of Reference and notify all members. Complete</li> </ul>
08/04-6	Linens management – mesh bags	<ul style="list-style-type: none"> <li>Gail discussed problems with overloading mesh bags. New signage being erected by Infection Control giving staff specific guidelines to follow</li> </ul>	<ul style="list-style-type: none"> <li>Gail to followup outcome of signage</li> </ul>
08/04-7	Implementation of QH Immunisation policy	<ul style="list-style-type: none"> <li>Gail to alert NUM on surgical ward to purchase more mesh bags as this ward is often overloading bags – on investigation by ICC, no more mesh bags could be located to correct problem</li> <li>Will accept HepB titre as evidence of immunisation.</li> <li>Difficulties arise when new staff member claims to have not seroconverted. Until further advice comes from QH, then will accept a stat dec from employee listing what HepB immunisation they have had to date.</li> <li>For applicants who are not vaccinated, they will be required to sign a form agreeing to HepB vaccination, and covering the costs involved.</li> </ul>	<ul style="list-style-type: none"> <li>Gail to discuss with all NUMs to ensure they have sufficient mesh bags on hand for staff to use</li> </ul>
08/04-8	CHRISP data	<ul style="list-style-type: none"> <li>Reasonable comparison with other QH hospitals</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> </ul>
08/04-9	Difficulties with post-discharge followup	<ul style="list-style-type: none"> <li>Discussed. Poor compliance by medical staff – stated “did not see the need to do post-op surveillance”</li> </ul>	<ul style="list-style-type: none"> <li>Gail seeing Dr Keating next week. Will feed back to committee at next meeting</li> </ul>
08/04-10	IV Cannulation – dressings	<ul style="list-style-type: none"> <li>Discussed. Staff unhappy with current dressing as is not secure. ICC has been checking with other facilities what IV dressing material they use. The only other item on contract is unsatisfactory.</li> </ul>	<ul style="list-style-type: none"> <li>Gail to feed back to committee at next meeting</li> </ul>
08/04-11	Signal surveillance workshop for Gin Gin & Childers	<ul style="list-style-type: none"> <li>Workshop on 8<sup>th</sup> October to implement new tool for surveillance in sites that do not use CHRISP. Workshop will be held in Bundaberg and participants will come from other wide bay facilities.</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> </ul>
08/04-12	Holiday Relief	<ul style="list-style-type: none"> <li>ICC going on 3 weeks leave in September. Cameron Duffy relieving in position. As Cameron unable to do stats, will focus on waste management education, updating non-clinical staff's PPE competency and conducting hand hygiene education sessions.</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> </ul>

Meeting Closed: 1430hrs

Next Meeting:

26 October 2004

20

# REPORT TO LEADERSHIP AND MANAGEMENT

August 2004

## Infection Control

- July ICAT report – joint infections
- CHRISP Report – reasonable comparison for BBH against 23 QH facilities. Must remember data set is small and the data should only be used as a guide.
- Post Discharge follow-up – difficulties with capturing this data – seeing Darren later
- Signal Surveillance – workshop on 8<sup>th</sup> October to implement new tool for surveillance in sites that do not use CHRISP. Workshop will be held in Bundaberg
- Medical Ward Negative Pressure Rooms – prediction that rooms will be functional 2<sup>nd</sup> week of September. Extra medication cupboards fitted into wall outside room.
- IV dressings – need to improve current IV practices.
- Mandatory HepB evidence of immunisation – will now just accept a titre. Difficulties arise when new staff claim to have not seroconverted - ?stat dec until otherwise advised by QH
- Overfilling of linen mesh bags - signage providing specific guidelines – asked NUMs to order additional bags if necessary.
- Frequency of Infection Control meetings – moved to 2<sup>nd</sup> monthly
- Printer - now receive path reports via sexual health printer
- Holiday relief – 10 Sept to 5 October – Cameron Duffy.
- ?Outcome from Macerator Business Case

## Waste Management

- 3 day Hospital waste audit in late October
- Shawn moves to increase recycling
- New signage reflecting the city council extra allowances in place at BBH.
- Focus on waste segregation education in September
- Red Cross are going to dispose of their own clinical waste – using Collex

## Product Review

- Currently reviewing dressing materials used
- Revising forms relating to purchase of new products and product trial forms

Gail Aylmer  
CNC Infection Control

## Post-Operative Follow-Up

Date: .....

Surname: ..... U/R No: .....  Given Names: .....  Sex: ..... DOB: .....  (Affix Patient Identification Label Here)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">Wound Infection?</td> </tr> <tr> <td style="width: 33%; text-align: center; padding: 5px;">No <input type="checkbox"/></td> <td style="width: 33%; text-align: center; padding: 5px;">Yes <input type="checkbox"/></td> <td style="width: 33%; text-align: center; padding: 5px;">Wound swab <input type="checkbox"/></td> </tr> </table>	Wound Infection?			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
Wound Infection?							
No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>					

Surname: ..... U/R No: .....  Given Names: .....  Sex: ..... DOB: .....  (Affix Patient Identification Label Here)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">Wound Infection?</td> </tr> <tr> <td style="width: 33%; text-align: center; padding: 5px;">No <input type="checkbox"/></td> <td style="width: 33%; text-align: center; padding: 5px;">Yes <input type="checkbox"/></td> <td style="width: 33%; text-align: center; padding: 5px;">Wound swab <input type="checkbox"/></td> </tr> </table>	Wound Infection?			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
Wound Infection?							
No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>					

Surname: ..... U/R No: .....  Given Names: .....  Sex: ..... DOB: .....  (Affix Patient Identification Label Here)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">Wound Infection?</td> </tr> <tr> <td style="width: 33%; text-align: center; padding: 5px;">No <input type="checkbox"/></td> <td style="width: 33%; text-align: center; padding: 5px;">Yes <input type="checkbox"/></td> <td style="width: 33%; text-align: center; padding: 5px;">Wound swab <input type="checkbox"/></td> </tr> </table>	Wound Infection?			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
Wound Infection?							
No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>					

Surname: ..... U/R No: .....  Given Names: .....  Sex: ..... DOB: .....  (Affix Patient Identification Label Here)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">Wound Infection?</td> </tr> <tr> <td style="width: 33%; text-align: center; padding: 5px;">No <input type="checkbox"/></td> <td style="width: 33%; text-align: center; padding: 5px;">Yes <input type="checkbox"/></td> <td style="width: 33%; text-align: center; padding: 5px;">Wound swab <input type="checkbox"/></td> </tr> </table>	Wound Infection?			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
Wound Infection?							
No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>					

Surname: ..... U/R No: .....  Given Names: .....  Sex: ..... DOB: .....  (Affix Patient Identification Label Here)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">Wound Infection?</td> </tr> <tr> <td style="width: 33%; text-align: center; padding: 5px;">No <input type="checkbox"/></td> <td style="width: 33%; text-align: center; padding: 5px;">Yes <input type="checkbox"/></td> <td style="width: 33%; text-align: center; padding: 5px;">Wound swab <input type="checkbox"/></td> </tr> </table>	Wound Infection?			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
Wound Infection?							
No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>					

Surname: ..... U/R No: .....  Given Names: .....  Sex: ..... DOB: .....  (Affix Patient Identification Label Here)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">Wound Infection?</td> </tr> <tr> <td style="width: 33%; text-align: center; padding: 5px;">No <input type="checkbox"/></td> <td style="width: 33%; text-align: center; padding: 5px;">Yes <input type="checkbox"/></td> <td style="width: 33%; text-align: center; padding: 5px;">Wound swab <input type="checkbox"/></td> </tr> </table>	Wound Infection?			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>
Wound Infection?							
No <input type="checkbox"/>	Yes <input type="checkbox"/>	Wound swab <input type="checkbox"/>					

**Please send this form to Infection Control**

*CS*

**BUNDABERG HEALTH SERVICE DISTRICT  
RECORD OF MEETING**

Meeting of: Infection Control Committee

Meeting No: 10/04

Date: 26 October 2004

Start Time: 1330hrs

Present: Carolyn Kennedy, Gail Aylmer, Gail Doherty, Dilys Carter, Raelene McDermid, Peter Heath, Yvonne Spokes

Apologies: Toni Hoffman, Annette Baldry

Confirmation of Minutes: Carolyn Kennedy

Seconded: Yvonne Spokes

Minute Taker: Raelene McDermid

Correspondence: Nil

STANDING AGENDA ITEMS for Citation 5.13		
Item No.	Topic	Discussion
10/04-1	Reports	<ul style="list-style-type: none"> <li>ICAT data unavailable due to IT difficulties with program</li> <li>Gin Gin now using Signal Surveillance – investigations have been conducted with outcome of no hospital-acquired being proved.</li> <li>No-one from Childers attended Signal Surveillance workshop in October – will try to train a staff member up in January 05</li> </ul>
10/04-2	Quality Management	<ul style="list-style-type: none"> <li>IV Cannulation Policy – awaiting notification from Continuum of Care Committee – apparently held over at last meeting</li> </ul>
10/04-3	Waste Management 5.1.9	<ul style="list-style-type: none"> <li>Annual waste audit planned for early November.</li> </ul>
10/04-4	CSSD	<ul style="list-style-type: none"> <li>No new issues</li> </ul>
Item No.	Topic	Discussion
01/04-1	Negative pressure rooms	<ul style="list-style-type: none"> <li>One negative pressure room became available in October – still awaiting works to complete second room.</li> </ul>
08/04-4	Disposable gowns - costing	<ul style="list-style-type: none"> <li>Gail reported cost of disposable gowns comparable to our existing gowns – recommend no change with current arrangements</li> </ul>
08/04-6	Mesh bags for linen	<ul style="list-style-type: none"> <li>Less Occurrence where bags have been overfilled</li> </ul>
		<ul style="list-style-type: none"> <li>Agreed Action, Person Responsible, and Time Frame</li> </ul>
		<ul style="list-style-type: none"> <li>Follow-up on outcome of ICAT program problems</li> </ul>
		<ul style="list-style-type: none"> <li>Gail to check up on progress of this policy with Continuum of Care Committee</li> </ul>
		<ul style="list-style-type: none"> <li>Gail to move toward organising November audit</li> </ul>
		<ul style="list-style-type: none"> <li>Nil action</li> </ul>
		<ul style="list-style-type: none"> <li>Agreed Action, Person Responsible, and Time Frame</li> </ul>
		<ul style="list-style-type: none"> <li>Gail to follow-up and report back to committee progress on second room</li> </ul>
		<ul style="list-style-type: none"> <li>Complete</li> </ul>
		<ul style="list-style-type: none"> <li>Complete</li> </ul>

08/04-9	Post-op surveillance	<ul style="list-style-type: none"> <li>Education has assisted in increasing staff awareness of problem</li> <li>This issue has been discussed – no solution – ongoing problem as some MOs say they do not see need for surveillance</li> </ul>	<ul style="list-style-type: none"> <li>Continue to explain benefits of surveillance to medical staff to improve compliance in notifying infections. Complete</li> </ul>
08/04-11	Signal surveillance	<ul style="list-style-type: none"> <li>As above in 10/04-1</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> </ul>
<b>NEW BUSINESS for Catherine Smith</b>			
10/04-5	Protocol for sick leave for staff post gastro etc	<ul style="list-style-type: none"> <li>Discussed issues surrounding staff being asked for example with Norovirus, to take 48hrs off after last of symptoms prior to returning to work. Is this sick leave or workcover? ?protocol needed.</li> </ul>	<ul style="list-style-type: none"> <li>Gail will follow-up with the Executive in the future about this issue. Complete</li> </ul>
10/04-6	Self-assessment	<ul style="list-style-type: none"> <li>Discussed. ? need to consult with other CSSDs in regard to ACHS comment</li> </ul>	<ul style="list-style-type: none"> <li>Raelene to check conformity to Aust standards for CSSD</li> </ul>
10/04-7	ACHS Risk Management in IC workshop	<ul style="list-style-type: none"> <li>Workshop claimed to discuss clinical indicators, however this wasn't the case. Otherwise reasonable but no real new information given</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> </ul>
10/04-8	Theatre attire	<ul style="list-style-type: none"> <li>Concerns by various members of staff about theatre staff wearing theatre attire outside of theatre complex. Poor compliance with medical staff even in tertiary hospitals – policy forbid such practices however still occur.</li> <li>Theatre gowns not always worn</li> <li>Theatre gowns not always done up to cover theatre attire</li> <li>Overshoes being worn outside of theatre complex</li> <li>Staff wearing theatre attire outside of hospital buildings</li> </ul>	<ul style="list-style-type: none"> <li>Gail to report back progress</li> </ul>
10/04-9	Outcome of Macerator business case	<ul style="list-style-type: none"> <li>Gail still have not heard back outcome from this business case. Peter Heath stated executive would look at this when the need to replace a sanitizer arose</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> </ul>

Meeting Closed: 1430hrs

Next Meeting:

21 December 2004



GA14

**From:** Gail Aylmer  
**To:** Carter, Martin; Patel, Jayant  
**Date:** 5/11/2004 1:49pm  
**Subject:** Theatre protocol

Dear Dr Patel and Dr Carter

I, along with a number of other staff (including our microbiologist), have been concerned for some time now about the practice of staff wearing theatre attire outside of the theatre complex. As you are aware this practice extends to (but is not limited to) the wearing of this attire down to the staff canteen, hospital library and even outside the buildings and down the street!!

To quote Peter Collignon, "not wearing *street clothes* into theatres was one of the main dicta put in place by Semmelweis over 100 years ago" "if the same clothes, ie. restricted attire, are worn in theatre, in the wards and cafeterias etc, then they have become effectively *street clothes*". Peter is the Director of Infectious Diseases Unit and Microbiology Dept at Canberra Hospital, and Professor at Canberra Clinical School, Sydney University and Australian National University. He is a world-renowned expert in these areas. I think you would find Peter's article of interest - I have placed a copy in the theatre staff room. The article also supports the recommendations in the 2004 National Infection Control guidelines.

I was interested to know what practices occurred in the Brisbane tertiary hospitals. Not surprisingly all of these hospitals said they had a policy/protocol in place that restricted the wearing of theatre attire outside of the theatre complex. With the exception of medical staff attending an emergency in ward areas, all staff must change out of their theatre attire prior to leaving the theatre complex. Several of the hospitals contacted did say that had 'difficulties' with a number of non-compliant staff, however they were looking at ways to police this.

I have discussed this with Gail in theatre and some of the theatre staff - so far I have had positive feedback. I think this is because staff know it is 'the right thing to do'.

I have discussed this with Darren Keating who agrees very much with me - please note, this email has been CCed to Darren, and to Linda Mulligan.

I would be interested in hearing your comments. Obviously the supply of theatre attire will need to be increased to cover this change in practice.

On another issue, I noted today that the blue plastic overshoes are very inadequate (ripping, sweating etc) - I will ask Jim from stores to look at other more suitable alternatives.

regards  
Gail

Gail Aylmer  
Infection Control CNC  
Bundaberg Health Service District  
Bundaberg Base Hospital  
PO Box 34  
BUNDABERG Q 4670  
Ph: 4150 2273  
Fax: 4150 2309

CC: Keating, Darren; Mulligan, Linda

GA15

**From:** Gail Aylmer  
**To:** Carter, Martin; Patel, Jayant  
**Date:** 15/11/2004 4:14pm  
**Subject:** theatre attire

Dear Martin & Dr Patel

Further to my previous email regarding the move to stop the wearing of theatre attire outside of the theatre complex, I would just like to inform you of my next steps in progressing this issue.

I am assuming you do not have an issue with this plan, as neither Gail Doherty nor I have had any feedback from you. Gail also tells me that this topic did not come up at last week's theatre management meeting. I guess that Peter Collignon's article is very clear, and that combined with the practices in the tertiary hospitals, it is all rather straightforward - I don't see why our practices and standards should drop just because we work outside of the capital !!

I have attached a memo that I intend to distribute to all staff that enter the theatre complex. This will go to all appropriate depts and to individual medical staff. I will erect signage at the exits reminding staff of the need to change.

with thanks  
Gail

Gail Aylmer  
Infection Control CNC  
Bundaberg Health Service District  
Bundaberg Base Hospital  
PO Box 34  
BUNDABERG Q 4670  
Ph: 4150 2273  
Fax: 4150 2309

**CC:** Doherty, Gail; Keating, Darren; Mulligan, Linda



**Queensland  
Government**

Queensland Health

# MEMORANDUM

---

**To:** All Medical, Nursing and Operational staff entering Theatre Complex and CSSD department

---

**Copies To:** Dr Darren Keating, Mrs Linda Mulligan, Dr Martin Carter, Dr Patel

---

**From:** Gail Aylmer  
Infection Control CNC

**Contact No:** Ext 2273

---

**Subject:** Wearing of theatre attire outside of the theatre complex

---

The current practice of wearing theatre attire outside of the theatre complex is not acceptable and breaches not only recommendations in the 2004 National Infection Control guidelines, but expert opinion and current best practice within the tertiary hospitals.

To quote an eminent Australian Professor, Peter Collignon "not wearing *street clothes* into theatres was one of the main dicta put in place by Semmelweis over 100 years ago" "if the same clothes, ie. restricted attire, are worn in theatre, in the wards and cafeterias etc, then they have become effectively *street clothes*."

A number of changes need to occur to ensure this district abides by these guidelines. Please note the following -

- Staff are required to change out of theatre attire when leaving the theatre complex.
- Exception to this rule include medical staff attending an emergency in ward areas, theatre taxi staff transferring patients to and from the clinical areas, and CSSD staff when collecting items on their ward rounds. Taxi staff are to remove their over-gown and change footwear prior to progressing from recovery through to the theatres.
- Staff will be permitted to go to the Day Surgery Unit as long as an over-gown is used, and foot covers are changed on re-entry to the theatre complex.
- Theatre attire will not be worn to the Base Coffee shop, staff dining room, hospital library, x-ray etc, smoking areas or outside of the hospital buildings in general.
- Parents entering theatres must change into theatre attire (not just don an over-gown). Speaking as a parent, I believe that parents would expect to change and they would feel some comfort that all the appropriate precautions are being taken with their children.

Another practice that theatre staff are concerned with is the wearing of street clothes in the restricted theatre areas, for example the main theatre corridor.

Signage will be put in place to remind staff of these changes. There is an article by Peter Collignon that I recommend you to read -- copies available in the theatre staff room.

I appreciate that staff are very busy and feel they do not have time to change, however I am confident that all staff are aware of the need to comply with these guidelines and will make every attempt to do so.

Gail Aylmer  
Infection Control CNC

15 November 2004

GA/10

**From:** Jayant Patel  
**To:** Gail Aylmer  
**Date:** 21/11/2004 8:03am  
**Subject:** Theatre Attire

Dear Gail:

I do agree with some of the comments you made in your memorandum dated 15 November regarding wearing theatre attire outside the theatre complex. Before some one signs it as a policy and before we implement it as a policy several issues and practical matter to be addressed and resolved. Some of my comments are based on several studies about theatre attire as related to "infection control".

1. Studies have clearly shown that it an acceptable practice to leave theatre complex with scrubs for a short patient care issues, if there is a cover up like white coat, gown or a jacket. For longer trip outside the theatre, person can leave the complex with scrubs on but they should change to a new scrub attire before entering the theatre complex. This is currently practiced at RBH.

2. High level of cross contamination occur by the staff who leave theatre area too often and they should change to new scrubs every time they enter the theatre. These are mainly theatre taxing staff who transport patients back and forth several times a day including woman's unit. This issue could be best addressed by separate "outside" and "inside" runners. The rule should be uniform for all persons involved.

3. The highest level of bacterial contamination is related to the mattresses and bed lines used for patients. We currently bring the patients to the theatre complex in their own beds and leave these beds out side the theatre room for the entire length of surgery. This issue need to be addressed by using theatre designated transfer beds which can be used only for the theatre.

4. Parents of the children under going general anaesthesia are accompnaying patients during the induction of anaesthesia. I think it is good practice to relieve anxiety both for children and parents. Also, upto two after noons a week, one of the theatre is used to perform minor procedures where patients enter in thier street clothes. If they require to change to scrubs (which I think should); we need to find an area for these people to change their attire. Practice of patients and their family using the staff change room is not acceptable, unless every person using theatre has a designated locker.

5. We need to add significant number of extra scrubs. On the busy theatre day we are running out of the right size scrubs on several occasions. We need to increase the available scrubs by at least 30%.

6. Current disposable shoe covers currently used in the theatre are completely un-acceptable.

I hope all these issues are addressed before implementing your recommendations as a policy.

Thanks for your effort in this matter.

Jay Patel.  
Director of Surgery.  
Chair, Theatre Management Group.

**CC:** Darren Keating; Gail Doherty; Linda Mulligan; Martin Carter

GA17

# BUNDABERG HEALTH SERVICE DISTRICT LEADERSHIP AND MANAGEMENT PRESENTATION

## INFECTION CONTROL



DATE 20 / 12 / 04

Standing items	Issues to be noted	Timeframe / expected outcomes/ cost
Surgical site surveillance	<ul style="list-style-type: none"> <li>New ICAT program installed late November – considerable initial problems, however now resolved. The new program has not been released across the state as yet</li> <li>Refer to data supplied for clinical indicators – period July 04 to Oct 04</li> <li>Data submitted to CHRISP 6 December 04</li> <li>Signal Surgical Site Surveillance was introduced in October. Only Gin Gin conducting their own investigations. Childers did not attend training – plan to train up a Childers staff member in Jan 05</li> <li>Investigations have been conducted with no notable infections to date</li> </ul>	Completed
Rural Site Reports		Completed
Occupational Exposures	<ul style="list-style-type: none"> <li>Nil exposures reported December (to date)</li> <li>needlestick (medical)</li> </ul>	
Staff Health	<ul style="list-style-type: none"> <li>Check HepB status of all existing staff in Category A &amp; C. Also, check immunisation status of Category A &amp; C staff working in specialised areas – eg. HepA, rubella, varicella etc</li> </ul>	<ul style="list-style-type: none"> <li>Commenced Nov 04</li> <li>Expect to complete March 05</li> </ul>
Waste Management	<p>Audit conducted in November 05 - Summary</p> <ul style="list-style-type: none"> <li>Greatly improved to March audit. Nil sharps inappropriately disposed of this audit.</li> </ul> <p>Areas for improvement</p> <ul style="list-style-type: none"> <li>Disposal of office and confidential papers – being put into general waste</li> <li>Recycling – need to provide more bins so areas can increase their ability to recycle</li> <li>syringes containing blood or drugs being in general waste rather than clinical waste</li> <li>lancets for diabetic tests being put into general waste instead of sharps bins</li> </ul>	<ul style="list-style-type: none"> <li>Report to be submitted to SP&amp;E Committee 23/12/04</li> </ul>

GA17

	<ul style="list-style-type: none"> <li>yellow-top specimen jars being put into general waste instead of clinical waste.</li> </ul>	
Other issues	<ul style="list-style-type: none"> <li>only 1 of the 2 Medical ward negative pressure rooms working</li> <li>Update re theatre attire               <ul style="list-style-type: none"> <li>Theatre attire continues to be worn inappropriately by medical staff – gowns are not worn, or are being left open. Also wearing overshoes outside of theatre complex.</li> <li>theatre attire being worn by medical staff outside of hospital buildings, and while eating at Coffee Shop.</li> <li>Good compliance by nursing staff.</li> </ul> </li> <li>While I find this topic difficult to compromise on, I am willing to concede that all staff (not just medical staff, as there shouldn't be 2 rules) can leave theatre in theatre attire if:               <ol style="list-style-type: none"> <li>an over-gown is properly worn</li> <li>overshoes are removed</li> <li>staff do not leave hospital buildings</li> <li>staff do not sit &amp; eat in coffee shop/dining room/seminar room</li> <li>change on return to theatre complex</li> </ol> </li> <li>Immunisation Fridge for Mt Perry has been repaired – awaiting engineering staff availability to transport &amp; re-install</li> </ul>	<ul style="list-style-type: none"> <li>Maintenance unable to give timeframe for completion</li> <li>Awaiting outcome from Theatre Management Meeting – ICC not invited to attend</li> <li>Maintenance will attend asap</li> </ul>
Education/Quality	<ul style="list-style-type: none"> <li>Usual monthly Infection Control Update for non-clinical staff</li> <li>Usual monthly education for nursing staff</li> <li>Assisted Sexual Health staff in recent Blood Borne Virus 3 week campaign</li> <li>Open Day display in association with Sexual Health</li> <li>Conducting a Point of Prevalence survey to assess staff compliance with IV practices – i.e length of time IV cannulas are remaining in etc</li> </ul>	<ul style="list-style-type: none"> <li>Will feedback outcomes at Feb L&amp;M report</li> </ul>
Product Review	<ul style="list-style-type: none"> <li>Meeting cancelled</li> </ul>	

Gail Ayimer

Infection Control CNC, 13 December 2004

*GA*

64/8

**From:** Gail Aylmer  
**To:** Patel, Jayant  
**Date:** 3/02/2005 2:41pm  
**Subject:** wearing of theatre attire

Dear Dr Patel

I am still very concerned about the issue of wearing theatre attire freely outside of the theatre complex.

A theatre staff member confirmed to me today that s/he see medical staff walk out of the theatre complex in theatre attire (overshoes on, no gown, hat on), and then walk straight back into a theatre without changing.

I was told today by a senior member of staff that you were overheard earlier this week telling junior medical staff that (and this is paraphrased), 'they go on about trying to stop us wearing theatre clothes in the corridor, but thats rubbish....'.

A surgical ward staff member recently told me of a similar conversation they overheard, involving yourself discussing this issue while you were in the surgical ward.

I have no reason not to believe these staff as I am still seeing you wearing theatre attire inappropriately. I recognise that I have not heard the above information first hand, however I am concerned if this is the perception that others are receiving.

I am surprised this is the case considering the conversations that we have had in regard to this issue.

I intend to do up signage listing the requirements as discussed and agreed upon at the Theatre Management meeting in December, and told to me by yourself and Gail Doherty. I intend to ask Darren Keating to authorise the signage by signing it off - I ask that you co-sign as Director of Surgery.

I have no issue with the nursing staff compliance.

I trust you will support me in this endeavour.  
Gail

Gail Aylmer  
Infection Control CNC  
Bundaberg Health Service District  
Bundaberg Base Hospital  
PO Box 34  
BUNDABERG Q 4670  
Ph: 4150 2273  
Fax: 4150 2309

**CC:** Keating, Darren; Mulligan, Linda

6A19

**From:** Gail Aylmer  
**To:** Patel, Jayant  
**Date:** 20/01/2005 8:34am  
**Subject:** Eidsvold patient

Dr Patel

I was wondering how you got on with **P54** the lady I discussed with you yesterday lunch-time? Here is her mobile again, just in case you can't find that piece of paper with her number.  
mob:  
Gail

Gail Aylmer  
Infection Control CNC  
Bundaberg Health Service District  
Bundaberg Base Hospital  
PO Box 34  
BUNDABERG Q 4670  
Ph: 4150 2273  
Fax: 4150 2309

G



**From:** Gail Aylmer  
**To:** Patel, Jayant  
**Date:** 4/02/2005 3:47pm  
**Subject:** Eidsvold patient

Dr Patel

I was wondering what the outcome was with the lady from Eidsvold that you were going to follow-up post breast biopsy a week or so ago?

Gail Aylmer  
Infection Control CNC  
Bundaberg Health Service District  
Bundaberg Base Hospital  
PO Box 34  
BUNDABERG Q 4670  
Ph: 4150 2273  
Fax: 4150 2309



GA 20

**From:** Leonie Raven  
**To:** Gail Aylmer  
**Date:** 21/04/2005 2:03pm  
**Subject:** As per discussion

\*\* Confidential \*\*

Hi Gail

Further to our recent conversation, I can confirm that I attended a meeting last August, during which a comment was made by Linda Mulligan, something along the lines that the Executive in this organisation were not able to delegate any decision making responsibilities to any middle managers because they did not have any middle managers who were reliable enough to delegate to. It was also made very clear to me that if you were not a member of the Executive, then you were considered to be a middle manager, so this statement applies to all heads of department.

I am happy to discuss this further with you if needed

Leonie

GA