



## Flu season ahead – time to get ready



The influenza 'season' usually commences by late May each year and continues until September. It is important to be prepared so you can prevent infection and control the spread of influenza in your facility. In addition to its benefits for individuals, influenza vaccination is a key element in infection control.







The National Health and Medical Research Council, in its *Australian Immunisation Handbook* (8th edition, pp171-175), recommends vaccination for people at risk of life threatening complications from influenza. This group includes anyone with chronic conditions such as asthma, diabetes, heart or kidney problems or anyone whose immunity is impaired. Residents of aged care homes are particularly vulnerable to severe

complications and even death from influenza. Close contacts of those at high risk, including health care workers, are also encouraged to be vaccinated annually.

The National Institute of Clinical Studies 'Fightflu' website contains information about influenza vaccination for health care workers at [www.fightflu.com.au](http://www.fightflu.com.au).

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This month *The Standard* focuses on infection control. Last year at this time we also ran a feature focusing on the issue. It is a timely topic as now is the perfect time for aged care homes to arrange flu vaccinations for residents and staff before the colder weather sets in. And it is also from the colder months that we generally see an increase in various illnesses including gastroenteritis in aged care homes.

It is almost inevitable that some outbreaks occur in aged care homes, as the illness is often also in the community, but the way such outbreaks are dealt with can really make a difference not only to the spread of infection but also the continued quality of life of residents.

Last year we saw a lot of media attention focus on the issue of infection control. All states experienced virulent strains of gastroenteritis, and overall the number of reported cases was unusually high. Hopefully last year's experience was out of the ordinary and we will not see a repeat of such a large number of cases this year.

While it is difficult to predict or prevent outbreaks in an aged care facility as it is often also within the community (and necessarily, aged care homes are part of the community), we should continue to be vigilant and demonstrate good practice particularly in the coming months, to ensure every precaution is taken to ensure infection outbreaks are minimised and dealt with effectively, with the residents' health and wellbeing at the centre of our focus at all times.

A handwritten signature in black ink, appearing to be 'Mark Brandon'.

Mark Brandon  
Chief Executive Officer

## Call to action during infection outbreak

Making a visit to an aged care facility during the time of an infection outbreak can be a challenging process, but nonetheless one that must be dealt with, with care and respect.

This is according to Assessment Manager for the Agency's Brisbane office, Maureen Douglas-Holland. The office looks after approximately 540 homes and Maureen says outbreak rates are currently very changeable.

If we are aware of an outbreak, the decision to proceed with a visit will be dependent on the individual circumstances of the home.

"Sometimes we find that it can be onerous on staff and residents to continue during what can be a stressful time," says Maureen. "However our assessors minimise the effect on the staff and residents while in the home.

"Our assessors seek clear advice regarding the extent of the outbreak and will work within the internal protocols from homes regarding how they would like us to proceed while minimising cross contamination."

Maureen says the Agency's role is to assess the effectiveness of the infection control program, which includes observing what measures staff are undertaking concerning infection control, and gaining feedback from residents or their representatives.

Expected outcome 4.7 Infection control is the main assessment area which is focused on, but Maureen points out that other expected outcomes such as Human resource management; Catering, cleaning and laundry services; Nutrition and hydration; Other health and related services or Clinical care, may also have some bearing on both the



▲  
**Maureen  
Douglass-Holland**  
*Assessment Manager,  
Brisbane.*

play, only to catch an infection, come back home and inadvertently spread it to the other residents."

It is important that each home regularly monitors its infection control processes and reviews them whenever new infection control guidelines are released. Another trigger for review is if there is an infection outbreak in the community, and of course after any outbreak in the home.

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## Dementia adds another dimension to infection control

**Being an exclusively dementia focussed care facility, Waldock Nursing Home, in Carlingford NSW, has intimate knowledge of the issues surrounding infection control from this perspective.**

The 64-bed facility faced a gastro outbreak in October 2007 and at the time of *The Standard* going to press is facing another undiagnosed 'repiro' outbreak amongst its residents.

Manager Deslyn Randall says that the care of dementia residents is always challenging, but that an infection outbreak simply magnifies the issues. "It has been very hectic, but with the great staff that we have, fortunately we are able to cope well," she says.

Waldock has a quota of staff on duty during the day and night to carry out the detailed infection control practices the facility has in place. "During this outbreak, we are handling things better though because, thanks to one staff member, we have a new way of carrying out our hygiene routine for each resident."

cause of the infection outbreak and how it is subsequently managed.

"Whatever the cause of the outbreak, we realise that it is not always due to any poor procedures that may be in place," she says.

"Sometimes it can be just the luck of the draw that infection can enter a facility. For example we have seen cases of a resident going to their granddaughter's school

play, only to catch an infection, come back home and inadvertently spread it to the other residents."

She says that due to the common behavioural problems seen with those with dementia, residents would often take various hygiene items off the trolleys, or tear apart the bags that the items or laundry would be stored in. "One of our staff came up with the idea of 'triple bagging' and then tying them to a fixed point so that it would not be possible for residents to do this. So far, this has worked really well and it has dramatically reduced the time involved in our hygiene procedures."

Additionally, says Deslyn, Waldock has had to think carefully about how it manages the general care of its residents during the stressful time of an infection outbreak. "Isolation of those infected, is of course a primary consideration during these periods. However, being a four-bed share facility, this is a difficult concept for us. We don't have the luxury of single rooms where we can place infected residents and accordingly, we have to deal with people constantly moving around and touching things and other people. It can be very hazardous!"

Deslyn says staff work hard to provide increased diversional activities which may help to calm them and consequently reduce the level of mingling with others.

Aside from the residents, there are others to think of too. "Staff, relatives, contractors, doctors, other health professionals and in fact anyone else who comes into contact with our residents, all need to be notified of the issues they may face. We have to be constantly on the ball."



# Data analysis crucial in improving infection control

**The improvement of staff practice in infection control is central to the job of reducing the number of people affected by an outbreak.**

To help understand, firstly that there is an outbreak, and secondly how it may be spreading, homes need to collect useful data, analyse it and take action according to what they have found.

Well versed in the topic following gastroenteritis outbreaks reported in Victoria over the past 12 months, Jillian Clarke is a quality assessor for Victoria and Tasmania, a region covering approximately 880 facilities. Ensuring that they all have adequate procedures in place for the reporting and management of infection control, Jillian says that resident wellbeing is at the heart of what the Agency strives for.

"If a facility does not have robust, well-defined procedures in place, this can have a massive impact on residents and the likelihood of them contracting an infection."

She says all facilities need to have procedures and policies in place, detailing the control and prevention of potential infection. This will typically include data on anything from the personal hand-washing equipment available for the situation, to the specific 'infection surveillance system' used to detect potential infection. "For instance a simple thing such as a conjunctivitis outbreak can commonly be traced back to poor staff practice; however this can be easy to rectify with the provision of simple data tracking procedures.

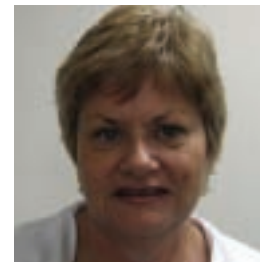
"What is important is that facilities are able to use the data they collect in order to effect positive change through either the staff, the residents or both" says Jillian.

"It is helpful for facilities to receive new information on things such as what constitutes infection and what specifics to report during an outbreak. These things are not always widely understood and there is always new information coming out."

There are various resources available including the DHA influenza kit and information packs available from state health departments.

During recent outbreaks of gastroenteritis, Jillian says she believes that homes, on the whole, coped well with the situation. "Most homes we see have 'gastroenteritis outbreak kits' containing a lot of the protective kit and forms that they need.

"Homes are much more aware of the need to have protective procedures in place now. It also seems that more staff, who may work irregular shifts, are much more aware of the procedures and how to access the correct information."



▲ *Jillian Clarke, Aged Care Quality Assessor Vic and Tas.*

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The website notes the following:

- Annual influenza immunisation is the single most effective measure to protect against influenza.
- 10 per cent of all workplace absence due to illness is caused by influenza but only 20 to 50 per cent of these people are immunised each year.
- Influenza is not a cold. It is a highly contagious and potentially deadly disease that can be spread just by coughing or sneezing.

Four important steps you can take to prevent influenza outbreaks in your facility are:

1. Implement influenza vaccination for residents and staff.
2. Ensure good routine infection control practices.
3. Monitor residents for symptoms.
4. Report suspected outbreaks promptly to public health authorities.

The In flu-Info Kit for Aged Care provides information to assist care managers plan and implement influenza control in aged care homes. The kit is available on the Department of Health and Ageing's website: [www.health.gov.au/internet/cms/publishing.nsf/Content/ageing-publicat-influinfo.htm](http://www.health.gov.au/internet/cms/publishing.nsf/Content/ageing-publicat-influinfo.htm)

# New manual aids infection outbreak prevention

With no reported major infection outbreaks over the past five years, Manning Valley Senior Citizens Nursing Homes attributes part of its success to the recent updating of its infection control manual.

Quality manager Denise Smith is based at Banyula Lodge, one of the homes within the north coast, NSW-based group, and was one of those staff central to the manual's revamp.

"It had become apparent that our manual was getting rather old and out of date," she says. "We kept having to put stickers all over it to highlight Department of Health legislation amendments and cross-reference old data with new data."

Denise points out that with a high workload for all group staff (as in most aged care settings) the time involved to update the manual internally would not be feasible.

As a result, Manning Valley implemented the help of an infection control consultancy that specialises in producing this type of manual.

Denise says the company was invaluable in providing the research, administration, re-formatting and production for the four manuals to be used at Manning Valley.

"It was great to have the job taken off our hands by professionals, and it allowed us to get on with the real job of quality control.

"We are now confident that the manual encompasses best practice throughout," she continues. "In addition, it has improved immensely, with very thorough sections on infection control standards, patient isolation and outbreak management."

Denise says the homes now feel "really ready to deal with any influenza or gastro outbreaks that may strike, because we are so conscious of how to prevent it and also of the warning signs that may arise within the local

community, for example minor coughs and colds.

"Before we had the revised manual, I don't think the preventative guidelines were specific enough. Now we have every last detail concerning what we would do during an outbreak firmly in place, from having the paperwork and warning supplies ready, to having comprehensive hand-washing procedures for both residents and staff.

"The new manual has brought all of our policies and procedures firmly together, with all staff knowing exactly what to do in the event of an outbreak and our surveillance vastly enhanced."

Denise adds that senior management see residents every day if there is any presence of outbreak warning signs. "We are constantly vigilant to the possibilities, monitoring any symptoms and putting warning notices in place to minimise the risk of contamination.

"We also encourage residents with any signs of runny nose or a fever for example, to stay in their own room for 24 hours while the home is on alert.

"Drinking lots of water and putting relatives off visiting for a few days is often advisable too.

"Most of the time there is no cause for worry, but it all just helps as a contingency plan, because if residents get sick, they will get really sick!"

In addition, adds Denise, the group is active in providing regular education sessions on infection control. "It's important to keep abreast of the issues," she says.



## Expected outcome 4.7 Infection control

### Think about:

- Is there a central point of responsibility for your home's infection control program?
- Do you have contingency plans for an outbreak?
- How do you access information on current community outbreaks and on how to control the spread of specific infections?
- How do you ensure the effectiveness of risk assessments to identify potential sources of infection/cross infection?
- How do you ensure the effectiveness of prevention strategies to minimise the incidence of infection in all areas of the home including:
  - o Hand-washing and the use of personal protective equipment
  - o The provision of health and personal care services
  - o Cleaning, disinfecting and sterilising equipment and laundry items
  - o Ensuring food hygiene
  - o Pest control measures
  - o Vaccination programs for residents and staff
  - o The containment of sharps, contaminated waste and blood spills?
- How do you provide appropriate induction and ongoing training for staff about the principles and practices of infection control?



- How do you regularly monitor and review the effectiveness of your infection control program? Do you include:
  - o Infection surveillance which includes the collection and analysis of resident infection information
  - o Monitoring and review of staff practices
  - o Identification of infection control issues
  - o Implementation of improved practices, processes or facilities?

### Want to know more?

Infection control guidelines for the prevention of transmission of infection diseases in the health care setting ([www.icg.health.gov.au](http://www.icg.health.gov.au))

- ASNZ 4146:2000 Laundry practice ([www.standards.com.au](http://www.standards.com.au))
- Australian Management Plan for Pandemic Influenza ([www.health.gov.au](http://www.health.gov.au))
- Australia's Health Emergency Influenza Pandemic Preparedness – What is the Government doing? ([www.health.gov.au](http://www.health.gov.au))
- World Health Organisation ([www.who.int](http://www.who.int))
- State and territory acts, guidelines and relevant legislation – these are different in each state and territory
- Workplace/Occupational Health and Safety Act ([www.austlii.edu.au](http://www.austlii.edu.au))
- FSANZ Food Safety Standards ([www.foodstandards.gov.au/foodsafety/standardsaustraliaonly](http://www.foodstandards.gov.au/foodsafety/standardsaustraliaonly))

### Public in the UK are urged to ask more questions about care

People in the UK looking for care services need to ask the right questions and get expert advice before making life-changing decisions about their future, according to the Commission for Social Care Inspection (CSCI).

The organisation has developed a booklet, *'Social Care – Choosing the right service for you'*, which encourages people to ask the right questions, find out as much as possible about their options and then make informed choices about their care.

Questions include:

- Did the care service staff ask many questions about you – your likes and dislikes – or were they more interested in setting out their routines for each day?
- Did you get the impression that you would have to fit into their routine instead of living your life the way you choose?
- Did the care service explain their costs and charges properly?
- Did you get a chance to look at their contract?
- Were they willing to let you speak to other people who use that care service?
- Did they seem happy to answer all your questions
- Are you allowed to take your pet and/or personal possessions?

You can download the booklet from the CSCI website: [www.csci.org.uk](http://www.csci.org.uk).



### Bringing icons indoors

Residents at Heytesbury Lodge and Anzac Wing in Cobden Victoria, were involved in decorating the walls of their home with pictures of local icons – present and past. Residents were asked for their ideas on their favourite locations and the photos have been framed and hung throughout the low care and dementia wing, bringing back memories every time they're passed.

Photos include spectacular scenery from along the Great Ocean Road, the local primary school in Cobden, the local war memorial, tractors and cows in a paddock and the Terang Presbyterian Church.

### When the circus came to town!

Side show alley, ventriloquist, 'animal' performers, fairy floss and face painting – were all part of the fun when the 'circus' visited Acacia, a dementia unit of Donwood in Croydon, Victoria.

Residents, relatives and staff were all involved in preparing for the week, collecting bright stuffed toys, decorations and carousel horses to put on poles. 'Circus animals' (staff in costume) were trained for performances, an ice cream van organised as well as a juggler and a flame thrower.

Staff say they're not sure who had more fun – the residents, relatives or staff – but they are already planning for the next big event.



# Better Practice 2008

22-23 May – Adelaide  
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## Topics will include:

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- Behaviour as communication
- Independence
- Holistic approach to care with a focus on sensory con
- Engaging families
- Information systems
- Making complaints work for you
- Identifying non-compliance

If you would like to receive a brochure and program of the Better Practice event in your state, go to [www.accreditations.org.au/2008-expression-of-interest-form](http://www.accreditations.org.au/2008-expression-of-interest-form)



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