

# Infection prevention and control

Factsheet 2, August 2011



HEALTH QUALITY & SAFETY  
COMMISSION NEW ZEALAND

Kupu Taurangi Hauora o Aotearoa

## **Welcome to the second of a series of regular factsheets from the Health Quality & Safety Commission.**

People in the health sector are working hard to improve New Zealand's health system so that it is safer and better for patients. This factsheet has some examples of the innovations and improvements that are occurring.

If your DHB or organisation would like to be featured in a Commission Factsheet, please contact [communications@hqsc.govt.nz](mailto:communications@hqsc.govt.nz)

## **Hand hygiene**

Having clean hands saves lives. The World Health Organization (WHO) says millions of patients around the world are affected by healthcare-associated infections (HAI), and many of these infections could be prevented by good hand hygiene.

These infections contribute to patients' deaths and disability, promote resistance to antibiotics, complicate the delivery of patient care, and impose extra costs on health systems.

The WHO has identified five key moments when health workers should perform hand hygiene:

- 1. before patient contact*
- 2. before a procedure*
- 3. after a procedure or body fluid exposure*
- 4. after patient contact*
- 5. after contact with patient surroundings.*

Dr Janice Wilson, Chief Executive of the Health Quality & Safety Commission, says having clean hands is an essential part of ensuring patient safety and quality outcomes.

More information about the WHO hand hygiene campaign can be found at:

[www.who.int/gpsc/5may/tools/en/index.html](http://www.who.int/gpsc/5may/tools/en/index.html)



## Preventing infection in Canterbury's rest-homes



*MedlabSouth nurse consultant Alison Carter.*

Nurse consultant Alison Carter thinks it's a miracle Canterbury's rest-homes managed to avoid a major outbreak of infection in the wake of February 2011's devastating 6.3 earthquake.

The conditions were right for an infection outbreak – hundreds of elderly rest-home residents living in makeshift conditions without running water or working toilets, with used napkins and body wipes to be disposed of, and with liquefaction rising through the floors.

"It was a nightmare," says Alison Carter, who specialises in infection prevention and control at MedlabSouth, and who worked with rest-home staff to ensure there was no outbreak immediately following the earthquake.

She says the use of alcohol handgels really proved their worth during this time, as did the body wipes.

"Rest-homes were already well-versed in using these handgels, and in the days and weeks after the earthquake, staff and residents totally relied on handgels to keep their hands clean."

Residents at one rest-home would stand at the dining room door with a bottle of handgel and make sure people used it before having their meals. Other residents took it on themselves to carry out damp dusting to keep surfaces clean.

"It all helped," says Alison Carter. "People really pulled together to do whatever needed to be done."

She says one rest-home had a norovirus outbreak which lasted a week but managed it "beautifully" by closing the facility to visitors, outsourcing its laundry, and coordinating staff cover to minimise the spread of the virus.

Rest-home staff were also dealing with residents who were very distressed after the earthquake and reluctant to leave the places they had known as home, even when these had become dangerous to stay in.

"One man put on his gumboots, loaded his walker and said he was going back to his own room, even though the liquefaction there was really bad.

"At another rest-home, they bussed the residents to another part of town where they could have a hot shower – but when they got there, people refused to get out of the bus. They were too shaken by events, did not know the staff and were fearful that another earthquake would happen, whereas at their own facility they knew and trusted the staff therefore felt safe and secure despite their disrupted environment."

Staff, too, were dealing with damage to their own homes and in some cases ended up living temporarily in the rest-homes while other arrangements were made, she says.

"It was a very difficult time for everyone in Christchurch and I just think it's to the credit of everyone involved that we didn't have a major problem with infection, given the circumstances and the challenges."





Nurse educator Victoria Barnao and NICU charge nurse manager Dale Garton with some of the hand hygiene materials used in NICU.



## Clean hands for Starship's most vulnerable

Promoting hand hygiene in Starship Hospital's newborn intensive care unit (NICU) is paying off, with greater compliance and fewer infections.

NICU's charge nurse manager, Dale Garton, says 25 late-onset infections were reported last year, compared with 33, 31 and 34 in each of the three previous years.

"That's great news for our patients, who are some of the country's smallest and sickest new babies, and it's a real credit to the determination of staff to improve in this area," she says.

NICU had 61 percent hand hygiene compliance when it was chosen as one of Auckland District Health Board's pilot sites for the '5 moments' hand hygiene rollout.

"Staff here were already familiar with the rollout of various programmes, such as the family violence and shaken baby campaigns, and we felt we'd been involved in harder things than hand hygiene. This seemed easier to do by comparison."

She says it was an eye opener for staff to see how much better they could be doing.

Clinical charge nurse Cherry Olson asked each staff member – cleaners, nurses, doctors, ward clerks – to demonstrate the effectiveness of their hand hygiene

techniques. First, they rubbed 'glow gel' over their hands, then they washed and dried their hands as usual. Cherry then took them one at a time into a dark room and used a fluorescent light to show the areas of glow gel still on their hands, thereby indicating the areas they had missed.

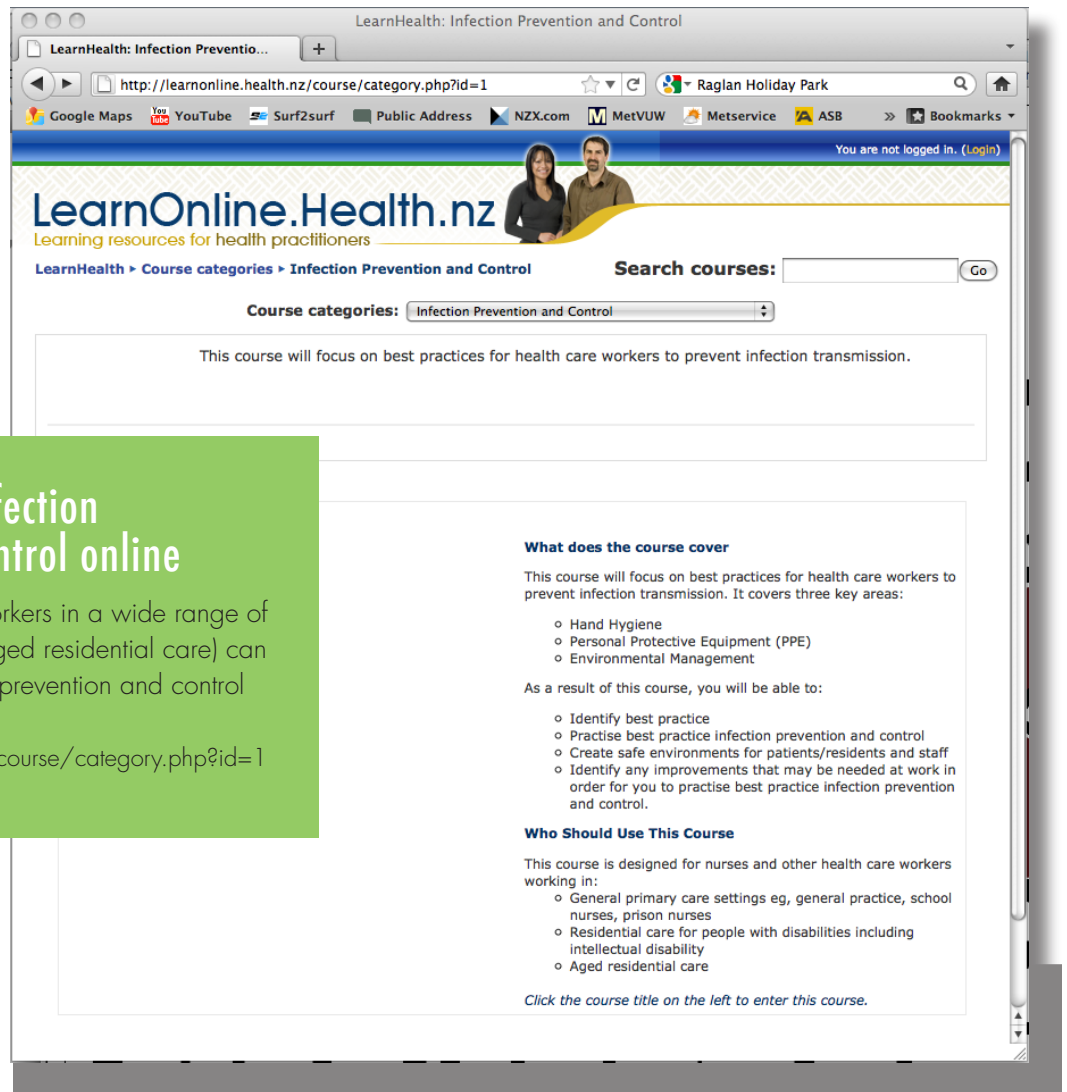
"Everyone was very positive and went away knowing which areas to concentrate on when washing," she says. "I know from talking to staff now that they still remember the areas they missed and they still concentrate on those areas."

Dale Garton says NICU staff were very motivated to have good hand hygiene because of the difference they knew it would make to premature babies on the unit.

A year and half after the hand hygiene rollout, she says compliance is being maintained at 88 to 91 percent, and good hand hygiene is now just part of the way things are done at NICU.

"There's handgel everywhere now," she says. "Before we used to wash our hands in the sinks but now we use the gel all the time. It's so effective and we have it throughout the unit. We've also noticed that parents are coming onto the ward and following our lead. They're washing their hands much more, which is fantastic.

"It's been a really successful programme here at NICU."



## Learning about infection prevention and control online

Nurses and health care workers in a wide range of health settings (including aged residential care) can learn more about infection prevention and control practices online at:

<http://learnonline.health.nz/course/category.php?id=1>

## At a glance...

- Dr Sally Roberts, the Clinical Head of Microbiology at Auckland District Health Board, has been seconded to the Health Quality & Safety Commission to provide clinical leadership and advice to the Commission's infection prevention and control programme.
- Gillian Bohm has been appointed as the Commission's principal quality improvement advisor and is working with a team on infection prevention and control initiatives.
- Diane Callinicos has been appointed as the Commission's senior portfolio manager for infection prevention and control. She comes to the Commission from Capital and Coast District Health Board.



New Zealand Government



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