



30 September 2008

The Australian Commission on Safety
And Quality on Health Care
GPO Box 5480
Sydney NSW 2000

By Facsimile: mail@safetyandquality.gov.au

Dear Sir/Madam

**Reducing harm to patients from healthcare associated
infection: the role of surveillance**

The Australian Nursing Federation welcomes the opportunity to comment on this report. We make the following comments:

General comments

The Report recommends that 'all health facilities require HAI surveillance systems because these are proven to reduce infection rates when local data collection results in timely feedback' (p.5).

If surveillance of infection is to occur, then there needs to be dedicated infection control nurses to carry out the monitoring. Without additional staff dedicated specifically to this role, there will be an increase in workload on existing staff, thereby potentially counteracting any benefit of infection monitoring. Several studies have found links between staffing/workload levels and infection rates. For example, one recent study found that the availability of sufficient numbers of nurses was a 'key determinant' of health care associated infections. Researchers from this Swiss study of 1,883 patients admitted to one intensive care unit over four years found 26.7% of all infections could be avoided if nurse-to-patient ratios were maintained.¹

OHS comments

The ANF makes comment on those recommendations which mainly relate to OHS issues for nurses (contained in chapters 5 (health-care worker bloodborne virus exposure), 14 (hand hygiene), and 16 (health care worker immunisation)).

Chapter 5 – Healthcare worker blood borne virus exposure

The ANF agrees with the Report's recommendation that 'a national surveillance system for monitoring trends in occupational exposure to blood borne pathogens should be developed'. A standardised national system for monitoring trends would be helpful in assisting to prevent exposures.

¹ Hugonnet, S. et al. 2007. The effect of workload on infection risk in critically ill patients, *Critical Care Medicine*, 35(1):76-81.

Exposure to blood borne pathogens, including by way of needlestick injuries, is a serious concern for nurses and can be traumatic for nurses when it occurs.

In a recent survey of 955 Australian nurses, 43.5% identified injuries caused by needles and other sharps and 40% identified blood borne pathogens (eg. HIV, hepatitis), as high risk occupational hazards. These were respectively the third and fifth highest risk hazards identified by the surveyed nurses. Of those nurses who had sustained a work-related injury or disease that required them to take time off work, 12% of nurses stated that infection was the cause of their most recent work absence.²

Preliminary results from research being conducted by the New South Wales Nurses' Association (NSWNA, ANF NSW branch) in collaboration with University of Newcastle and funded by WorkCover NSW shows a twofold higher rate of nurses' sharps injuries in remote areas.

The ANF notes the Report's comments that few Australian jurisdictions undertake regular monitoring or reporting of sharps injuries and that there is no centralised system of monitoring, reporting or responding to occupational sharps injuries in Australia.³

Given the lack of a centralised system, the ANF considers that a national system coordinated by the Commonwealth Department of Health and Ageing and supported by the jurisdictions, with annual public reporting of findings, is a necessary adjunct to monitoring health care worker exposures and the outcomes of exposures.

The Commonwealth Government should fund the surveillance program including funding to the states to cover data collection. The Commonwealth should also develop and distribute standard software for data collection and analysis to allow comparisons and analysis on national, jurisdiction, area health service and facility level.

Data related to possible causes of exposures needs to be collected and analysed. Among the types of data which should be collected pertain to issues such as the workload of employees (including hours of work and levels of overtime), whether employees are fulltime, part-time or casual, whether protective equipment (eg. safe needle devices) is used in the workplace, and whether vaccinations were offered (and paid for) by the employer.

While the ANF supports a monitoring system, any system that is developed needs to take into account potential privacy and discrimination issues and nurses should be consulted in the development of the system.

Chapter 14 – Hand hygiene

The Report recommends that 'repeated monitoring of hand hygiene programs ... should be conducted in all healthcare facilities'.

² Australian Safety and Compensation Council, *Occupational Exposures of Australian Nurses: Results of the Project. July 2008*

³ In addition to the surveillance methods mentioned in the Report, the ANF notes that under NSW Occupational Health and Safety Act and Regulation, sharps injuries with a risk of exposure to blood borne pathogens are reportable to WorkCover, however we have not been able to get information from WorkCover on reported incidents

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The ANF notes the Report's comment that 'issues of consent (both staff and patient), privacy and the dilemma for an observer when he or she witnesses gross breaches of hand hygiene need to be considered when planning compliance assessments' (p.265) and agrees that any system of monitoring of hand hygiene programs should take into account privacy and consent issues. There should also be consultation with staff during the development of monitoring programs.

Further, any products used for hand hygiene must also be safe for staff use.

Chapter 16 – Healthcare worker immunisation

The ANF considers that measures to protect nurses from exposure to blood borne pathogens and other infectious diseases are essential. Among other measures, testing and immunisation of staff should be offered and paid for by employers as a preventative measure.

Immunisation policies should be based on scientific knowledge about disease transmission and levels of risk.

Any system of recording or monitoring of healthcare worker immunity and immunisation status (as recommended by the Report) that is developed must take into account potential privacy and discrimination issues. Nurses must also be consulted where it is proposed to introduce surveillance and monitoring systems and policies.

The ANF considers that the Commonwealth Department of Health and Ageing should fund national programs to ensure staff health with respect to blood borne disease, hand hygiene and immunisation programs. Investment would assist in improving outcomes for patients and the community generally as disease transmission between health care staff and patients would be reduced.

Yours sincerely



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Federal Secretary

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