



**Articles in this
issue:**

- Our new logo.
- Visit of Dr. Bill Jarvis
- Profile of some of your CICN Steering Committee.
- Educational Events

**Articles in next
month's newsletter:**

- Pestilence of Artificial Nails in Healthcare (essay submitted by: Gail Schryer, MLT)

NETWORK NEWS

Our New Logo

The Regional Infection Control Networks are pleased to unveil the new Regional Infection Control logo, seen at the header of this newsletter. We would like to acknowledge and thank Accurate Design and Communication, Ottawa for their assistance in developing this logo.

The concept uses hands as a visual metaphor to represent the Regional Infection Control Networks. Fourteen

hands individually represent each of the member networks that are being developed across the province. The hands are arranged facing one another, as they would be if a person were washing their hands. This is a direct reference to a primary method of infection control. It also suggests members working together creating solutions that control the spread of infectious diseases. Grouping the

hands in a circular arrangement extends the concept to suggest a forum for information exchange. As well, by grouping these unique design elements in a circle, the outcome is a shape not unlike a pinwheel. The pinwheel suggests positive movement. Each member within the RICN is identified with their specific name added below the parent logo.

Visit of Dr. Bill Jarvis

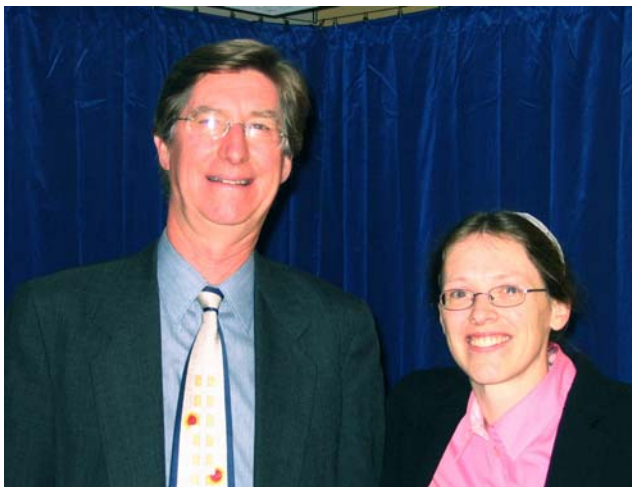


Photo: Dr. Bill Jarvis with Dr. Virginia Roth

On May 17, the CICN was honored to have hosted Dr. Bill Jarvis, former Director at Center for Disease Control in Atlanta, to present a talk entitled "All you Ever Wanted to Know About Conducting an Outbreak Investigation". Forty-seven centers across the province were able to tune in for this videocasted event, and the response has been very positive.

Dr. Jarvis spoke about Outbreak Investigation as a systematic approach, beginning with confirming

cases to ensure that you are not dealing with a "Pseudo Outbreak". He stressed the need for a clear case definition to be developed early on in the investigation to direct case finding. Once a line-listing is created, an epidemic curve should be plotted to display the information and clearly identify the beginning of the outbreak.

(continued on page 4)

Your CICN Steering Committee

INEZ LANDRY

Has been the Director of Infection Prevention and Control, Occupational Health and Safety at the Queensway Carleton Hospital in Ottawa since January 2000. Inez is a Registered Nurse, who has worked as an Infection Prevention and Control professional since 1980, was certified in Infection Control in 1985 and continues to be re-certified in Infection Control every 5

years. Inez has been an Occupational Health Nurse since 1992 and has Canadian Nurses Association certification since 1998 in Occupational Health Nursing. She was the Manager of Infection and Control and Occupational Health at the Salvation Army Grace Hospital in Ottawa until it closed in 1999. She is an active member of Infection Control Ontario and a member of OHA/OMA Communicable Disease

Surveillance committee as Infection Control Ontario's representative. She also served as the Canadian Occupational Health Nurses representative at the Health Canada CJD consensus meeting. Inez has been a speaker at provincial and regional symposiums on Infection Prevention and Control and Occupational Health and Safety topics.

DONNA BAKER

Is a certified Infection Control Professional (ICP) with 16 years of experience. She is based at the Elisabeth Bruyère Health Centre, one of 3 sites that make up the SCO Health Service. The SCO institution (750 beds in total) provides care to patients requiring continuing complex care (CCC), patients requiring rehabilitation as well as care for the terminally ill. This large institution also

includes 2 nursing homes caring for the frail elderly residents from our community. Through her years of working in infection prevention and control she has witnessed the recognition of the risks of infections in this milieu, differing from acute and community hospitals. The programs offered within the health care continuum reflect the changes that have occurred over the years, i.e., increasing complexities in the long

term patient population, and increasingly frail elderly in our nursing homes requiring more nursing care than some 10-15 years ago. At different intervals she has had the opportunity to work as an ICP at acute care facilities as well as other LTC facilities in the city. This allowed her to see how different levels of health care work in tandem with similarities yet vastly different infection control issues.

BRIDGET CALLAGHAN

Has a background of over 25 years in Health Care including clinical experience as a lab technician, Asst Supervisor in the management of Radiology Dept. and Executive Administrative Assistant in the Dept of Surgery, all within McGill University Teaching Hospital. Bridget went on to specialize in Business Process Redesign/Reengineering within the health care sector. She has served as subject matter expert in the private sector as well as consultant to projects with the Ontario MOHLTC, C3 and

Toronto group of CCAC's as senior business analyst, senior business coordinator, risk analyst and project manager on a variety of projects involving the CCAC's from 1998 through 2003. Bridget joined the staff of the CCAC for the Eastern Counties in January 2004 as the Quality Risk, Program Analyst which encompasses the responsibility as the Chief Privacy Officer and Infection Control Coordinator. Bridget was invited to serve with this Committee

representing the non-acute / home health care sector recognizing that in a quickly growing market of home health care there is a need for a system wide coordination and standardization of best practices within this sector. Bridget will bring knowledge of the home care sector and its special challenges to the CICN – Steering Committee to ensure that those needs are addressed in the overall planning within the Champlain Area



Conducting an Outbreak Investigation

Notes from Dr. W. Jarvis' talk on May 17, 2006

Goals of an outbreak investigation:

- Identify the etiologic agent, the reservoir and the mode of transmission
- Eliminate the Reservoir
- Terminate Transmission of the organism
- Prevent future outbreaks

11-Step approach to Outbreak Investigation:

1. Confirm there is an outbreak: Ensure the case definition, methods for diagnosing the disease/organism and case finding methods have not changed.
2. Define a case (including time, place and person). If necessary, include definitive, probable or possible case definitions.
3. Search for additional cases by using all available sources of information (e.g. laboratory, radiology, pharmacy, information systems or employee health data).
4. Generate a line listing, including risk factor information (admission date, infection date, site, pathogen, underlying diseases, exposure to potential risk factors)
5. Create an epidemic curve comparing timeframe and number of cases. Plot both pre-epidemic and epidemic period.
5a. Using data from the epidemic curve, form a hypothesis regarding the reservoir and the mode of spread.
6. Perform comparative studies to test the hypothesis(pre-epidemic vs epidemic rates, case-control, cohort)
7. Carry out observational studies
8. If possible, use microbiologic data, such as typing to confirm hypotheses (make sure all isolates are saved!)
9. Conduct personnel studies (e.g. culture staff) if necessary
10. Implement interventions
11. Conduct a post-investigation evaluation.

Using this 11-step model, Dr. Jarvis went on to systematically describe the investigation of an outbreak with *Serratia marcescens* in a surgical intensive care unit that was traced to extrinsic contamination of the parenteral narcotic fentanyl by a health care worker. This outbreak was published in the New England Journal of Medicine, (NEJM, 2002; 346(20), p 1529-37).

Educational Events

August 27 to September 1, 2006 **International Society of Respiratory Protection**
“Respiratory Protection for Health Care Workers, First Responders and Emerging Hazards”
Toronto www.isrp.com.au

September 10-13, 2006 **Canadian Institute of Public Health Inspectors**
“On the Front Lines: Integrating Research with Practice”
Niagara Falls, ON www.ciphi.on.ca

September 27-28, 2006 **CHICA-Eastern Ontario**
“Infection Prevention: Planning for Tomorrow”
Kingston Banquet & Conference Centre Kingston, ON 613-389-9810

September 6, 28 or October 2 2006 **Canadian Standards Association**
“Infection Control During Construction or Renovation of Health Care Facilities”
Mississauga – September 6 Scarborough – September 28 London – October 2
<http://learningcentre.csa.ca> 1-800-463-6727 Email: seminars@csa.ca

October 3, 2006 **Canadian Standards Association**
Special Requirements for Heating Ventilation and Air Conditioning in Health Care Facilities
London
<http://learningcentre.csa.ca> 1-800-463-6727 Email: seminars@csa.ca

October 12-15, 2006 **Infectious Diseases Society of America**
Annual Meeting Metro Toronto Convention Centre

November 6, 7, & 8, 2006 **OHA HealthAchieve**
A World Class Showcase of Achievement in Health Care
Metro Toronto Convention Centre www.ohahealthachieve.com (416)-205-1361

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