

# CSIC Network News

Central South Infection Control Network • NETWORK NEWS

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## Understanding and Addressing Gaps in Infection Prevention and Control

As healthcare providers we are familiar with the importance of continually measuring strengths and weaknesses. This is important for many reasons, primarily, it helps us determine which interventions are working well for our clients and identify what activities are less effective. In order to do this however, we need to have a baseline that describes in measurable terms “what is the current situation”.

During the next few months the Regional Infection Control Networks (RICNS) will be leading a provincial survey to this effect. The purpose of the survey will be to provide an inventory (baseline) that describes in measurable terms **Resources and Activities for Infection Prevention and Control**

### in Ontario.

While studies of this nature have taken place for acute care and long-term care in recent years, this survey will be the first in Ontario to include five components of the health sector – Acute Care, Long Term Care, Emergency Medical Services, Public Health and Community Care.

This survey is being conducted by the RICN’s in collaboration with Research Strategy Group Inc. On October 12th (just in time for IC Week!) the Senior Administrators of all facilities and agencies listed above will receive a letter describing the details of our project and



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## Farewell Carole Taylor, Welcome Frank Demizio and Heather Hague

The CSICN wished Carole Taylor, past Chair of the Steering Committee a fond farewell. Carole, former Executive Director of CCAC in Brant County region has retired and relocated to the Leeds - Thousand Islands region. Frank Demizio, Vice President of Clinical Services, Lab Lead for Infectious Disease and Site Administrator with Niagara Health Systems will assume the role of Committee Chair. Heather Hague, Manager of Infectious Disease with the Niagara Region Public Health was welcomed as the representative of the Public Health sector. Welcome to our team!



From left to right: Heather Hague, Anne Bialachowski, Dr. Maureen Cividino, Carole Taylor, and Frank Demizio.

## Nosocomial No More: CDC Formally Changes Terminology

Adapted from an article by [Gary Evans](#)  
that appeared in *Infection  
Control Today*.

**Nosocomial: Latin nosocomium hospital, from Greek nosokomeion, nosokomos, one who tends the sick; acquired or occurring in a hospital, a nosocomial infection**

-- From Merriam-Webster's Dictionary  
Just when everybody finally figured out what nosocomial means, the time-honoured adjective has been banished officially from the epidemiological kingdom by the parent that birthed it - the Centers for Disease Control and Prevention.

The CDC's recently issued *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007* note that "the term 'nosocomial infections' is retained to refer only to infections acquired in hospitals. The guideline can be accessed from <http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Isolation2007.pdf>

The term 'healthcare associated infections' (HAIs) is used to refer to infections associated with healthcare delivery in any setting (e.g. hospitals, long-term care facilities, ambulatory settings, home care). This change in terminology reflects the changing patterns in healthcare delivery and the difficulty in determining the geographic site of exposure to an infectious agent and/or acquisition of infection.

That sounds reasonable enough given the explosion of care into ambulatory settings, but the rest of the story is that an age of patient safety and healthcare transparency finally caught up with a word that had come to symbolize the secrecy surrounding infections acquired in hospitals. In testimony before Congress last year, **Robert Haley, MD**,



one of the pioneers of modern infection control, explained why the CDC began using the word decades ago in investigating outbreaks.

"I started my career at the CDC over 30 years ago in the hospital infections branch," said Haley. "At that time, it was a problem that we knew very little about. ...We found that when we investigated epidemics in hospitals, we would immediately meet resistance, particularly if we used the words 'hospital-acquired' or 'healthcare-acquired' and so we made up the name nosocomial to reduce the sensitivity of the doctors, nurses and administrators in the hospital so that they would let us in and let us help."

CDC director **Julie Gerberding, MD, MPH**, saw the word as a hindrance to patient communication and something of an anachronism when she revamped the old hospital infections program in the late 1990s. Now nosocomial is officially passé. While technically more accurate, the term healthcare "associated" infections may cause some initial confusion of its own. Over time patients will come to know that it means they caught a bug they didn't go into the healthcare setting with. Upon being advised of their "association" with said pathogen, they may look puzzled for an instant and then say, "Oh, you mean I have a nosocomial infection. Why didn't you

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### Understanding and Address the Gaps in Infection Prevention and Control

a survey to be completed by the most senior person with Infection Prevention and Control responsibilities.

This package will be sent via Canada Post with a return mailing package. In advance of the mailing, Research Strategy Group Inc. will be providing a phone call to all participants to verify contact information and a follow-up call two weeks later to determine that the survey has arrived safely to its correct destination. The survey will take place in two waves. A report of the first wave will be completed in January 2008 with the full provincial report to be finalized in early June 2008.

You can follow the progress of our survey by logging onto our website at [www.ricn.on.ca](http://www.ricn.on.ca) where we will be posting periodic reports and updates. This is a very exciting project for the RICNs and we are all feeling very fortunate to have the support of our regional membership, provincial infection prevention and control partners and Research Strategy Group Inc. –



Whatever your discipline, become a student of excellence in all things. Take every opportunity to observe people who manifest the qualities of mastery. These models of excellence will inspire you and guide you toward the fulfillment of your highest potential.

- Michael Gelb and Tony Buzan



## Got a Bug?

Have an infection control question that is bugging you? Send it to us and we'll try to answer it for you!

- Q. I was wondering if you have any idea of when we will be hearing more about the influenza vaccinations this year? I have not heard anything as of yet.**
- A. Your local public health unit is the best source for this information. All of the Public Health Units in the region will be holding information session/educational events this month and in November. To find out about an information session that is close to you go to the RICN webpage and the CSICN section at. These sessions are well attended by registrants from long-term care and acute care.
- Q. I am a physician that makes house calls and I've just been diagnosed with scabies. I also work in acute and LTC care settings. What do I need to do for my patients?**
- A. Any patient that you have had skin to skin contact with should be assessed and receive prophylaxis or treatment for scabies. If prophylaxis or treatment is not prescribed to the contacts or infested patients there may be an on-going reservoir present and the potential for continual spread. Information about management of healthcare staff with scabies is available in the OHA/OMA Scabies surveillance protocol. Although they were created for acute care they provide helpful guidance in all settings where health care is provided. The scabies protocol is available at:  
[http://www.oha.com/client/OHA/OHA\\_LP4W\\_LND\\_WebStation.nsf/resources/SCABIES/\\$file/SCABIES\\_Reviewed\\_February06.pdf](http://www.oha.com/client/OHA/OHA_LP4W_LND_WebStation.nsf/resources/SCABIES/$file/SCABIES_Reviewed_February06.pdf)

## Websites of the Month: Links on Relevant Articles and Documents on MRSA and VRE

The Cost of Doing Business-Managing MRSA and VRE  
 Bryce EA, Kerschbaumer V. Infect Control Hosp Epidemiol 2000;21(2):119

Prevention and Control of MRSA and VRE  
<http://www.unc.edu/depts/spice/MRSA-VRE-Surveillance.ppt>

The Role of Active Surveillance in Controlling Healthcare Associated MRSA  
<http://www.unc.edu/depts/spice/Karchmer-MRSA.pdf>

Control of Nosocomial Methicillin-Resistant Staphylococcus aureus: Where Shall We Send Our Hospital Director Next Time?  
<http://www.journals.uchicago.edu/cgi-bin/resolve?id=doi:10.1086/502211>

The Relationship between Hospital Infection Surveillance and Control Activities and Antibiotic Resistant Pathogen Rates Dick E. Zoutman, MD, FRCPC, Department of Pathology and Molecular Medicine, Queen's University and Infection Control Service, Kingston General Hospital, Kingston, ON B. Douglas Ford, MA, Department of Pathology and Molecular Medicine, Queen's University, Kingston, ON Canadian Hospital Epidemiology Committee  
[https://qspace.library.queensu.ca/bitstream/1974/116/1/Infection\\_Control\\_Study\\_in\\_Canadian\\_Hospitals\\_February2005.doc](https://qspace.library.queensu.ca/bitstream/1974/116/1/Infection_Control_Study_in_Canadian_Hospitals_February2005.doc)

Outbreak in Alberta of community-acquired (USA300) methicillin-resistant Staphylococcus aureus in people with a history of drug use, homelessness or incarceration CMAJ \* July 18, 2006; 175 (2).  
<http://www.cmaj.ca/cgi/reprint/175/2/149>

Globe and Mail articles on superbugs (list of articles)  
<http://www.theglobeandmail.com/servlet/Page/document/v5/templates/hub?searchText=c+difficile&hub=Search&searchType=Quick>

Top hospital to screen all patients for superbugs  
<http://www.theglobeandmail.com/servlet/story/RTGAM.20070908.winfect0908/BNStory/specialScienceandHealth/>



## Core Competencies Now Available On-line!

All three acute care modules. Routine practices, Hand Hygiene and Chain of Transmission modules can now be accessed at MOHLTC Infection Prevention web page:  
[www.health.gov.on.ca/infectionprevention](http://www.health.gov.on.ca/infectionprevention)



## The Recipe for Infection Control Week Success!



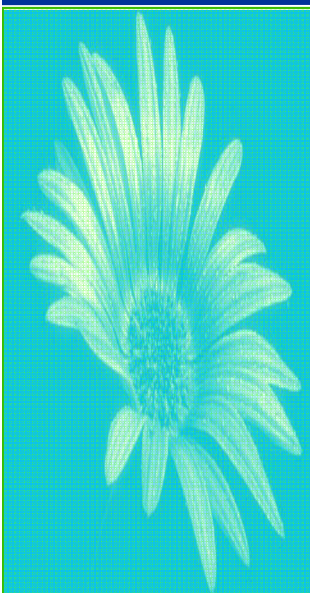
This year, the National Infection Week theme in Canada is “Infection Control - Practice and Participate”. Established in 1988 and proclaimed as an annual event by the federal government in 1989, the primary goal of the week-long celebration is to highlight infection control efforts in acute, non-acute and community health care settings. The week presents a perfect opportunity to educate people about the importance of behaviours such as handy hygiene and respiratory etiquette that help to prevent the spread of infections. Infection Control Week is also a fantastic way to promote the work that is done by those involved in the prevention and control of infections on a daily basis in a visible and entertaining way. In many respects, the process of celebrating Infection Control Week can be compared to baking a cake. A successful Infection Control Week takes the right ingredients, time, forethought and evaluation after the events are over.

Before you can begin to bake a cake, you must consider what you want the cake to look like, what flavour it will be, if it will be made from scratch or a mix, what ingredients are needed, how much time you have to make it, and who you will serve it to. The answers to these questions provide

guidelines and direction to make decisions regarding the cake. The questions that you need to consider when planning your Infection Control Week celebration activities are similar: you need to have an idea of what you want to do, who will be involved, what will be gained from involvement in the activity, and how much time you have to plan and gather the equipment you will need for it. To help you generate ideas for your celebration, the Regional Infection Control Networks have created an Infection Control Week Idea Primer that you can access by visiting <http://www.ricn.on.ca/homes1.php>.

The next step, once you have gathered the ingredients and equipment you will need, is to measure each ingredient out carefully and combine them to form the cake batter. Essential ingredients for an Infection Control Week activity include education with a focus on infection prevention and control and a group of people who are committed to working together to help mark the occasion in a memorable way. Ideas must contain these ingredients at a minimum. Ideas don't have to be highly complex or technical. Pouring the cake batter into the pan and placing it in the oven where it will bake can be equated to the time and

effort that go into planning and preparing the implementation of the Infection Control Week activity. Some kinds of cakes require longer baking times than others and the same is true of Infection Control Week activities. Allow yourself enough time to prepare for the activity and just as you would check to ensure that the cake was fully baked before removing it from the oven, check that those involved with the activity are thoroughly prepared to implement it. The best part about baking a cake, undoubtedly, is finally getting to enjoy it! Putting your Infection Control Week activity into action is when you get to see your hard work come to life. Are people having fun? Keep a camera nearby to capture the extraordinary moments and share what you have accomplished with others, especially those at your Regional Infection Control Network who would like to share your success with others! We hope that you will find the Infection Control Week Idea Primer to be helpful to you in creating your own Infection Control Week success!



Recipe for: ***Infection Control Week Success***  
 From the Kitchen of: *The Regional Infection Control Networks*

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Essential Ingredients:

*Great Idea*.....1 or more  
*Committed People*.....as many as you can get  
*Fun*.....heaps  
*Education with IPAC Focus (minced)*.....lots

Preparation Time: *Varies*  
 Serves: *Unlimited*

Directions: *Using your well thought out great idea as a base, combine the committed people who are working together. Fold in several cups of fun, saving at least one cup to enjoy with the finished product. Remember to add in an equal amount of Infection Prevention and Control Education that will leave participants with some food for thought. Mix the concoction thoroughly and add a dash of creativity and a pinch of innovation to taste. Enjoy Infection Control Week!*

## New Legislation: Needle Safety Regulation



A new regulation under the Occupational Health and Safety Act will make safety engineered needles or needle-less systems mandatory in all hospitals as of September 1, 2008. This will take place in long-term care homes, psychiatric facilities, laboratories and specimen collection centers in 2009 and in other health care workplaces (home care, doctor's offices, ambulances, etc.) in 2010.

### *Bill 171 – The Health System Improvement Act.*

In June of this year the Health System Improvements Act, 2007, received Royal Assent in the Province of Ontario. This is important news for all healthcare providers as this act amends many existing acts such as the Regulated Health Professionals Act, the Ambulance Act, the Immunization of School Pupils Act, the Drug and Pharmacies Regulation Act and many others. Primarily, this Act makes way for the establishment of the Ontario Agency for Health Protection and Promotion.

The Ontario Agency for Health

Protection and Promotion will be established as a centre for public health excellence that will provide research, scientific and technical advice and support to the government, public health units and health care providers. Following SARS, several high profile reports recommended the creation of an agency in Ontario to provide expertise and support for the public health system. The recommended agency would help to strengthen the provincial response to health emergencies and localized outbreaks, giving timely scientific and technical advice to front-line health care workers.

Under the direction of Ontario's Chief Medical Officer of Health and at arms-length from the Ministry of Health and Long Term Care, the Agency will provide support where it is most needed and will bring together experts from academic, clinical, and governmental fields to create the foundation for excellence in public health in Ontario. For more information, or a summary, of Bill 171 contact the RICN at [www.ricn.on.ca](http://www.ricn.on.ca).

*Congratulations!*

CSICN would like to congratulate...

Sandra Command  
Cheryl Collins  
Sandy Crayford  
Ruth Gratton  
Lee Ramage

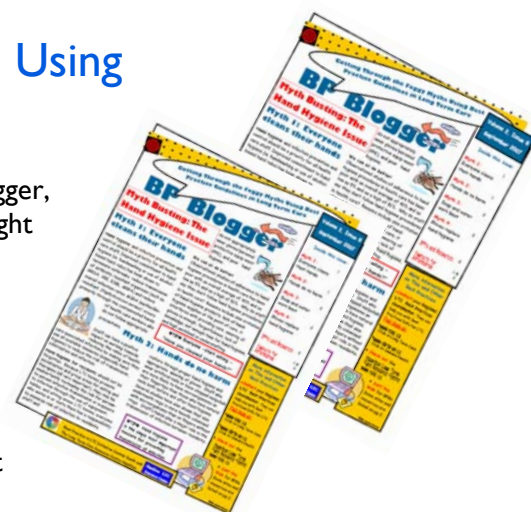
on the successful  
certification and  
re-certification  
of their  
Certification in  
Infection Control  
(CIC) exam!

## BP Blogger: Cutting Through the Foggy Myths Using Best Practice Guidelines in Long Term Care

Looking for Hand Hygiene information? Be sure to check out the BP Blogger, a 2-page flyer that dispels Hand Hygiene myths. The Blogger provides insight myths such as:

- Everyone cleans their hands
- Hands do no harm
- Soap and water work best
- Gloves replace hand hygiene

A copy of the Blogger can be downloaded from the CSICN website at <http://www.ricn.on.ca/centralsouthhomec47.php>





## 2007 Webber Training Teleclasses

**October 4**  
GREEN CLEANING STRATEGIES FOR HEALTHCARE  
Speaker: Dr. Lynne Schulster, CDC

**October 10 (South Pacific Teleclass)**  
INFECTION PREVENTION AMONG REFUGEES  
Speaker: Dr. Mark Birch

**October 18**  
HOT ISSUES IN HAND HYGIENE IMPROVEMENT - THE FIRST GLOBAL CHALLENGE  
Speaker: Julie Storr, WHO, Geneva

**November 6**  
COMMISSIONING INFECTION CONTROL STRATEGY  
Speaker: Yvonne Sawbridge

**November 6**  
COMMISSIONING INFECTION CONTROL STRATEGY  
Speaker: Yvonne Sawbridge

**November 8**  
HAZARD VULNERABILITY ANALYSIS FOR INFECTION CONTROL  
Speaker: Andrew Streifel  
University of Minnesota

**November 15**  
EFFECTIVE INFECTION CONTROL PROMOTION IN 3-5 STEPS  
Speaker: Allen Soden

**December 6**  
INFECTION CONTROL IN THE LIVING AND THE DEAD: THE ANGOLA MARBURG OUTBREAK  
Speaker: Dr. Adriano Duse  
University of the Witwatersrand  
South Africa

**December 13**  
WATER QUALITY ISSUES PERTAINING TO MEDICAL DEVICES  
Speaker: Dr. Michelle Alfa  
St. Boniface Hospital, Winnipeg

FOR MORE INFORMATION ON UPCOMING EDUCATION EVENTS IN CENTRAL SOUTH GO TO:

<http://ricn.on.ca/csicneducationcalendarc255.php>

## Upcoming Events

**October 10-11, 2007**  
**Emergency Preparedness: Responding to CBRN Incidents**  
Presented by the OHA  
Metro Toronto Convention Centre  
255 Front St. W.  
Toronto, ON  
For more information visit  
[www.oha.com/conferences](http://www.oha.com/conferences)

**November 1, 2007**  
**Infectious Diseases in your Family/ Community Practice**  
(CME Credits)  
Hellenic Banquet Centre  
1315 Prince of Wales Drive  
Ottawa, Ontario  
Presented by CHICA Ottawa Region and Champlain Infection Control Network

**November 2, 2007**  
**An Infection Control Symposium- Handling New Changes in Infection Control**  
Hellenic Banquet Centre  
1315 Prince of Wales Drive  
Ottawa, Ontario  
Presented by CHICA Ottawa Region and Champlain Infection Control Network



**MARK YOUR CALENDAR!**

**November 15, 2007**  
**CSICN Presentation to Stakeholders**  
**2:00 p.m. to 5:00 p.m.**  
Liuna Station, 360 James St. North  
Hamilton, ON  
Guest Speaker: **Jim Clemmer**

For more information or to register contact: Oksana Zaporzan at 905 627-6475 or toll free 1 866 681-4916 or email [zaporzan@hpsc.ca](mailto:zaporzan@hpsc.ca)

For more information or to register contact:  
Lise Blanchard at  
[lblanchard@ottawahospital.on.ca](mailto:lblanchard@ottawahospital.on.ca)

For more information or to register contact:  
Lise Blanchard at  
[lblanchard@ottawahospital.on.ca](mailto:lblanchard@ottawahospital.on.ca)

**December 4, 2007**  
**Infection Control during Construction, Renovation or Maintenance of Health Care Facilities**  
Based on CSA Z317.13-07  
Centre for Health & Safety Innovation  
5110 Creebank Road  
Mississauga, ON

For more information visit  
[https://learningcentre.csa.ca/lc\\_site/be.asp?gid=50009572&tid=50009637](https://learningcentre.csa.ca/lc_site/be.asp?gid=50009572&tid=50009637)

Or visit: <http://ricn.on.ca/champlaineducationcalendarc258.php?month=11&year=2007&CALENDARTYPE=0>



## Career Opportunities

### TEMPORARY FULL TIME INFECTION CONTROL PRACTITIONER (NURSE) FOR INFECTION PREVENTION AND CONTROL

St. Joseph's Healthcare, Hamilton  
Qualified applicants are encouraged to apply in writing to:

**Human Resources**  
St. Joseph's Healthcare's Charlton Campus  
50 Charlton Avenue East  
Hamilton, Ontario L8N 4A6

## Call for Interest

The Central South Infection Control Network (CSICN) is currently looking for persons interested in participating as a representative on the CSICN Steering Committee. The role of the Steering Committee is to provide guidance, direction and leadership for network activities. The Steering Committee establishes the strategic direction for the Regional Network. The Steering Committee is accountable to the Public Health Division of the MOHLTC.

If you are interested in being a representative on the Central South Infection Control Network Steering Committee in one the following categories: **Family Physician and Community Care-CCAC**, please send a current resume and a cover letter stating your interest to the attention of:

Anne Bialachowski, Network Coordinator  
Central South Infection Control Network  
St. Joseph's Villa, 56 Governors' Road, Dundas, ON L9H 5G7  
Phone: 905 627-6475 or toll free: 1-866-681-4916  
Fax: 905 627-6474  
E-mail: [zaporzan@hhsc.ca](mailto:zaporzan@hhsc.ca)

## CSICN Contact Info



### St. Joseph's Villa

Lower Level, North Tower  
Dundas, ON L9H 5G7  
Phone: 905 627-6475  
Toll-free: 1-866-681-4916  
Fax: 905 627-6474  
Website: [www.ricn.on.ca](http://www.ricn.on.ca)

Anne Bialachowski, Network Coordinator  
[bialach@hhsc.ca](mailto:bialach@hhsc.ca)

Dr. Maureen Cividino, Medical Coordinator  
[mcividino@stjosham.on.ca](mailto:mcividino@stjosham.on.ca)

Joanne Laalo, Infection Control Consultant  
[laalo@hhsc.ca](mailto:laalo@hhsc.ca)

Oksana Zaporzan, Administrative Assistant  
[zaporzan@hhsc.ca](mailto:zaporzan@hhsc.ca)