

CSInfection Control Network

Central South Infection Control Network • NETWORK NEWS

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SOME FEATURES THIS ISSUE

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New Staff

The Central South Infection Control Network welcomes our new administrative assistant Oksana Zaporzan. Oksana will be the welcoming voice of the CSICN and will also be contacting members of the Network as we continue to expand our contact lists.

New Office

Over February we will be establishing the new office in Burlington.

Mailing address:

Central South Infection Control Network
c/o Joseph Brant Community Health Centre, (JBCHC)
1230 North Shore Blvd.
Burlington, ON L8K 3Z9

New contact information will be distributed shortly. Please continue to use (905) 527-4322 Ext. 43810 (temp), Cell phone: (905) 541-0097 or email brownad@hhsc.ca and now zaporzan@hhsc.ca.

CSICN Steering Committee Update

- The committee conducted their initial strategic planning exercise on February 1st* which addressed aspects of team building, communication strategies, and role clarification. This will help inform our workplan as network initiatives move forward.
- The Resource Assessment Questionnaires continue to be refined in preparation for rollout to Acute Care facilities, Non-Acute Care (including LTC homes) community care agencies and Public Health Units within our Network.

Four New Regional Infection Control Networks in Ontario

- We welcome four new networks - Central East (LHIN #9 boundaries), Northeast (LHIN #13), North Simcoe Muskoka (LHIN#12) and Waterloo Wellington (LHIN#3).
- Coordinators of the four pilot networks look forward to working with and supporting the coordinators from the new networks as they come on board.
- MOHLTC plan is to have the remaining six networks up and running as of 2007.

CMOH Notes Benefits of Regional Infection Control Networks

In her 2005 Annual Report to the Ontario Legislative Assembly, Dr. Sheela Basrur the Chief Medical Officer of Health Ontario, cites the Regional Infection Control Networks as an important initiative under Operation Health Protection, “The Networks will promote a common approach to infection prevention and control and utilization of best practices within the region... fostering local communication and coordination”. The full report is available on www.PublicHealthOntario.ca

Focus on Safe Reprocessing of Medical Devices

- On January 30th a one day videoconference on Reprocessing Best Practices was presented with over 50 attendees from Central South. The day was very well received. Acute care, LTC and community care from across our region were represented and asked excellent questions of the presenters, MOHLTC Senior Infection Control Consultants - Clare Barry and Liz Van Horne. Contact information for all in attendance was provided for further networking. Following the release of the Reprocessing Best Practice document from PIDAC, we will be holding focus group sessions as part of the introduction of the document.

- It has become evident that within the Central South area there is quite limited access to North Network

(Reprocessing cont'd...)

based videoconferencing sites. Thanks to Brantford General Hospital for offering their videoconferencing facilities for the Reprocessing session.

Visiting Brant County

- Thank you to Brant County Public Health Unit – Rose Corby and Jill Fediurek for inviting us to present at their “Big Shot Challenge” awards meeting which included LTC, community care agencies and acute care. Congratulations to those receiving awards in recognition of meeting and exceeding the challenge of 90% resident and 96% staff influenza immunization.
- Brant is reactivating their Community Infection Prevention & Control Committee and has invited Network Coordinators’ membership, which we were very pleased to accept.

Spreading Network News in Niagara

- Network coordinators met with the Infection Control Program for the Niagara Health System to update them on CSICN and explore partnerships.

OHA Pandemic Planning Webcasts

- On January 17th Hamilton Health Sciences and Brantford General hospitals hosted the Pandemic Planning videoconferencing session. Over 100 attended and many noted they would not have been aware of the day if they had not been alerted by the CSICN.

- If you were unable to attend you can access this and other archived presentations by webcast from the OHA website by the following path: www.oha.com - **Professional Developments & Events - Distance Learning - Archived Webcasts and videoconferences.**
- Note the February 14th OHA Pandemic Planning – Survey on Bulk Ordering of Tamiflu. also available.

Novice Education Day

- New to the field of infection prevention and control? You can register for the CHICA-Canada Novice ICP day in London Ontario, Saturday May 6th.
- Read all about it at <http://www.chica.org/2006noviceICP.html>

Professional Discussions

Anyone within our Central South Network area is invited to call or email the Network office with their infection prevention and control related questions. This is happening and we encourage you to continue doing so. In this area of the Newsletter- under Professional Discussions we would like to share some topics of interest.

- **Patient/Resident Transfer**
Infection Control Professionals (ICPs) recognize that the primary goal of patient/resident transfer is to provide the appropriate level of care required to support that patient’s plan of care. The ICP assists in communicating health information including details of ARO (Antibiotic Resistant Organism) exposure, colonization or infection. Some facilities are able to do this by means of written transfer forms, others by timely phone calls. Infection Prevention and Control services support this

timely communication in any health setting.

Febrile Respiratory Illness Best Practice Document

The following pages give a detailed overview of the PIDAC FRI document. The full document is now available in both English and French on the Ministry website at http://www.health.gov.on.ca/english/providers/program/infectious/pidac/pidac_mn.html

What are the New Febrile Respiratory Illness Guidelines?

- These guidelines describe the best practices related to detection and management of diseases that are spread by the droplet route of transmission (e.g. Meningococemia, Influenza, RSV, Group A Streptococci).
- Droplet transmission occurs when respiratory secretions from one person come in direct contact with the mucous membranes of the eyes, nose or mouth of another person. As most microorganisms carried in respiratory secretions can also survive on inanimate surfaces, many droplet-spread illnesses have a component of spread through indirect contact.

Where did the New Febrile Respiratory (FRI) Guidelines come from?

- The new guidelines for Preventing FRI have been developed by the Provincial Infectious Diseases Advisory Committee (PIDAC), a group of experts in Infectious Diseases and Infection Control, which reports directly to the Chief Medical Officer of Health, Dr. S. Basrur.
- They were written to replace several documents released during the SARS crisis, and deal only with non-outbreak situations.

What about in situations where we see the patient regularly (e.g. home care)?

- Case finding in this setting should be ongoing. On the first visit, patients should be assessed for symptoms of FRI.
- This can occur within 24 hours of the visit, or when the health care provider arrives at the home. Patients should then be taught to report any new symptoms to their healthcare provider so that appropriate action can be taken.
- If the patient is not able to comply with this, the healthcare provider should begin each visit by asking about new symptoms of cough and fever.

Do we have to fill out a form every time we see a patient?

- No. It is necessary to assess each patient/client for FRI symptoms, and it is necessary to document that the assessment has been completed, but it is not necessary to fill out a separate form for each assessment.
- The important thing is to communicate to other caregivers that a patient has been identified with FRI, and that additional precautions are necessary.

When do we use the practices outlined in this document?

- The best practices for febrile respiratory illness set out in this document should be part of **ROUTINE** practice for **ALL** patient care in all settings where health care is provided.
- They should be integrated with existing infection prevention and control programs for other illnesses, and be part of a comprehensive organization-wide effort to maintain acceptable standards for infection prevention and control.

What are the components of an effective FRI program?

- Prevention of FRI involves a number of strategies including:
- An annual influenza immunization program
- *Efficient and effective case finding or surveillance strategies*
- Rigorous and evidence-based preventive practices
- Established reporting mechanisms
- Evaluation of the program

What symptoms do we look for in FRI?

- The primary symptom is a new or worse cough OR new or worse shortness of breath. If the patient or client has either of these situations, he or she should be assessed for fever.
- Both fever and respiratory symptoms should result in precautions being initiated.
- Many elderly people and people who are immunocompromised may not develop a high temperature. As well, people who report for medical care after having taken an antipyretic such as Tylenol may not present with a higher temperature.
- Therefore, any reports of “feeling feverish” should be considered a cue to initiate further precautions. If people deny “feeling feverish”, a temperature of 38°C or higher should be the cue to initiate precautions.

How do we identify when a client or patient has a febrile respiratory illness?

Two acceptable methods of screening patients can be employed to identify those with FRI:

1. Asking patients directly (Active case finding) or
2. Using signs to direct patients/clients to self-assess and self-identify (Passive case finding).

A sample sign can be found on the CDC website at:
<http://www.cdc.gov/flu/protect/covercough.htm>

A combination of these methods can also be used as necessary. If there is any doubt whether the patient or client can understand signage, questions should be asked directly.

(FRI continued...)

A Sample FRI Case Finding Protocol

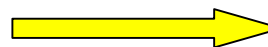
Adapted from the PIDAC "Preventing Febrile Respiratory Illnesses" Guideline, released September 2005.

New patient or client arrives in your setting:

1. Do you have a new cough or feel short of breath?

OR

Is your cough or shortness of breath worse than usual?



Client answers No. Stop the assessment here.

Client answers yes..... (Ensure client practices Respiratory Etiquette*)



2. Are you feeling feverish, or have you felt shakes or chills in the last 24 hours?

Client answers yes.....

Client answers no.....



Initiate Droplet and Contact precautions**



Take the temperature.

If over 38 Degrees Celsius, initiate Droplet and Contact Precautions**



***Droplet and Contact Precautions: Hand hygiene, mask, eye protection when within 1 meter of the patient/client; gloves and gowns if you are likely to have contact with body fluids or touch contaminated surfaces.**

*Respiratory Etiquette involves covering the cough with a tissue and disposing of the tissue in an appropriate receptacle as well as proper hand hygiene.

This Protocol outlines only the initial case finding part of the process. There is also an important component for surveillance of new and emerging diseases, therefore it is important to find out about travel history for patients or clients who have been found to have a new Febrile Respiratory Illness. The following questions are recommended:

1. Have you traveled within the last 14 days? Where?
2. Have you had contact in the last 14 days with a sick person who has traveled? Where?

Countries which have reported human cases of Avian Influenza can be found in the Travel Health Advisories which can be accessed at:

<http://www.phac-aspc.gc.ca/tmp-pmv/index.html>

Depending on your program, the Infection Control or Public Health Professionals may be responsible for asking these questions. It is important for them to know whether the questions have been asked when a case of FRI is reported.