



focus

on infection prevention and control

A Newsletter from the Central South Infection Control Network

CSICN Stakeholder Presentation

In November, Central South Infection Control Network (CSICN) staff hosted a stakeholder event at Liuna Station in Hamilton. We were delighted to have some of our colleagues from neighbouring RICNs join us. Our keynote speaker, Jim Clemmer, presented on "Leading at the Speed of Change". Participants learned about being a 'navigator' through times of change rather than becoming a survivor or victim. To learn more about leadership tools available from Jim go to www.clemmer.net. Copies of Jim's new book "Moose on the Table" are available from the our library. CSICN staff then presented on the Strategic Plan for 2007 - 2010.



Guests at the Stakeholder Presentation

Our Mandate is:

⇒ **To Build a Community of Citizens**

To develop a strong, cooperative network of providers committed to improving the prevention and control (IPAC) of infections & infectious diseases. To become a fully

engaged citizen of CSICN, letters of Cooperation invite voluntary membership to ensure inclusion in distribution lists, educational offerings and other opportunities.

⇒ **To Sing from the Same Song sheet**

To integrate the distinct infection prevention and control activities of acute and non-acute care facilities, public health programs and community care agency programs.

⇒ **To Support Best Practice**

Promote excellence, integration and continuous improvement in infection prevention and control activities across the healthcare spectrum.

What are the values of CSICN?

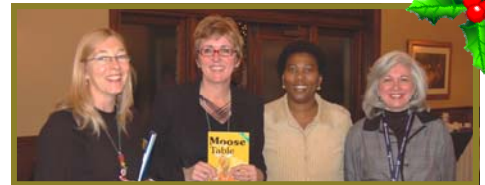
Accessibility and Responsiveness: To be responsive and proactive in meeting the needs of Network members by providing consistent, credible, evidence-based communication using a multi-media approach.

Respect: To demonstrate respect for the unique needs and cultural differences of all health care populations and sectors.

Partnerships: To promote and facilitate collaboration and cooperation to improve the health and well-being and safety of patients, staff and visitors in all healthcare settings of our community.

Quality: To support initiatives that enhance patient care quality outcomes related to Infection Prevention & Control best practices.

Innovation: To develop and facilitate innovative Infection Prevention and Control initiatives in collaboration with Network partners. **We look forward to working with you in 2008!**



(L-R) Mary Catharine Orvidas, Hamilton Health Sciences; Virginia Tirilis and Mercy Fynn-Sackey, St. Peter's Hospital; Lili Brylowski, Hamilton Health Sciences



(L-R) Ellen Otterbein, WWICN; Tammie Corrigan, WICN; Oksana Zaporzan, CSICN; Colleen Pandolfo, ESICN; Anne Bialachowski, CSICN

A special thanks to Colleen Pandolfo from ESICN, Ellen Otterbein & Tammie Corrigan from WWICN, Virginia Tirilis, Mary Catharine Orvidas and Tamara Johnson for their assistance planning and executing the day.



CSICN wishes you a happy & healthy
Holiday Season!

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IPAC Week at Niagara Region Public Health Department

The week kicked off with the distribution of tent cards around Niagara Region headquarters containing IPAC key messages: get your flu shot, hand hygiene, respiratory etiquette and stay at home when you are sick. The tent cards were used to provide education for a poster contest of The “Do’s” & “Don’t’s” of IPAC. The posters featured key members from Niagara Region including our Regional Chair, Niagara Region CEO, Niagara Region Medical Officer of Health and Associate Medical Officers of Health. Therefore, the tent cards were used as a tool to educate and the poster contest engaged staff by exhibiting the lessons learned by entering a ballot identifying the correct IPAC message posters. In addition, the Infectious Disease & Environmental Health programs hosted an Open House event at Regional Headquarters that



(L-R) Sandy Crawford and Linda Green.

targeted our colleagues across the corporation. Attendees moved through with IPAC passports collecting valuable information on Hepatitis, Tuberculosis, Immunization, Pandemic Preparation, West Nile Virus, Food Safety, Hand Hygiene, Travel Health and Common Communicable Diseases. The event was a success with nearly 100 Niagara Region staff attending. Not only did attendees walk away with valuable information, they collected “goodies” with IPAC messages (pens, key chains, notepads & hand hygiene products). *Article by Lorrie Ross, Niagara Region Public Health*



(L-R) Yvonna Cahill, Sandra Jacobs & Carrie Beatty

Website of the Month: Health Canada Risk Communication Products www.hc-sc.gc.ca

Since May 2006, Health Canada has been using four communication products to keep Canadians apprised of potential risks to their health. Each of the four products has a specific use and a unique method of dissemination.

Public Warning

Issued in the most urgent situations, public warnings inform Canadians when there is a high probability that a product will cause death or other serious adverse health effects, such as the public should stop using the product immediately. Warnings are sent to the media and posted on the Health Canada website and distributed through the MedEffect electronic bulletin and the Health Canada media e-mail list.

Public Advisory

Issued through the same channels as warnings, Health Canada empowers Canadians through public advisories to make informed decisions concerning the continued use of consumer and marketed health products that may cause possible serious health hazards.

Information Update

Information to be conveyed about a product that carries a lower level of risk or that affects a very small group of people is contained in information updates. This risk communication product is also used to indicate the progress of Health Canada’s review of a risk situation or to reinforce previously issued safety recommendations. Information updates are posted on the Health Canada website and distributed using the Health Canada media e-mail list and through MedEffect when marketed health products are involved.

Foreign Product Alert

Foreign Product Alert advise consumers of health risks related to foreign products not authorized for sale in Canada and not found on the Canadian marketplace, but which may have entered the country through personal importation or by purchase over the internet. E-mail notice is sent to the Health Canada media list when a foreign product alert is issued.

To subscribe to MedEffect, visit:

http://hc-sc.gc.ca/dhp-mps/medeff/subscribe-abonnement/index_e.html

To subscribe to the Health Canada Media News Service visit:

http://hc-sc.gc.ca/ahc-asc/media/sub-abonn/index_e.html

Flu Facts! at www.ricn.org/influenza

About influenza
Why get vaccinated? How effective is the vaccine?
Are there side effects?

Influenza or a common cold?
Compared to the common cold, the symptoms of influenza are far more severe

Influenza by the numbers
...rates of infection...number of children hospitalized...economic costs...workdays lost...

Test your flu IQ
How well do you know the facts about influenza?

What the medical experts say
An audio-visual presentation on influenza by a neurologist and an infectious disease specialist

A smart choice. The right choice.

CIC Study Group

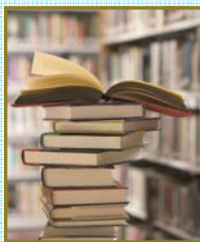
Since September 2007 the second CSICN CIC study group has been meeting here at our offices on the 2nd Friday of the month. There are approximately 20 members signed up for the sessions who are from non-acute, acute, community and public health sectors. The participants decide the topics to cover for each session, which is hosted and facilitated by the CSICN.

Our last session held on December 7th covered cleaning, disinfection and sterilization, which were presented by Anne Bialachowski. A session delivered by Denise Bosnjac from Hamilton Health Sciences (HHS), outlined the process for recall after a sterilization failure. Our next session will be on site at the Hamilton General Hospital on January 11th 2008 when we will tour the Central Processing in the OR followed by Q & A's session.

The session on February 8th, 2008 will be held at Brantford General Hospital where Sandra Command, Microbiology Manager will deliver a presentation on microbiology followed by a training tour of the microbiology laboratory. If you would like to join the CIC study group or attend a specific session, please contact Oksana Zaporzan at our office at zaporzan@hhsc.ca, (905) 627-6475, or toll-free 1 866 681-4916.


CIC Resources for our Members!

In addition to hosting and facilitating the CIC study sessions, we can provide you with the tools you need to succeed. We have supplied many copies of the APIC CIC study guide and ready reference to many of our members who wish to write the CIC exam. We have an extensive library of IPAC resources including textbooks, CD's and DVD's that you can borrow from our office that will provide background information for your studies. To view a list of our resources go to <http://ricn.on.ca/csicnlibraryc340.php>



Resources for Long-Term Care

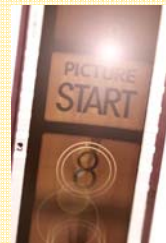
The CSICN was pleased to offer all long-term care facilities within the LHIN 4 boundaries the opportunity to place their orders for various Infection Prevention and Control (IPAC) reference materials. The CSICN was very happy to be able to provide these resources to our LTC members free of charge as we realize there is a great need in the LTC sector for IPAC resources.



*Congratulations to Jennifer Blue
and Cindy O'Neill on the
successful completion of the
CIC Exam!*

Because YOU Asked . . .

Q. Our healthcare facility has agreed to allow a film company to use the old, unoccupied part of our facility for filming parts of their movie. I received a call from our administrator today who informed me that the film crew wants to use a live bat for much of their movie. The old part of the building where they are filming has various opening up through several false ceilings and is directly adjacent to the building where residents live. She mentioned that the bat is a "university bat" that the company assures is "safe" for working with humans. What do you think about allowing the bat in for filming?



A. Even though the bat is a "university bat" that doesn't mean anything. The most worrisome risk is if the bat is infected with rabies, which is an almost inevitably fatal zoonotic (infectious diseases transmissible from animals to humans and vice versa) disease. The area that they would be letting the bat fly around is poorly controlled and the bat could easily escape and possibly bite a resident, staff member, or actor. I would strongly discourage this from happening.

Are We Doing Enough to Combat MRSA?

In our travels around the network and beyond we are often asked questions about best practices for Antibiotic Resistant Organisms. Sometimes healthcare staff who have recently returned from a stint working in a US facility will say "Why are we bothering to screen or isolate for MRSA? They aren't in the US." Although the approach to MRSA in many US facilities was less stringent than Ontario's approach this is rapidly changing.

In 2006, the Association for Professionals in Infection Control and Epidemiology (APIC) launched a comprehensive initiative to fight MRSA. One of the first steps they took was to measure the amount of MRSA in American Healthcare Facilities. They did this study to get a national estimate of MRSA prevalence which was not previously available. In June 2007 they released the findings of the study and the MRSA rate was 8 - 11 times higher than previous estimates. APIC plans to use the information to initiate a "Call to Action for CEOs" at health care facilities to gain their commitment to a comprehensive initiative to fight MRSA. To learn more about these initiatives go to www.apic.org. To find out about MRSA tracking in Canada go to www.nosocomial.ca which has information about the Canadian Nosocomial Infection Surveillance Program.

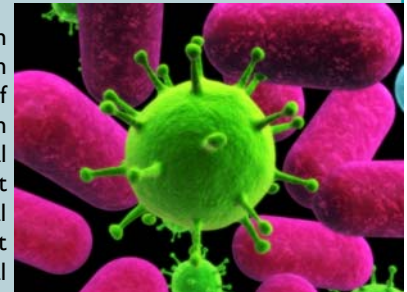
To sum it all up, the measures recommended in the PIDAC best practice guidelines (http://www.health.gov.on.ca/english/providers/program/infectious/pidac/pidac_mn.html) provide evidence-based information on managing MRSA. CSICN can help with the interpretation of this Best Practice Guideline and provide tools to help implement them in your setting.

Norovirus and Rotavirus.... *Foul weather friends*

Article courtesy of Champlain Infection Control Network

Norovirus and Rotavirus infections generally make themselves known in the winter months in our part of the world. Each of these viruses cause short-lived enteric disease that includes vomiting, diarrhea, abdominal pain and sometimes fever. Although neither virus is a welcome presence in our lives, they do tend to run their course relatively quickly, and most healthy individuals will suffer no long term harm from infection. However, they are a curse in healthcare settings, and in extreme cases, and in the wrong host (particularly the elderly and very young), these infections can result in severe dehydration and electrolyte imbalance that requires hospitalization and can result in death.

Rotavirus is well known to affect children, with an estimated 35% of pediatric hospital admissions for gastroenteritis being caused by this organism. Typically, rotavirus infection requires an incubation period of 48 to 72 hours, and symptoms last from 4 to 6 days. Onset is generally quite sudden, with vomiting and fever, which lasts for about 2 days, followed by profuse diarrhea. The virus is actively shed in the feces between the 3rd and 8th day of illness, with viral concentrations of over 1,000 micro-organisms per gram of feces having been described. The virus is stable, with persistence for up to 10 days being seen on inanimate surfaces, including toys. The organism is primarily spread via contact, through a fecal-oral route. The potential for “aerosol” spread has been speculated, but there is no firm data to support this theory. Although adults can be infected, they are often asymptomatic. However, nosocomial outbreaks have been described in adult populations, with severe consequences in immunodeficient individuals and in the elderly. In these cases, a chronic symptomatic diarrhea with prolonged viral shedding may develop.



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Noroviruses are very small viral agents that also cause nausea and vomiting with clustering of cases that affects all age-groups. Norovirus is an extremely hardy organism that can withstand freezing, heating, and many common disinfectants. It is also extremely infectious, with fewer than 100 viral particles considered a high enough “dose” to cause infection in a susceptible host. Like Rotavirus, it is primarily spread from person-to-person in a fecal-oral route, but unlike Rotavirus, the Norovirus has been found in vomitus as well as in feces. “Aerosol” transmission has been occasionally implicated. Incubation period for Norovirus is very short, from 18 to 48 hours. The duration of illness tends to also be quite short, averaging 2 days, with vomiting as the predominant symptom. Viral shedding is most apparent over the 24 to 48 hours after illness develops. Outbreaks are common, with secondary transmission a prominent feature of outbreak. Most outbreaks will terminate within 1 to 2 weeks, but efforts must be made to avoid sparking separate outbreaks in a confined setting such as a hospital, school, nursing home or cruise ship.

Outbreak control of Norovirus and Rotavirus infections is fully dependant on good hygiene practices, including strict cleaning and hand washing, prompt initiation of appropriate additional precautions, and use of cohorting when required. Exclusion of sick employees can be important in limiting the spread of nosocomial outbreaks. In the case of Norovirus, transmission has been seen from individuals who have recently been ill, and to limit this, individuals should be kept away from healthcare duties or kept on precautions (in the case of patients) for 48 hours after symptoms have resolved.

**	Rotavirus	Norovirus
Mode of transmission	Primarily Fecal-Oral (i.e. contaminated hands coming in direct contact with the oral cavity or with food that is then ingested). Some suggestion of aerosolized virus transmitted during vomiting. Also transmitted through contaminated food and drink, and contact with contaminated fomites.	
Susceptibility	Greatest between 6 and 24 months; by age 3, most people have acquired antibodies.	Susceptibility is widespread. Short term immunity (up to 14 weeks) has been demonstrated.
Incubation period	24-72 hours	24-48 hours (range of 10-50 hours)
Duration of symptoms	4-6 days	1-2 days
Period of communicability	During the acute stage (while symptomatic) and later while virus shedding continues	During acute stage and up to 48 hours after diarrhea stops
Shedding	Normally not detectable after about 8 days; prolonged shedding in immunocompromised patients	Greatest up to 48 hours after symptoms abate, but can be prolonged. Handwashing is critical.

(Continued on page 5)

Norovirus and Rotavirus...(cont'd)

(Continued from page 4)

Prevention and Treatment:

Wash your hands frequently.

- Studies done with 70-90% alcohol hand gels have shown good efficacy against viruses similar to Norovirus.
- It is very important to wash hands with soap and water if any visible soiling present.
- Hand washing prior to eating or preparing food is critical as those lone virus particles remaining on your hands can result in infection!

Do not eat or drink in patient care areas, including nursing stations.

- As the Christmas season approaches, we see more and more sharing of open food in patient care areas. This is a well-documented method of outbreak stimulation, as contaminated food becomes a common vehicle for transporting Norovirus to a large group of people.
- Avoid open containers of food anywhere when multiple hands are in contact (bowls of chips, bowls of nuts, sandwich trays etcetera).

Be sure that all surfaces are well cleaned after someone has vomited or had diarrhea.

- In hospital, if we suspect that a Norovirus outbreak is occurring, we recommend switching from standard cleaning products to a stabilized Hydrogen Peroxide Product, as this is known to be effective against Norovirus. At home, you may wish to use a Bleach solution of 1 part bleach to 10 parts water.

Report clusters of illness (respiratory illness or gastroenteritis) to your Infection Control staff and local Public Health Unit.

- The Infection Control or Public Health staff can help to advise on appropriate measures and determine when it is necessary to escalate to outbreak measures.

Patient Care Areas during an Outbreak:

- Any patient who develops Norovirus-like symptoms (nausea, vomiting, and diarrhea) should be placed on contact precautions. If there is profuse vomiting, droplet precautions are required. Send specimens for virology (small round virus-query Norwalk) culture and electron microscopy and Microbiology (C+S).
- Staff who experience Norovirus-like symptoms should notify Occupational Health.
- Staff assigned to outbreak units should avoid working on non-outbreak units unless they have been off the outbreak unit for 48 hours and are asymptomatic.

Restrict activity on outbreak units.

- It is recommended that common gatherings and use of conference rooms be halted during the outbreak.
- Consider limiting visitors to immediate family only.

References:

Heymann, DL. Control of Communicable Diseases Manual (18th ed.) American Public Health Association, Washington 2004.

Mandell GL, Bennett JE, Dolin R. Principles and Practice of Infectious Diseases (6th ed). Elsevier. Philadelphia 2005.

Mayhall, CG. Hospital Epidemiology and Infection Control (3rd ed.) Lippincott Williams and Wilkins. Philadelphia 2004.

Instrument Shortages Result in Over-use of Flash Sterilization

On December 11, 2007 the Ontario Auditor General released their annual report. Chapter 3 of the report: Hospitals - Management and Use of Surgical Facilities, there are recommendations for the management of surgical instruments. The Auditor General found that the hospitals audited indicated that they were using 'flash sterilization' when there was not enough time between surgical cases to clean and sterilize instruments before they were needed again. Health Canada's infection control guidelines and the Ministry's PIDAC April 2006 "Best Practices for Cleaning, Disinfecting and Sterilization" in all health care settings both indicated that flash sterilization is 'not recommended' and should only be used in emergency situations (such as when an instrument is dropped during surgery).



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In view of their findings the following recommendations were made: To be ensure that cleaned and sterilized instruments are available when needed, hospital should:

- Re-examine the practice of using flash sterilization in non-emergency situations.
- Maintain records of all flash sterilization that is used which includes instruments flashed, surgeon's name and patient's name.
- Review the cost and benefits of implementing an instrument management system to track instrument location and status.

November 28th, the Ontario Hospital Association (OHA) and PIDAC provided a videoconference on flash sterilization. The archived presentation is available at <http://webcast.otn.ca/archives.html>. A copy of the PIDAC document is available at http://www.health.gov.on.ca/english/providers/program/infectious/diseases/best_prac/bp_cds_2.pdf or you can contact the CSICN office for a hardcopy. We also have sample flash tracking tools available.



Getting Ready!

Announcement of the 1st phase of Canada's Hand Hygiene Campaign

October 15, 2007

The Canadian Patient Safety Institute (CPSI) is pleased to announce the **Getting Ready** phase of Canada's Hand Hygiene campaign aimed at getting organizations ready to adopt and measure hand hygiene practices and compliance within their organizations. This multimodal strategy is based on the World Health Organization's challenge **Clean Care is Safer Care** initiative launched worldwide two years ago aimed at raising awareness that healthcare associated infections are an important priority for patient safety.

As part of this launch announcement, CPSI is pleased to confirm that the Ontario Ministry of Health and Long-Term Care (MoHLTC), who have just finished testing and evaluating a multi-faceted strategy aimed at improving healthcare provider hand hygiene, will be lending their expertise to Canada's Hand Hygiene Campaign to measure hand hygiene compliance. The MoHLTC strategy, developed in collaboration with provincial, national and international experts, has already shown a steady increase in hand hygiene compliance during its pilot phase.

CPSI is also pleased to announce that it is partnering with the MoHLTC to provide train-the-trainer sessions on the 'four moments' of hand hygiene and a tool for participating sites to measure hand hygiene compliance. Health care providers and observers will be trained to understand the four key moments for hand hygiene that include:

- Before contact with patient or patient environment
- Before aseptic procedure
- After exposure to body fluids
- After contact with patient or patient environment

Ontario's observation and measurement tool and training program are local adaptations of the World Health Organization's strategy to simplify indications for hand hygiene. The train-the-trainer sessions will be offered beginning January 2008. Information on these sessions will be posted on the campaign website (www.handhygiene.ca) in December 2007.

CPSI is also extremely pleased to announce as part of the launch that it has signed a major agreement with 3M Infection Prevention, the international diversified technology company renowned for serving customers and communities with innovative products and services, to participate in the co-development of a human factor project that will include identifying where hand hygiene products should be located at point of care as well provide key tools for CEO and healthcare professional engagement in hand hygiene.

CPSI is also very happy to confirm its partnership with Discovery Campus, an innovative, interactive web community offering high-quality online Continuing Medical Education to healthcare professionals worldwide, in the production of an online learning module for healthcare professionals available for participating campaign sites. Another sponsor to the campaign is Hygiene-Technik Inc. who has been specializing in the design, development, and manufacturing of hand care dispensing systems for 40 years.

To join Canada's Hand Hygiene Campaign by *Getting Ready!* please register at www.handhygiene.ca.

Contact:
Chantal Backman
Project Manager
Canadian Patient Safety Institute
cbackman@cpsi-icsp.ca
Tel: 613-738-9130



www.handhygiene.ca

www.lavagedesmains.ca

Upcoming Events....

January 2008

Su	Mo	Tu	We	Th	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February 2008

Su	Mo	Tue	We	Th	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	

January 10

APIC Webinar: **Designing a Program to Eliminate MRSA Transmission, Part 2** www.apic.org

January 24

APIC Webinar: **Workplace Cultural Transformation - Using Positive Deviance to Eliminate MRSA Transmission** www.apic.org

January 29-30

Canadian Healthcare Construction Course
St. Andrew's Club & Conference Centre, Toronto
www.chesconference.com/CHCC/Program.htm

February 7

APIC Webinar: **The Role of Surveillance in Successful Program to Eliminate MRSA Transmission**
www.apic.org

February 21

3rd Annual Symposium on Infection Control in Healthcare Facility Design & Construction,
Vaughan Estate, Estates of Sunnybrook, Toronto
To register email: maja.mcquiere@sunnybrook.ca
Registration Deadline: February 10, 2008

March 27 - 28

Francophone Symposium - "Les bébites et nous en 2008"
(6 :00 to 8 :00pm Thursday evening and 8:00 am to 4:00 pm Friday) Dual sites:
Sudbury (Northern Ontario School of Medicine)
and Ottawa (Ottawa Hospital, Civic Campus)
Conference content in French only
Hosted by Northeastern (NEOICN and Champlain Infection Control (CICN) Networks.
For more information contact Micheline Beaudry of NEOICN at mcbeaudry@hrsrh.on.ca or Lise Blanchard of CICN at lblanchard@ottawahospital.on.ca.

Central South Infection Control Network (CSICN) Contact Information

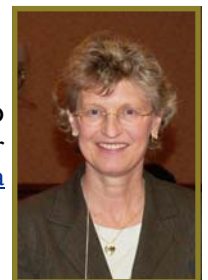


St. Joseph's Villa
Lower Level
North Tower
Dundas, ON L9H 5G7

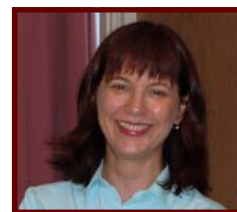
Phone: 905 627-6475
Toll-free: 1-866-681-4916
Fax: 905 627-6474
Website: www.ricn.on.ca



Anne Bialachowski
Network Coordinator
bialach@hhsc.ca



Dr. Maureen Cividino
Medical Coordinator
mcividino@stjosham.on.ca



Joanne Laalo
Infection Control
Consultant
laalo@hhsc.ca



Oksana Zaporzan
Administrative Assistant
zaporzan@hhsc.ca

