

CSIC Network News

Central South Infection Control Network • NETWORK NEWS

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CIC Certification - Elevating the Professional, Elevating the Profession

In keeping with the new mantra of the Certification Board of Infection Control and Epidemiology, "Elevating the Professional, elevating the Profession", the May 30th CIC Core content review day helped those who want to elevate their professional persona by preparing them to write the CIC exam. The evaluations from the day were very favourable.

The CIC Core content review day was attended by both on-site and videoconference attendees from across Ontario. The day was planned to touch on the basics of Infection Prevention and Control practice with an emphasis on the core content areas taken directly from the CIC candidate handbook. Since there was only a certain amount of time available, those content areas with the highest content scores as per the candidate handbook were highlighted. As with any professional preparation and professional responsibility, much of the studying is accomplished by the adult learner as they tailor make it to fit their specific learning needs.

The Central South Infection Control Network believes in the value of the CIC certification and in addition to providing the CIC study guide produced and written by APIC, we will begin a new round of CIC study sessions in September to support our Infection prevention and Control Professionals as they prepare to certify.

attend the APIC educational conference in San Jose this last week and want to pass on some news as it pertains to the certification in infection control and epidemiology:

As of July 1st, CBIC will have a new test exam available for writing on line which the CSICN will offer for you to write if you wish. The new study guide produced and written by APIC has been published and CSICN has purchased some for our library and for use by our members. Following a very rigorous practice analysis by the CBIC test committee, a new exam will be implemented with the new content very soon.

Please e-mail Oksana Zaporzan at zaporzan@hhsc.ca if you wish to participate in the new CIC study group beginning in September.

Article by Joanne Laalo



Joanne Laalo, CSICN Infection Control Consultant with guest speaker Susan Cooper, SEOICN Infection Control

Anne Bialachowski and myself were pleased to

Participants at the CIC Day in Brantford.



Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results.

--Andrew Carnegie--



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. Does the network have any recommendations with respect to treatment of C. diff for residents of LTCH for whom multiple treatments with Flagyl have proven to be ineffective? Is this an instance in which Vancomycin would be recommended?

A. The Network does not make recommendations for treatment but we can direct you to resources that facilitate decision making. An overview of C-diff diagnosis and treatment can be accessed from <http://bmj.com/cgi/content/full/331/7515/498#BIBL>. When a treatment failure occurs with flagyl/metronidazole the next line of treatment is oral vancomycin. If the LTC resident continues to have recurrences then we recommend that the LTC facility contacts one of their local ID physicians for guidance.

Q. Does the CSICN provide in-services to LTC facilities?

A. CSICN staff are available to assist LTC facilities meet their staff infection control education needs in a number of different ways. We have worked with Public Health to provide shared education, shared educational tools with LTC professionals responsible for infection control and we have also provided educational sessions. We will work with you to find the best method to assist you.

Using Positive Deviance as a Novel Approach to Eliminating MRSA Transmission

Positive deviance is a development approach that is based on the premise that solutions to community problems already exist within the community. The positive deviance approach thus differs from traditional "needs based" or problem-solving approaches in that it does not focus primarily on identification of needs and the external inputs necessary to meet those needs or solve problems. Instead it seeks to identify and optimize existing resources and solutions within the community to solve community problems. (from Save the Children's PD Nutrition Field Guide)

About the PDI

The Positive Deviance Initiative (PDI) was formed in 2001 under the direction of Jerry Sternin. Located at Tufts University School of Nutrition Science and Policy, the PDI is supported by a grant from the Ford Foundation. The objectives of the PDI are to document and share information on current global positive deviance (PD) projects, to explore new PD applications, and to expand the cadre of PD practitioners and trainers.

There are currently dozens of INGOs and NGOs implementing PD-based programs in at least 30 countries. There is, however, no central repository documenting the scope, geographic location, content, impact or learning derived from these projects. The Positive Deviance Initiative, supported by a grant from the Ford Foundation, has three objectives:

1. Documenting current global PD programs
2. Exploring and implementing new PD applications
3. Training a cadre of US and international development practitioners in PD.

The Positive Deviance Initiative has been involved in the use of the PD approach in Methicillin Resistant Staphylococcus Aureus (MRSA) eradication and prevention in hospital settings since mid 2005. The experimental phase started with the VA Pittsburgh hospital and has grown to include some 40 hospitals in the US. To learn more about these initiatives go to <http://www.positivedeviance.org/projects/pittmrsla/>



CSICN would like to congratulate Michelle Baird of Hamilton Public Health on her successful completion of the Certification in Infection Control (CIC) exam!

Here's what Michelle has to say about her experience....

I thought I would let you know that I wrote the CBIC exam yesterday and passed! Thank you so much for all the help and support the network provided, I sincerely appreciated it and certainly would not have enjoyed the success without the support.

Highlights from MOHLTC/PIDAC Best Practices for Infection Prevention and Control of Resistant *Staphylococcus aureus* and Enterococci in all Health Care Settings (March 2007)

Summarized by the Central East Infection Control Network Coordinator... Joanne Habib

This is a brief summary of the highlights of the recently released PIDAC Best Practices for Infection Prevention and Control of Resistant *Staphylococcus aureus* and Enterococci in all Health Care Settings. **ICPs must refer to the actual document for further details and references.**



Background:

- Over the past 20 years, the incidence of infections caused by health care acquired antimicrobial resistant bacteria has increased dramatically especially in vulnerable high risk, immune compromised populations
- In 1998, the cost of managing MRSA in Canada ranged from \$41.7-\$58.7 million dollars
- Prevention and control efforts are necessary to protect the health and improve outcomes of clients/patients/residents and to lessen the impact of MRSA and VRE on health care systems

Rationale for Best Practices:

- MRSA and VRE infection and colonization impacts on the cost of health care, patient outcomes (i.e. MRSA bacteremia may increase mortality rate), quality of care (i.e. use of contact precautions has resulted in less care documented) and duration of hospitalization.

In addition to adherence to Routine Practices, recommendations for MRSA and VRE in all Health Care Settings Highlights:

Prevention of transmission of organisms (including antibiotic resistant organisms) will occur when...

All health care providers understand and practice hand hygiene, Routine practices, assessment, triaging and appropriate spacing between patients, appropriate cleaning of the environment including cleaning/disinfection/sterilization of equipment between patients at all times with all patients. For more information on Routine Practices and Additional Precautions for Transmission of Infection in Healthcare Refer to:

<http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/99pdf/cdr25s4e.pdf>

- Screen/culture all clients/residents/patients with risk factors for MRSA and VRE on admission and after exposure
- Confirm positive cultures and try to determine source
- Notify all affected health care settings of discharged/transferred exposed/positive patients
- Consider prevalence screenings when clients/patients/residents are at high risk for or on units where transmission of MRSA or VRE is occurring
- Apply Contact precautions (private room with dedicated toilet and equipment) for those at highest risk of colonization or disseminating organisms
- Discontinue precautions only in consultation with Infection Control Professional (ICP or designate)
- Cohort only after consultation with the ICP or designate
- Develop a process (i.e. check list) to ensure that cleaning and disinfection methods are appropriate and include stringent protocols for VRE
- Remove and launder privacy, window and shower curtains after discharge of person with VRE. Routine health care cleaning practices for laundering linens are adequate for eliminating MRSA and VRE.
- Screen staff for MRSA when an outbreak of same strain continues despite adherence to control measures or when an individual is strongly epidemiologically linked
- Decolonize staff if adherence to additional precautions does not contain the outbreak
- Ensure written information describing Contact Precautions is available for clients/patients/residents
- Teach visitors to wear gloves and gown if they will be providing direct care or visiting other patients. Addition of a surgical mask decreases nasal acquisition of MRSA.
- Decolonization of MRSA clients/patients/residents is not currently recommended.
- Decolonization of VRE clients/patients/residents is not recommended.
- Perform follow up specimens if MRSA or VRE infection is treated.

(Continued on page 4)

Highlights...

(Continued from page 3)

- Discontinue routine screening if decolonization of MRSA is not done for the duration of admission.
- Develop a process for identifying clients/patients/residents previously positive for MRSA or VRE on admission (i.e. Flagging chart).
- Ensure outbreak policies and procedures are in place. For guidance on outbreak measures refer to Best Practice document.
- Provide education on MRSA, VRE and Additional Precautions to health care staff.
- Teach clients/patients/residents correct and appropriate hand hygiene as well as basic hygiene practices that prevent the spread of organisms.
- Use antibiotics judiciously and regularly review antibiotic use .
Ensure that MRSA and VRE prevention and control programs contain elements that support ongoing quality management and improvement. Regular audits of IPAC policies and procedures, routine practice, and additional precautions as well as a strong surveillance program including rate calculations and trending should be considered. Feedback of rates and trends as well as an action plan to address issues should be in place.

Specific to Acute care

- MRSA and VRE positive patients should not share rooms with negative patients
- Health Care Workers must wear gloves and gown to enter the room of suspected or known MRSA or VRE positive patients or if physical contact might occur during transport. Masks are to worn according to Routine Practice.
- Consideration may be given to wearing a surgical mask when patients are suspected or known to have MRSA to decrease nasal acquisition of health care workers.
- Modification of precautions should be done only on a case by case basis after benefit versus transmission risk assessed with Infection Control. If additional precautions for MRSA are discontinued (i.e. 3 sets of negative specimens taken a week apart after antibiotics are discontinued), screen weekly for duration of hospitalization.

Specific to Non-acute care

- Contact precautions may be modified so that clients/residents can take part in activities while limiting physical contact
- Health Care Workers must wear gloves and gown for direct care (refer to PIDAC document for definition) or if physical contact might occur during transport. Addition of a surgical mask decreases nasal acquisition of health care workers. If additional precautions for MRSA are discontinued (i.e. 3 sets of negative specimens taken a week apart after antibiotics are discontinued), screen monthly for 6 months.

Specific to Community Care

If additional precautions for MRSA are discontinued (i.e. 3 sets of negative specimens taken a week apart after antibiotics are discontinued), re-screening is not required.

For recommendations for the Prevention and Control of VISA and VRSA as well as more information on MRSA and VRE including rationale, collection of specimens, screening criteria, fact sheets, recommendations for laboratories, sample policy and procedure, algorithms, check lists, references and more, please refer to Best Practices for Infection Prevention and Control of Resistant *Staphylococcus aureus* and Enterococci in all Health Care Settings MOHLTC/PIDAC document March 2007 at www.health.gov.on.ca/english/providers/program/infectious/diseases/best_prac/bp_staff.pdf. PIDAC Fact Sheets are available at: www.health.gov.on.ca/english/providers/program/infectious/pidac/pidac_fs.html



RICN WEBSITE LAUNCH!

On June 1st, the Regional Infection Control Networks (RICNs) launched their new Website! The website can provide you with access to:

- Links to best practices, standards and guidelines
- Your Regional Infection Control Network
- Contact information for RICN staff
- Access to library Materials
- Provincial and Regional educational events
- What's happening at your Regional Network
- Volunteer opportunities on network committees

Be sure to visit us at:
www.ricn.on.ca



Website of the Month

The VICNISS Hospital Acquired Infection Surveillance System

www.vicniss.org.au

VICNISS is the Victorian Nosocomial Infection Surveillance System, an Australian system of surveillance patterned on the American National Nosocomial Infections Surveillance System (NNIS). The VICNISS Coordinating Centre collects and analyzes data from individual hospitals, and reports quarterly to participants and the Department of Human Services on aggregate, risk adjusted, procedure-specific infection rates. This information contributes to the development of accurate and reliable benchmarks against which hospitals and health services can assess their performance. The VICNISS Centre is staffed by infection control nurses, epidemiologists, infectious diseases physicians, and specialists in information technology and education. The VICNISS website offers a wealth of useful tools and materials for infection surveillance in hospitals, such as data collection forms, performance indicators, surveillance manuals and online learning modules. Surveillance is divided into two types: Type I



surveillance for large sites, and Type 2 surveillance for smaller sites. The data collection tools are well designed and may act as a starting point when developing your own data collection forms or adding fields to electronic surveillance programs.

Explore the following links to find valuable surveillance tools:

Surveillance Manual

<http://www.vicniss.org.au/Resources/HCWTypeIManual/typeIv5manual0504.pdf>

- **Performance Indicators**
<http://www.vicniss.org.au/HCW/TypeI/performanceIndicators.aspx>
- **Data Collection Forms and Information**
<http://www.vicniss.org.au/HCW/TypeI/Manual.aspx>
- **Caesarean Section Surveillance Data Collection Form**
<http://www.vicniss.org.au/Resources/HCWTypeIManual/form1.2csec0305.pdf>
- **ICU Surveillance Data Collection Form**
<http://www.vicniss.org.au/Resources/HCWTypeIManual/form2.1icu0504.pdf>

- **ICU Daily Denominator Data Collection Form**
<http://www.vicniss.org.au/Resources/HCWTypeIManual/form2.2icudailydenom0504.pdf>
- **Laboratory Confirmed Bloodstream Infection Worksheet**
<http://www.vicniss.org.au/Resources/HCWTypeIManual/form2.9iculcbsidefn0504.pdf>

On-Line Learning Modules

- **Surveillance**
<http://www.vicniss.org.au/HCW/EducationModules/01ModuleSurveillance.aspx>
- **Multi-Drug Resistant Organisms**
<http://www.vicniss.org.au/HCW/EducationModules/03ModuleMRO.aspx>
- **Surgical Antibiotic Prophylaxis**
<http://www.vicniss.org.au/HCW/EducationModules/04ModuleSAP.aspx>
- **Influenza**
<http://www.vicniss.org.au/HCW/EducationModules/05ModuleInfluenza.aspx>
- **Occupational Exposures**
<http://www.vicniss.org.au/HCW/EducationModules/06ModuleOccupationExposure.aspx>

Don't delay,
Visit VICNISS at
www.vicniss.org.au
today!



2007 Webber Training Teleclasses

July 3 (British Teleclass)
IMPLEMENTING INNOVATIONS
IN HEALTH SERVICES
Speaker: Clare Allen

July 26
CDC GUIDELINE REVIEW-
DISINFECTION & STERILIZATION
Speaker: Dr. Bill Rutala,
UNC School of Medicine

August 9
OUTCOME SURVEILLANCE AND
PROCESS SURVEILLANCE - TOOLS TO
MINIMIZE NOSOCOMIAL INFECTION
Speaker: Dr. Victor Rosenthal, MSc CIC
INICC Chairman

August 16
WHAT CAN WE LEARN FROM THE
HISTORY OF COMMUNICABLE
DISEASE CONTROL
Speaker: Prof. Peter Curson

August 22 (South Pacific Teleclass)
ESBLs- WHERE ARE WE NOW?
Speakers: Dr. Fong Chiew
Southern Community Laboratories

September 20
EXTREME MAKEOVER -
IPC EDITION: EXPLORING NEW
CHALLENGES TO OUR IDENTITY IN
INFECTION CONTROL
Speaker: Gwyneth Myers
Calgary Health Region

September 25
VOICES OF CHICA
Speaker: CHICA-Canada Board and Guests

September 27
ETHICAL ISSUES IN INFECTION
CONTROL
Speaker: Dr. Loreen Herwaldt
University of Iowa, College of
Medicine

Contact the **CSICN** office for
details on how your agency can
participate in these
teleconferences.

Upcoming Events

September 27 - 28, 2007

**Infection Prevention & Control
Conference**
007 Live to Die Another Day!
Presented by CHICA-Northwestern
Ontario Infection Control Network
Airlane Travelodge Hotel
698 West Arthur Street
Thunder Bay, ON
For more information or to register contact:
Brandy Ponka at ponkab@tbh.net



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

November 1 - 2, 2007

An Infection Control Symposium
Hellenic Banquet Centre
Ottawa, Ontario
Presented by CHICA Ottawa Region

For more information or to register contact:
Lise Blanchard at
lblanchard@ottawahospital.on.ca

Career Opportunities

FULL TIME

OCCUPATIONAL HEALTH/INFECTION CONTROL COORDINATOR

Almonte General Hospital - Fairview Manor
Located 20 minutes Southwest of Ottawa

If you are interested in joining our team, please forward your resume,
Quoting Reference #: 0706-1 by July 9, 2007 to either of the following:

Email: rbarclay@agh-fvm.com

Mail: Director Human Resources
Almonte General Hospital
75 Spring Street,
Almonte, Ont., K0A 1A0

Fax: 613 256-8549

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