



VOL. 2 FALL 2008

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Infection Control Week 2008

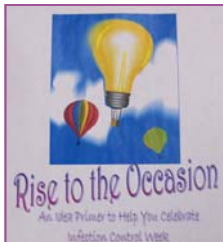
October 20-24

The RICNs are pleased to once again share the *Rise to the Occasion Idea Primer* to help you celebrate Infection Control Week at your organization.

The primer contains a variety of ideas – from group activities to individual activities, contests, activities for learning and others just for fun, some that are quick as well as those that require more preparation.

In addition, a new set of activities has been developed called *Primer Addition 2008*. Check out both of these resources by visiting the RICN main home page at www.ricn.on.ca or calling your local Network.

Be sure to take advantage of this perfect opportunity to share information about preventing and controlling the spread of infection with your colleagues, clients and community members.



Public Reporting – Patient Safety Indicators



On May 28, 2008 former Minister of Health and Long-Term Care, The Hon. George Smitherman, announced that all Ontario hospitals would be required to report publicly on eight patient safety indicators. This is part of a comprehensive plan to create an unprecedented level of transparency in Ontario's hospitals.

Seven of the eight indicators relate directly to infection prevention and control. Hospitals will submit their patient safety data monthly to the Ministry and post the data on their own web site.

The public reporting of the eight indicators will be phased in starting with *Clostridium difficile* on September 26, 2008. Each public hospital will be required to post their rate for *C. difficile* cases acquired in their facility on the hospital web site. In addition to the public reporting of *C. difficile* rates, outbreaks of *Clostridium difficile associated disease* (CDAD) have been made reportable to local public health units effective September 1, 2008. This will assist in ensuring that hospitals have all the necessary support needed to manage outbreaks of CDAD within their facilities.

In December 2008 the patient safety indicators for Methicillin-resistant *Staphylococcus aureus* (MRSA) and Vancomycin-resistant Enterococci (VRE) will be added to the list of publicly reported indicators. The Ministry is currently finalizing these indicators and will be sharing this information with all hospitals in the early Fall. These indicators will be followed by the remaining four indicators in early 2009.

The requirement to report publicly has created demands on public health units as well as the hospitals and their infection prevention and control programs. The Ministry has worked with the Regional Infection Control Networks (RICNs) to provide education programs, tools and support to both hospitals and public health units. The RICNs will continue to play this vital role as the remaining patient safety indicators are rolled out. Hospitals and public health unit staff are encouraged to contact the RICNs with any questions they may have related to the patient safety indicators. The RICNs will ensure that this information is shared with the Ministry staff and provide feedback to their local stakeholders.

The public reporting of these patient safety indicators heralds a new step in health care. It provides information to the public on the care they receive and builds the collaboration between all sectors of health care as we work toward providing the safest care possible for all Ontarians.

Influenza Immunization

Eleanor Paget PHN, BScN, Middlesex-London Health Unit




As the fall and winter months approach, it is time to think about protecting yourself and those around you from influenza by receiving your annual influenza immunization. There are numerous benefits afforded to being protected from influenza. So here is a quick reminder of why influenza immunization is important.

- Your chances of getting sick with influenza and missing work will be reduced.
- In a year where the strains in the vaccine match the circulating strains in the community, the influenza vaccine is 70%-90% effective in preventing influenza illness in healthy individuals from 2-64 years of age. Some degree of cross protection may occur during seasons where the vaccine is not a good match with the circulating strains of influenza.
- Unprotected children have about a 40% chance of getting sick with influenza. If your family is not protected and your children get sick, it is likely that other members of your family who are unprotected against influenza will get sick as well. Immunizing your children against influenza can reduce influenza symptoms in household members by 42%. If the entire family is protected, illness due to influenza can be reduced by up to 80%.
- Protecting yourself against influenza could prevent serious complications associated with influenza illness and save the lives of elderly people and those with compromised immune systems who are around you. If you are protected against influenza and practice good hand hygiene, your ability to transmit influenza to people who are at increased risk for complications or death is reduced significantly.

Protect yourself and people around you from getting sick this year by getting your annual influenza immunization. Additional measures to control the spread of illness this season include good hand hygiene, good coughing etiquette, and staying home if you are ill.



Top 10 Tips for a Successful Influenza Immunization Campaign

1. Develop a plan! Ask who, what, where and when. Be prepared to answer the question 'why?' and look back at what was done in previous years.
2. Spread the word! Dispel the myths of immunization and let everyone know about the dates and times that they can receive the vaccine.
3. Hold a kick off event! Make sure everyone knows about your campaign!
4. Have snacks for the people being vaccinated! Everyone loves food and they can enjoy themselves as they wait the 10-15 minutes before they can go back to work. 
5. Provide prizes or freebies as incentives! Contact your RICN to see if they can provide you with some alcohol based hand rub or other treats to provide to those who receive the vaccine.
6. Keep communicating with your organization! Use a visual immunization meter! Send messages to your organization about your campaign progress throughout!
7. Provide information to 'clients' and create records as they are vaccinated!
8. Encourage all staff and patients or residents to get vaccinated! The influenza immunization is recommended for almost all Canadians.
9. Evaluate your campaign! What would you do differently next time? Make recommendations.
10. Celebrate your success! Thank all who were involved, publish and distribute a post-campaign follow-up report, plan for next year.

HOT OFF THE PRESS...HOT OFF THE PRESS...HOT

In August, the latest version of the **Ontario Health Plan for an Influenza Pandemic** was released by the Emergency Management Unit of the Ministry of Health and Long-Term Care. A collaborative effort of experts from across health, labour and government sectors, the 2008 iteration contains enhanced detail and information on specific facets of pandemic management. Revisions have been incorporated in the planning guidelines for laboratories, pediatric services and long-term care homes. New chapters cover the planning and management of critical health services such as chronic or acute kidney illness and Ontario's blood supply.

To access the OHPIP 2008, visit

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/plan_full.pdf

Common Myths About Influenza

Myth #1: The influenza is just a bad cold.

FACT: Influenza is caused by the influenza virus and is much more serious than the common cold. Each year approximately thousands of Canadians are hospitalized or die from influenza and its complications.



Symptoms of influenza can be severe and can last for two weeks. Symptoms can include high fever, body aches, headache, and extreme fatigue.

Myth #2: The injectable influenza vaccine will give me influenza.

FACT: The recommended immunization for health care workers is the injectable vaccine made from killed virus, so you cannot get the influenza from the influenza shot.

Immunization is 70 to 90 percent effective in healthy individuals who are younger than 65 years of age. It takes about two weeks for your body to develop immunity to influenza after the vaccination.

Myth #3: I don't need to be immunized, I'm healthy.

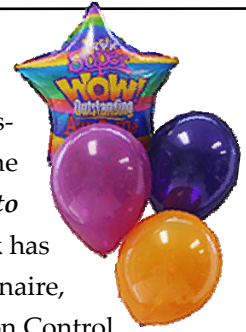
FACT: Health care workers are at increased risk for contracting influenza because of exposure from patients and in the community. In addition, unvaccinated health care workers who are not sick can still spread the virus to others, including patients and family members. Immunization is the best way to prevent getting or spreading the influenza.

Happy Infection Control Week!

The third week in October (October 20-24, 2008) is designated as National Infection Control Week. The theme for Infection Control Week this year is **AROs: A Call to Action**. The Central South Infection Control Network has developed several games (Hollywood Squares, Millionaire, Jeopardy) that you can use to help make your Infection Control week activities both informative and fun. Phone or email us to find out more. To access other Infection Control Week material here are a few links to resources:

http://ricn.on.ca/photos/custom/ICW_Planner.pdf

http://www.chica.org/news_icweek.html



More On Flu....

We all know that influenza vaccine is recommended by experts as a primary means for prevention of this annual, unwanted visitor. Generally, there is agreement among healthcare professionals and the general public that influenza vaccine is important for old people. But what about the rest of us? Did you know that:

Children under the age of 5 have rates of hospitalization related to influenza that are similar to those among individuals aged 50 through 65? Last year in Canada, 492 children were hospitalized with influenza, and 3 of those died.

Healthy pregnant women are at greater risk for hospitalization due to complication of influenza, and are now identified in both the USA and Canada as a specific priority group for influenza immunization. The risk is increased with the stage of pregnancy (e.g. it is higher in the 3rd than the 2nd trimester).

All persons who provide care to anyone at risk of the complications of influenza should be vaccinated every year. The National Advisory Committee for Immunization states:

"NACI considers the provision of influenza vaccination for HCWs who have direct patient contact to be an essential component of the standard of care for the protection of their patients. HCWs who have direct patient contact should consider it their responsibility to provide the highest standard of care, which includes annual influenza vaccination. In the absence of contraindications, refusal of HCWs who have direct patient contact to be immunized against influenza implies failure in their duty of care to patients."



Protect Yourself: Get Vaccinated!!!

Auditor General's Report

The Office of the Auditor General of Ontario has sent out a Special Report September 2008 on the Prevention and Control of Hospital-acquired Infections. The link if you have not seen this report is:

http://www.auditor.on.ca/en/reports_en/hai_en.pdf

In summary, there are 5 (five) Recommendations being proposed to Health Care Facilities, most requiring auditing the processes.

| Recommendation | What | So What Now? |
|----------------|---|--|
| 1 | Identification of infectious diseases (FRI, MRSA, VRE). | Is active and passive FRI screening being done? If and when admission screening for MRSA and VRE is being done? |
| 2 | Audits of Hospital Infection Prevention and Control practices based on PIDAC documents. | Identify how to be able to audit hand hygiene, correct use of personal protective equipment for precautions and cleaning of isolation rooms. |
| 3 | Antibiotic utilization. | Identify a system (electronic?) to track antibiotic use and monitor judicious use. |
| 4 | Ensure hospitals identify and track hospital acquired infections using standardized definitions and indicators. | C. difficile tracking and benchmarking underway, MRSA and VRE to follow. |
| 5 | Sterilization process auditing. | Ensure a monitoring system is in place to review processes, tracking systems for recall purposes and following manufacturer recommendations. |



Central South Infection Control Network (CSICN) would like to plan a discussion forum to talk about your successes and challenges implementing these things in your organization. Please contact us if you are interested to meet and review the Whats? and So What Nows? The following dates will be held for the discussion forums: all are Fridays – **November 7, 14 and/or 21**. Please email us at askcsicn@hpsc.ca and indicate which date best suits your schedule.

NEW RESOURCE

Best Practices for Infection Prevention & Control Programs in Ontario In All Health Care Settings

The Provincial Infectious Diseases Advisory Committee (PIDAC) recently released the new best practice document on Infection Prevention and Control Programs in Ontario. They can be downloaded from the PIDAC website at www.pidac.ca. Bound copies can also be obtain from CSICN. Email us at askcsicn@hpsc.ca to request your copy!

Infection Control for Community Health Care Providers

Starting in November, we will be running two 3-day programs to provide community healthcare providers with the basic tools they need to help their staff understand and exercise basic principles and practices of infection prevention and control in the community setting. For more information email zaporzan@hhsc.ca.



Hand Hygiene in Long Term Care

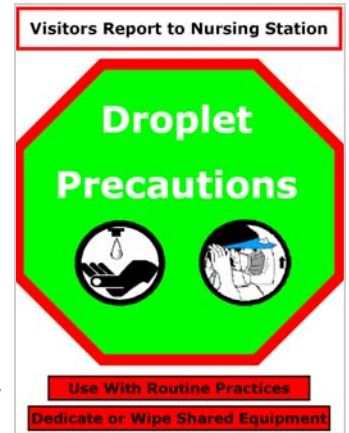
Are you looking for resources to improve hand hygiene practices in your Long-Term Care Home? Stay tuned, as the MOHLTC is in the midst of revising its Just Clean Your Hands campaign material to suit the LTC setting. The Ministry hopes to release this material in early 2009. To see the acute care material, go to <http://www.justcleanyourhands.ca/>

The screenshot shows the Ontario Ministry of Health and Long-Term Care website. It features a navigation menu with 'HOME | FRANCAIS | SITE MAP | CONTACT US'. Below the menu, there are sections for 'JUST CLEAN YOUR HANDS' and 'YOUR 4 MOMENTS FOR HAND HYGIENE'. The '4 Moments' are: 1. BEFORE INITIAL PATIENT CONTACT, 2. BEFORE APROC (Aseptic Technique), 3. AFTER BODY FLUID CONTACT, and 4. AFTER PATIENT CONTACT. A small graphic shows a hand being washed.

CSICN Isolation Signs are Here!

The Central South Infection Control Network Education Subcommittee is pleased to announce that four isolation signs have been developed. The signs are yours to use in your facilities if you wish, with the hope of many facilities utilizing the same signs.

The Central South Infection Control Network would like to give you the opportunity to order these isolation signs free of charge from us for the first round of printing. We



The sign is a white rectangle with a green border. At the top, it says 'DROPLET PRECAUTIONS (Use with Routine Practices)'. Below that, it says 'Use Droplet Precautions for:' followed by a list of conditions: Patients presenting with new/worse cough (onset within 7 days) or new/worse shortness of breath that is abnormal for the patient AND FEVER 38° C or greater (Elderly and immunocompromised may not have a fever), Bacterial Meningitis (meningococcal) until 24 hrs of appropriate antibiotic therapy, Pertussis, Rubella, Mumps, Epiglottitis (Strangling Cough), and Invasive Group A Streptococcal also use Contact Precautions if draining wound until 24 hrs of appropriate antibiotic therapy. Below the list, it says 'TO DO' followed by bullet points: Single room, door may remain open; Wear procedure/surgical face mask and eye protection within 2 metres of patient; Only immune healthcare workers (HCW) should be assigned to patient with known or suspected mumps/rubella. Exceptions to this rule should be discussed with Occupational Health and Infection Prevention & Control (OH & IPC). Pregnant healthcare workers should not be assigned a patient with rubella. At the bottom, it says 'Notify Infection Prevention & Control Dedicate or wipe shared equipment after each use as per Routine Practices' and includes icons for a wheelchair, hand hygiene, and a person wearing a mask.

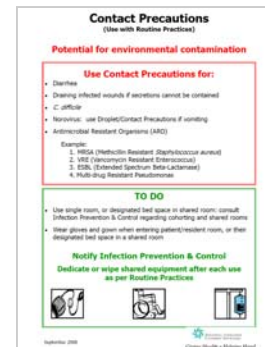
would appreciate it if you order no more than 25% of your expected amount to allow for feedback from the field about the utility of the signs from the end user.

Please let us know the type of sign and the amount that you would like for each of the four sign categories by October 24, 2008. You can e-mail laalo@hhsc.ca or phone at 905-627-3541 ext. 2484.

The signs are available for download on the Central South Infection Control Network web page at <http://ricn.on.ca/csicnlibraryc340.php>



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CIC Celebrations!

CSICN congratulates Sandy Stevens of the Brant County Health Unit on her recent achievement of CIC designation!



Upcoming Events

WEBBER TELECLASSES

All teleclasses begin at 1:30 p.m. Contact your local RICN office or visit www.webbertraining.com.

October

- 16 - Ten-by-Ten ... 10,000 Certified ICPs by 2010
- 22 - Biofilms—When Bugs Get Clingy
- 23 - Health Care Facility Maintenance for Infection Control
- 30 - How Maryland Increased ICP Presence in Long Term Care Facilities

November

- 11 - Clostridium difficile—Prevention is Better Than Cure
- 20 - Air and Water Sanitation for Infection Control and Prevention

CONFERENCES

Public Health LTC Planning Day

October 28, Hamilton Chamber of Commerce
RSVP by October 21st to Allen Haley at allan.haley@hamilton.ca

OHA Health Achieve 2008

November 3 - 5, Metro Toronto Convention Centre
For more information, visit www.ohahealthachieve.com

Pandemic Planning: Interdisciplinary Perspective

November 7 - Mt. Sinai Hospital, 18th Flr. Auditorium,
600 University Ave., Toronto

Hamilton Niagara Haldimand Brant LIHN Pandemic Planning Conference

November 10, Casablanca Winery Inn, 4 Winward Drive, Grimsby
RSVP to Sylvia Kagan sylvia.kagan@roche.com

Health & Community Support Services Expo

November 12, Liuna Station, Hamilton
For more information contact Lynn Sage at lsage@stpetes.ca

UHN IPAC Education Day

November 14th - Metro Toronto Convention Centre
For more information visit <http://www.uhn.ca/IPAC2008.asp>

I Am Stopping TB

NOV. 24 - 25 - Delta Chelsea Hotel, Toronto

Infection Control for Community Health Care Providers (CSICN hosted)

November 25 & 27 - Mountainview Christian Reformed Church, Grimsby
For more information contact Oksana Zaporzan at zaporzan@hhsc.ca

APIC WEBINARS—www.apic.org

Catheter-Related Urinary Tract Infections

October 3- 12:00 p.m. & 3:00 p.m.

Surgical Site Infections

October 17- 12:00 p.m. & 3:00 p.m.

International Infection Prevention Week Live Webcast

October 22 - 1:00pm Eastern

Ventilator Associated Pneumonia

October 24 - 12:00 p.m. & 3:00 p.m.

Catheter-Related Bloodstream Infections

October 31 - 12:00 p.m. & 3:00 p.m.

NHSN: An Overview of the MDRO and CDAD Modules

November 18, 2008 1:00pm Eastern

INFECTION CONTROL TODAY WEBINARS

There are a number of these webinars available **on demand at no cost**. Check them out at www.iceinstitute.com

EDUCATION SESSION

Central Region Infection Control Network (CRICN) Presents:

Whose Job Is it Anyway?

November 10, Auditorium, North York General, Toronto

Contact Kathy Torkos at

ktorkos@nygh.on.ca for more information.

This newsletter was prepared by a collaboration of RICN staff across Ontario.

Central South Infection Control Network

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REGIONAL INFECTION
CONTROL NETWORKS

Central South

*Giving Health
a Helping Hand*