

SPRING 2010

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NWOICN Education....

NWOICN Lunch & Learns for 2010:

- *Employee Health & IPAC:* May 20, 2010
- *Isolation Practices for Tuberculosis:* June 17, 2010

If you would like to register your site for these Lunch & Learns by video/ teleconference contact Carrie Pettit by phone (807) 683-1755 or email pettitc@fbh.net.

Phase II of the *Just Clean Your Hands* program for Long Term Care:

Sessions will focus on auditing hand hygiene compliance.

Dates to be announced soon!!

Environmental Cleaning Best Practices Train the Trainer Sessions:

Sessions will focus on the new PIDAC document and the toolkit roll-out. Presentations will be planned and announced soon!

COMING SOON!

Environmental Cleaning Best Practices Training Tools

In January 2010, the Provincial Infectious Diseases Advisory Committee (PIDAC) released a Best Practice document on *Environmental Cleaning* for Prevention and Control of Infections. In anticipation of it's release the Regional Infection Control Network developed a partnership with two environmental services organizations, Canadian Association of Environmental Management (CAEM) and the Ontario Healthcare Housekeepers Association (OHHA). This project team's goal was to develop a training toolkit for environmental services in health care facilities based on this *new Environmental Cleaning* document.



The Environmental Cleaning Best Practices Project Team consists of:

- Nora Boyd, Network Coordinator Erie-St. Clair Infection Control Network
- Brenda Smith, Network Coordinator Central West Infection Control Network
- Grace Volkening, Network Coordinator Central Region Infection Control Network
- Keith Sopha, President, (CAEM)
- Glenda Kaufmann, President, (OHHA)
- Liz Van Horne, Ontario Agency for Health Protection and Promotion (OAHPP)
- Sarah Cox, Ministry of Health and Long-Term Care (MOHLTC)

Dr. David Sheridan, Facilitator Shercon Associates Inc



Environmental service representatives from healthcare facilities across the province have assisted with the development of the curriculum and content for the training materials.

The toolkit will allow the trainer to educate their staff as a group, through self directed learning or using one on one coaching. The toolkit is under construction with estimated delivery date of summer 2010. Train the trainer sessions will be supported by the RICN. Progress updates are posted on the RICN website at www.ricn.on.ca.

Ask the Expert: Dr. Abdul Chagla, Network Coordinator—Southwestern Ontario Infection Control Network

Acanthamoeba keratitis due to contaminated contact lens solution

**Background:**

Increased use of contact lenses has also increased the risk of corneal infections. While contact lens wear is generally very safe, lenses that are not properly cleaned and disinfected can raise the risk of severe eye infection. Lenses removed from the eye should be cleaned and disinfected before being reinserted.

Recent scientific publications have reported contamination of contact lens care systems with acanthamoebae resulting in severe eye infection.

What are some of the symptoms?

Common symptoms include: eye pain; red eyes; blurred vision; sensitivity to light & feeling that something is in the eye.

How is the infection diagnosed?

The infection is usually diagnosed by an eye specialist based on symptoms, growth of the amoebae from a scraping of the eye, and/or seeing the amoebae by a process called confocal microscopy.

Have there been outbreaks?

In 2007 Centre for Disease Control (CDC) reported an outbreak of acanthamoeba keratitis with a possible link to a brand of contact lens cleaning solution. Though no direct evidence was found, the company voluntarily recalled the product. There have also been reports on the presence of Acanthamoeba in water that was used for storage of contact lens.

What is the disinfection criterion for contact lens solution?

ISO Standard 14729 requires that contact lens disinfecting solutions reduce the load of certain strains of microbes in the solution by specific amounts (for example, a 1 log reduction for *Fusarium* and *Candida* or a 3 log reduction for *Pseudomonas aeruginosa*, *Serratia marcescens* and *Staphylococcus aureus*).

Are there any current disinfection criteria for Acanthamoeba in contact lens solutions?

No, these are being developed and need verification.

What is the best way to avoid microbial contamination of contact lens solution?

- Wash your hands - before applying, removing, cleaning or handling your contacts
- Use recommended products and follow manufacturer's recommendation on use and storage
- Maintain a daily cleaning regimen
- Replace your lens case frequently - every three to six months. Care of contact lenses includes cleaning the storage case since it is a potential source of infection

Audits – A Foundation for Change!

Though the word 'audit' strikes fear in the hearts of many, it can provide us with valuable information. Audits are an important part of change management and vital in providing evidence of program effectiveness, improvement and compliance with best practices.

Theories of behaviour change will emphasize the importance of feedback as a key part of sustaining change over time. Audits can provide tools and evidence to make that happen. Bryce (*AJIC, May 2007*) describes the infection control audit as an ideal vehicle to assess consistency of approach to infection prevention and to gauge compliance with best practices. Audits provide some of the hard data that is often used to measure progress—both internally and externally.

Malik et al (*AJIC, May 2003*) notes that audits should highlight good performance, facilitate positive feedback, identify areas for improvement and provide a quality indicator measure. These components allow us to assess the current level of compliance with infection control best practices, measure compliance against benchmarks, provide feedback to participating staff and stakeholders, and identify where improvements can be made.

So don't be afraid of the audit! It is an organized examination of where you are now that will help guide you to where you want to be.



H1N1 Influenza Update

As many of you will already be aware, on April 14, 2010, the Ministry of Health and Long-Term Care (MOHLTC) issued an Important Health Notice (IHN) to update health care providers on the H1N1 situation. The following points were addressed in that IHN:

- Ontario has been experiencing very low levels of influenza activity since the beginning of January - as a result, the Ministry Emergency Operations Centre has transitioned to Recovery status
- Be aware that the pH1N1 vaccine expiry date has changed - watch for more information from your Health Unit
- pH1N1 guidance documents are no longer in effect - please refer to the Routine Practice and Additional Precautions in all Health Care Settings document from PIDAC for guidance on management of individuals presenting with influenza-like illness

A number of health care facilities and providers have requested further clarification on the directions given in the April 14th IHN. We have received information from both the MOHLTC and the Ministry of Labour. The information that has been communicated is as follows:

- Health care providers should follow routine practices and additional precautions for the management of ILI
- For FRI/ILI, surgical masks are recommended; N95 respirators are no longer required for the management of these cases
- Surgical masks are recommended for seasonal flu, no matter what the strain
- N95 respirators should continue to be worn for airborne illnesses, such as TB

For further guidance, clarification or details, please refer to the following:

Routine Practice and Additional Precautions in All Health Care Settings ([link](#)).

Preventing Febrile Respiratory Illnesses: Protecting Patients and Staff ([link](#)).

Important Health Notice (April 14, 2010): Information for Health Care Professionals - Pandemic (H1N1) 2009 Update ([link](#)).

Web Resource

The RICNs are pleased to offer you a new on-line resource which will link you to concise, easy to read infection prevention and control information on specific Infectious diseases and conditions.

The Infection Prevention and Control Pocket Guide for Acute Care Settings is now available on-line. The content of this guide is based on the most current best practice guidelines. To access this resource, click [here](#) or visit our website; www.ricn.on.ca

Amendments to the Needle Safety Regulation (Phase 3)

On July 1, 2010 the Needle Safety Regulation will be extended to community work environments including doctors' and dentists' offices, community health centres, family health teams and dependent health facilities. (<http://www.e-laws.gov.on.ca/html/regs/english/>)

BOOK SOON!



One More Reason to Become a CHICA-Canada Member!

<http://www.chica.org/AuditToolkit/toolkithome.html>

CHICA Canada announced the launch of 10 Infection Prevention and Control audit tools for CHICA Canada members as part of National Infection Control Week in October 2009. These tools were the first of a series of tools that have been released over the last few months. The full audit toolkit in CD format will be available at the June 2010 conference. Some of these CHICA Canada audit tools in this toolkit to date include:

- Hand Hygiene Practice
- Hand Hygiene Readiness
- Routine Practices
- PPE
- Additional Precautions
- Housekeeping Supply Room
- General Cleaning Practices
- Respiratory Outbreaks
- Enteric Outbreaks
- Client/Patient/Resident Service Units
- Unit Kitchen
- IP&C in Clinics and Physicians Office
- Reprocessing in Clinics and Physicians Office
- Endoscopy
- OH&S
- Hemodialysis Equipment and Facility
- Routine Practices in Hemodialysis
- Clinical Practices in Hemodialysis
- Hemodialysis Practices to Prevent Transmission of Infection
- Surgical Scrub
- OR - Routine Practices, Asepsis, Pre-op Care
- OR- Environment
- Prehospital Care

The data derived from audits can be used to direct the infection prevention and control program's annual goals and objectives. It also will assist in meeting the needs of the health care setting in relation to infection prevention and control standards and safer health care practices. CHICA Members now have access —just sign on with your member's username and password!

Certification in Infection Control (CIC)

Certification in Infection Control (CIC)

- is the formal recognition for ICPs who have fulfilled all of the requirements for certification.
- is obtained by taking and passing a comprehensive examination that has been developed by the Certification Board for Infection Control and Epidemiology (CBIC).
- is recognized and respected within and outside the field of infection prevention and control (IPAC) and epidemiology.
- allows Infection Control Professionals (ICPs) to use the internationally recognized initials CIC after their names and in their titles.

Note: The CIC® is a federally (US) registered trademark and property of the Certification Board of Infection Control and Epidemiology, Inc.

- is initially valid for five years after which successful completion of recertification exams extend certification at five-year intervals.

Certification in Infection Control (CIC) is **NOT**:

- the completion of and/or a certificate from any IPAC course/program/course of study that is currently available. There is no one course that prepares an ICP to write the CIC exam. There are a number of excellent preparatory courses available in Canada and especially those that are endorsed by CHICA-Canada.



For comprehensive information on the CIC designation, practice requirements to write the certification exam, and examination processes refer to the CBIC website at <http://www.cbic.org/> or contact the NWOICN. Information for professional development IPAC courses that have been approved by Canada's Community and Hospital Infection Control Association (CHICA) go to http://www.chica.org/educ_education.html#endorsed.

Connecting and Empowering New ICPs

Several studies indicate that there is a shortage of ICPs in Canadian hospitals. In order to meet the needs of today's healthcare environment, new ICPs will be required to both shore up the current shortage and fill the gap left by those ICPs who will be retiring in the coming years. However, entering into this highly specialized field can be a daunting task for the new ICP. Much of the learning that is required is experiential, rather than cognitive. In order to assist in the development of new practitioners, seasoned ICPs will need to come alongside to guide and mentor.

The [Canadian Journal of Infection Control](#) recently published an article by Anne Bialachowski of the Central South Infection Control Network highlighting the importance of the mentoring relationship. [Click here](#) to request a copy of this article.

Coming Soon! – Call for Students

In the next few weeks more information on how to apply to the **Non-Acute Care Infection Control Professional (ICP) Training Program** will be available to those interested in submitting an application.



The Regional Infection Control Network (RICN) Non Acute Care ICP training course was designed in 2007 to meet the learning needs of persons practicing infection prevention and control in non acute care settings (long term care, public health and community settings).

This unique course consists of 12 modules delivered over a 12 month period with over 80 hours of course work. The content is delivered by IPAC experts from the RICNs. Course content is housed on a secure site on the RICN web portal. Mentoring for all students is provided through their local RICN office. This program is intended for the ICP who is new in their role and/or has no other formal infection prevention and control training.



For more information about this course, contact [NWOICN](#) or your local [RICN](#) – www.ricn.on.ca.

This newsletter was prepared through a collaborative effort of the RICNs and the Northwestern Ontario Infection Control Network.

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Northwestern Ontario

*Giving Health
 a Helping Hand*