



Abstract Thinking

For most of us, attending a conference can be inspiring!

Listening to the experiences of others, and viewing the posters that crowd the exhibit rooms can also awaken ideas of your own. So, why not share your ideas and experiences too? Submitting an abstract is not as daunting as you might think!

Conferences held every year provide a great forum to tell your story and contribute to the improvement of everyone's IPAC knowledge. For a list of IPAC conferences visit the RICN or the CHICA website, once you have found one that's of interest search the website for abstract details. An important date to note as you consider drafting your own abstract is the deadline for abstract submissions.

So how do you go about putting an abstract together?

First brainstorm... Perhaps this will be the easiest part of the process. Think about the work that you could feature at your organization – have you taken a unique approach to a common challenge? Have you created a resource for your staff that makes it easier for them to follow IPAC best practice? Have you done any research at your organization?

Next, determine where your abstract fits. For example, abstracts at CHICA's conference are one of two formats 1) scientific research findings, or outbreak investigations where appropriate comparisons or analyses of data have been performed or 2) abstracts involving the description of educational or performance improvement programs, observations, or other infection prevention activities, including prevention models or methods.

Then write your abstract. On the conference website you will find the specific headings and information that your abstract needs to address. Be sure to complete each requirement thoroughly while staying within the word limit and ask a colleague to review your abstract before you send it off. Many conferences accept on-line abstract submissions and confirm receipt of your submission. Hopefully, this brief overview has you thinking about what you can share with conference participants. We all have a lot of knowledge and experience to contribute; ultimately, making all of our efforts more effective!

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Environmental Cleaning Project Update

There are a number of activities in the works to provide continuing support for implementation of environmental cleaning best practices and the toolkit.

- Watch for an environmental cleaning discussion forum on the RICN website, where you will be able to post your questions.
- 8 generic policies/procedures have been developed and will be posted shortly on the RICN website. Notification will go out through OHHA, CAEM and the RICNs.

Stay tuned!

Conferences and Abstract Submission Dates for 2011

CHICA—Canada National Education Conference **May 30 to June 2, Toronto ON**—Abstracts due by *February 18, 2011*
Association for Professionals in Infection Control and Epidemiology (APIC) Educational Conference, June 27-29, 2011, in Baltimore, Maryland.

Society for Healthcare Epidemiology of America (SHEA) Educational Conference - Submission for Late-Breaking abstracts January 7 – 30, 2011p—Conference April 1-4, in Dallas Texas.



Ask the Expert—Dr. Giulio DiDiodato, North Simcoe Muskoka Infection Control Network, Medical Coordinator

Question: I have been hearing more about ESBLs recently. What are they exactly?

Answer: Extended-spectrum β -lactamase producing microorganisms (ESBL) were historically defined as a group of bacterial genetic determinants that conferred resistance to third generation cephalosporins and monobactams. ESBLs are found in gram-negative bacteria (GNB), most commonly in the *Enterobacteriaceae* family (e.g., *Escherichia coli*, *Klebsiella pneumoniae*), and in non-fermentative GNB (e.g., *Pseudomonas aeruginosa*).

ESBL-producing bacteria have emerged as a growing public health concern for several reasons. First, their prevalence is increasing all over the world in all populations, both in hospitals and in community-settings, making the treatment of previously responsive infections, such as urinary tract infections, more difficult. Second, the spectrum of antimicrobial resistance in ESBL-producing bacteria continues to broaden, with many bacteria now demonstrating multidrug resistance (MDR) to aminoglycosides, quinolones and carbapenems (e.g., New Delhi Metallo- β -lactamase-*E. coli* [NDM-*E.coli*], or *Klebsiella pneumoniae* carbapenemase-*Klebsiella pneumoniae* [KPC-*K. pneumoniae*]). Third and most important, there are currently no new antimicrobials either in pharmaceutical development or awaiting governmental approval that are effective against these emerging pathogens, resulting in very limited treatment options for affected patients. The best strategy to combat the spread of ESBL-producing bacteria among patients in an endemic setting is to practice excellent hand hygiene and antimicrobial stewardship. The role of contact isolation and active surveillance in an endemic setting may also help limit the spread of these pathogens.



Save the Date!!

**For the CHICA Conference
Held in Toronto, May 28 - June 2**

Preconference Day

**Infection Prevention and Control Boot
Camp for Healthcare Workers
*I'm Not an ICP but
Sometimes They Make Me Do It!***

Participate in a fun and interactive day all about infection prevention and control.

Date: Monday, May 30, 2011

Location: Sheraton Center Toronto

Registration: **\$50.00 plus HST** (includes Lunch and Refreshments)

\$75.00 plus HST after April 15

Visit the CHICA website at

www.chica.org for more information.

New Resources

Public Health Agency of Canada, 2011

- Essential Resources for Effective Infection Prevention and Control Programs. A matter of Patient Safety: Discussion Paper
- Guidance: Infection Prevention and Control Measures for Healthcare Workers in All Healthcare Settings—Carbapenem-resistant Gram-negative Bacilli

Accreditation Canada

- 2010 Canadian Health Accreditation Report: Through the Lens of Qmentum—Exploring the Connection between Patient Safety and Quality of Worklife

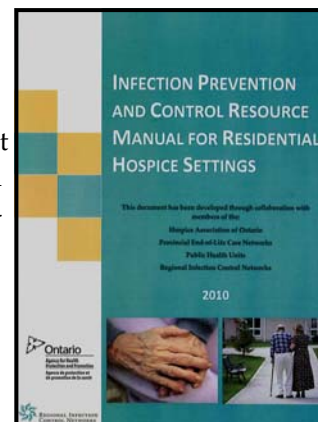
Antibiotic Awareness Day, Canada (website)

- Resources, Information & Activities that support Antibiotic Stewardship in the hospital and the community

Use your favourite search engine to find them all on-line.

**Infection Prevention and Control
Resource for Hospice Settings**

This resource provides current and practical IPAC information designed to ensure a consistent approach to infection prevention and control and reduce the risk of palliative care residents acquiring and spreading infections in the residential hospice setting. A print copy of this resource will be distributed to all residential hospice settings but is also available for download on the RICN website.



The Long - Term Care Homes Act: Key IPAC Points

What does the Long-Term Care Homes Act say about Infection Prevention and Control Programs?

Hand Hygiene Program

ensure there is a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).

Immunization and Screening Measures

- Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.
- Residents must be offered immunization against influenza at the appropriate time each year.
- Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.
- Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
- There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).

Foot care and nail care

Every licensee of a long-term care home shall ensure that each resident of the home receives preventive and basic foot care services, including the cutting of toenails, to ensure comfort and prevent infection

Skin and wound care

The skin and wound care program must, at a minimum, provide for the following:

- the provision of routine skin care to maintain skin integrity and prevent wounds;
- strategies to promote resident comfort and mobility and promote the prevention of infection, including the monitoring of residents;
- shall ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, and skin;
- tears or wounds receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required

Housekeeping

- shall ensure that procedures are developed and implemented for cleaning and disinfection of resident care
- equipment, such as whirlpools, tubs, shower chairs, and lift chairs and supplies and devices, including personal assistance services, devices, assistive aids, and positioning aids and contact surfaces, using hospital grade disinfectant and in accordance with manufacturer's specifications;

Congratulations!



The Champlain Infection Control Network would like to extend congratulations to our newest CIC in the Champlain region. Recently, **Rita Montgomery**, Infection Control Professional and Occupational Health at Deep River and District Hospital, successfully challenged the Certification exam. She has attained Certification in Infection Prevention and Control and Epidemiology and for the next 5 years can use the Certification in Infection Control (CIC) designation after her name. Well done!

Training [required under paragraph 9 of subsection 76 (2) and subsection 76 (4)] includes:

- hand hygiene;
- modes of infection transmission;
- cleaning and disinfection practices; and
- use of personal protective equipment.

Watch for upcoming CHICA conferences in Renfrew and Ottawa this spring!

You are invited to join us in the **CICN board-room** for Webber Teleclasses 1:30-2:30 p.m. Contact us at info@cicn-rcic.on.ca

Webber Teleclasses



January

- 20 Getting the Most Out of Our Frontal Lobes—What We Don't Know (or Forget) May Hurt Us
- 27 A Human Factors Approach to Hand Hygiene

February

- 1 Quality Improvement in Infection Prevention and Control
- 10 Why Don't People Use PPE?
- 17 Controlling *C. difficile* Outbreaks: Going Beyond the Guidelines
- 23 Public Health Lessons Learnt From the 2010 Canterbury Earthquake

March

- 3 What to Ask For and Look For When Evaluating Cleaning/Disinfecting Products in 5 Easy Steps
- 10 Introduction to Mold Remediation for Buildings, Including Basic Infection Prevention Strategies for Mold Control
- 15 Moving Closer to Nirvana—The Importance of Nurse Empowerment in Preventing Healthcare-Associated Infection
- 22 Voices of CHICA—Part 1
- 31 The Role of Microbial Biofilms in Chronic Bacterial Infections

April

- 6 Hand Hygiene Education and Monitoring: Returning to the WHO "My Five Moments" Concept
- 7 The Outbreak Database—A Tool for Hospital Epidemiologists
- 13 Prevention of Surgical Site Infections
- 14 Healthcare-Associated Infection Prevention Bundles: Preventing the Preventable

RICN Long-term Care Home (LTCH) Act Education— Seven-part Series

For details on specific videoconferences or web-cast, visit the RICN calendar at <http://ricn.on.ca/calendars408.php> and select appropriate day for registration information. Each session begins at 1:30 p.m., and will be archived for later viewing. Presented in English.

January

- 11 Introduction to the LTCH Act Education Series.
- 18 Healthcare Acquired Infections in LTC—surveillance, analysis, and reporting.
- 25 Microbiology—Laboratory Testing & Specimen Collection.

February

- 1 Routine Practices & Additional Precautions—Chain of Transmission.
- 8 Cleaning, Disinfection and Sterilization of Medical Equipment.
- 15 Environmental Cleaning and Construction and Renovation.
- 22 Outbreak Management.

March

- 1 Infection Prevention and Control & Occupational Health

The University Health Network (UHN) is currently seeking adults with recurrent *Clostridium difficile* infection to participate in a research study.

The purpose of the study is to compare the safety and efficacy of the experimental study regime of one Fecal Transplant delivered by enema versus the standard treatment of oral Vancomycin Taper.

For more information and to obtain a referral form please contact:

Study Coordinator: Mary Jane Salpeter at Ph. 416 340-4800 ext 8353 or/ email mjsalpet@uhmresearch.ca

Principal Investigator: Dr. Susy Hota Ph. 416 340-4800 ext 7287

CDI Referral FAX # 416 340-5047 email susy.hota@uhm.on.ca

University of Toronto, UHN Division of Infectious Disease

Study sponsored by: Ontario Agency for Health Protection and Promotion.

Research has been reviewed and approved by the University Health Network Research Ethics Board

This newsletter was prepared by a collaborative effort of the RICNs and this Network.

**Champlain
Infection Control Network**
751 Parkdale Ave., Suite 1406
Ottawa, ON K1Y 1J7
Tel: (613) 761-4833 Fax: 613-761-4917
Toll Free: 1 866 833-8868
E-mail: info@cicn-rcic.on.ca
Website: www.ricn.on.ca



REGIONAL INFECTION
CONTROL NETWORKS

Champlain

*Giving Health
a Helping Hand*