



October 2007 **CICN NETWORK NEWS**

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From the desk of Colette Ouellet – Network Coordinator



**Influenza:
The predicted return of preventable disease**

In August of this year, we were notified through the Network system of a 17 year old patient in the Waterloo area who had gone to China for a dance camp and returned home with influenza-like illness (ILI). Nasopharyngeal swabs were taken and a culture showed influenza virus, type H3N2. Three others who have returned from mainland China were also identified with influenza. The story is a frank reminder that this disease doesn't really go away, it just circulates in different parts of the world during different months. Our "high" season is expected between November and March, but of course, we often see cases that occur outside this period, whether local or imported.

Influenza is a vaccine-preventable disease that we seem to accept as a rite of passage every winter. It is widely regarded as a benign, self-limiting disease that affects a few folks with limited consequence. Yet statistics show that up to 25% of the population is infected every year. In Canada alone, it is estimated that 70,000 to 75,000 people are hospitalized due to influenza, and 6500 grandmothers, grandfathers, mothers, fathers, children, brothers, sisters, aunts and uncles die. The impact is not small.

Influenza in health care settings is a scourge, both in its effect on patients, caregivers and families, and in direct and indirect costs to our health care system. The only reliable protection against influenza is vaccination. Vaccination of healthcare providers has had notable results both in avoiding outbreaks and in managing those that occur more efficiently.

The Champlain Infection Control Network is working with local members from acute and long term care facilities across the region to develop a set of recommendations for influenza vaccination in healthcare facilities and management of staff during outbreaks. By combining best practices from both of these settings, we hope to come up with a comprehensive and consistent strategy. The key to making an impact on staff and clients for this venture will rely heavily on a well-constructed & targeted marketing campaign. Further information from this group, including details of an influenza vaccination campaign will be coming shortly.

There remains controversy among healthcare providers related to having an annual influenza vaccination, but it's the right thing to do if we are truly in the profession of preventing illness. The Canadian National Advisory Council on Immunization (NACI) has come out with strong language around the issue of influenza vaccination for healthcare workers. In the 2006-2007 Statement on Influenza Vaccination, they state:

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 undergoing 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.

Stay tuned. The season is coming.



LONG TERM CARE WORKSHOPS – A GREAT SUCCESS!

On April 25, 2007, Eastern Ontario Health Unit offered a full day education session to staff employed in Long Term Care Facilities (LTCF). The Champlain Infection Control Network was invited to participate and presented to 125 participants with a focus on Infection Prevention and Control activities related to Antibiotic Resistant Organisms in LTCF. These presentations were offered in both official languages.

Thank you to Linda Cl  roux, Public Health Nurse, for the gracious invitation.



On the road

A series of half day workshops for staff employed in Long Term Care was held in July and August 2007. These events were sponsored by the Champlain Infection Control Network in partnership with Ottawa Public Health.

A total of 107 participants representing 46 different facilities attended the sessions. Our registrants came from Communities throughout the region; Ottawa, Cobden, Plantagenet, Maxville and Arnprior, just to name a few.

The presentations were offered in both official languages, at different times and locations to ensure participation from all interested parties.

Topics presented included:

- Routine Practices - Chain of Transmission
- Management of Antibiotic Resistant Organisms
- Cleaning and Disinfection in Long Term Care
- Epidemiology: is it Important?

Committee-Speakers

- Suzanne Rowland
- Brenda McFayden
- Mark Anderson
- Nancy Todd-Giordano
- Lyse Pelletier

Thank you to our host sites for providing a suitable location and making the event a great success!

- R  sidence St. Louis
- Centre de sant   Elisabeth Bruy  re Health Centre
- Perley and Rideau Veteran's Centre
- Granite Ridge
- St Patrick's Home



Comments:

Excellent morning!

The whole presentation was very informative.

Clear and easy to understand.

Great discussion from questions from the audience.

Interactive!

Very well organized!

The Renfrew County and District Health Unit is also offering educational opportunities to the community in which they serve. On September 26, 2007, Champlain Infection Control Network, in partnership with the Health Unit at the request of Pat Ripmeester, Coordinator - Health Promotion & Clinical Services Division, presented a half day workshop on Infection Prevention and Control. Subjects covered include; Routine Practices, Cleaning and Disinfection, Antibiotic Resistant Organisms and Influenza Immunization for Health Care Workers.

Understanding and Addressing Gaps in Infection Prevention and Control

As healthcare providers we are familiar with the importance of continually measuring strengths and weaknesses. This is important for many reasons, primarily, it helps us determine which



interventions are working well for our clients and identify what activities are less effective. In order to do this however, we need to have a baseline that describes in measurable terms “what is the current situation”.

During the next few months the Regional Infection Control Networks (RICNS) will be leading a provincial survey to this effect. The purpose of the survey will be to provide an inventory (baseline) that describes in measurable terms **Resources and Activities for Infection Prevention and Control in Ontario**.

While studies of this nature have taken place for acute care and long-term care in recent years, this survey

will be the first in Ontario to include five components of the health sector – Acute Care, Long Term Care, Emergency Medical Services, Public Health and Community Care.

This survey is being conducted by the RICN's in collaboration with *Research Strategy Group Inc.* On October 12th (just in time for IC Week!) the Senior Administrators of all facilities and agencies listed above will receive a letter describing the details of our project and a survey to be completed by the most senior person with Infection Prevention and Control responsibilities. This package will be sent via Canada Post with a return mailing package.

In advance of the mailing, *Research Strategy Group Inc.* will be providing a phone call to all participants to verify contact information and a follow-up call two weeks later to determine that the survey has arrived safely to its correct destination.

The survey will take place in two waves. A report of the first wave will be completed in January 2008 with the full provincial report to be finalized in early June 2008.

You can follow the progress of our survey by logging onto our website at www.ricn.on.ca where we will be posting periodic reports and updates.



The Department of Epidemiology at the University of Ottawa is please to offer a graduate level training in Healthcare Epidemiology and Infection Control. An introductory course in healthcare epidemiology (EPI 5244) helps students understand the applications of classic epidemiologic and statistical methods within the healthcare setting, gain knowledge of issues specific to infection control, and be able to critically evaluate interventions and new developments in infection control. This course is available through long-distance learning. This course will be offered again in January 2008 for a 12 week period.

In addition, plans are underway to offer a graduate-level certificate program in Healthcare Epidemiology in the fall of 2008. This program will consist of four Master's level courses plus a practicum. Its primary aim is to provide clinically-trained candidates with the knowledge, skills and expertise to practice field epidemiology in settings concerned with healthcare delivery, including hospitals, community, public health and government.

If you are interested in either of these opportunities, please contact Dr. Kathryn Suh – ksuh@ottawahospital.on.ca or Dr. Virginia Roth – vroth@ottawahospital.on.ca

Dr. Simon-Pierre Soucie, MD

Dr. Soucie obtained his medical degree from the University of Ottawa, Faculty of Medicine and is a member of the department of Family Medicine as assistant professor since 1980. He has practiced medicine in Northern Ontario in the mid sixties and then in Orleans, Ontario for 18 years.

In 1980-1981 he obtained a Fellowship from the PSI Foundation (Physicians Services Incorporated), in care of elderly in Europe (France, Switzerland and England) and then a W.H.O. Traveling Fellowship in Geriatrics in Scandinavian countries in 1982. Upon his return he worked exclusively in this field as Chief of Staff at SCO Health Service and VP of Medical Affairs at this same institution from 1980 to 2003.

He received the "Physician of the Year" award from the Medicine Journal of the Canadian Geriatric Society in 1999 and the College of Physicians and Surgeons of Ontario Council award in 2000.

Dr. Soucie has produced a number of publications in Geriatrics and multiple presentations in care of the elderly.

Dr. Soucie is currently the Eastern Ontario Medical Director of the Ontario Telemedicine Network.



Barbara Newport

Barbara Newport is currently the Manager of Professional Practice and Program Development and Evaluation for the Champlain Community Care Access Centre (CCAC). She has held a variety of positions during her 26 years at the CCAC, most recently serving as Manager of Palliative and Cancer Care.

Barbara completed her Bachelor of Nursing Science degree eons ago at the University of Toronto, and returned to complete a Master of Public Administration degree from Queen's.

Since 2005, Barbara has had responsibility for infection control at the CCAC; she enjoys the challenge of learning, documenting and teaching about the subject within a community setting. Over the past year, Barbara has visited all branches of the Champlain CCAC to update staff on infection control measures.

As the most recent member of the Champlain Infection Control Steering Committee, she appreciates the opportunity to learn from the knowledgeable infection control professionals in the Champlain region.

Barbara enjoys spending time with her husband, children and grandchildren, and finds meditation a relaxing pastime.

October 15 to 19 is Infection Control Week

This year, the National Infection Week theme is "Infection Control – Practice and Participate"

The Certificate of Infection Control and Epidemiology (CIC) is an internationally recognized level of excellence in infection control practice. To earn the designation of CIC, an individual must pass the certification examination administered by the Certification Board of Infection Control and Epidemiology Inc.

(CBIC). This certification is valid for five years at which time a recertification is necessary. "CIC" is a legal designation that can only be used by those who have successfully passed the examination.

What is the purpose of the CIC?

To provide standardized measurement of the current basic knowledge required for persons practicing infection control
To encourage individual growth and promote professionalism
To formally recognize infection control professionals

Who is eligible to write the examination?

Eligibility depends on meeting both the education requirement and the practice requirement.

Practice Requirement

Candidates must have practiced infection control for a minimum of two years. Clinical practice of infection control occurs in various settings and its definition includes analysis and interpretation of infection control data, investigation and surveillance of suspected outbreaks of infection, education of individuals about infection risk, prevention

and control, development and revision of infection control policies and procedures and consultation on infection risk assessment, prevention and control strategies.

Education Requirement

Candidates must have a current license or registration as a medical technologist or clinical laboratory scientist, physician or registered

nurse, OR a minimum of a baccalaureate degree. An educational waiver may be applied for if this is not met, but the individual meets the practice requirement.

How do I get more information and how do I apply to write the exam?

Contact your Regional Infection Control Network for information about their CIC study groups, reference materials and study guides.

Visit www.cbic.org to obtain a Candidate Handbook for details on the exam content and the reference material used to formulate the exam.

Read two articles from the American Journal of Infection Control:

"Infection Control Certification: A Global Priority", AJIC 2007; 35: 141-3.

"Certification Board of Infection Control and Epidemiology white paper: The value of certification for infection control professional", AJIC 2007; 35 150-156



WOULD YOU LIKE TO JOIN A STUDY GROUP?



CICN is hosting a CIC Study Group on a regular basis. For further information please contact Suzanne Rowland, Infection Control Consultant at 613-761-4833 or email at srowland@cicn-rcic.on.ca

Congratulations! – Members of the Champlain CIC Study Group

The Champlain Infection Control Network would like to congratulate the members of the Champlain CIC (Certificate of Infection Control and Epidemiology) Study Group who have successfully completed the CIC exam and the Infection Control Professionals (ICP) who have recertified in 2007. WELL DONE!



Left to Right

Joy Pulickal – Public Health Nurse, Ottawa Public Health
Sally McInnis – Infection Control Coordinator, Royal Ottawa Health Care Group
Brenda McFadyen – Public Health Inspector, Ottawa Public Health
Nancy Todd-Giordano – Public Health Nurse, Ottawa Public Health
Suzanne Rowland – Infection Control Consultant, Champlain Infection Control Network
Diane Lewis – Infection Control Practitioner, Queensway-Carleton Hospital
Sue Cooper – Infection Control Consultant, South Eastern Ontario Infection Control Network

Absent

Christine Chambers – Infection Control Practitioner, The Ottawa Hospital

Re-certified

Marie-Andrée Bruneau – Infection Prevention & Control, Educator, The Ottawa Hospital
Natalie Bruce – Infection Prevention and Control Manager, The Ottawa Hospital - Civic Campus



**October, November & December
2007**

**Webber Training
Teleclasses**

October 4 – 1:30 p.m.
Green Cleaning Strategies for
Healthcare

Speaker: Dr. Lynne Schulster, CDC

October 10 – 1:30 p.m.
Infection Prevention Among Refugees

Speaker: Dr. Mark Birch

October 18 – 1:30 p.m.
Hot Issues in Hand Hygiene
Improvement – The First Global
Challenge

Speaker: Julie Storr, WHO, Geneva

November 6
Commissioning Infection Control
Strategy

Speaker: Yvone Sawbridge

November 8
Hazard Vulnerability Analysis for
Infection Control

Speaker: Andrew Streifel

November 15
Effective Infection Control Promotion in
3-5 Steps

Speaker: Allen Soden

December 6
Infection Control in the Living and the
Dead: The Angola Marburg Outbreak

Speaker: Dr. Adriano Duse

December 13
Water Quality Issues Pertaining to
Medical Services

Speaker: Dr. Michelle Alfa

To participate in any of the above
Teleconferences please contact:

Lise Blanchard – 613-761-4833
866-833-8868

Educational Events

To register for please contact: Lise Blanchard, 613-761-4833 or 866-833-8868 or
lblanchard@cicn-rcic.on.ca

CHICA Ottawa Region
In partnership with the
Champlain Infection Control Network

Present

Handling New Challenges in Infection Control

Friday, November 2, 2007

(Continental breakfast, lunch and refreshments included)

The Hellenic Banquet Centre

1315 Prince of Wales Drive
Ottawa, Ontario

\$100 Full day

\$60 November 1, evening session or \$150 for both sessions

- 0800 Registration
- 0830 Welcome
- 0840 Infection Control and Patient Safety: On the Right Track
- 0940 Clinical Virology for the Front-line Health Care Professional
- 1040 Break
- 1100 Influenza Vaccination in HCWs
- 1200 Lunch
- 1245 Take the Challenge: Infection Control Core Competencies
- 1345 Regional Trends-MRSA/VRE
- 1445 Break
- 1500 Multi Drug Resistant Organisms
- 1545 Closing Remarks - Evaluation

Career Opportunities

Full Time

Manager, Infection Prevention & Control Program

Children's Hospital of Eastern Ontario (CHEO)

If you are interested, please forward your resumé

Employment Services Officer, Human Resources, 401 Smyth Road, Ottawa
ON, K1H 8L1, fax (613) 738 – 4233,

or Electronically to jobs@cheo.on.ca (ASC11 text or MS Word only) quoting
competition#07-377.

CICN Contact Information

Colette Ouellet, Network Coordinator – couellet@cicn-rcic.on.ca

Suzanne Rowland, Infection Control Consultant - srowland@cicn-rcic.on.ca

Lise Blanchard, Administration Coordinator - lblanchard@cicn-rcic.on.ca

751 Parkdale Avenue, Suite 1406, Ottawa, ON K1Y 1J7
613-791-4833 or 866-833-8868 Fax : 613-761-4917

**Champlain Infection Control Network
and
CHICA Ottawa Region
presents**

**Infectious Diseases
in your Family/Community Practice**

**This program meets the accreditation criteria of the College of Family Physicians of Canada
and has been accredited for 2.25 Mainpro-M1 credits.**

**Thursday, November 1, 2007
5:00 pm to 8:30 pm**

\$60.00

Buffet Dinner Included

Influenza-Facts and Fiction

Isra Levy, MD, BCh, MSC, FRCPC

Associate Medical Officer of Health, Ottawa Public Health

Identify signs and symptoms of influenza in the community

Differentiate between influenza and other forms of Febrile Respiratory Illnesses (FRIs)

Choose the appropriate tools for the management of influenza

Latent and Active TB

Edward Ellis, MD, MPH, FRCPC

Manager, Tuberculosis Prevention and Control, Public Health Agency of Canada

Recognize different forms of TB manifestation including MDRTB

Correctly choose diagnostic and therapeutic measures for latent and active TB

Describe the role of Public Health in management of TB

Ca-MRSA a new challenge for health practitioners

Virginia Roth, MD, FRCPC

Medical Co-Lead, Champlain Infection Control Network

Recognize the importance of diagnosing Ca-MRSA

Identify various laboratory diagnostic tools

Choose appropriate management for Ca-MRSA

Who Should Attend? Physicians, Nurse Practitioners, other Health Professionals

THE HELLENIC BANQUET CENTRE
1315 PRINCE OF WALES DRIVE, OTTAWA, ONTARIO

**To register or for further details contact: Lise Blanchard at
lblanchard@ottawahospital.on.ca or 613-761-4833 or Toll Free 866-833-8868**

This is a brief summary of the most recent revisions to the PIDAC Best Practices Document for the Management of *Clostridium difficile* in all health care settings. Infection Control Practitioners must refer to the actual document for further details and references accessed from the PIDAC website

http://www.health.gov.on.ca/english/providers/program/infectious/diseases/ic_cdifff.html



Background:

- Since 2000 there has been an increase in the rates of *C. difficile* in some health care settings. In some of these settings this has been associated with the appearance of an epidemic strain of *C. difficile*. Some characteristics of this strain include the presence of a binary toxin, increased resistance to clindamycin and fluoroquinolones and potential for increased adverse events.
- This strain has been associated with outbreaks in Europe, the United States and Canada.
- This increase in *C. difficile* associated disease (CDAD) has resulted in significant additional costs to the health care system.

Reference	June 2007 CDAD revisions
Infection Prevention and Control Sub-Committee members	Committee membership has changed
Table of Contents	No content change
Preamble	No content change
Glossary of Terms	Hospital grade disinfectant: A disinfectant that has a drug identification number (DIN) from Health Canada indicating approval for use in Canadian hospitals
Background	No content change
Risk Factors for <i>C. difficile</i>	No content change
Testing for <i>C. difficile</i> Cytotoxin	No content change
Surveillance	<p>The case definition of <i>Clostridium difficile</i> associated disease (CDAD) is:</p> <p>a) Laboratory confirmation of a positive toxin assay for <i>C. difficile</i> together with diarrhea OR</p> <p>b) Visualization of pseudomembranes on sigmoidoscopy or colonoscopy, or histological/pathological diagnosis of pseudomembranous colitis</p> <p>Diarrhea is defined as:</p> <ul style="list-style-type: none"> • Three or more loose/watery bowel movements in a 24 hour period; and • The bowel movements are unusual or different for the patient, and; there is no other recognized etiology for the diarrhea (for example, laxative use, inflammatory bowel disease) <p>*loose/watery: if the stool were to be poured into a container, it would conform to the shape of the container.</p> <p>The following definitions should be used to determine whether the case is nosocomial.</p> <ul style="list-style-type: none"> • Nosocomial: The infection was not present on admission (i.e. onset of symptoms > 72 hours after admission) or the infection is present at the time of admission but is related to a previous admission to the same facility within the last 4 weeks. • Non-nosocomial: The infection was present on admission of < 72 hours after admission and there was no admission to the same facility within the last 4 weeks.
IPAC for CDAD	No content change
Accommodation	No content change
Contact Precautions	No content change

Hand Hygiene	<p>a) Soap and water is theoretically more effective in removing spores than alcohol-based hand rub.</p> <p>b) When hand washing sink is immediately available then hands should be washed with soap and water after glove removal.</p> <p>c) When hand washing sink is not immediately available then hands should be cleaned using an alcohol-based hand rub, after glove removal.</p> <p>d) Hand hygiene should not be carried out at a patient sink as this will re-contaminate the healthcare worker's</p> <p>e) Education should be provided to the patient on the need and procedure to be used for hand hygiene. Patients who are unable to perform hand hygiene independently should be assisted by the healthcare provider</p>
Environmental Cleaning	<p>c) Cleaning must be thorough, taking into account the following principles:</p> <p>ii) The physical act of friction is necessary to remove <i>C. difficile</i> spores.</p> <p>f) In patient-care areas where there is evidence of ongoing transmission of <i>C. difficile</i>, use of hypochlorite-based products for disinfection after the room is cleaned with hospital-grade disinfectant may be considered, in consultation with Infection Prevention and Control and Occupational Health and Safety (CDC, 2004). Alternatively, the organization may consider the use of new disinfectant products with in vitro evidence of sporicidal activity. Compatibility of products and occupational exposures must be considered.</p>
Visitors	No content change
Patient Transfer	No content change
Patient Discharge	No content change
Discontinuation of Precautions for <i>C. difficile</i>	No content change
Treatment of <i>C. difficile</i>	No content change
Recurrence of Symptoms	<ul style="list-style-type: none"> Relapse refers to the return of the symptoms of CDAD after a symptom-free period. With CDAD, cases should be counted as a relapse if symptoms recur within 2 months of the last infection. Recurrence of CDAD is common and occurs in about 30% of cases. If diarrhea recurs, the patient should be immediately placed on Contact Precautions, retested for <i>C. difficile</i> cytotoxin and re-initiation of therapy considered as outlined above. If a patient has recurrent CDAD, consideration may be given to leaving the patient in single room accommodation even after resolution of symptoms.
Staff Education	No content change
Outbreaks of <i>C. difficile</i>	<ul style="list-style-type: none"> Definition: Cases of CDAD occurring at a rate exceeding the normally expected baseline rate for the facility (or unit, floor, ward) during a specified period of time should be considered as an outbreak. The definition of an outbreak for CDAD will depend on the endemic (or baseline) rate for the facility/home. An outbreak should be declared when there is evidence of transmission of CDAD from patient to patient or when the endemic rate of CDAD for that area is exceeded. Outbreak management: In patient-care areas where there is evidence of ongoing transmission of <i>C. difficile</i>, use of hypochlorite-based products for disinfection after the room is cleaned with hospital-grade disinfectant may be considered, in consultation with Infection Prevention and Control and Occupational Health and Safety (CDC, 2004). Alternatively, the organization may consider the use of new disinfectant products with in vitro evidence of sporicidal activity. Compatibility of products and occupational exposures must be considered.
Appendix A: Patient Transportation	No content change

Appendix B: Sample Cleaning Protocol for Patient/Resident Rooms Contaminated with <i>Clostridium difficile</i>	Daily Cleaning: <ul style="list-style-type: none"> • Bathrooms • Horizontal surfaces • Walls • Floors Cleaning at discharge/transfer: <ul style="list-style-type: none"> • Discard glove box, bar soap if present, toilet paper, toilet brush, sharps container and replace with new items.
Appendix C: Sample Checklist for Discharge/Transfer Cleaning	Check list for discharge cleaning of all rooms <ul style="list-style-type: none"> • Item # 9: Soap/alcohol-based hand rub dispensers Additions when cleaning a room for a patient on additional precautions: <ul style="list-style-type: none"> • Item #3 Are the following discarded? <ul style="list-style-type: none"> ○ Patients bar soap ○ Toilet paper
Patient information sheet	No content change
References	No content change