

FOCUS_{on}

INFECTION PREVENTION AND CONTROL

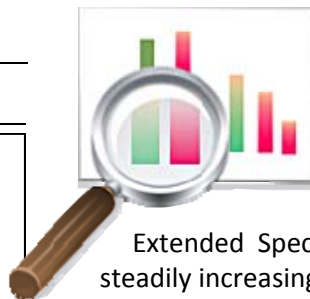
Regional Infection Control Network
Central South

Réseau régional de contrôle des infections
Centre-Sud

Fall 2011

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Long Term Care—Prevalence Study

Sometimes, ignorance is not bliss.

The number of antibiotic resistant organisms (ARO) such as Methicillin Resistant *Staphylococcus aureus* (MRSA), Vancomycin Resistant Enterococci (VRE) and

Extended Spectrum Beta-lactamase producers (ESBL) have been steadily increasing over the past 15 to 20 years. Infection control professionals in acute care follow these cases closely, and there is no question that the increasing numbers have had an impact on the patients themselves, but also on resources, budget and nursing care. So what is the impact in Long Term Care? We don't know. There has never been a broad examination of the number of cases of AROs in Long Term Care settings. Together, we are going to change that in Ontario.

This year, the Regional Infection Control Networks are targeting Infection Control Week to perform the **first ever** "Long Term Care ARO Prevalence Study". That is, on any single day during the week of October 17 to 21, 2011, we are asking all 617 Long Term Care Homes (LTCH) to participate in sharing their current known numbers of MRSA, VRE and ESBL positive residents. This information will allow us to understand the burden of these organisms on Long Term Care in Ontario.

By participating in this review, LTCH will be able to find out whether their own burden of AROs is similar to, greater than or less than other similar-sized facilities in their region and across the province. By the end of 2011, all the analysis will be completed and we will understand for the first time, in a measurable way, the impact of AROs in Ontario's Long Term Care Homes.



JOIN THE CSICN STAFF FOR A HISTORIC HALLOWEEN OPEN HOUSE!

Come and meet *Eleanor Roosevelt*, who will speak out about polio; *Dr. Leone Farrell*, who improved large scale production of pertussis vaccine; *Edith*, an 1886 plague ship nurse who will share her experiences caring for small-pox victims; and *Dabari*, an African child who will tell his story of the 'Ocombi' (measles). After meeting our historic guests you can bowl for ABHR, look at some interesting displays, see the changes to the CSICN office, have a snack, and enjoy a good time.

Where: CSICN Offices
St. Joseph's Villa
56 Governors Rd, Dundas

When: October 31, 2011
11:30—3:30

Remember, costumes are cool!

International Infection Control Week

Public Health Ontario is hosting a series of five educational webinars to celebrate International Infection Control Week!

The topics each day are as follows:

- IPAC Essentials – Transmission and Routine Practices;
- Hand Hygiene (HH) and the use of HH Rates as an Indicator of Patient Safety;
- A look back at the 2010-2011 Influenza virus from a microbiological perspective, and improving influenza vaccination rates;
- Outbreak Management, including ethical considerations; and
- Review of Practice in Personal Service Settings.

These webinars will be offered on October 17th from 2:00 to 3:30pm and October 18th to October 21st from 2-3pm. Visit the RICN website for details.

**IN-fection Control - Are You IN?
Get IN-volved, Provide IN-put, IN-itate Change!**



Question: *Are health care workers at higher risk of having hand skincare problems?*

Answer: Hand dermatitis is a common occupational health problem for health care workers (HCWs). A higher prevalence of dermatitis (e.g. 7%-30%) can be found among HCWs when compared to the general population. The consequences are serious because HCWs may have to change or leave their jobs due to occupational skin disease.

Among HCWs, *irritant contact dermatitis* is most prevalent but *allergic contact dermatitis* also occurs. Occupational *irritant contact dermatitis* is an inflammation caused by substances found in the workplace that come in direct contact with the skin. *Allergic contact dermatitis* is an allergic response to skin contact with some allergy-causing material and, unlike irritant contact dermatitis, can occur in places on the body that did not come in direct contact with the allergy-causing material.

In HCWs, the predominant mechanisms of irritation is frequent wet work, wearing gloves and contact with disinfectants. Irritation is cumulative and dose-dependent, so longer shifts or back to back shifts can have an impact. Even water is an irritant, especially with repetitive contact. Occlusion (e.g., with gloves) may worsen the damage induced by these irritants. These risk activities lead to sub-clinically impaired skin, before the first clinical signs and symptoms begin.

The use of a well formulated alcohol-based hand rub (with emollient) should become routine for the post contamination treatment of hands among HCWs. This may mean closely checking the product ingredient list, ensuring that HCWs are included in ABHR product choice and/or trialing products before bulk purchasing. Washing hands with soap and water should be an exception, used only when hands are visibly soiled.

The [Just Clean Your Hands Hand Care Program Booklet](#) contains great information on keeping your hands healthy. For example, you should remove hand/arm jewelry before hand hygiene, use warm water instead of hot, pat hands dry – don't rub, apply moisturizer frequently, ensure hands are dry before wearing gloves and continue hand protection at home. Changing hand care habits can help reduce irritant contact dermatitis and will provide significant patient benefits by reducing the risk of nosocomial infections. A strong focus on teaching evidence-based hand hygiene practices is key to future success in improving hand hygiene and minimizing hand dermatitis.

Ask the Expert was provided by Dr. Linn Holness, Irena Kudla, Sandy Skotnicki, Joel DeKoven from the Centre of Research Expertise in Occupational Disease and Occupational Disease Specialty Program, St Michael's Hospital

Reference: Kampf G, Löffler H. Prevention of Irritant Contact Dermatitis among Health Care Workers by Using Evidence-Based Hand Hygiene Practices: A Review. *Industrial Health* 2007, 45, 645-652. Photo acknowledgement www.handermatitis.biz/

Infection Prevention & Control Reference Tool for Community Providers

This reference tool offers our stakeholders in Community Care a quick, easy-to-read guide covering a number of topics:

- Proper Hand Hygiene Technique
- Correct use of PPE
- Routine Practices
- Additional Precautions
- Handling Equipment

It is not difficult to prevent the spread of infection! Learn about the measures that you can take by downloading a copy of this reference tool. The Community Reference Tool is now available on the [RICN homepage](#).

New Resources Available



Best Practice Manual: Annex A: Screening, Testing Surveillance for Antibiotic-Resistant Organisms in all Health Care Settings

This annex, added as an extension to PIDAC's *Routine Practices and Additional Precautions* document deals specifically with the screening, laboratory testing and surveillance of antibiotic-resistant organisms (AROs), in health care settings across the continuum of care.

This revised document (July 2011) incorporates new information relating to carbapenem resistance in *Enterobacteriaceae* (CRE). This Best Practice Manual can be found on the [PIDAC Webpage](#) of the Public Health Ontario website.



Projects in Progress

Standard Precaution Signage on it's way! Watch for a new resource coming your way by December - newly designed Signs for Contact, Droplet and Airborne Precautions. These new signs will become the standardized version across all areas of the province and will be available on the RICN website. Watch for your opportunity to get in on the focus group testing.

Environmental Cleaning Educational Toolkit Evaluation. The EC Toolkit has been available since September 2010 and enjoyed great success throughout the province - with your input it will continue to do so! A number of focus groups will be held this Fall across the province to hear about your experiences with the Toolkit. The first focus group was held on September 26th at the Canadian Association of Environmental Managers "Return to Blue" conference. Stay tuned for an evaluation survey later this fall to provide your feedback!



Dr. Maureen Cividino, PHO-CSICN Medical Coordinator & OH&S Specialist

Maureen says "Moisturize your Hands"

Moisturizers can be effective in both preventing and treating contact dermatitis. Contact dermatitis in the occupational setting can be either "irritant contact dermatitis (ICD)" or "allergic contact dermatitis (ACD)". ICD is also known as "wet work dermatitis" and is typical in health care workers due to frequent hand hygiene requirements. It is typically worse in the dry months of winter. The use of alcohol based hand rub (ABHR) with emollients helps maintain intact skin. When there are breaks in the skin, ABHR can cause a burning or stinging sensation. Soap and water may be used as an alternate method of hand hygiene in this situation. It is important to recognize that soap, water and even friction from paper towels can contribute to ICD. Irritants also include triclosan and other additives in hand cleaners.

Moisturizing the skin is an excellent method for both the prevention and treatment of dermatitis. Available as lotions, creams and ointments, each product type has a decreasing amount of water in it. Lotions are fine for normal skin; dry skin should be treated with either a lotion or a cream, and very dry skin will need a cream or possibly an ointment. All moisturizers should be applied to clean, dry hands. Hands should be either air dried or patted dry with paper towels after washing with warm, rather than hot water.

Many products are available on the market with a dizzying number of ingredients. Cream and lotion formulations are usually emulsions of oil in water, although some formulations consist of water in oil emulsions. Oil and water do not mix well together, thus the need for an emulsifier to keep them in a uniform state. There may also be stabilizers, antioxidants and chelating agents that should all be listed on the label. Some stabilizers can cause irritant reactions such as parabens used in sunscreens.

Key ingredients in moisturizers are humectants and emollients. Humectants attract moisture through the stratum corneum layer in the epidermis to increase hydration. Examples are glycerine, propylene glycol and sorbitol. Emollients are lipid-based (fat-based) substances that make the skin softer and more pliable by increasing hydration of the stratum corneum. There is good evidence that high lipid content moisturizers (either physiological-fatty acids or non-physiological -petrolatum) are effective in both the prevention and treatment of ICD. Common emollients are cetyl alcohol, petrolatum, mineral oil, almond oil, lanolin, dicapryl ether and isopropyl myristate, isopropyl palmitate and shea butter (triglyceride derived from stearic acid and oleic acid). Detergents likely disrupt this barrier through loss of lipids. Barrier creams or skin protectants are not generally recommended in health care settings, although dimethicone, a weak barrier, has been shown to be effective in preventing experimentally-induced ICD.

In summary, HCWs are at increased risk of developing irritant contact dermatitis due to "wet work". Moisturizers, particularly those with high lipid content, help keep your hands protected from dermatitis. So remember to both Clean Your Hands and Moisturize Your Hands.

References: "A Systematic review of contact dermatitis treatment and prevention" Joan Saary et al (J am Acad Dermatol 2005; 53:845-55; "The Use of Therapeutic Moisturizers in Various Dermatologic Disorders", Joseph Bikowski (Cutis. 2001 Dec;68(5 Suppl):3-11 and "A Controlled Three-Part Trial to investigate the Barrier Function and Skin Hydration Properties of Six skin Protectants" (Ostomy/Wound Management 2005; 51(12):30-42; "A bioengineering study on the efficacy of a skin protectant lotion in prevention SLS-induced dermatitis" Zhai H et al (Skin Research and Technology 2000; 6:77-80)

CIC Exam Preparation Series

Are you planning on writing your CIC Exam in the next 6 months?
 The Erie St Clair Infection Control Network and Central West Infection Control Networks of Public Health Ontario will be hosting a CIC Exam Prep Series. This eight week series runs every Monday from **October 24th to December 12th from 12 – 1pm**. This event can be accessed by webcast, videoconference at your local RICN office or by videoconference at another location. Register for the series before **October 17th** at <http://bit.ly/pyWi2B>.
 Contact Veronica DeMelo at veronica.demelo@oahpp.ca or by phone at 905-874-7000 or toll free at 1 866-942-9426 if you require more information.



Upcoming Events

- November 7-9, 2011** - OHA Health Achieve
 For more information go to <http://www.healthachieve.com/Pages/Default.aspx>
- Niagara LTC Meeting**
 Date: Tuesday, December 13, 2011
 Time: 8:00 - 9:30 am
 Location: Pre-Christmas Breakfast Meeting - Location TBA
- Hamilton LTC Meeting**
 Date: Thursday, November 24, 2011
 Time: 8:00 - 10:00 am
 Location: St. Joseph's Villa, Boardroom

New Ministry of Labour Webpage

Earlier this month, the Ontario Ministry of Labour launched a new page on its website dedicated to [Health and Community Care](#). Access the ministry's workplace health and safety information and resources on this sector – all in one place. Download posters and fact sheets, watch videos and read the ministry's latest Health Care Enforcement Plan.
 Coming in November: Infection Control Blitz in the Health Care Sector. Watch for information regarding the November Blitz on the Ministry of Labour's website.

Webber Teleclasses - www.webbertraining.com

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| Oct 26 - (South Pacific Teleclass) Public Health Lessons Learnt from the Christchurch Earthquakes | Nov 17 - An Overview of the HICPAC Norovirus Guideline |
| Oct 27 - The Role of Microbial Biofilms in Chronic Bacterial Infections | Dec 1 - Strategies for Improving Hand Hygiene Compliance in the ICU |
| Nov 3 - How Should We Clean Our Hospitals | Dec 7 - (Free WHO Teleclass) Best Practice for Cleaning, Disinfection and Sterilization in Healthcare |
| Nov 10 - Infection Prevention Challenges in Home Care: Preparing for Survey | Dec 15 - Surgical Implantables Being Reprocessed: Pandora's Surgery Box is Opened! |

And the Winner Is...

CSICN will be sending you a daily special edition newsletter during IPAC week. These newsletters will feature infectious diseases of historical significance that are still relevant today. Diseases to be featured include: polio, measles, smallpox, mumps, and pertussis.
 CSICN held a contest to name these special newsletters. The winner of the contest is... **Sonja Gallant**, public health nurse, from Halton Regional Health Department for the slogan **"Infection Control....Timeless."**

This slogan will be featured on special buttons that will be handed out at the CSICN Open House, October 31, CSICN offices, St. Joseph's Villa, 56 Governors Rd, Dundas, from 11:30—3:30. The Open House will feature displays, special guests, bowling for ABHR, a tour of the renovated CSICN offices, celebration of our Non Acute Care Program students and mentors, and refreshments. Remember, costumes are cool!



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