

FOCUS_{on}

INFECTION PREVENTION AND CONTROL

Mississauga Halton

*Giving Health
a Helping Hand*

SUMMER 2009

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Educational Opportunities!

CIC Study Group

Starting Wednesday October 7 every 2 weeks for a total of 10 sessions to be held at the Halton Public Health offices in Oakville. Interested? Contact [Risa](#) for more information.

SARE Sessions



Are you recertifying with your CIC this year? A full day workshop is in the works for **September 29th** at CRICN and may be offered via video-conference at MHICN if there is enough interest. Sign up [here](#) for this or future sessions in the MHICN office.

Non-Acute Care Course

Selection for the 2009-2010 self-directed and mentored course is underway. Contact [Madeleine](#) for more information.



Let's Talk...Sharps Safety

Ontario Safety Association for Community and Healthcare (OSACH) assists health care and community sector organizations and their employees achieve safe and healthy work environments. OSACH consultant, Henrietta Van hulle, highlights some key points regarding sharps safety.

- Canada's estimated annual healthcare-associated sharps injuries rate is 21,264. Under reporting is a major problem estimated from 50 to 90%; reasons cited include:
 1. reporting would not change outcome
 2. not enough time
 3. occupational health services were too far away
- Most needle stick injuries occur in hospitals (44%)
- Devices most often involved are syringes/hypodermic needles, needles for blood drawing, suture needles, IV stylets and scalpel blades
- Most sharps injuries occur while using the device (40.7%) and after using the device (45.2%)
- CDC reported that studies have shown a reduction of up to 76% of reported injuries by using safety engineered devices
- In Ontario, needle safety regulations came into force in September 2008 for hospitals and April 2009 for all long term care homes, laboratories and specimen collection centres
- It is expected that the needle safety regulation will be expanded to include the community sector
- The focus of Ontario regulation is **hollow-bore needles** but employers must identify risks related to all sharps and take all reasonable precautions to protect workers from the hazard of injury by any sharp
- Three exceptions to the regulation include when:
 1. Employers cannot locate a safety engineered version commercially
 2. The worker has reasonable grounds to believe a risk of harm exists
 3. There is an emergency or crisis, the supply of safety engineered needles have been exhausted and waiting for new supplies would present a risk of harm to person or public interest

For more information:

Planning Guide to the Implementation of Safety Engineered Medical Sharps: www.osach.ca/products/SEMS/index.html

RICN Non Acute Care ICP Training Program Graduates!

Regional Infection Control Networks (RICNs) are pleased to announce that 26 students from the first "class" of the RICN Non Acute Care ICP Training Program have successfully completed the course. The RICN Non Acute Care ICP Training Program started in April 2008 and was completed in May 2009. This course consisted of 11 modules with at least 80 hours of course work. Modules included: Role of ICP, Microbiology, Routine Practices & Additional Precautions, Epidemiology and Statistics, Surveillance, Outbreak Management, Environmental Management, Occupational Health, Clinical Practices and Support Services, Adult Learning and Addressing Key IPAC Issues.

Each student was mentored by RICN staff and were offered learning resources and materials through their local RICN.

Congratulations to all the students for their hard work and dedication in completing this course! The RICNs are now in the process of making changes to this program based on feedback from our students and mentors. We are now looking forward to the second year of our program beginning this fall. If you are from non-acute care and interested in applying to this program, please contact [Madeleine](#) or call 905-804-7948 x 3313.



Our Local Graduates

Congratulations to **Magdalena Finat** (Dom Lipa) and **Pauline Dubeau** (Villages of Halton) for their accomplishment!



Madeleine & Magdalena, Pauline & Risa.



Ask the Expert:

Joanne Habib

Network Coordinator

Central East Infection Control Network

Question: I recently read in the news about an outbreak in a nursery related to *Serratia marcescens*. What is *Serratia* and what can I do to prevent it in my facility?

Answer: *Serratia marcescens* (*Sm*) was discovered by Venetian pharmacist Bartolomeo Bizio as the cause of the blood-red discoloration of polenta in 1819. The organism was named *marcescens* after the Latin word for "decaying".

Sm is a gram negative bacillus that is commonly found in soil and water and in the respiratory and gastrointestinal tracts of hospitalized patients. Due to its preference for damp conditions, *Sm* can be found growing in our bathrooms where it appears on tile grout or shower corners as a pink, slimy film.

Sm was originally thought to be non-pathogenic and because of the red pigment it produces was used widely to trace bacterial transmission. *Sm* is now considered a significant, illness-causing organism and has been found causing urinary tract, wound and eye infections, pneumonia, meningitis, bacteremia and endocarditis. Outbreaks caused by *Sm* are well documented and have been attributed to potable water, contaminated "sterile solutions", inhalation therapy equipment (puffers), IV solutions, disinfectant solutions and hands of hospital personnel.

Colonization or infection with *Sm* is often caused by direct exposure to contaminated fluids or medical equipment. Patient to patient transmission can also occur via the hands of healthcare workers.

Prevention and control of infections caused by *Sm* requires attention to many aspects of patient care. Important measures include:

- Routine Practice compliance (glove removal and hand washing before and after each client/patient/resident contact) will minimize the potential for transmission via healthcare workers hands. Consider wearing gloves and a gown when changing dressing and bed linen when wound drainage is present.
- Cross contamination of body site flora should be avoided by taking care between different procedures on the same client/patient/resident.
- Non-sterile tap water should not be allowed to stand in areas where medical equipment or supplies are prepared or stored.
- Sterile water and saline bottles should be dated when opened and discarded after 24 hours.
- Medical equipment should be adequately cleaned, disinfected and/or sterilized between uses such as shared bathtubs.

Prevention and control of *Serratia* infection is paramount, considering that outbreaks of *Serratia* infection occur most frequently in neonates and infants. For more information on *Serratia* contact your local RICN office".

Meet the MHICN Steering Committee

Elaine Shaw, a Program Manager for Spectrum Health Care, is the community representative on the MHICN Steering Committee. In October 2008, Elaine achieved certification with the Canadian Vascular Access Association to complement a Canadian Nurses Association certificate in Oncology, a Nursing Management Certificate and Bachelor of Applied Arts in Nursing from Ryerson Polytechnic University. Experienced in ambulatory oncology and chemotherapy, IV therapy and management, Elaine’s skills as a clinician enhance her contribution to our Steering Committee’s understanding of IPAC issues unique to community health care settings.



IPAC Briefs

- Sorted by subject, these quick links to hot topics include excerpts from the first 5 issues of our *e-focus* newsletter.

■ **Long Term Care**

- Peel Public Health has updated the [Take Control Prevent Infection Guide](#) to Infection Prevention and Control in Long-Term Care Facilities
- Recurring Norovirus [Outbreaks](#) in Long-Term Care Facilities
- [Fever and Infections](#) in Long-Term Care Facilities

■ **Ambulatory Care**

- Pandemic [Checklist](#) (US)

■ **Occupational Health and Safety**

- MMWR June 19, 2009. **Novel H1N1 Virus Infections in Healthcare Personnel.** Click [here](#).
- AJIC Position Paper on the **Re-use of Respirators.** Click [here](#).
- Safe Injection, Infusion, and Medication Vial [Practices](#) in Healthcare

■ **Clinical Syndromes**

- Mayo Clinic highlights [Shingles](#).
- PHAC 2008 [Guidelines](#) on **Sexually Transmitted Infections.**
- **Tuberculosis** Information for Health Care Providers [Fourth Edition 2009](#)
- Creutzfeldt Jakob [Guidelines](#) (UK) Annex J for pre-surgical and endoscopy assessment

■ **Cleaning, Disinfection and Sterilization**

- Bedpan reprocessing—[Quebec guidelines](#)



e-focus Newsletter
your 5-minute infection connection

Email us at ssostarc@thc.on.ca to subscribe

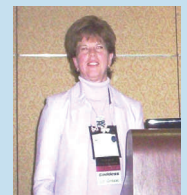
CHICA-Canada Conference Highlights

The 2009 Conference “Solid Foundations . . . Shifting Horizons” in St. John’s, Newfoundland in May brought together IPAC colleagues from across the country and beyond—including the enthusiastic MHICN members pictured below: Tina Stacey-Works, (CVH), Lucia Salagean (Halton Public Health), Cynthia Shorrock (HHS), Risa, Diane Weinwurm and Ina Belu (THC), Madeleine, Debbie Friesen (HHS).



MHICN stakeholder posters and presentations:

Trillium Health Centre’s poster about a successful hand hygiene campaign, (Ina—left)



Diane’s talk on Surgical Site Infections (right) and the Joint Collaborative Influenza Campaign poster (left).



Handouts and materials are still available on the CHICA website at http://www.chica.org/educ_past_conf.html

Abstracts are already being sought for the **2010 conference** in Vancouver on May 29– June 3 See http://www.chica.org/conf_registration.html



Need assistance in getting there?

1. Join CHICA-Canada—your national organization and local chapter (e.g., TPIC or HANDIC), as financial support may be available.
2. SARS fund, RNFOO and Health Force Ontario (www.ahpdf.ca)
3. Virox Scholarship Fund (http://www.chica.org/opps_virox.html)
4. Your facility may sponsor you, especially if your poster or presentation is accepted.

Got Data? Courtesy of Mark Jefferson, CSICN



This is a common refrain ICPs from all sectors are hearing these days. ICPs are expected to collect, analyze and share data, often without proper tools. That's where IPAC SET (Infection Prevention and Control Surveillance and Education Tracking) comes in.

IPAC SET is a database system created by two RICNs (WWICN and CSICN) to record MOHLTC core competency education and surveillance of AROs in hospitals. To address both needs through one collaborative project, the database has two main purposes:

- 1) Surveillance—the tracking of specific patients with organisms of interest
- 2) Education—the tracking of education taken by hospital staff (including the core competencies).

IPAC SET has the ability to do much more, including:

- * CDAD Surveillance
- * ARO Surveillance
- * Outbreak Management
- * ICP Communication Tool
- * Core Competency and Education Tracking
- * Reportable Disease Tracking
- * Patient Safety Indicator Reporting
- * Incident Management

All in an intuitive, user-friendly and FREE package.

How can you access this database?

IPAC SET is currently being piloted at several acute care sites throughout the province, and will soon be “rolled-out” to hospitals throughout the province. There is also the potential for a LTC version of the database. Stay tuned for more information!

H1N1—Looking for Quick Links?

- New [PHAC Interim Guidance Documents](#)
- Ontario Weekly Influenza [Bulletin](#)
- Professional Resources, Guidelines and Tools. Click [here](#).
- Information in [Other Languages](#).

Share your success stories!

Submit an article to the CHICA-Canada Journal — The Canadian Journal of Infection Control. Full requirements for technical articles can be found at: http://www.chica.org/inside/cjic_journal.html

**Maternal Newborn
Access to Care Strategy**

The MOHLTC is investing to increase capacity in Ontario’s Neonatal Intensive care Units (NICUs), establishing the province’s first Maternal Newborn Advisory Committee under the Provincial Council for Children’s Health. This committee’s work includes conducting a full formal review of all maternal and newborn units and convening work groups, one of which deals with IPAC issues.



Reducing or eliminating infection-related closures in Level II and III NICUs can dramatically increase neonatal capacity. The Committee has supported the development of IPAC guidelines for best practices in NICUs which will be disseminated across the province. Stay tuned for more information regarding these guidelines!

**Strategies to Improve Influenza
Vaccination in Health Care Workers**

Seasonal influenza in Health Care Workers (HCW) is a personal health threat, and poses a significant risk to the patients/residents/clients in their care. In an effort to help healthcare organizations improve the rate of HCW influenza vaccinations, the US Joint Commission is releasing a monograph *“Providing a Safer Environment for Health Care Personnel and Patients Through Influenza Vaccination: Strategies from Research and Practice”*.

This monograph is the result of a 10 month collaboration between the Joint Commission, the Association for Professionals In Infection Control and Epidemiology (APIC), the Centers for Disease Control and Prevention (CDC), The Society for Healthcare Epidemiology of America (SHEA), and the National Foundation for Infectious Diseases (NFID). It incorporates evidence-based guidelines and published literature to highlight practical strategies and the tools submitted by healthcare organizations. Electronic copies of the monograph are available at: www.jointcommision.org.

The Canadian Positive Deviance Project

Positive Deviance (PD) is an improvement and social change methodology that has been used to address intractable behaviour-based problems around the world, such as childhood malnutrition in developing countries. PD has recently shown to be an effective tool to engage healthcare staff and reduce MRSA rates in some US hospitals. Four Canadian hospitals will be PD pilot sites over the next 18 months, with training and mentoring provided. For more information and presentations visit:

<http://www.positive-deviance.ca/> or www.chica.org

CHICA Chapter News

The **HANDIC Keep Your Boat Afloat! Annual Education Day** was well attended by MHICN to hear about MHICN members



(pictured L to R) Sonja Gallant (Halton Public Health), Ruth Collins (Peel Public Health), Risa, Pauline Dubeau (Villages of Halton), Lisa Reantaso (Leisureworld-Streetsville), Eva Skiba (CVH), Faye Matthews (HHS), Alexis Silverman (Peel Public Health) and Madeleine. Topics included Social Marketing, AROs and *C. difficile*, Antibiotic Stewardship and Environmental Cleaning Audits.

The **TPIC Annual LTC IPAC Educational Day—Making Connections**, in partnership with Toronto Public Health and GTA RICNs will be held on September 17 at 89 Chestnut, U of T. Topics include VRE & ESBL, Antibiotic Stewardship, Animal Visitation, Group A Strep. & H1N1. To register contact Sandra at ssostric@thc.on.ca

It's coming! Infection Control Week 2009

Mark your calendars. **Infection Control Week is October 18-24th**. More information and resources to follow! What activities are you planning? We'd love to hear about them! Contact Risa at rcashmore@thc.on.ca

New Educational Resources

Are you a new ICP in LTC or acute care?

The RICNs have developed a generic orientation program to help new ICPs entitled: *"Come and Take a Walk With Me"*. Whether you are interested in being part of a group or prefer to learn on your own, please contact Risa at rcashmore@thc.on.ca

What can WE do for YOU?



The RICNs have prepared a comprehensive package which includes:

- An Introductory brochure outlining the mandate of the RICNs
- Guide to Services
- FAQs
- Local Annual Report
- Contact Information

If you are interested in receiving a copy of the Provincial Information package or would like one sent to a colleague, please contact us at: mashcroft@thc.on.ca

Webber Training

All teleclasses are offered *free* at the MHICN office from 13:30-14:30. Let us know you are coming! Call the office to reserve your spot: 905-804-7948 x 3219

August 27

Live Broadcast from the NZICND Conference, New Zealand—*Topic to be Announced*

September 10

Influenza Vaccination of Healthcare Workers

September 21

Live Broadcast from the Infection Prevention Society Conference

September 24

Using Lean Six Sigma to Engineer Infection Prevention into Patient Care

September 29

Voices of CHICA-Part 2 For a complete listing of upcoming teleconferences, visit the website at www.webbertraining.com

MHICN STAKEHOLDER ACTIVITIES



New Games!

The Bennett Health Centre staff learned more about Hand Hygiene by playing the "Hand Hygiene Game" with Risa.



Peel Senior Link Annual Educational Day attendees after playing a "Routine Practices Game" with Risa.



New Topics!

Diversicare Administrators/ICP leads met in their Mississauga Corporate Office to learn about "Hot Topics in Infection Prevention and Control".



Halton Region Health Department's annual Spring Seminar LTCF and Community Physician Office attendees heard a RICN update (Madeleine) and played a Routine Practices Game with Anne, CSICN Network Coordinator.



New (& old) friends!

Milton CCAC office participants clean their hands, as part of a series of in-services to all MH CCAC sites about MRSA, C. difficile and "hot topics" pre-



Acclaim Nurses and PSWs "cover their cough" demonstrating respiratory etiquette during a series of in-services held in May and June on CA-MRSA and other "hot topics".

Sandi Noble (West Park) and Jo Ann Kieller (Trillium Health Centre) attended the CRICN "Dust in the Wind" construction and renovation videoconference in the MHICN office on June 11th.

Two additional videoconferences, presented by the OAHPP medical microbiologists, were attended by acute care laboratory technologists in the MHICN offices in June.

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



Mississauga Halton

Giving Health a Helping Hand

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