



Educational Conferences

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The N.W.O. Infection Control Network hosted a First Nations Conference. This conference was held on April 11 & 12 2007 at the Airline Travelodge Hotel. It was received well by all participants. There were over 80 participants who offered NWOICN many great ideas for initiatives to implement.

Upcoming Educational Tele/Videoconferences

May 2007

Hazard Analysis and Infection Control

The N.W.O. Infection Control Network is hosting a videoconference on Hazard Analysis in Infection Control on May 15, 2007 from 2:00 p.m. to 4:00 p.m. EST. The speaker will be Karen Clinker, our Infection Control Consultant. If you would like to register your site for this conference, contact Brandy Ponka by phone (807) 683-1755 or email ponkab@tbh.net. If you don't have access to videoconferencing you can attend this conference at the network. **Deadline to register is May 2, 2007.** This will be archived on the North Network website www.northnetwork.com.



Certification in Infection Control Education Day

Waterloo Wellington Infection Control Network, Mississauga Halton Infection Control Network and Central South Infection Control Network are hosting a full day Certification in Infection Control (CIC) Education Day Videoconference on May 30th from 08:30 a.m. to 5:00 p.m. (EST). The N.W.O. Infection Control network has reserved sites at the following locations:

- Marathon District Hospital
- N.W.O. Infection Control Network
- Riverside Health Care Facilities (Fort Frances)
- Lake of the Woods District Hospital (Kenora)

If you would like to attend this videoconference, please contact Brandy Ponka by phone (807) 683-1755 or by email ponkab@tbh.net to register at one of the reserved sites.

June 2007

Teaming up to prevent Food Related Illness

The N.W.O. Infection Control Network is hosting a videoconference titled "Teaming up to Prevent Food Related Illness" on June 5, 2007 from 2:00 p.m. to 4:00 p.m. EST. If you would like to register your site for this conference contact Brandy Ponka by phone (807) 683-1755 or email ponkab@tbh.net. If you don't have access to videoconferencing, you may attend this conference at the network. **Deadline to register is May 16, 2007.** This will be archived on the North Network website www.northnetwork.com.

N.W.O.I.C.N
289 Munro Street
Thunder Bay, ON
P7A 2N3

Toll Free Phone:
1-866-706-7426
or
(807) 683-1755
Fx: (807) 683-1745
ponkab@tbh.net

[New Web Pages](#)

Visit CHICA-Canada's newest web pages:

Evidence-based Guidelines - quickly find the most current guidelines related to infection prevention & control (this web page has been moved from the Members section):

http://www.chica.org/links_evidence_guidelines.html

Antibiotic-Resistant Organisms (AROs) - a collection of links to websites and guidelines on AROs, MRSA, VRE, ESBL and C.difficile:

http://www.chica.org/links_aro.html

Funding Opportunities for ICPs to attend conferences, courses etc.:

http://www.chica.org/opps_fundICP.html

Industry-Sponsored Education from Industry partners:

http://www.chica.org/inside_indust_spons.html

Bioterrorism:

http://www.chica.org/links_bioterrorism.html

Journals & Publications related to IP&C:

http://www.chica.org/links_other.html#Journals/Publications

Search Tools related to IP&C and healthcare:

http://www.chica.org/links_search_tools.html

[Occupational Health & Safety Conference](#)

Emerging Health & Safety Issues from Changing Workplaces "A Canadian Discussion" September 17 & 18, 2007, Vancouver, BC. For more information on this conference, go to this link:

<http://www.ccohs.ca/events/forum07/>

[Patient Safety Performance Measures](#)

For information on Patient Safety Performance Measures you can go to the Canadian Council on Health Services Accreditation website :

<http://www.cchsa.ca/default.aspx?page=211&cat=30>

[Hand Hygiene Website](#)

The Ministry of Health and Long-Term Care has launched a website dedicated to the topic of hand hygiene.

Visit the link below to read about their provincial hand hygiene pilot in acute care hospitals, global efforts to improve hand hygiene, the evidence to support hand hygiene programs, and the interactive hand hygiene module for acute care. www.justcleanyourhands.ca

[Tips for Reading Journal Articles/ Research Studies](#)

It takes practice to read and critically appraise research reports so don't be too hard on yourself. The skills involved in critical research appraisal take time to develop!

[Quantitative research studies](#)

The investigation of phenomena that lend themselves to precise measurement and quantification, often involving a rigorous and controlled design for the purpose of describing phenomena or assessing the magnitude and reliability of relationships among them. e.g. controlled clinical drug trials.

[Qualitative research studies](#)

The investigation of phenomena, typically in an in-depth and holistic fashion, through the collection of rich narrative materials using a flexible research design for the purpose of discovering important underlying dimensions and patterns of relationships. e.g. survey on relationship between self-esteem and weight management.

Grow accustomed to the style of research reports by reading them frequently. Try to keep the underlying rationale for the style of research reports in mind as you read. Photocopy the research report so that you can use a highlighter, write notes in margins etc.

Read articles slowly. Skim the article first to get the major points and then read it a second time more carefully.

On the second or subsequent time you read the article, train yourself to be an active reader, which involves constantly monitoring yourself to determine whether you understand what you are reading. You may need to go back and re-read sections of the article.

Don't forget that the postal and e-mail addresses of the researchers are usually included and they are generally willing to discuss their research with others. Purchase a good reference text so you can look up unfamiliar terminology.

Try not to get turned off by statistical information. Try to grasp the gist of the story without letting symbols and numbers frustrate you. Until you become familiar with the style and jargon of research articles, you may want to "translate" them mentally or in writing.

When you obtain a reasonable level of comprehension of a research report, the next step is to write a brief synopsis of the study's purpose, research questions, methods, findings, interpretation of the findings and implications for practice.

This will help you become more aware of the aspects of the study that you did not understand.

Highlights from MOHLTC/PIDAC Best Practices for Infection Prevention and Control of Resistant *Staphylococcus aureus* and Enterococci in all Health Care Settings (March 2007) Summarized by the Central East Infection Control Network Coordinator... Joanne Habib

This is a brief summary of the highlights of the recently released PIDAC Best Practices for Infection Prevention and Control of Resistant *Staphylococcus aureus* and Enterococci in all Health Care Settings. **ICPs must refer to the actual document for further details and references.**



Background:

Over the past 20 years, the incidence of infections caused by health care acquired antimicrobial resistant bacteria has increased dramatically especially in vulnerable high risk, immune compromised populations. In 1998, the cost of managing MRSA in Canada ranged from \$41.7-\$58.7 million dollars. Prevention and control efforts are necessary to protect the health and improve outcomes of clients/patients/residents and to lessen the impact of MRSA and VRE on health care systems

Rationale for Best Practices:

MRSA and VRE infection and colonization impacts on the cost of health care, patient outcomes (ie. MRSA bacteremia may increase mortality rate), quality of care (ie. use of contact precautions has resulted in less care documented) and duration of hospitalization.

Prevention of transmission of organisms (including antibiotic resistant organisms) will occur when...

All health care providers understand and practice hand hygiene, Routine practices, assessment, triaging and appropriate spacing between patients , appropriate cleaning of the environment including cleaning/disinfection/sterilization of equipment between patients at all times with all patients.

For more information on Routine Practices and Additional Precautions for Transmission of Infection in Health-care Refer to: <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/99pdf/cdr25s4e.pdf>

In addition to adherence to Routine Practices, recommendations for MRSA and VRE in all Health Care Settings Highlights:

- Screen/culture all clients/residents/patients with risk factors for MRSA and VRE on admission and after exposure
- Confirm positive cultures and try to determine source
- Notify all affected health care settings of discharged/transferred exposed/positive patients
- Consider prevalence screenings when clients/patients/residents are at high risk for or on units where transmission of MRSA or VRE is occurring
- Apply Contact precautions (private room with dedicated toilet and equipment) for those at highest risk of colonization or disseminating organisms
- Discontinue precautions only in consultation with Infection Control Professional (ICP or designate)
- Cohort only after consultation with the ICP or designate
- Develop a process (ie. check list) to ensure that cleaning and disinfection methods are appropriate and include stringent protocols for VRE
- Remove and launder privacy, window and shower curtains after discharge of person with VRE. Routine health care cleaning practices for laundering linens are adequate for eliminating MRSA and VRE.
- Screen staff for MRSA when an outbreak of same strain continues despite adherence to control measures or when an individual is strongly epidemiologically linked
- Decolonize staff if adherence to additional precautions does not contain the outbreak. Ensure written information describing Contact Precautions is available for clients/patients/residents

Highlights continued

- Teach visitors to wear gloves and gown if they will be providing direct care or visiting other patients. Addition of a surgical mask decreases nasal acquisition of MRSA.
- Decolonization of MRSA clients/patients/residents is not currently recommended.
- Decolonization of VRE clients/patients/residents is not recommended.
- Perform follow up specimens if MRSA or VRE infection is treated.
- Discontinue routine screening if decolonization of MRSA is not done for the duration of admission.
- Develop a process for identifying clients/patients/residents previously positive for MRSA or VRE on admission (ie. flagging chart).
- Ensure outbreak policies and procedures are in place. For guidance on outbreak measures refer to Best Practice document.
- Provide education on MRSA, VRE and Additional Precautions to health care staff.
- Teach clients/patients/residents correct and appropriate hand hygiene as well as basic hygiene practices that prevent the spread of organisms.
- Use antibiotics judiciously and regularly review antibiotic use .
Ensure that MRSA and VRE prevention and control programs contain elements that support ongoing quality management and improvement. Regular audits of IPAC policies and procedures, routine practice, and additional precautions as well as a strong surveillance program including rate calculations and trending should be considered. Feedback of rates and trends as well as an action plan to address issues should be in place.

Specific to Acute care

- MRSA and VRE positive patients should not share rooms with negative patients
- Health Care Workers must wear gloves and gown to enter the room of suspected or known MRSA or VRE positive patients or if physical contact might occur during transport. Masks are to worn according to Routine Practice.
- Consideration may be given to wearing a surgical mask when patients are suspected or known to have MRSA to decrease nasal acquisition of health care workers.
- Modification of precautions should be done only on a case by case basis after benefit versus transmission risk assessed with Infection Control. If additional precautions for MRSA are discontinued (ie. 3 sets of negative specimens taken a week apart after antibiotics are discontinued), screen weekly for duration of hospitalization.

Specific to Non-acute care

- Contact precautions may be modified so that clients/residents can take part in activities while limiting physical contact
- Health Care Workers must wear gloves and gown for direct care (refer to PIDAC document for definition) or if physical contact might occur during transport. Addition of a surgical mask decreases nasal acquisition of health care workers. If additional precautions for MRSA are discontinued (ie. 3 sets of negative specimens taken a week apart after antibiotics are discontinued), screen monthly for 6 months.

Specific to Community Care

If additional precautions for MRSA are discontinued (ie. 3 sets of negative specimens taken a week apart after antibiotics are discontinued), re-screening is not required.

For recommendations for the Prevention and Control of VISA and VRSA as well as more information on MRSA and VRE including rationale, collection of specimens, screening criteria, fact sheets, recommendations for laboratories, sample policy and procedure, algorithms, check lists, references and more, please refer to Best Practices for Infection Prevention and Control of Resistant *Staphylococcus aureus* and Enterococci in all Health Care Settings MOHLTC/PIDAC document March 2007 at www.health.gov.on.ca/english/providers/program/infectious/diseases/best_prac/bp_staff.pdf. PIDAC Fact Sheets are available at: www.health.gov.on.ca/english/providers/program/infectious/pidac/pidac_fs.htm

WHAT DOES THE Central Service Association Of (C.S.A.O.) Ontario DO FOR YOU?

Some Central Processing staff ask this question when they are approached to pay their membership fees. People want to know what value are they getting for their money. Hopefully this will provide the answer.

Education:

Education has always been the CSAO's primary goal. This association has spent the last 6 years upgrading their Central Service Techniques course at a cost of over \$80,000.00. Six new modules have been added to the course and the other sixteen have been updated. The updating was required to maintain the highest of standards and to keep pace with new technologies. The money has come from the course registration, conference profits and registration fees. In order to meet the needs of people who could not attend the classroom course due to their geographic location, a correspondence version of the program was developed. If your present certificate is over 5 years old, a refresher program is now available. This will assist central processing workers and those having IP&C responsibilities related to central processing to maintain and update their knowledge. This dedication is also extended to education sessions offered each year at the annual conference.

If you are a CSAO member you will pay \$100.00 less than non members. Your membership cannot be sent with your registration as you must be a member prior to registration. A copy of your current CSAO membership card will be required to get the members rate. Also the refresher course will ONLY be available to current members. You must be a member for at least a year and have taken the course after Sept. 2000. After 5 years your certificate expires and if you have not taken a refresher course you must retake the classroom course.

Annual CSAO Conference:

The annual C.S.A.O. Conference continues with commitment to education. Many other professional groups have long recognized this conference for its educational content, professionalism and extreme value. This could not happen without exhibitor's support. A reduced rate for members is given of \$100.00. Only members who attend have their names entered into a draw for a free conference registration and also a prize for visiting the exhibitor's booth. For 2007 it is a \$400.00 Staples Voucher. Members at the conference receive a free continental breakfast when they attend the Annual meeting. At this meeting they get to vote for the provincial executive and also amendments to the constitution.

CSAO Chapters

The C.S.A.O. has divided the province into chapters according to geographic areas. The annual provincial membership meeting occurs at the conference in Toronto. The role of chapters across the province is to provide additional education sessions usually 2-3 times annually. All chapters have their own executive and chapter meetings as set out in the constitution. The Chapters are only as strong as its membership. Please remember you need to support your chapters. The Association supports these chapters by returning to them 20% registration fees for each member registered in their chapter and 10% of the profit of a classroom course. This is to help support mailing costs and education. We help promote chapter involvement and almost all provincial executives spend time on the chapter executive before they run for the CSAO executive. **This year each chapter was given the opportunity to draw for 2 members of their chapter to receive a free conference registration. At the chapter level, members are able to have input into education and vote on the executive.**

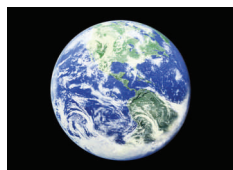
Communication:

As a CSAO member in good standing, you will receive at least 4 newsletters, 1 annual report and our C.S.A.O. magazine. The organization spends over \$50.00 each year to mail and communicate to each member. This year the C.S.A.O. launched its web site, www.csao.net. The executive is extremely excited about the communication potential from this web site. We have added a chapter's section. Each chapter has posted minutes and agendas of meetings, advertisement for the education sessions and other information fire their members. This site has allowed the CSAO to communicate nationally and with proper vision globally.

Canadian Standards Association:

The C.S.A.O. has representation on the Canadian Standards Association (CSA). The C.S.A. Standards cover every part of our practice, from the decontamination area through to the storage and dispensing of our goods. This ensures quality patient care. The CSAO represents you on these committees, echoing concerns and making sure that standards are workable as well as safeguarding practice. **This sounds like a lot of value for your membership dollars of \$30.00 staff and \$40.00 Management. The CSAO also provide telephone assistance to its members with any questions they need answered.**

World News



SHEA

2007 SHEA/CDC Training Courses in Healthcare Epidemiology

The Spring 2007 SHEA/CDC Training Course in Healthcare Epidemiology will be held from May 19-22, 2007 in Phoenix, Arizona at the Sheraton Crescent.

<http://www.shea-online.org>

CHICA

CHICA 2007 National Conference

The CHICA 2007 National Conference will be held at the Shaw Conference Centre in Edmonton, AB on June 9-14 2007. For more information click on this link http://www.chica.org/conf_registration.html

Watch "The Agenda" Video on HAIs: Video is now available from The Agenda's program, "[Sickness in our Temples of Health](#)", aired March 27, 2007 on TVO. This program deals with infections in hospitals and features Dr. Dick Zoutman, representing CHICA-Canada.

CDC

New updated CDC Website! Take a [virtual tour](#) of the CDC's new updated website, to be launched Thursday, April 19, 2007. You may view the entire site at www.cdc.gov.

Pandemic Planner

The Pandemic Planner can be downloaded at www.health.gov.on.ca/pandemic.

Bug Day

Mark your calendars! Bug Day is on October 16, 2007 in Winnipeg. More information to follow!

ProMED Articles

[Equine herpesvirus - USA \(multistate\) \(09\): IL](#)

[Foot & mouth disease, bovine, ovine - Kazakhstan \(Karaganda\): OIE](#)

To view these articles go to <http://www.promedmail.org/pls/promed/f?p=2400:1000>

Infection Control Today

Celebrate National Nurses Week 2007

May 7, 2007 to May 11, 2007

The theme of National Nurses Week 2007 is "Nursing: A Profession and a Passion." "Nursing is often described as an art and a science, this year's theme reflects the dual .

In this month's issue we take a look at scope-related infections, ventilator-associated pneumonia, vCJD, the prevention of sharps-related injuries, and much more!

APIC

APIC 2007 Conference

The APIC 2007 Conference will be held in San Jose, California on June 24-28 2007.

For more information on this conference, go to this link http://www.apic.org/scriptcontent/custom/education/conf_courses.cfm?section=education

Helpful Links

Here is the Link to Ministry of Health and Long Term Care Norovirus fact sheet:

<http://www.health.gov.on.ca/english/providers/pub/disease/noroviruses.html>

MRSA Report from CDC Links:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5614a1.htm?s_cid=mm5614a1_e

Here is a link to hand hygiene resources from CHICA Canada

http://www.chica.org/links_handhygiene.html

April 2007 Pandemic Planner

www.health.gov.on.ca/pandemic