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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

Webber Teleclass Schedule

July 21, 2009

Fitness for Purpose Infection Control (free British teleclass)
Martin Kiernan

August 6, 2009

How Professional Associations Can Best Contribute to Infection Prevention Globally. (free teleclass)
Dr. Catherine Murphy

August 13, 2009

Safe Childbirth: What Can Infection Prevention Contribute? (free teleclass)
Patricia Lynch

August 27, 2009

Live broadcast from the NZICND Conference— TBA

September 10, 2009

Influenza Vaccination of Healthcare Workers
Monica Mehta, Dr. Charles Pastor

September 24, 2009

Using Lean Six Sigma to Engineer Infection Prevention into Patient Care
Dr. Denise Murphy

September 29, 2009

Voices of CHICA— Part 2
CHICA-Canada Board Members and guests

October 1, 2009

The Changing Face of MRSA— evolving Epidemiology
Dr Andrew Simor

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!



SEOICN is pleased to congratulate our graduates from south eastern Ontario.

- Tammy Vanderkloet
Sherwood Park Manor, Brockville
- Joan King
John M Parrot Centre, Napanee

Both plan to attempt the Certification exam.

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 interested in learning more about the fall course contact Sue Cooper or Janet Allen.



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".

Getting to Know the RICN Website

How familiar are you with www.ricn.on.ca ?

The RICN Home page

- Provides access to important Infection Prevention and Control (IPAC) information and events
- Allows you to link to local pages for each of the 14 regional networks.
- Provides links to significant IPAC web sites

The **RICN Education** navigation bar on the left side of the home page links to information on:

- Resources from RICN workshops (presentations, handouts etc.)
- Links to OTN web casts of IPAC educational events
- Links to archived OTN IPAC videoconferences
- Links to conference information– national and international
- Education links from CHICA-Canada

The **Frequently Asked Questions (FAQs)** navigation bar on the left side, links to commonly asked questions and answers on such topics as Group A Strep, pet visitation, MRSA, *C. difficile*, and home laundering of uniforms.

The **Resources** navigation bar links to pages providing

- Access to interactive tools & videos
- Access to presentations
- Links to significant IPAC web sites



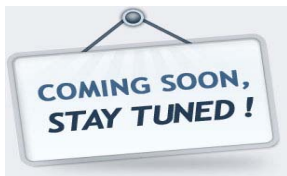
The Grand Prix of PPE



Explore the interactive Chain of Transmission on the **Resources** page.

The **Links** navigation bar on the left provides e—links to many valuable sites including:

- IPAC Resources, Standards and Guidelines
- Canadian Tuberculosis Standards
- Communicable Disease Surveillance Protocols (developed by Ontario Hospital Association and the Ontario Medical Association)



Coming this Fall!

Check back soon to see the new and improved RICN web site.

Fall 2009 CIC Study Group

SEOICN will once again be running a fall CIC study group. This weekly study group is designed to assist ICPs in preparing to write the Certification Board of Infection Control (CBIC) certification exam (CIC). Attendees should meet the minimum eligibility requirements as determined by CBIC. To access those minimum requirements go to

http://www.cbic.org/Becoming_Certified.asp

The study group will meet weekly for 10 weeks starting Wednesday September 16th at 4pm at the network offices.

For more information contact Sue Cooper at coopers@kgh.kari.net or call the office at 613-548-3921 or 1-866-883-8428.



Recent Survey

In March 2009, Research Strategy Group conducted a third party survey of 315 regional stakeholders for the purpose of evaluating the effectiveness of network communication strategies and to gather information about educational needs. The response rate was 37%. The Network hoped to gain a better understanding of the “value added” with respect to network newsletters, the RICN website and also, to identify IPAC challenges in the current environment. The survey confirmed that our stakeholders have a good understanding of the network’s role in the region.

- ⇒ Sharing PIDAC best practice guidelines and similar expert— developed guidance documents
- ⇒ Providing regional education
- ⇒ Supporting local healthcare organizations in their IPAC practice

The full report can be obtained from the network office. 613-548-3921

Government of Canada Releases Guidelines for Health Professionals on Caring for Pregnant Women with H1N1 Virus

On July 10th, Health Minister Leona Aglukkaq and Chief Public Health Officer Dr. David Butler-Jones released guidelines for health professionals on caring for pregnant women with H1N1 flu virus.

The H1N1 flu virus has now been reported in every province and territory in Canada and appears to be spreading similarly to seasonal flu. While pregnant women are at no greater risk of becoming infected with H1N1 virus, preliminary research shows that they are more likely to suffer severe illness and complications if they catch the virus.

"Thankfully the majority of H1N1 illness in Canada is mild, but we are seeing that some people, including pregnant women, are more susceptible to serious illness and complications," said Minister Aglukkaq. "To help protect mothers and their babies, experts at the Public Health Agency of Canada have worked with their provincial and territorial partners to develop clinical care guidelines that will help healthcare professionals treat pregnant women more effectively."

This and other H1N1 information can be accessed at: www.phac-aspc.gc.ca/alert-alerte/swine_200904-eng.php

Source: Public Health Agency of Canada

Appointment News!

Congratulations to Carole Weir on her appointment to the Board of Directors for the Ontario Agency for Health Protection and Promotion.

Carole is currently Chair of the SEOICN Steering Committee as well as a Member of the Council of the Faculty of Education at Queen's University.

Friday, September 25, 2009

"Chasing Zero"

an Infection Control Conference for Health Service Provider Leaders

This educational session will assist Health Service Provider Leaders in elevating their understanding of the impact of healthcare associated infections in their organizations, particularly in the areas of patient safety, risk management, economic impact and public and media perceptions.

Confirmed speakers include:

Paul Huras

CEO, SE LHIN

Dr Michael Gardam

Director, Infectious Disease Prevention & Control, Ontario Agency for Health Protection & Promotion

Dr Michael Baker

Executive Lead, Patient Safety, MOHLTC

Dr David Goldstein

Chair, Patient Safety Subcommittee, Regional Hospital Clinical Leaders Committee

Dr Dick Zoutman

Medical Coordinator, SEOICN

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

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South Eastern Ontario

*Giving Health
a Helping Hand*