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Infection Control Can't Afford a Communication Gap by Helen Wilkie

Inside This Issue:

Infection Control Can't Afford a Communication Gap 1

Clostridium difficile and Environmental Cleaning .. 2

New High Level Disinfectant & Chemosterilant Products 3

Virox Speakers Seminar..3

Website Update3

Conference & Education Schedule3

Where are all the Infection Control Professionals?....4

Microbial Resistance to Disinfectants and Sterilants.....5

Infection Control Week at Bluewater Health6



When employees in any field are surveyed about their attitudes, lack of communication virtually always surfaces as a need. Managers are often puzzled by this, because they have a communication system in place, so they don't know what the problem is. As a result, often nothing is done. But a perpetual communication gap is a threat to the success of any operation.

Here is a four-point action plan that will help ensure your infection control program is not derailed by ineffective communication.

Point 1. Three people could complain about communication and, without you realizing it, each could mean something different. Perhaps one means he doesn't understand the procedures manual; another wants to hear more from management about how the system works; yet another never receives feedback on his own efforts to control infection—and there could be many more. You can't take effective action until you know where the gap is.

Action step: Ask your own people if they feel a lack of communication, and if so, what they specifically mean.

Point 2. Your communication system could be well designed, but still leave a gap. That's because the problem is not the system, but the communication skills of the people using the system. You probably have a communication chain in place, but if even one person along the line misunderstands the message he receives, or doesn't make his own message clear to the next person—the whole thing falls apart.

Action step: Review actual communication chain activity to find potential weak spots.

Point 3. It's a myth that communication comes naturally to everyone. Communication in the workplace involves specific skills: writing, reading, speaking, listening, actions and behavior, body language, tone of voice, persuasion, understanding and more. A team or work unit that doesn't communicate doesn't produce, and it certainly can't maintain the infection control levels you want and need in your organization. How these skills are used varies from one job to another, one company to another, one workplace to another—but they are essential in every circumstance. You need to train your people, on an ongoing and

Continued on page 6

"The secret of success is constancy of purpose"

Benjamin Disraeli

***Clostridium difficile* and Environmental Cleaning**

(Excerpts from a teleclass lecture with Professor Mark Wilcox. The entire lecture and slide show are available for free access on-line at...)

www.trainers-resource.com/cdifficile/index.html

There is good evidence that *Clostridium difficile* spores can survive, and indeed do persist in the environment for days, weeks, months, and there are reports of spores surviving for over a year in the environment. Also, *C. difficile* is endemic in many units. And there is evidence of enhanced virulence of particular *C. difficile* strains. There is good evidence that if we use the wrong cleaning agent, we may potentially make the persistence of spores in the environment worse.

By exposing *Clostridium difficile* to levels of detergent, which aren't sufficient to kill it, we can actually make matters potentially worse in terms of by making more of the organisms sporulate. If the environment becomes contaminated by *C. difficile*-containing feces, and a detergent comes into contact with that feces in insufficient concentrations to kill the organism, it may force them into spore forms, which as we already know are

highly resistant. However, if we use bleach-like products, hypochlorite-containing products, then the increase in sporulation that we saw with detergents is not seen. So, by using hypochlorite-containing products we may prevent sporulation from increasing more effectively in the environment, which of course can only be a good thing.

While we've talked about the potential advantages of using hypochlorite, we need to stress some of the downsides. There

Clostridium difficile is an anaerobic, gram-positive bacterium, which may be found in marine sediment and in sand, in camel, horse and donkey dung, feces of dogs, cats and birds, human genital tract, intestinal tract of humans and in their feces and generally in hospital environment. It is responsible for nearly all gastrointestinal infections, ranging from mild diarrhea to severe or even fatal colitis, that follow antibiotic therapy. This spore-forming bacterium can be part of the normal intestinal flora in as many as 50% of children under the age two. It is less frequently found in older children and in adults. This pathogenic bacterium is the major cause of pseudomembranous colitis and antibiotic-associated diarrhea. Pseudomembranous colitis occurs when antibiotics (esp. clindamycin and ampicillin) suppress the normal microflora, allowing *C. difficile* to grow and produce toxin. Two toxins have been described.

are significant health and safety issues of using hypochlorite-based cleaning. These are toxic agents, which have questionable practicability over long-term use in terms of their damage to surfaces. There is an environmental cost in terms of disposal of hypochlorite. And of course there is a questionable efficacy in the presence of organic matter. In other words, dirty surfaces may not be effectively cleaned by hypochlorite alone. Visibly dirty surfaces

will have to be first cleaned with detergent and then cleaned with hypochlorite.

Question. The residues left behind by quaternary ammonium and phenolic disinfectants would be sub-lethal to the vegetative *Clostridium difficile*. Would they stimulate sporulation in the same way as detergents?

Well it's certainly plausible that they would have the same effect and there are several reports in the literature of outbreaks of infection that have been associated with, for example, quaternary ammonium based cleaning. We haven't studied those agents in particular and I couldn't give you a definite answer there.

Question. Can we speculate that it's because the chlorine-based agents are oxidizers that they have this effect?

That's possible, yes. They are likely to have a higher lethality anyway than non

chlorine-based agents. And the crucial issue is not so much the activity against the spore itself, it's the activity against those vegetative forms that are just turning from being vegetative into the spore forms. I expect that hypochlorite-based disinfectants are significantly more able to kill those strains than are quaternary ammonium compounds.

New High Level Disinfectant & Chemosterilant Products

The R&D Team at Virox has been working tirelessly for the past 4 years developing two new generation AHP Chemosterilant & High Level Disinfectants. Both products will be launched in 2005 under the Accel Family. One formulation is a 5 minute High Level Disinfectant that has excellent compatibility with respiratory & ophthalmology equipment. The second formulation which will launch in the Fall of 2005 will be an exciting product for the foot care and personal services markets as it will hold a 20 minute High Level Disinfectant and 20 minute Sporicidal claim.

Virox Speakers Series

The first seminar in what we hope to be an ongoing program was held on July 28th. Carla Fetrin spoke about *C. difficile* and her experience at her facility in Niagara Falls. The audience included members from Public Health, Infection Control Practitioners from Hospitals and Long Term Care, Lab Animal Technicians and Purchasing Agents. We were very excited to see such a wonderful turnout and the response to the free seminar has been staggering. We are working diligently to line up speakers for more seminars this fall. To learn more about the seminars please contact...

Nicole Kenny at 1-800-387-7578 or nkenny@virox.com

APIC 2004 - Phoenix, AZ



Website Update

www.virox.com

We are pleased to announce that a new section for Foot Care has been added to the site. This page includes the products focused on disinfection and sterilization of all Foot Care equipment as well as guidelines, protocols and other articles of interest.

Conference & Education

Fall/Winter Schedule

Virox will be participating in the following functions:

September 14th & 15th Algoma Public Health in Sault Ste. Marie

September 20th & 21st CSAO in Toronto

September 24th

Ruth Ruttan Foot Care Conference in Kettleby

September 29th

Ottawa Public Health

October 1st

Foot Care Infection Control Conference in Kingston

October 4th to 6th

CIPHI Ontario in Haliburton

October 9th to 12th

International Federation of Infection Control (IFIC) in Croatia

October 13th

York Region Public Health

October 20th

CKICC Education Day in Chatham

October 21st & 22nd

NWOPIC Educational Conference in Thunder Bay

October 23rd

NEFCA Education Conference in Guelph

November 15th

OLA TB Conference in Toronto

November 19th

SOPIC Education Conference

Virox is very excited about participating in so many conferences & education days. We wish the best to all of the various organizers and would like to thank them for their dedication and effort in organizing these very important educational opportunities. We look forward to attending and talking to all of the participants.

Where Are All the Infection Control Professionals?

Adrienne Brown BScN, CIC

President, CHICA-Canada
Manager Infection Control Services
Joseph Brant Memorial Hospital

Did you know that experienced Infection Control Professionals (ICPs) are currently in short supply? Dr. Bette Ann Henderson, Education Director for the CHICA-Canada Board estimates the shortage will continue to worsen through attrition as 60-70% of ICPs currently practicing retire over the next 10 years.

Our recent experiences with SARS along with evidence from other sources have made it clear that the Infection Control programs in more than 80% of Canadian health care institutions are already under resourced. It is estimated that for every ICP currently practicing 2-3 new Infection Control Professionals need to be trained over the next 10 years. Even as healthcare institutions recognize their needs and post new ICP positions, many remain unfilled.

What does it take to be an ICP?

First and foremost an interest and desire to practice the science and art of Infection Prevention and Control. Competence requires a period of on the job training, and preferably a comprehensive entry to practice training program. Certification in the field from

the Certification Board of Infection Control and Epidemiology (CBIC) requires two years of practice for eligibility to write the exam.

Persistence and resiliency are common characteristics of successful ICPs. Always a challenge, never boring, the practice is built on networking and partnerships from both within and outside of the healthcare institution.

How does CHICA-Canada support the profession?

The Community and Hospital Infection Control Association of Canada (CHICA-Canada) provides professional support in a variety of ways, many of which are showcased on www.chica.org. CHICA-Canada's 1000 members and Board are working diligently to find a way to increase access to Infection Control education and training. We believe that many would consider entering the field if suitable training and mentoring opportunities were made available. Our annual national conference will now include a pre-conference day targeting the novice ICP.

Stay tuned as we continue discussions with provincial ministries of health, colleges and universities and other interested partners to mount additional web based training courses. We remain committed to our role in a nation wide effort to improve the health of Canadians through accredited training of the Infection Control Professionals involved in their care.

IN CASE OF EMERGENCY

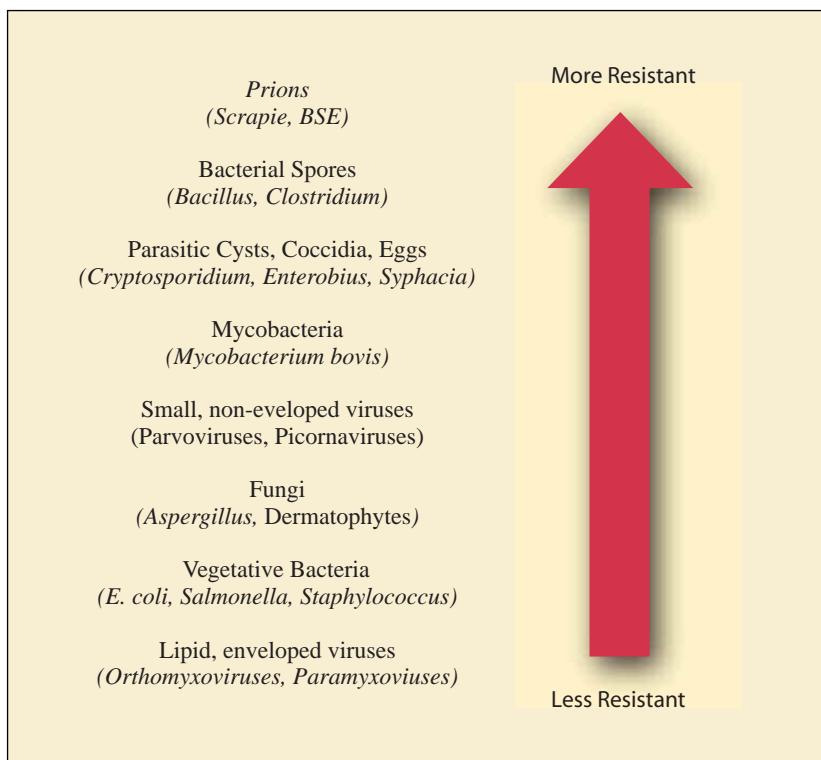
ACCELERATED™
HYDROGEN PEROXIDE

SECURITY, CONFIDENCE, ASSURANCE.
OUTBREAK MANAGEMENT BREAKS THE CHAIN OF INFECTION.

*"If a man look sharply and attentively,
he shall see Fortune;
for though she is blind, she is
not invisible."*

Francis Bacon

Microbial Resistance to Disinfectants and Sterilants - Dr. Gerald McDonnell



Resistance is dependant on intrinsic and, to a lesser extent, acquired mechanisms. Intrinsic mechanisms include the external structure of the microorganism, which can be impermeable to a biocide. For example, spore forming bacteria (including *Bacillus* and *Clostridium* species) are relatively sensitive in their vegetative form, but have the ability to form spores that are resistant to chemical and physical processes. Spores have a unique structure, protected from the environment by multiple, external layers. Similar intrinsic mechanisms are responsible for the environmental survival of many parasites, including eggs (*Enterobius*, 'pinworms') and cysts (*Cryptosporidium*, 'oocysts'). In contrast, lipid, enveloped viruses (including

influenza and Newcastle viruses) are very sensitive to environmental factors and disinfectants. Another example of intrinsic resistance is the ability of organisms to grow in 'biofilms'. Most bacteria and fungi have the ability to attach to surfaces, multiply and produce protective materials (e.g., polysaccharides and proteins) that can protect the microbial community in a biofilm from an antimicrobial. Acquired resistance has been described, in particular in bacteria, for example due to genetic mutations, but in most cases these only partially increase the resistance to a given biocide. Prion resistance remains under debate, but are generally considered uniquely resistant to physical and chemical antimicrobials.

Exclusive... 2003 IFIC Conference Recordings

The following list of recorded lectures is available on CD in exchange for a donation of at least \$50 to the International Federation of Infection Control. These lectures were digitally recorded by Paul Webber at the 4th Annual IFIC Congress in Malta and are of very high quality. They are available nowhere else in the world. (Note, if you are unable to donate to IFIC a CD can be sent to you for free-contact Paul Webber)

- Improving the Infection Control Team, Improving Involvement
- Improving the Infection Control Team, Improving Accountability
- Improving the Infection Control Team, Improving Collaboration
- Environmental Issues, Food Hygiene
- Environmental Issues, What Does Infection Control Have To Do With The Environment
- Environmental Issues, Hospital Planning and Design
- Hand Hygiene & Nosocomial Infections
- Hand Hygiene & Alcohol-Based Liquids
- Hand Hygiene, Indications for Hand Rub vs Hand Wash
- MRSA, Staphylococcal Carriage - Is It Relevant
- Infection Control Before Antibiotics
- MRSA, High Endemic Situations
- MRSA, Low Endemic Situations
- Socio-Economic Impact of Hospital Acquired Infections
- Clinical Waste Management in Developed Countries
- Clinical Waste Management in Developing Countries
- Clinical Waste Management, Alternative Technologies

For ordering info contact Paul Webber at 800-363-5376 or paul@webbertraining.com

Communication Gap

Continued from page 1

renewing basis, so that communication skills will become second nature to them, which will automatically help the implementation of any infection control program.

Action step: Institute communication training programs based on specific needs.

Point 4. When you ask people to change the way they do things, or to learn new skills, you have a much better chance of success if you help them understand WHY the change or new skills are necessary. Particularly if they can see the value to themselves, they will take a more positive view of the training.

Action step: Illustrate first the WHY, then train on the HOW.

Whether you do this on your own, or with the help of a communication specialist, it is vital that you do it, because while there is a communication gap, the success of your infection control program is at risk.

Helen Wilkie is a professional speaker and author who helps organizations save money and increase productivity by improving applied communication across the organization. She can be reached at 416-966-5023 or hwilkie@mhwcom.com. Visit her website at www.mhwcom.com

Infection Control Week 2004 at Bluewater Health

By Nora Boyd RN MEd CIC

Theme: Protect Yourself! Protect Others!

During Infection Control Week this year (October 18-22) we will have the following activities

1. Flu Cart- It's that time again and weekly during October we bring out the cart to each unit and department to provide ease of access for the flu vaccine. We also offer freebies with the vaccine- chocolate bars one week, ice cream or apples another or Tim Horton Coffee.

- In addition we hand out the CHICA Handwash tattoos- I thought it would be great for staff to give their kids but they've taken a new twist on it- some hide it on their body and invite their spouse to find it!

- We arrange to have the mascot of our local Hockey Junior A Team: The Sarnia Sting- Buzz come by with the flu cart and all those who got a flu shot by that round of the cart have their name in for a draw on free tickets. We usually give away 2 free pairs.

2. I will be providing a word search focusing on protective practice in the cafeteria for everyone to participate in with prizes for the winners. We have a staff communication system through internet and I will put out daily messages about protective practice- short

and to the point about how they can stay safe at work (no more than 4 lines).

3. In addition, I am making up posters (like wanted posters) of my infection control committee. Everyone always thinks I'm a one man band but actually I have a team working with me. The pictures in colour and enlarged to almost fill a 8 1/2x11 with a protective practice caption below- eg avoid contamination, practice sanitation. A different caption for each member of the committee. I did this a couple of years ago and my team were pretty pleased to see themselves up on the boards and around the hospital. Staff were surprised to see how many people were involved with Infection Control. One big challenge is getting great pictures of your team- the pictures have to be good.

*"Listening to your heart is
not simple.*

*Finding out who you are is
not simple.*

*It takes a lot of hard work and
courage to get to know who
you are and what you want."*

Sue Bender

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