



WRHA Infection Prevention and Control Program Bulletin

Volume 4 Issue 1 | Spring 2019

Assisting in the provision of safe, efficient, effective patient care by minimizing and preventing the spread of communicable diseases

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Containment Precautions

IP&C management of patients with specific, highly contagious or virulent organisms transmitted via the contact route will change: **Containment Precautions will be required.** This is a change from previously used Contact Precautions, as these organisms have more potential to negatively impact patients.

A risk benefit analysis warrants the use of gowns and gloves at all times while in a patient's room if they have a highly contagious or virulent organism transmitted by the contact route. At this time only CPE and MDR *C. auris* require Containment Precautions.

Implement **Containment Precautions** as specified in the Microorganism, Specific Disease Table in the Acute Care IP&C Manual. This currently includes:

1. Carbapenemase Producing Enterobacteriaceae (CPE)
2. Multidrug resistant *Candida auris* (MDR *C. auris*)

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Contact Precautions	Containment Precautions
Staff glove and gown <i>if</i> contact with the patient or the patient's environment is likely.	Staff and visitors glove and gown to enter room/bed space, <i>regardless</i> of anticipated contact or activity.
Visitors glove and gown <i>if</i> providing care.	
Allow patient out of his or her room as required for their care.	Only allow the patient out of his or her room after considering all possible options for in room care.
Cohort as directed in IP&C Manual.	Cohort only with IP&C or Infectious Disease consult.



Manitoba Notifiable Diseases

Do you know which diseases are reportable?

Manitoba has a regulation (part of the [Public Health Act](#)) that outlines which [diseases/conditions are required to be reported](#) to Manitoba Health, Seniors and Active Living by healthcare providers. Diseases that require prompt reporting were discussed in the Fall 2018 issue.

Diseases that must be reported by a healthcare provider within 5 business days of their diagnosis are:

- ◇ **AIDS (by diagnosing practitioner)**
- ◇ **Congenital Rubella Infection/Syndrome***
- ◇ **Creutzfeldt Jakob Disease (by diagnosing practitioner)**
- ◇ **Leprosy***
- ◇ **Lyme Disease (by diagnosing practitioner)**
- ◇ **Tetanus***
- ◇ **Tuberculosis (by diagnosing practitioner)**
- ◇ **Yellow Fever***



Infection Control Professionals (ICPs) can complete and submit the [Clinical Notification of Reportable Diseases and Conditions Report](#) for the healthcare provider, for of the diseases with an * above, IF they are notified. If the case is diagnosed or a positive lab result is found during regular business hours, on Monday—Friday, contact your ICP to report it for you (for diseases with an * in the list above). If you do not contact an ICP, you must report the case. During off hours (evenings, nights, holidays) call: 204-788-8666 (MOH) and fax in the [Clinical Notification of Reportable Diseases and Conditions Report](#).

EBOLA VIRUS RESOURCES

See the WRHA IP&C index at:

<http://www.wrha.mb.ca/extranet/evd/index.php>

GLOVE FACTS!

Always perform hand hygiene *before* putting on gloves and *after* removing them.

WHY before putting them on?

1. Gloves may become contaminated by the health care workers' dirty hands in the process of putting on gloves.
2. Gloves can have microscopic holes, which may allow organisms to pass from your hands to your patient if hand hygiene is not completed prior to putting on gloves.
3. The environment under the gloves may also provide a good environment for further growth of certain microorganisms—they can act just like a little greenhouse!



WHY after removing them?

1. Gloves do not provide complete protection against hand contamination. They may have micro-tears that are not visible, and germs are able to multiply in the warm moist environment under gloves.
2. When removing gloves, it is oftentimes very difficult to remove them without contaminating hands in the process.



STOP! CLEAN YOUR HANDS DAY

MAY 6, 2019

Featured WRHA IP&C Team Member—*Myrna Dyck*

Myrna Dyck, the WRHA IP&C program Epidemiologist, is our featured team member this issue. As an epidemiologist, Myrna is active in many aspects of the IP&C program: data collection tool design, case definition development and surveillance (including database administration). She is involved in data collection, analysis, interpretation and report development. Myrna has focused on hand hygiene audits, surgical site infection surveillance, surveillance of central line associated blood stream infections in dialysis patients, and surveillance of *C. difficile*, MRSA, and carbapenemase producing organisms.



Myrna works with data on a daily basis and is fond of producing tables and graphs, and checking statistics. She enjoys assisting ICPs to turn numbers or patient data into information that can be shared with units, programs or facilities. She appreciates being part of the team because although familiar with the numbers, by hearing from the ICPs or participating in chart reviews, she learns about patients' stories. Numbers then are more meaningful as they represent outcomes of the patients we care for.

As all infectious disease epidemiologists, Myrna gets a little excited about new diseases, outbreaks or even the regular respiratory season. Although these aspects of her job might mean more work, they also bring with them challenges, learning opportunities and situations where she can network with others in different programs to achieve positive outcomes.



QUALITY
IMPROVEMENT &
PATIENT
SAFETY

WRHA Regional

Accreditation Questionnaire



Have Your Say.....

Answer the Questionnaire!

**Infection Prevention & Control Standards
Self-Assessment Questionnaire**

April 29 to May 12, 2019