

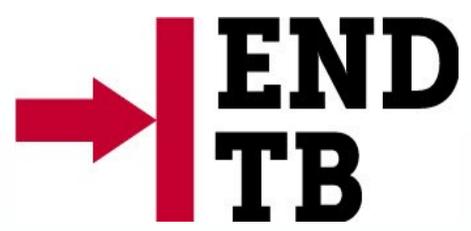


Above image courtesy of Canadian Patient Safety Institute

# WRHA Infection Prevention and Control Program Bulletin

Volume 1, Issue 2  
April 2017

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



**World TB Day was March 24, 2017.**

In honour of this day, we bring you the following [TB IP&C HIGHLIGHTS](#):

TB is a an airborne-spread disease caused by *Mycobacterium tuberculosis* (MTB) bacteria. TB usually affects the lungs, but can affect other systems or organs, most commonly the lymph nodes or genitourinary system. TB can be a latent infection (not infectious) or active disease (infectious).

Give patients with signs/symptoms of TB a procedure or surgical mask until appropriate room placement. Implement Airborne Precautions. Notify site ICP. Collect specimens using Airborne Precautions, regardless of age. DO NOT discontinue precautions based solely on AFB smear negative specimen results. Discontinuation of precautions for both confirmed and suspected cases of TB is based on the clinical judgment of the Attending Physician and/or Infection Prevention and Control. More information can be found in the WRHA [TB Protocol](#).



**Retirement News: Janis Kennedy**

Janis Kennedy graduated as a Registered Psychiatric Nurse in 1985 & obtained her Registered Nurse diploma in 1991. She began her nursing career at St. Amant Center where she worked from 1985-1998. Janis started in the IP&C Program part time in 1991 at St. Amant, then worked as an ICP at St Amant & SBH from 1998-2004. She then became a full time ICP at St. Boniface Hospital, where she's worked for the past 13 years. Janis also completed her certification in Infection Control in 1995. She was an incredible team member in the Regional Infection Prevention & Control Program, & the team at St. Boniface Hospital. Her years of experience & vast knowledge have contributed so much & she is greatly missed.

To learn more about [IP&C](#), visit our website

**We Want to Hear from You!**

Send newsletter comments/suggestions to:  
Dolores Sylvestre, Administrative Assistant, WRHA Infection Prevention & Control Program [dsylvestre2@wrha.mb.ca](mailto:dsylvestre2@wrha.mb.ca)

**IP&C Week:**  
**Get the Point of Mask Use**  
**October 16-20, 2017**

## I ADMISSION SCREENING: MRSA and CPE

Rationale: To reduce the risk of healthcare associated transmission of antibiotic resistant organisms Methicillin Resistant *Staphylococcus aureus* (MRSA) and Carbapenemase-Producing Enterobacteriaceae (CPE)

Screening Criteria (MRSA): Most recent changes:

1. Admitted to or directly transferred from a health care facility, including personal care homes within the previous 6 months, both within or outside Canada, including unit transfers within the current facility.
2. Living in a correction setting or a communal living setting (e.g., a group home).

Screening criteria (CPE): Confirm on each admission as well as at Pre-Operative Assessment Clinic (PAC) visit, if the patient meets CPE screening criteria, most notably: Admitted to or directly transferred from any facility

known to have endemic rates in the previous 6 months (discuss with IP&C) and refer to the [Admission Screening OD](#).

## II Common Cold Viruses (Rhinovirus & Coronavirus)

- i. Implement Droplet/ Contact precautions.
- ii. Maintain precautions until symptoms are resolved.
- iii. Cohorting possible if patients infected with the same virus.
- iv. Do not cohort with high risk roommates.
- v. Minimize exposure of immunocompromised patients, children with chronic cardiac or lung diseases, neonates.



**Hand Hygiene & PPE Online Courses** are available in [Manitoba eHealth LMS](#) at Courses/Registration> Clinical Skills> Routine Practices> Hand Hygiene or Personal Protective Equipment (PPE).

Staff must complete the Hand Hygiene course every two years, however it's helpful to review it annually.

### Did you know??

Since 2008 the WRHA IP&C Program has been publically posting ARO and *C. difficile* rates by facility and regionally. This can be found at: [INFORMATION ON ANTIBIOTIC RESISTANT ORGANISMS \(AROS\) AND C. DIFFICILE IN HOSPITALS IN THE WINNIPEG HEALTH REGION](#)

### National IP&C Week Lunch & Learn Sessions (1130—1300)

**October 16th:** Access Fort Garry (*tentative*);

Routine Practices & Additional Precautions

**October 18th:** St. Boniface Hospital N1012;

Colonization versus Infection

**October 20th:** Deer Lodge Centre

Life and Learning Large Conference Room;

Cleaning and Disinfection

## MUMPS OUTBREAK



Manitoba Health, Seniors & Active Living reports that between September 1, 2016 and March 23, 2017, there were 238 confirmed Mumps cases reported. Initially, the majority of cases were 18 - 29 year old students in Winnipeg or involved with sports. Cases are

now being seen in all ages and throughout Manitoba. [Updates](#) are posted each Friday.

**Transmission:** Mumps is spread by Droplet transmission, and by direct contact with saliva of an infected person. All persons who have not had the disease or who have not been successfully immunized are susceptible. Immunity acquired after contracting the disease is usually permanent.

**Preventing the Spread of Mumps:** Get vaccinated! Implement Droplet Precautions immediately for a patient with mumps. and 10 days after first contact & continue through 26 days after last exposure for exposed susceptible patients in all settings.

**Incubation Period:** The incubation period is usually 16 - 18 days (range: 14 - 25 days). More information is available at: WRHA Acute Care IP&C Manual [Mumps Protocol](#).

Resources on [respiratory hygiene](#) are also available.