

# WRHA Infection Prevention and Control Program Bulletin



Winnipeg Regional  
Health Authority  
Caring for Health

Office régional de la  
santé de Winnipeg  
À l'écoute de notre santé

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

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[www.wrha.mb.ca/extranet/ipc/index.php](http://www.wrha.mb.ca/extranet/ipc/index.php)

## Non-Critical Equipment Cleaning and Disinfection

*Did you know:*

- *cleaning and disinfection are not the same?*
- *disinfection is ineffective on surfaces that are not clean?*
- *disinfectants do not immediately kill germs on contact but actually require a defined wet contact time?*
- *not all facility approved disinfectants and cleaners can be used on all items?*

*Do you know how to correctly clean and disinfect non-critical equipment?*

### Standard Work Sheets

Contamination of patient care equipment and other items in the patient environment, as well as the environment itself have been associated with organism transmission. It is important the proper steps in cleaning and disinfecting are followed with the equipment you use. WRHA IP&C has developed Standard Work Sheets for cleaning and disinfection of commonly used non-critical equipment. These step-by-step tools outline the necessary steps to put your patients first and stop the spread of germs via these items. These tools are available on the WRHA IP&C website at:

<http://www.wrha.mb.ca/extranet/ipc/Standards.php>

## Case Study: Point of Care Risk Assessment

### Test your knowledge

You have been looking after a post-op patient for the past 3 days, admitted to a private room. The patient has been stable and is recovering well. The spouse comes to the nursing desk and tells staff the patient coughed all night and complains of chills and aches all over. You want to perform a physical assessment on this patient. Based on your point of care risk assessment, what steps will you take to keep your patients, the visitors and yourself safe from the spread of infection?

*Check your answer on page 3.*



# Hand Hygiene—Have You Nailed It?

There's more to hand hygiene than Alcohol Based Hand Rub and Soap and Water. In 2003, it was shown approximately 220,000 Canadians get an infection annually from their hospital visit; and around 8,000 die from these infections. Recent evidence suggests these rates continue to rise. Hand hygiene is the most important way to prevent spread of germs. Do all you can to make sure your hands are clean and healthy.



- ☑ **Keep nails clean and short so they do not show past the end of the finger. There are more germs on long nails and they can pierce through gloves.**
- ☑ **If nail polish is worn, make sure it is in good condition. They may look like small chips to you but to a microscopic germ it is like a jagged rock face to hold on to. Nail polish that is chipped or worn longer than four days can trap germs that are not removed with hand washing.**
- ☑ **Take care of your hands. The condition of your hands can influence how effective your hand hygiene is. Use lotions regularly that are facility approved (since not all lotions are compatible with gloves).**
- ☒ **Rings and bracelets increase the number of germs on hands and should not be worn. Watches can interfere with effective hand hygiene; remove or push them up before performing hand hygiene.**
- ☒ **Do not wear artificial fingernails, gel nails or extenders. These products trap more germs, are harder to clean than natural nails and have been linked to serious infections.**

## TB Investigation

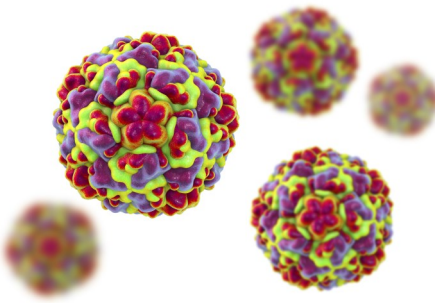
WRHA IP&C works closely with many other programs and sites across the Region to protect patients, visitors and staff from the spread of organisms.

Tuberculosis is legislated reportable disease. This means follow up for respiratory TB contacts is a requirement by law.

Laboratories have mandatory reporting and generate results that are sent directly to Public Health and IP&C. In WRHA acute care and hybrid facilities, notification is also given to the TB Infection Control Professional (TB ICP). Specific criteria are reviewed, such as exposure time to a TB case and infectiousness of the case, which determine who (and what) type of follow up is necessary. The TB ICP, Occupational and Environmental Safety and Health (OESH), and Population and Public Health work on identifying potential exposures: staff are followed up by OESH if appropriate. Patient exposures are followed up by IP&C and/or Public Health, depending on the location of the patient.

For further information see the Tuberculosis Protocol in the WRHA Acute Care Manual:

[http://www.wrha.mb.ca/extranet/jpc/files/manuals/acutecare/TB\\_Protocol.pdf](http://www.wrha.mb.ca/extranet/jpc/files/manuals/acutecare/TB_Protocol.pdf)



## Bug of the Season: *Common Cold*

### Who am I?

I'm actually more than one bug! Different respiratory viruses can cause the common cold. Rhinovirus is the most common virus; another is Corona virus. I usually cause symptoms such sneezing, stuffy nose, sore throat and runny nose. Many of my symptoms are similar to the Flu (Influenza) and so many times we are confused for one another. I am also the main reason for sick calls at work and at school. I love spring and winter so show up mostly during these seasons.

### How do I get in?

I make you sick through direct and indirect contact with a person who is sick with a cold. I leave a person's body on droplets that are spread through activities such as coughing and sneezing and nose blowing. I also land and survive on surfaces waiting to hitch a ride on hands that touch those surfaces. I get into your body through your mouth, nose or eyes and-make you sick.

### How to stop me?

Use good respiratory etiquette: Turn your head away from others to cough or sneeze. Cover coughs and sneezes with your sleeve, shoulder, or a tissue. And throw the tissue in a waste basket right away. Perform hand hygiene frequently, especially after coughing, sneezing, or blowing your nose, and avoid touching your face. Disinfect environmental surfaces regularly, especially high touch surfaces like phones and door handles.



### How to get rid of me?

There is no treatment for me—so don't catch me. I am caused by a virus, so antibiotics are powerless against me. Antibiotics may actually even make it harder for your body to fight me. Most people recover from me within 7 to 10 days. People with weak immune systems, asthma, or breathing problems may develop pneumonia. Get plenty of rest and drink lots of fluids to help you to recover.

## Case Study Answer: Point of Care Risk Assessment

Your patient's symptoms are consistent with a respiratory infection. As part of your physical assessment you will want to know if this patient has also developed a fever, as this could be Influenza Like Illness (ILI). Respiratory infections such as common cold and influenza are highly contagious and regardless of which virus it is, implement Droplet/Contact Precautions immediately. Before entering the room it is essential you clean your hands and wear the correct personal protective equipment (PPE), appropriately. This includes: gloves, a long sleeved isolation gown, a procedure or surgical mask, and eye protection (remember-personal eyewear is **NOT** eye protection). And don't forget about the spouse, you will need to instruct them to wear the same, before going back to the room.



**Mark Your Calendar!!**

**October 14-20, 2018**

**National Infection Control Week**

**WRHA theme this year: BE KEEN  
-KEEP IT CLEAN!**

***Focus: Environmental Cleaning and  
Disinfection***



## **Manitoba Notifiable Diseases**

***Do you know which diseases need prompt reporting?***

Manitoba has a regulation (part of the Public Health Act) that lists which diseases and conditions must be reported to Manitoba Health, Seniors and Active Living by healthcare providers. There are two different categories: one set requires **same day reporting by phone and fax** if the disease is even suspected. The second set has a reporting time frame of 5 working days once the disease is confirmed.

The diseases that require prompt reporting when suspected are: botulism, cholera, diphtheria, measles, meningococcal invasive disease, mumps, pertussis, plague, polio, rabies, rubella, severe acute respiratory infection (SARI), smallpox and viral hemorrhagic fevers (e.g., Ebola).


These are conditions that are serious and may have public health interventions required for family, friends and other contacts of these potential cases.

Your Infection Control Professional would be happy to report these urgent (same day reporting) cases for you **IF** they are notified. If the case presents to ERs, Urgent Cares or other triage environments on Monday—Friday, during regular business hours, contact your ICP to report it for you so you have more time to care for the patient. If you do not contact an ICP, you must report this case yourself. If off hours (evenings, nights, holidays), call **204-788-8666** (MOH) and fax in report found at:

[www.gov.mb.ca/health/publichealth/cdc/protocol/form13.pdf](http://www.gov.mb.ca/health/publichealth/cdc/protocol/form13.pdf)


Health Sciences Centre Winnipeg presents

**THE 22<sup>nd</sup> ANNUAL  
BUG  
DAY**



Tuesday,  
October 16, 2018

Join us at Frederic Gaspard Theatre,  
Theatres B & C, University of Manitoba  
Basic Medical Sciences Building,  
700 William Ave., Winnipeg, MB  
or by Manitoba Telehealth

 Health Sciences Centre  
Winnipeg

**October 16, 2018**

**This event is free for all!**

**For more information and to  
register, please visit:**

[http://www.hsc.mb.ca/  
bugday.html](http://www.hsc.mb.ca/bugday.html)