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Measles (Rubeola)

Did you know an ADULT case was identified in June 2019?

What is measles?

A very contagious viral infection that can spread through the air when an infected person breathes, coughs or sneezes.

Measles symptoms to look for:

- Fever
- Cough and runny nose
- Red and irritated eyes
- Maculopapular rash (small, flat, red areas & small, red raised lesions)
- Potential measles exposure history

What should staff do in the clinical setting?

1. **Immediately** mask and isolate persons with symptoms or susceptible exposed persons (non-immune) until further assessment can be completed.
2. Place patient on **Airborne Precautions**
3. **Immediately** notify Infection Prevention & Control
4. **Collect:** nasopharyngeal swab (preferred) and/or urine for measles virus detection and blood for serologic testing (measles IgG and IgM)

What should staff do for themselves?

1. Know your immunization status and update vaccinations as required
2. Contact site Occupational and Environmental Safety and Health (OESH)

If measles follow up is required:

- **Staff follow up:** contact site OESH
- **Patient follow up:** contact site IP&C
- **Public/visitor/care-giver follow up:** contact Health Links-Info Santé

Available resources:

- [MHSAL Fact Sheet](#)
- WRHA Measles Protocol http://www.wrha.mb.ca/extranet/ipc/files/manuals/acutecare/Measles_Rubeola.pdf
- Managing Measles in the Emergency Department http://www.wrha.mb.ca/extranet/ipc/files/Tools/Managing_Measles_Presentations_in_ED.pdf
- Managing Measles in the CHS Clinic Setting http://www.wrha.mb.ca/extranet/ipc/files/Tools/Measles_Clinic_Quick_Reference.pdf



It's not *the* 'Flu! What should I do?

Most Healthcare worker know by now that when they suspect their patient has influenza they should be put on [Droplet/Contact Precautions](#). But do you know what to do if your patient is suspected or confirmed to have a different respiratory virus?'

Does it matter if it's not influenza?

It sure does!

Influenza is not the only respiratory virus impacting WRHA facilities during respiratory season. Sites need to plan for influenza **and** non-influenza respiratory viruses. Both have an impact on patient care, outcome, flow and bed utilization.

What are some non-influenza respiratory viruses?

Some examples include Adenovirus, Corona virus, Rhinovirus, RSV, Enterovirus, & Parainfluenza.

Some numbers from
the last season
(Oct 2018—July 2019)

| WRHA Confirmed Cases | Number of Inpatient Cases |
|---------------------------------|---------------------------|
| Confirmed Influenza | 267 |
| Non-influenza respiratory cases | 721 |

So, what do I do?

If a patient presents with or develops a new or worsening cough, fever or increased shortness of breath put them on [Droplet/Contact Precautions](#) as you would for Influenza, then send for viral testing and follow up with IP&C.

Are You Aware of These Additional IP&C Tools Available to You?

- Here is a reminder of the [link to find handy IP&C information](http://www.wrha.mb.ca/extranet/ipc/tools.php):
- **Highlight sheets** are available for staff who need a brief summary of points. The [Tuberculosis IP&C Highlights](#) and [Bed Bugs/Head Lice/Scabies Highlights](#) sheets are just a couple of examples
- **Additional Precaution signs?** You can find isolation signs here: <http://www.wrha.mb.ca/extranet/ipc/Ordering.php>. There's even an [Additional Precautions Highlight Sheet!](#)
- **Standard Work Sheets** are also available for cleaning and disinfection of commonly used items
- And don't forget [Ebola](#)...

Accreditation 2020

How can front line staff get involved?

Accreditation 2020 may seem far away but really it is just around the corner! Many times front line staff think it's the responsibility of leadership to prepare for Accreditation. In reality, everyone has a role to play in Accreditation. Here's what front line staff can do to prepare for Accreditation. As an added bonus: This will help you to incorporate more IP&C knowledge into your work on the front lines, which benefits EVERYONE!

| Accreditation Criteria Summary | What can front line staff do? |
|---|---|
| IP&C has policies, procedures and guidelines for front line staff and volunteers (Criteria 4) | <p>Be familiar with when and how to access guidance provided on the WRHA IP&C InSite page, including guidance on:</p> <ul style="list-style-type: none"> ⇒ Aseptic technique ⇒ Loaned shared consigned & leased medical devices |
| Everyone including staff, volunteers, those receiving care & visitors know about and participate in IP&C (Criteria 5 & 6) | <p>Educate those you are caring for and their visitors about the IP&C measures used in their care. For example:</p> <ul style="list-style-type: none"> ⇒ Hand hygiene ⇒ Correct use of PPE ⇒ Covering coughs and sneezes ⇒ Not visiting when they are ill |
| Use IP&C to reduce the spread of germs in your daily activities (Criteria 7, 9 & 10) | <ul style="list-style-type: none"> ⇒ Be familiar with the Point of Care Risk Assessment (PCRA) ⇒ Perform PCRA's throughout your working day ⇒ Know how to correctly put on & take off PPE ⇒ Clean and disinfect care items/equipment between use on different persons |
| Everyone does Hand Hygiene correctly and knows the Four Moments of Hand Hygiene (Criteria 8) | <ul style="list-style-type: none"> ⇒ Perform hand hygiene according to the 4 Moments ⇒ Know importance of hand hygiene & auditing ⇒ Be familiar with your area's audit results and performance (e.g., is it getting better?) |
| Surveillance for healthcare associated infections are being done (Criteria 12) | <ul style="list-style-type: none"> ⇒ Find out which healthcare associated infections IP&C is tracking in your unit ⇒ Be aware of the results and what work is being done in the unit to improve |
| There is a coordinated way to respond to outbreaks (Criteria 13) | <ul style="list-style-type: none"> ⇒ Know what your role is if there is an outbreak in your area of work as outlined in the WRHA IP&C Outbreak Management Outbreak Management for IP&C In Hospital Settings OD |

PAPER BACKED PRODUCTS

IP&C is often asked "What do we do with paper backed products when asked to dispose of supplies that can't be cleaned/disinfected"? In this day and age of economic and environmental responsibility, it can seem like a waste!

IP&C instructs front line staff not to over stock rooms. While this is still our most common guidance, we also realize it's not always possible. In cases when some paper backed stock must be maintained in the room/bedside (e.g., for emergent situations), IP&C recommends storing these products in a sealable bag (e.g., Ziploc™). This way unopened contents can be protected from contamination and the outside of the bag can be wiped with a facility approved disinfectant.





Mark Your Calendar!!

October 21-25, 2019

National Infection Prevention and Control Week

WRHA theme this year:

POINT OF CARE RISK ASSESSMENT (PCRA)

October 22, 2019

Health Sciences Centre Winnipeg presents
THE 23rd ANNUAL BUG DAY
 Tuesday, October 22, 2019
 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

This event is free for all!

For more information and to register, please visit:

<http://www.hsc.mb.ca/bugday.html>



RETIREMENT NEWS:

Janice Briggs

Infection Prevention & Control would like to wish Janice Briggs all the best in her upcoming retirement. Janice came to the program in 2007 after completing her Masters in Nursing Management. Janice broke ground in the newly created role of Infection Prevention and Control Specialist in which she has dedicated herself over the past 12 years. Janice has two daughters in University and plans to spend her retirement exploring the coral reefs and biking trails of North America with her husband of 33 years. When asked what she would like to leave as her parting words of wisdom, Janice said “Make healthy choices folks!”. Thank-you for all you have done Janice! And Best of Luck on all your future adventures!

Feature Infection Prevention & Control Member *Chantelle Riddle-Yarycky*

Chantelle is the Infection Prevention & Control Professional providing support to Community Health Services (CHS). Her portfolio covers Home Care, Primary Health Care and it's affiliates, Population Public Health, Pan Am, Community Based Mental Health Programs, Breast Health Centre, Volunteers, the Women's Health Program (Community) including the Birth Centre, with the occasional trip to the Churchill Health Centre. Chantelle joined the team bringing 4 years of IP&C experience from the Saskatoon Health Region. It's okay; she's still a Winnipeg Blue Bombers fan! She also worked as a PICU nurse, in Home Care, Dialysis, and Travel Health. Chantelle has worked hard over the last 8 1/2 years to develop relationships in, and an understanding of, the complex area of Community Health care. IP&C has become even more important in the community as increasingly complex care is being provided in this setting. When asked what she likes about working in Community Health Services, Chantelle said “People working in the community are really open to improving their IP&C practices and they're always reaching out!” She's also proud of the fact CHS conducts the widest breadth of Hand Hygiene Auditing—“Our rates are something to be proud!”

