

Infectious Times

NSHA'S INFECTION PREVENTION & CONTROL QUARTERLY NEWSLETTER

It's influenza season and sometimes we get questions about Droplet and Airborne Transmission... So here it goes...

Droplet Transmission:

Germs that are spread by droplets hitch a ride on the large globule (icky right!) that is sneezed or coughed by someone with that germ. The droplet is pretty heavy and can't travel long distances so it can either spread directly to another person close by or land on a nearby object (e.g. toy or doorknob). In this case the germ can easily be picked up when the next person touches that object, especially if hands are not washed afterwards. Influenza is a good example of a germ that is spread by droplets.

Airborne Transmission:

In this case the germ very small and light and can remain suspended in the air. These germs can travel longer distances on air currents. Some examples are chickenpox, measles and tuberculosis. Fortunately, we have immunity to some of these diseases thanks to childhood vaccinations.

So how can we stop the spread of these germs?

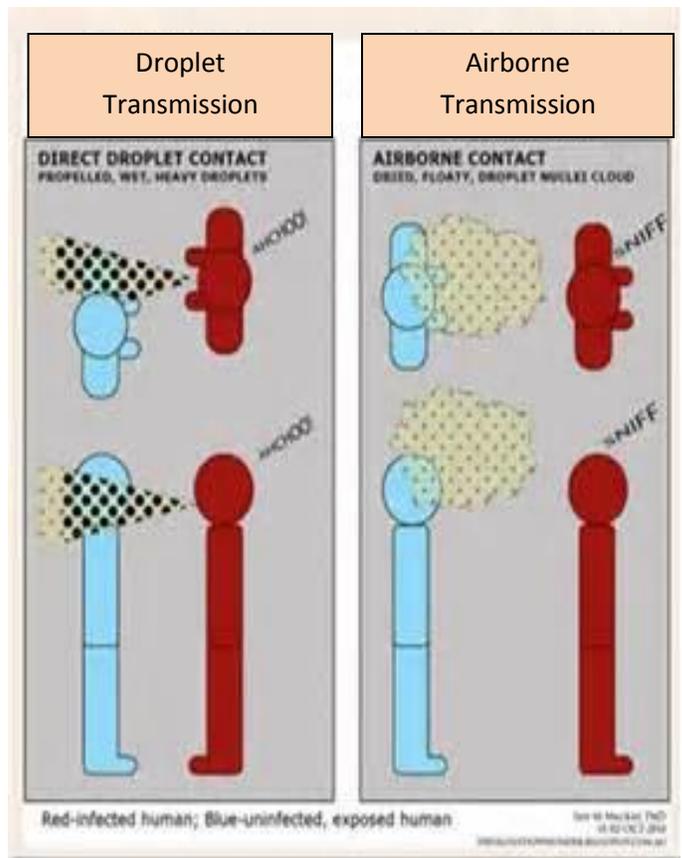
The number one way to prevent the spread of any infection is good hand hygiene. However, in the case of droplets: respiratory etiquette is also important: think cover your coughs.....

For airborne transmission we recommend the use of a special mask to protect healthcare workers when someone is in the hospital on airborne precautions.

January 2017

What's inside?

- Droplet Vs. airborne....do you know the difference?
- Cash Cab Hits the road at VRH
- What "bugs" you?
- What's new in research
- All hands to the pump
- What am I?



Cash Cab Hits the Road at Valley Regional Hospital

By Kim Rafuse

Sometimes it takes a road trip to learn a little something about infection prevention and control. And that is just what infection control practitioners Kim Rafuse and Sheila Sheppard at VRH were counting on.

Kim and Sheila created their own version of the popular TV show Cash Cab, geared toward infection prevention and control. An actual cab was not in the budget, so with a little body work an old cart was transformed, including a headlight and side rear-view mirror!

Adorned with stunning attire, Kim and Sheila became cabbies namely: *I.M Clean (Iza)* and *R.U. Clean (Ruby)*. The cash cab was hard to beat for teachable moments!

The staff were asked a series of 3 questions that became increasingly more challenging. For each correct answer they received a \$10 bill (fake as per budget restraints!). For an incorrect answer the earnings were lost and the individual was let off in the hallway. A life line and consultation with colleagues were allowed for additional questions. At the end of the game, the participant used the earnings to buy a prize.

As an added bonus, hand hygiene compliance observed as the cab cruised around was instantly rewarded by a treat from the candy bowl!

“Once staff realized the cash cab was for real, staff from several disciplines really got into involved and collaborated on the answers!

“It’s always a challenge to create innovative strategies for learning” says Deb Mander, clinical nurse educator. “Kim and Sheila did so in a fun way.

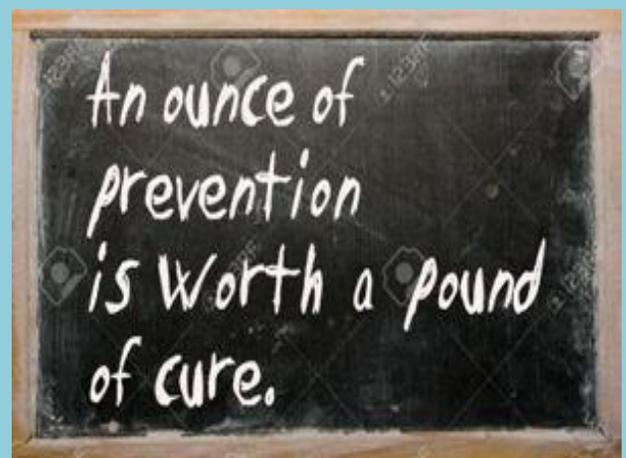
The costumes were fun and correct answers were converted to treats!”

Kudo’s to Kim and Sheila!

The halls have less traffic now. The cab is in the garage following a fender bender. But this cab will be ready for the next run in the hospital halls and the two incognito ICP cabbies are looking forward to another road trip soon.



Cabbies I.M and R.U. Clean (Kim Rafuse and Sheila Sheppard) stop for a quick photo to show off their new cash cab during their recent road trip at Valley Regional Hospital.



What "Bugs" you? *Idea from Michelle Wigginton*



What's the deal with bed bugs???

Bed bugs are yucky, there's no doubt about it. IPAC sometimes receives calls about them. Although bed bugs fall under the housekeeping umbrella, not IPAC, we thought we'd pass along a few interesting facts:

They do not spread disease, but the bites can be itchy. Try not to scratch the bites which can lead to an infection.

They usually feed at night and avoid light.

They live in cracks, screw holes, crevices etc

If there is a concern with bed bugs in a facility contact the housekeeping department and they will follow up with the appropriate process to take care of the concern.



"Whaddya mean sneeze the other way?
I only know one way to sneeze."



What's New in Research.....

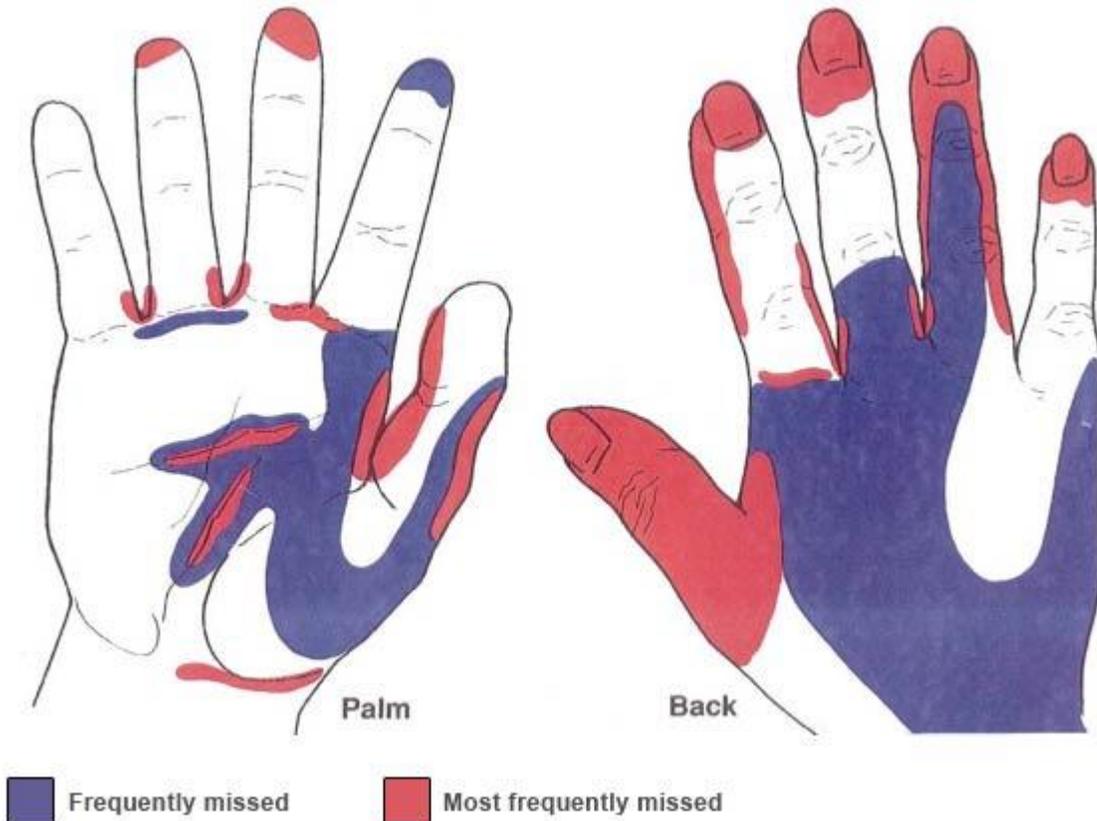
Losing the Tube": A choosing-wisely initiative to reduce catheter-associated urinary tract infections (CAUTI) in hospitalist-led inpatient units.

In this study, the authors describe a multifaceted intervention to reduce CAUTIs. The intervention used electronic tools, interdisciplinary rounds on catheter necessity and provider education to reduce CAUTI rates. Check it out!

American Journal of Infection Control, 12/07/2016Cho HJ, et al.

All Hands to the pump....

Did you know healthcare workers frequently miss certain areas of the hands? Are you guilty? The picture below shows areas commonly missed.



WHAT AM I?

I cause a highly infectious form of gastroenteritis. My symptoms include vomiting, diarrhea, nausea, stomach cramps, headache, low grade fever, chills and muscle aches, and usually last 1-3 days. When people are infected with me they shed me in feces and vomit and I am easily spread from person-to-person as I can survive on contaminated surfaces. Many common disinfectants do not kill me and antibiotics are not effective against me. There is no specific treatment for me. The dehydration I can cause is especially dangerous for babies and the elderly.



Norovirus

Your Infectious Times Team!

If you have a story you would like showcased or covered in the next issue of the Infectious Times please email us or get in contact with your local Infection Control Professional. We would love to hear from you!

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