Chair Update

It is with great pleasure that I invite you to the joint IPCAN-IFIC conference that will be held near Cape Town, South Africa on the 29th August 2010. Our annual meeting is the focal point of the year; we are particularly looking forward to this year’s event as for the first time since the adoption of the new conference policy we will hold such a joint event with a member society. As we have already indicated, the next IFIC congress will then be held in 2011. I would like to thank IPCAN and especially Professor Shaheen Mehtar and her team for their hard work.

Preparations are well under way and registration is now open on the conference website www.ipcan.co.za. We were highly encouraged by the excellent response for IFIC scholarships; applications have now closed and the abstracts are being evaluated by the IFIC scientific committee.

(Continued on page 2)
Donations to support the work of the Federation are welcome. Donations can be designated for either general or scholar-ship funds. The scholar-ship fund was established to increase participation at IFIC conferences for under-funded member delegates.

Contributions to IFIC can be sent to:

Pamela Allen
47 Wentworth Green
Portadown
Co Armagh
BT62 3WG
N Ireland UK
Email: info@theific.org

---

Chair Update continued
(Continued from page 1)

The conference is also the venue where we organise our Annual General Meeting. This is an important event in the calendar of the Federation because it allows us to brief you on our initiatives in the past year and, just as importantly, to get feedback from you about initiatives that you would like us to take. We do hope that you will be able to send a delegate to the AGM.

Thank you.
Michael Borg, Chair, 2010 IFIC Board

INFECTION PREVENTION (IP) COURSES

Is your facility or society currently providing infection prevention and control training for new practitioners or are you considering offering such a course? Perhaps this chart would be helpful in planning the focus or goal of your next program.

While this is not an official position of IFIC, or any governing agency, it should offer some suggestions for the gradual improvement of your infection prevention and control training programs.

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>No IP structure</th>
<th>Some IP structure (single guidelines, some knowledge in single hospitals)</th>
<th>National guidelines, widespread knowledge, surveillance, IP staff full-time in at least some hospitals</th>
<th>Full-time staff for IP</th>
</tr>
</thead>
<tbody>
<tr>
<td>General aim of course</td>
<td>Aim → Make IP more public</td>
<td>Aim → Develop national recommendations/ guidelines for IP and increase knowledge in staff</td>
<td>Aim → Establish full-time IP nurses in all hospitals, IP physicians in many hospitals</td>
<td>Increase IP staff, establish quality indicators</td>
</tr>
<tr>
<td>Job qualification</td>
<td>Knowledge only</td>
<td>Working partly in IP, e.g., a link nurse</td>
<td>Working full-time as IP staff</td>
<td>Working full-time as IP staff</td>
</tr>
<tr>
<td>Contents</td>
<td>Lectures and exercises</td>
<td>Lectures and exercises</td>
<td>Lectures and exercises and practical training in various institutions</td>
<td>Lectures and exercises and practical training in various institutions</td>
</tr>
<tr>
<td>Minimum time</td>
<td>1 week</td>
<td>4 weeks</td>
<td>6 months</td>
<td>1-2 years</td>
</tr>
<tr>
<td>Background to attend course</td>
<td>None</td>
<td>Nurse, physician</td>
<td>Nurse, physician</td>
<td>Nurse, physician</td>
</tr>
<tr>
<td>Qualification of instructors</td>
<td>Some IP experience</td>
<td>IP nurses and physicians</td>
<td>IP nurses and physicians</td>
<td>IP nurses and physicians</td>
</tr>
<tr>
<td>Final examination</td>
<td>None</td>
<td>Written</td>
<td>Written and oral</td>
<td>Written and oral plus practical work on a topic</td>
</tr>
</tbody>
</table>
IFIC BOARD REGIONAL COORDINATORS

The IFIC Board approved the concept of regional coordinators at its 2009 fall meeting. Board members are appointed as regional coordinators to channel regional queries and to have that person as a liaison between member societies in that region and the board. The membership secretary is the link and coordinator for these regional coordinators. The regional coordinators are as follows:

- North America: Gayle Gilmore
- Central / South America: Pola Brenner
- Western Europe: Walter Popp
- Eastern Europe: Emese Szilagyi
- EMRO region + Africa: Ossama Rasslan
- Asia/Pacific: Akeau Unahalekhaka

HIS 7th International Conference

The 7th International Conference of the Hospital Infection Society will be taking place in Liverpool (UK) in early October (10 to 13th) at the newly built BT Convention Centre which is situated in the heart of Liverpool on the historic, world heritage waterfront.

Key Speakers Include: Hajo Grundmann, The Netherlands; Mario C Raviglione, Switzerland; and Paul Giannasca, USA

IFIC will have, as usual, a presence there as we will be hosting a session on "Global challenges in Infection Prevention and Control", presenting some of the work currently being carried out by IFIC and some of its close collaborating groups.

In addition IFIC will have a booth, so please come and meet us there! For further details visit www.his2010.com

Basic Concepts of Infection Control

Just a reminder that the current Basic Concepts of Infection Control is available on the IFIC website. Go to http://www.theific.org/basic_concepts/index.htm and click on the chapter of interest. You may download one copy of any or all of the chapters that you need. This publication is reviewed and revised regularly; the next major revision is scheduled to be completed in 2011.

Also – there are PowerPoint programs associated with each chapter of the curriculum—see the ‘Teaching Slides’ link. Please review these programs and use them in any way to provide infection prevention and control training in your facilities. Like all IFIC resources, they are provided free of charge!
Safe Childbirth Special Interest Group
IFIC-Covidien 2010
Grant Proposal Competition:
Making Safe Childbirth a Reality

In many parts of the world, very high rates of complications and infections are part of the birth process. Infection prevention is integral to solving many of the problems that are related to poor birth outcomes. Low cost, effective infection prevention interventions are necessary immediately. Although there is considerable interest in maternal-child problems, there is very little focus on the infection prevention aspects. In order to address this gap, IFIC is launching a Grant Proposal Competition aimed at infection prevention in low-resource settings. This initiative is made possible through the generous support of one of our Strategic Partners - Covidien.

The IFIC Safe Childbirth Special Interest Group, seeks proposals from organizations for projects to reduce maternal and/or neonatal infections in hospital and outpatient settings. A successful proposal will include a plan to bring infection control best practices to a low-resource setting or population using a community-hospital partnership. The grant will be awarded so that the investigators can implement their proposal and measure results.

This project must result in an English language manuscript for publication or a presentable abstract. Grant requests are limited to US $3000. This request for proposals is for a one-time, one-year project. $1500 payment will be paid upon award, and the second payment of $1500 will be paid upon receipt of a satisfactory final project report.

Applications should be submitted in Microsoft Word format using this document template. Applications submitted in other ways will not be reviewed or acknowledged. The SIG will acknowledge applications within two weeks of its submission. Candidates may be contacted to discuss the application further.

The application must include an:

1. Title and Executive Summary
2. Narrative, of no more than 500 words, that includes:
   a. Project description
      i. Brief Statement of problem and hypothesis for project
      ii. Goals and objectives
      iii. Target population
      iv. Proposed methods
   a. Plan for measuring project results
   b. Biographical sketch of key project participants including publications on related subjects
3. Project Budget detailing how funds will be spent. Please provide the name, address, and bank and account details needed for payment.

It should be submitted by email to: safechildbirth@theific.org, attention: Mary Catlin

CLOSING DATE FOR APPLICATIONS is 31 May, 2010
INFECTION PREVENTION SOCIETY
CONFERENCE

Infection Prevention 2010
Bournemouth International Centre
20-22 September 2010

This event attracts over 700 delegates and almost 150 exhibitors and will have an array of speakers covering all your infection prevention needs.

Go to this web site for additional information:
http://www.infectionpreventionconference.org.uk/

International Journal of Infection Control

Vol 6, No 1 is now available at http://www.ijic.info/index. Articles include:

- Prevention and control of healthcare associated Infections within developing countries
- Three months study of orthopaedic surgical site infections in an Egyptian University hospital
- Aerosol contamination in a rural university dental clinic in south India
- Latex allergy in health care workers: prevalence and knowledge at a tertiary teaching hospital in a developing country
- Standard precautions: knowledge and practice among nursing and medical students in a teaching hospital in Brazil
- Toward improved education about methicillin-resistant Staphylococcus aureus: A Mental Models Approach to identify the Dutch general public’s beliefs
- Successful control of MRSA spread in the Netherlands

NEW IFIC MEMBER

Société Marocaine d' Hygiène Hospitalière, Casablanca, Morocco

Samir Hamama        Anas Recho
Brahim Elkassimi    Faouazi Rabii
Louaziz Hassan      Mohamed Ouhadous
Touria Ouahdi       Zahra Mekouar
Ouahid Barouti      Omar Aalloula
WHO issues its annual global call to action - SAVE LIVES: Clean Your Hands 5 May 2010

WHO First Global Patient Safety Challenge: Clean Care is Safer Care

Launched in 2009 to enhance the sustainability of hand hygiene campaigning and action around the globe, WHO SAVE LIVES: Clean Your Hands initiative issues an annual call to action on 5 May every year by inviting health-care workers, facilities and organizations throughout the world to actively campaign for improved hand hygiene at the point of care to reduce health care-associated infections, and to demonstrate their commitment to this priority global movement.

Many thousands of health-care facilities are registered for the WHO SAVE LIVES: Clean Your Hands global annual initiative, which importantly translates into commitment from well over 5 million staff and takes into account 2 million patient beds.

But as well as registering we need real engagement and action; we need commitment; we need ongoing enthusiasm.

The SAVE LIVES initiative has seen many examples of local action and activities since its launch. Many of these are featured on a dedicated page on the WHO website. These examples are important for encouraging and motivating others, in demonstrating the global commitment and ensuring an ongoing high profile as well as national commitment to tackling poor hand hygiene compliance.

What's new from WHO Clean Care is Safer Care?
As part of the SAVE LIVES: Clean Your Hands initiative, the First Challenge Team recently announced two key hand hygiene improvement activities through the use of two new tools.

Hand Hygiene Moment 1 - Global Observation Survey
The SAVE LIVES: Clean Your Hands initiative invited health-care facilities to participate in a global survey on or around 5 May 2010 by observing hand hygiene compliance with Moment 1 (before touching a patient) and submitting their data to WHO.

WHY?
- To motivate health-care workers to focus on taking action to improve and sustain hand hygiene, including the important indication for hand hygiene "before touching a patient"
- To assess health-care worker compliance with Moment 1 (before touching a patient)
- For WHO, to assess global compliance with Moment 1 through secured data collection and analysis.

Hand Hygiene Self-Assessment Framework
The Team also launched a new tool called the Hand Hygiene Self-Assessment Framework.

WHAT IS IT?
The Hand Hygiene Self-Assessment Framework is a validated and systematic tool with which to obtain a situation analysis of hand hygiene promotion and practices within your health-care facility. The Framework is divided into five sections which reflect the five components considered key for hand hygiene improvement according to the WHO Multimodal Hand Hygiene Improvement Strategy. Each section includes indicators selected according to evidence and (Continued on page 7)
WHO UPDATE continued

(Continued from page 6)

expert consensus in order to represent the key elements of each component.

WHY?

- To assess the level of progress of your health-care facility with regards to infrastructures, resources, actions, commitment and achievements, in order to ensure optimal hand hygiene practices
- To facilitate development of an action plan for the facility’s hand hygiene improvement programme
- To identify key issues requiring attention and improvement and to document progress over time through the repeated use of the Framework

* The most appropriate professionals to complete the Framework are those in charge of implementing a strategy to improve hand hygiene within a health-care facility. If no strategy is being implemented yet, the Framework can be completed by professionals in charge of infection control or senior managers at facility directorate level.

We encourage health-care professionals to use the Hand Hygiene Self-Assessment Framework to continuously assess the health-care facility's progress according to evidence-based standards for hand hygiene improvement.

Infection Control Webinar Series
WHO launched its inaugural infection control webinar series in January 2010. Throughout the rest of the year sessions will be held on a monthly basis, providing free educational opportunities on health care-associated infection topics to professionals around the globe.

More information on all the tools, webinars and other First Challenge activities are at http://www.who.int/gpsc/5may/en/

If you have any enquiries on WHO’s First Global Patient Safety Challenge activities or would like to request any information or resources, such as WHO flyers to be used at events, please send them to savelives@who.int

NOTICE TO ALL MEMBER SOCIETIES

Please send a delegate as your representative to:

The 2010 Annual General Meeting

DATE: Tuesday, August 31, 2010
TIME: During the lunch hour break (details with final programme)
PLACE: Spier Wine Estate, Stellenbosch, South Africa

IFIC member delegates and other representatives of member societies are welcome. Each Member Society will have one vote at the meeting.
The 2010 National Education Conference offers Infection Prevention and Control Professionals (ICPs) golden opportunities to learn and share with one another, celebrate successes and analyze opportunities for improvement.

INTERNATIONAL SESSION: JUNE 1, 2010

International Infection Prevention and Control Projects
Moderator: Carol Goldman RN BScN CIC, Honorary Secretary, International Federation of Infection Control

Elizabeth Bryce MD FRCPC, Vancouver Coastal Health; Sydney Scharf RN BA CIC, Vancouver General Hospital; Annalee Yassi MD MSc FRCPC, University of British Columbia; Donna Moralejo PhD RN, Memorial University, St. John’s

Through discussion and images, the speakers will describe IP&C and Public Health projects they have undertaken in Africa, Ecuador and Haiti. Each of the projects required team-building, assessment of IP&C needs, and interventions in these under-resourced countries.

International Health Regulations
Jill Sciberras RN BNSc MHSc, Public Health Agency of Canada, Ottawa

This session will provide an overview of the capacity assessment recently completed in Canada and the Pan-Canadian action plan as we move forward toward full implementation by 2012.

International Mentors
Carol Goldman RN BScN CIC, Honorary Secretary, International Federation of Infection Control

How can you as an individual or a CHICA-Canada member mentor internationally or develop an international project? Insight into these worthwhile opportunities will be the focus of this session.

Information Resources in Infection Control

This is the sixth edition of a tremendous resource for infection prevention and control practitioners.

We are pleased to announce that IFIC will be sponsoring the following session at The Association for Professionals in Infection Control and Epidemiology, Inc. (APIC) 2010 Annual Conference:

When: Wednesday, July 14, 2010, 4:00 pm – 5:00 pm
International Federation of Infection Control: A New World Order - IFIC in 2030
Judith Richards, FRCPA, IFIC Board Member

For more information go to: http://conference.apic.org/AM/Template.cfm?Section=Home51

We would like to acknowledge and thank our corporate Strategic Partners for their support and assistance in the fulfillment of our projects and initiatives.
tid·bit (tidˈbit) noun  a choice morsel, a piece of information, an item of news about an individual who made a mark in the world of infections.

Professor Andrija Štampar (1888-1958), Croatian scientist and professor at the University of Zagreb, was a leading authority in the field of epidemiology and a pioneer in preventive medicine. He has been called the father of the World Health Organization.

Born in rural Drenovac, he was soon identified as a gifted child and left home to attend special schools when he was eleven. At fourteen, his first book, a collection of popular riddles, was published. He entered the Viennese Medical School in 1906 and focused on his special interest in social health. He continued writing throughout his schooling and published many volumes in a Public Health Library series, and wrote more than 70 articles and pamphlets on alcoholism, venereal disease, trachoma, nutrition, child health, etc. He is probably best known for his “Instructions on Health”, a publication that included this quote, “It is the duty of each person to take care of his own health; if we care for our health, we do not do it for ourselves only, but for the community in which we live as well.”

Following graduation from medical school, he practiced in Karlovac. Due to his continuing interest in social medicine, he was named district health officer, a title he held during World War I, followed by his appointment as Health Advisor to the Commission for Social Welfare in Croatia. At the age of 31, he was appointed head of the Yugoslav Health Service.

He fought to have social medicine included in medical curriculum and taught multiple courses at the medical school in Zagreb. Eventually an Institute of Social Medicine was founded at that college. Štampar started organizing his grandiose, revolutionary hygienic-epidemiological and preventive-prophylactic-curative programs. As an expert of the League of Nations, he spent three years in China, developing the health service there. During WWII, he was arrested by the Nazis and kept in custody in Austria.

Štampar was one of the founders of the World Health Organization (WHO) and very active in promoting the health service in Afghanistan, Egypt, Sudan and Ethiopia. He wrote the introductory declaration of the Statute of the WHO and was the first president of the organization. In 1948, Andrija Štampar was the chairman of the first WHO General Assembly in Geneva.

As an intellectual revolutionary, his career was not always easy. Many opposed his public health concepts and it was difficult for a scrupulously honest person to make his way through many financially corrupt persons and organizations. He was called on to give presentations and consultations around the world, and his travels included United States, (Yale, Cornell, Johns Hopkins, Cincinnati, Vanderbilt, Tulane, Texas, Columbia, Los Angeles, Portland, Minnesota), Canada (Toronto, McGill), throughout Europe, Afghanistan, Egypt, Sudan, and China.

At the 8th regular session of WHO in Mexico City, on May 13, 1955, Professor Štampar was awarded the Leon Bernard Foundation Prize and Medal, the greatest international recognition of merit in the field of social medicine. Andrija Štampar – a man of impeccable character and social vision, and an idealist who made the world safer for all.