



International Federation of Infection Control

IFIC e-News

<http://www.theifc.org/>

FUTURE IFIC CONGRESSES

LITHUANIA
6-11 October 2009
10th IFIC Congress
Vilnius
Lithuania

**FOR AN IFIC'08
UPDATE GO TO
PAGE 13**

Chair Update

Dear IFIC members,

First of all, on behalf of the IFIC Board, I would like to take this opportunity to thank you for your membership for your support during the past year which has now drawn to a close.

2008 was, I believe, yet another successful year for IFIC. Our membership continues to grow as do our activities. The annual conference in Santiago last October attracted over 900 delegates and was unanimously acclaimed a major success by those present. [For more information on the conference go to page 13] In addition our internet based educational tools – the website and the journal - continue to shown increased popularity. Indeed, the journal site www.ijic.info is now reaching close to 1000 hits a month. These and other initiatives will be described in the Annual Report 2008, which will soon be posted to you. We hope you have found the activity from the IFIC Board of Directors during 2008 to be useful to your practice. We always welcome your feedback and suggestions on how we can offer a better service.



Michael Borg
Chair, 2009
IFIC Board

The past year was the last on the board for one of our most popular members, Gertie van Knippenberg. Throughout her eight years of service to IFIC, Gertie has provided a crucial service to our previous printed publications, initially the IFIC Newsletter and subsequently the International Journal of Infection Control. We shall miss her presence in our meetings and board interactions. I would like to take this opportunity to thank her for the work she has put into the organization and wish her well for the future.

In the last few years, the amount and complexity of work that IFIC manages to put together, has meant

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IFIC Scholarships for the Tenth Congress of the International Federation of Infection Control

Vilnius, Lithuania
8 – 11 October 2009

As in previous years, IFIC will facilitate attendance at its annual conference through a number of scholarships. At least one main award will be granted, consisting of:

- * free registration to the conference
- * refund (against receipts) of travel expenses, based on the cheapest economy itinerary (up till a maximum of €1000)
- * subsistence allowance of €400 to cover 4 nights board and lodging.

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Donations to support the work of the Federation are welcome. Donations can be designated for either general or scholarship funds. The scholarship 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@theifc.org

Chair Update continued (Continued from page 1)

ever greater funding. This year we are again asking you to renew your membership subscription as soon as possible. The forms and details will be posted to you with the annual report but they can also be downloaded from the IFIC website. Please let your members know how much we appreciate their support. Finally, please be sure your email contact information is correct. This is our easiest communication pathway.

We look forward to meeting you in person at the next IFIC Congress in Lithuania.

Thank you,

Michael Borg
Chair, 2009 IFIC Board

A New Special Interest Group!

The Safe Childbirth Special Interest Group met for the first time in Santiago, Chile at the IFIC conference with 49 participants from the member societies in attendance. Patricia Lynch (plynch27@aol.com) is the chair of this group, Kara Wagner (karamwagner@gmail.com) the recording secretary and Akeau Unahalekhaka is the board liaison until the group meets again in Lithuania at the 2009 IFIC congress.

Because in many parts of the world, very high rates of complications and infections are part of the birth process and that Infection prevention is integral to the problem this SIG has been formed to make it easier for member societies to find literature describing the problem and also potential solutions.

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IFIC Scholarships—2009

(Continued from page 1)

A number of smaller bursaries will also be awarded, covering:

- * free conference registration
- * a subsistence allowance of €400 to cover board and lodging

In addition, all scholarship recipients will be invited to present a write-up in English of their conference presentation, of not less than 1000 words, to be considered for publication in the International Journal of Infection Control (<<http://www.ijic.info>> www.ijic.info). If deemed acceptable, an additional award of €200 will be made once the paper has been published in the journal.

Applicants must be active in the practice of infection control. Preference will be given to participants living in countries with limited resources, particularly in the case of delegates from members societies affiliated with IFIC.

Two types of submissions are accepted:

- * Research-based: describing a formal study on a specific aspect of infection prevention and control
- * "How we did it": providing a more descriptive account of how infection control practitioners or teams tackled a specific challenge or brought improvement in healthcare associated infections within their institution or country.

Scholarship application forms are now available from the website at: <http://www.ific2009.com/scholarship.asp>.

The deadline for scholarship applications is **15 May 2009**.

Further information about the congress will become available on the website www.ific2009.com in the coming months.

2008 IFIC Scholarship Winners—Congratulations!

Fernando Espinoza, Bolivia

Chao-Ying Chao, Taiwan

Olivia Yow, Canada

Alberto Valdessama, Colombia

Christine Pavanello, Brasil

Marjad Brahmapotra



WHO Update

The World Health Organisation (WHO) Guidelines on Hand Hygiene in Health Care, initially published in 2006 as an Advanced Draft, have been updated and will be formally launched on the 5th May 2009 as part of the WHO patient safety initiative for the year, the Save Lives: Clean Your Hands (SLCYH) event.

The First Global Patient Safety Challenge team undertook testing of the Advanced Draft Guidelines and their implementation strategy and tools, which included support for eight pilot sites and more than 300 additional complimentary test sites. Field testing and a review of the current evidence, while working with a core group of experts, contributed to the finalization of the Guidelines. They are designed to present member states, including professionals in the specialty, with clear, evidence based direction on how to improve hand hygiene compliance in the short, medium and long term. They also aim to direct on how to prevent infections and reduce the burden of clinical disease which poor hand hygiene contributes to.

The guidelines are planned to be available from March 2009.

<http://www.who.int/gpsc/en/>

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We would like to acknowledge and thank our corporate Strategic Partners for their support and assistance in the fulfillment of our projects and initiatives

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Nordic multi-professional training in infection control

The Nordic countries initiated collaboration on professional training for infection control personnel (ICP) in 2005. The main objective for establishing a Nordic multi professional training program in IC was resource utilisation (economy, speakers/teachers, the organisation, guidelines/policies), common understanding of IC/common platform of competencies, better collaboration in general but in specific on preparedness, increased focus on the role of ICPs, and possibilities for improved research in IC. A working group was formally established with representatives from Scandinavian public health institutes and the Nordic School of Public Health (NHV) in Gothenburg.

NHV has a long tradition on teaching public health with a Nordic and international focus for students at postgraduate level. The school is financed by the Nordic Ministry so there is no tuition fee for students from Nordic countries. Many of the required courses were part of the already ongoing public health programme at NHV. The course will award a diploma in IC (60 European Credit Transfer System, ECTS). The students can continue to a full Master in Public Health (MPH) according to the Bologna model (120 ECTS). There will be no specific courses in IC after the Diploma level, however, the working group expects many students will pursue a full MPH and write their thesis on IC issues. The courses are also open for other students who would like to take single courses but not a full diploma.

As of September 2008, approximately 100 students, one third physicians and two thirds nurses, have completed the introduction course and 60 students are enrolled in the diploma program. The interest in the courses has been overwhelming and it seems that the model of multi-professional training is of interest, as well as a need for training in IC.

A New Special Interest Group!

(Continued from page 2)

The terms of reference for this Special Interest Group are:

Vision of the IFIC Safe Childbirth SIG: IFIC and the IFIC member societies contribute to improving safe childbirth for women and babies by reducing the frequency of community-acquired and healthcare-associated infections

Mission of the IFIC Safe Childbirth SIG: IFIC provides the research reports, references, contacts, electronic links, and partnerships with other organizations that the member societies and others need to improve safe childbirth.

Objectives

1. Call for member societies to address these problems in their own regions.
2. Provide a forum for SIG members to discuss impediments to safe childbirth and potential solutions.
3. Create a structure through which specific projects to improve safe childbirth can be developed and apply for funding.
4. Collaborate to use existing outcome and process surveillance systems in maternal-child services of member hospitals.
5. Increase emphasis on safe childbirth within IFIC by planning programs and suggesting speakers.
6. Cooperate with member societies, the SCC, and other organizations to establish and provide infection prevention training for midwives and care givers.

Functions/Activities

1. Plan organizational structure of the SIG: Choose leaders and processes, and plan for meetings and communication.
2. Contact potential organizational partners, gather information and compile a list of their strengths and willingness to participate.

The board has received specific requests from the SIG and will be reviewing these at the next board meeting. Watch the web for more information about this exciting new Special Interest Group!

PATRON MEMBER SPOTLIGHT: Soapopular

Soapopular is the world's leading foaming alcohol FREE hand sanitizer. No rinse, non flammable, fragrance free - Kills 99.9% of harmful germs in seconds and safe for kids.

Effective against MRSA, C.Difficile and VRE. Excellent for Infection Control in Healthcare, Schools, Offices, Travel, public facilities, etc.

Approved for sale by Health Canada, USFDA, MRHA (UK) and under EN1500 in the EU. Widely available at Pharmacies & leading retailers in the EU, and North America.

IFIC Patron Members 2009



The Infection Prevention Society announce the launch of the IPS IV Forum



Aim of the forum

- The group will serve as a network for practitioners working in IV Therapy
- Develop competencies in line with those produced for Infection Control Nurses (ICNA 2004)
- Agree a standardised role specification
- Review current education and training opportunities currently available for such post holders within the UK
- Explore and subsequently seek to support and inform the development of suitable academic modules
- To consider career pathways for staff working in IV Therapy
- To consider best practice in relation to IV Therapy and share practical experiences
- Representation on IV Therapy issues within the IPS and externally as required
- Develop an IV Conference to run in parallel with the IPS National Conference
- Respond and comment on national guidance on behalf of the IPS

Register your interest by emailing
andrew.jackson@rothgen.nhs.uk

APUA AWARD 2008

Recently the Dutch Working Party on Antibiotic Policy (SWAB) and the Dutch Working Party on Infection Prevention (WIP) received the APUA 2008 leadership award (international organisation "Alliance for the Prudent Use of Antibiotics") for their work on antibiotic use improvement and infection control in the Netherlands.

Basic Concepts of Infection Control

You can download chapters from this valuable resource at
<http://www.theifc.org/basicconcepts/default.htm>



IFIC - SIG Design, construction and renovation

Recommendation: Protection of immunocompromised patients during building work

There are multiple observations that some patients at increased risk of infection acquire fungal infection during building work. Such infection is usually, but not exclusively, lung infection with *Aspergillus* species. Such building work can be demolition, construction, maintenance, renovation or even inspection involving moving ceiling tiles. The critical event is probably redispersion of settled fungal spores, so moving ceiling tiles inside a ward can be just as critical as demolition of a nearby building. Even work that is not thought of as building work, such as cutting-down a tree can increase the risk for severely immunocompromised patients.

There are 3 critical factors in any risk assessment:

- There must be a system to inform the Infection Control Department about such work
- This must happen allowing sufficient time for appropriate measures to be put in place
- Clinical staff in each speciality should advise on the susceptibility of each patient group to fungal infection

There are two simultaneous strategies to infection control:

1. Reduce the numbers of those fungal spores that are dispersed from reaching susceptible patients
2. Reduce fungal dispersion by the work

The strategy can be adapted to the perceived risk of each susceptible group e.g. highly susceptible patients (especially bone marrow transplantation, hematology/oncology,) can be protected by "standard" methods, whilst less susceptible

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NEW MEMBERS

The following organizations joined IFIC in the latter part of 2008:

INDONESIA: Indonesian Society of Infection Control

Prof. Dr. Djoko Widodo Chairperson
Dr Latre Buntaran SpMK Secretary
Sujiasih, SKp Treasurer

EGYPT: **Eastern Mediterranean Regional Network for Infection Control** – Ossama Rasslan Chairperson

EGYPT: **Society of Practitioners of Infection Control of Egypt (SPIC-Egypt)** www.spic_egypt.org

Pr Dr Nagwa Khamis Chairperson
Dr Gehan Fahmy Secretary

UNITED KINGDOM: **National Resource for Infection Control** www.nric.org.uk

Patty Kostkova Chairperson

MEMBER HIGHLIGHT

Society for Practitioners of Infection Control-Egypt (SPICEGYPT)

President Pr Dr Nagwa Khamis (IFIC delegate)

Secretary Dr Gehan Fahmy

Treasurer Pr Dr Soheir Abdel Rahman

Board: Pr Dr Hala Badawy, Pr Dr Amany Elkholy, Pr Dr Soraya Terzaky,
Pr Dr Hadia Bassim, Pr Dr Magda Salah and Dr Salwa Mokhtar

We at SPIC-EGYPT believe that infection control guidelines should be made reachable and accessible to all healthcare workers. Our outmost interest is prevention, which we believe is much more efficient than cure. We are a non-profit clinical microbiologists' entity aimed at serving the society of medical practitioners on different levels by:

- Empowering medical practitioners in using their knowledge and capacities for the benefit of their societies
- Providing a forum for medical practitioners to discuss topics related to infection control and hospital hygiene education and science with their fellow colleagues from other universities in Egypt as well as other nationalities around the globe, and to formulate policies from such discussions
- Promoting and facilitating professional and scientific interaction in addition to projects focusing on infection control updated guidelines
- Providing a link between its members and those of other societies, associations and international organizations, and encouraging cooperation between them for the ultimate benefit of healthcare settings

The society has scientific, cultural and social activities but no political or religious ones, promoting the implementation of infection control principles among professionals. The Society founding members are professionals from Ain Shams, Cairo, Banha and El-Azhar university hospitals, Tudor-Bilharz research institute hospitals, General Organization of Teaching Hospitals and Institutes and Military Hospitals.

Our objective-oriented activities for 2008:

2nd Annual Congress of Infection Control, "Risk Procedures In Hospital Infections", 1st of November 2008, Ain Shams University Specialized Hospital, Cairo, Egypt.

4th International Infection Control Conference of Theodor-Bilharz Research Institute, "Neglected Infectiology and Associated Infection Control Problems", 11th-13th November 2008, Giza, Egypt.

Pr Dr Nagwa Khamis
Consultant Infection Control
Chair IFIC SIG-Hand Hygiene
President SPIC-EGYPT

European network to promote infection prevention for patient safety

Berlin, 28 November 2008

Preface

We scientific and professional societies working in infection prevention for patient safety, identify the following **key challenges** in Infection Prevention in Europe:

1. Patient safety; Different infection prevention approaches throughout Europe; Patient and staff movement through Europe; Compliance and education
2. Public health implications of individual clinical interventions; national/regional policies
3. Networking ; Exchange experiences and knowledge; Define priorities

Statement 1

We as scientific and professional societies working in infection prevention for patient safety in Europe want to promote:

- Activities to prevent and control infection risks including **patients and staff movement** throughout Europe;
- **Engagement of** politicians, caregivers and individuals in addressing
 - public health implications,
 - challenges and opportunities related to infection prevention;
 - **Exchange** of experiences and **harmonization of** activities both for professionals and “customers”;
- Be an active partner in promoting **patient safety** in Europe.

Statement 2

We strongly believe that Infection prevention needs:

- Europe wide approach;
- Greater involvement of and collaboration between
 - Politicians/governments,
 - Infection prevention societies,
 - Public health, academic, education and research institutions,
 - Health care organizations,
 - Insurance companies,
 - Patients and customer organizations,
 - Industries;
 - Networking within infection prevention professionals guaranteeing
 - Competencies,
 - Education,
 - Advice.
 - Particular emphasis on
 - Behavioural change,
 - Evidence based intervention and practices,
 - Basic hygiene issues,
- Proactive in identifying emerging issues.

Statement 3

We are convinced that a “**European network to promote infection prevention for patient safety**”, recognizing and making the most of all single member societies, could guarantee a fundamental support to infection prevention and patient safety in Europe

All European scientific and professional societies with interest in infection prevention and control in healthcare are invited to join and participate in the network.

First ever Global Handwashing Day, celebrated in more than 70 countries!

In an effort to mobilize and motivate millions around the world to wash their hands with soap, October 15 2008, took a significant place in hygiene history as it became the first ever Global Handwashing Day, celebrated in more than 70 countries across five continents. <http://www.globalhandwashingday.org/Country.asp>

The inaugural Global Handwashing Day focused on children and schools. From Kenya to Peru, India to South Africa, Ethiopia and Burkina Faso to Indonesia, playgrounds and classrooms, local communities and big cities held high profile, awareness-raising and educational activities to accelerate handwashing behavior change on a scale never seen before.

Immunocompromised patients during building work

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patients can be protected by “basic” methods.

Clinicians in each area should be advised to be vigilant about the possibility of fungal infections in their patients and to consider this prominently in their diagnoses. Similarly both Infection Control and the microbiology laboratory should liaise on possible cases of fungal infection and to act promptly on such cases. Such actions should include communication with the ward and with those auditing the infection control measures (see below).

For all measures that are agreed and put in place, there must be a continuous audit of their implementation. The requirements of infection control in this area are outside the normal experience of builders and most healthcare staff and they are unlikely to implement them effectively without regular observations and feedback. Experience has shown that this is an essential component of successful infection control in this area.

Prepared by Peter Hoffman with contributions from Silvio Brusaferrero and Walter Popp. Final version, July 2, 2008

Strategies 1 and 2 are on page 11. To download the document and pictures go to http://www.theifc.org/pdf/SIGs/protection_immunocompromised_patients.pdf

IFIC - SIG Surveillance of HCAI

9th IFIC Congress, 14-17 October 2008, Santiago de Chile
MINUTES, SIG meeting was held October 15, 2008

At the SIG meeting there were about 30 interested people present from different countries, mostly from South America, but some colleagues from North America and Europe were present too.

Smilja Kalenic as an IFIC Board member liaison started the meeting with the short presentation of two main ways of surveillance: outcome surveillance (infections) and process surveillance (very similar to audits). The question for the discussion was if there are limited resources for the surveillance, what way we should go.

Very live discussion was developed, with examples from different countries surveillance experience. Several colleagues argued that infection surveillance should always be the choice, and that process surveillance alone would not give enough information for infection control practice planning.

At the end of the meeting, participants have voted to determine the best approach, with the following results:

1. Outcome surveillance only	28%
2. Process surveillance only	0%
3. Combination of outcome and process surveillance	72%

So the conclusion of the meeting was that every effort should be done to have both outcome and process surveillance in combating HCAI.

Smilja Kalenic

tid-bit (*tɪd'bit'*) *noun* a choice morsel, a piece of information, an item of news about an individual who made a mark in the world of infections.

Sir William Boog Leishman was born in Glasgow, Scotland in 1865 and complete his college education there. As an pathologist and medical officer, he served in the Royal Army Medical Corps, including a posting to India. In India, he studied enteric fever and kala azar or black fever.



At the time, kala azar was also known as "dum-dum fever", probably because of the increased incidence of disease in the Dhum dhum area near Calcutta. The cutaneous form of disease has been known since ancient times and pre-Inca potteries show skin lesions and deformed faces in persons from Ecuador and Peru. Spanish colonials referred to the disease as valley sickness, Andean sickness or white leprosy.

Upon his return to the UK as professor of pathology, Dr Leishman described blood staining methods for malaria and other parasites using methylene blue and eosin (now Leishman's stain). In 1901, he described oval bodies from the spleen of a patient who died of kala azar. With Dr Charles Donovan, they identified these protozoans, now known as Leishman-Donovan bodies or amastigotes, as the causative agent of kala azar.

The symptoms of leishmaniasis are skin sores which erupt weeks to months after the person affected is bitten by sand flies. Other consequences, which can become manifest anywhere from a few months to years after infection, include fever, damage to the spleen and live and anemia.

Dr Leishman also described the life cycle of *Spirochaeta duttoni* which causes African tick fever and helped develop the anti-typhoid vaccine. He died in 1926 and is buried at Highgate Cemetery in London.

19th Annual Scientific Meeting of the Society for Healthcare Epidemiology of America (SHEA)
Sheraton San Diego Hotel & Marina San Diego, California, USA
March 19-22, 2009

We are pleased to make you aware that IFIC will be cosponsoring the following sessions at the 19th Annual Scientific Meeting of the Society for Healthcare Epidemiology of America (SHEA) which is an IFIC member society:

Infection Prevention and Control in Resource Limited Settings
Saturday, March 21, 7:00 am - 8:20 am

Infection Prevention and Control around the World
Saturday, March 21, 4:30 pm - 6:00 pm

- * Medical Tourism and Infection Control, Atul Humar, MD
- * Multidrug-Resistant TB: Controlling the Infection in Hospitals with Limited Resources, Susan Maloney, MD, MPH
- * Sterilization and Disinfection in Resource Limited Countries, Michael Bell, MD



SHEA's Annual Scientific Meeting brings together clinicians, scientists, and practitioners to identify best practices, new technologies, and up-to-date advances to keep you on the forefront of patient care and healthcare worker safety. SHEA recognizes that professionals working in healthcare epidemiology, infection prevention and control, and quality improvement around the globe face the challenges of staying on top of emerging issues while merging science with cost-containment realities and adapting to local and federal pressures. SHEA 2009 will provide attendees with high-quality information on the science and practice of healthcare epidemiology and infection prevention and control in 2009.

You can learn more about this conference and register online at: www.shea-online.org/about/annual_meeting_overview.cfm
Pre-Registration and Housing Deadline: **February 12, 2009**

Farewell – Gertie van Knippenberg-Gordebeke

After 12 years with IFIC it is time to say goodbye. I served four years as the delegate from the VHIG (Dutch Society of Infection Prevention and Control in Healthcare Settings) and 8 years as an IFIC Board member.

Meeting so many colleagues from all over the globe was a blessing. Sharing knowledge and experience gave me the trigger to go on with our nice but sometimes difficult job. I had a wonderful time.

Thank you to all IFIC Members – the lives of many patients worldwide would not be as safe without the help from all of you in implementing the knowledge we shared about infection prevention.



ANNUAL GENERAL MEETING

October 15, 2008—Santiago, Chile

MEMBERSHIP HIGHLIGHTS

16 member delegates were in attendance at the AGM in Santiago Chile on October 15, 2008 and the countries that they represented were Canada, Croatia, Chile, Denmark, Egypt, Germany, Indonesia, Lithuania, Malta, New Zealand, Pakistan, Sweden, Taiwan, The Netherlands, and the UK.

A change in membership category was approved by the membership. Associate Members are now: Individuals professionally involved or interested in Infection Control as well as non-commercial organizations. Membership fee for this category is £25 per year however, to meet IFIC's continued mandate, for those from under resourced regions/countries free associate membership is in place for individuals in countries reported by the World Bank to have a GNI per capita of <\$10,000. The normal society membership fee remains at £100.

Stay tuned for the Associate Member Application Form which will be posted on the IFIC website in the near future.

The IFIC Board is delighted to welcome into its member family the following associations:

- Turkish Patient Safety Association
- Association des infirmières en prévention des infections (AIPI)
– Québec Canada
- Dutch Society of Medical Microbiology
- Infectious Diseases Society Of Pakistan (IDSP)
- Indonesian Society of Infection Control
- Eastern Mediterranean Regional Network for Infection Control
- The National Resource for Infection Control - UK
- Egypt Society of Practitioners of Infection Control of Egypt
(SPIC-Egypt)

WHO Update

(Continued from page 3)

New Programme Manager for the First Global Patient Safety Challenge:

Claire Kilpatrick has recently joined WHO's First Global Patient Safety Challenge, taking up the position of Programme Manager/Technical Officer which was previously held by Julie Storr. Claire is based in WHO Headquarters in Geneva.

Claire has a varied background but primarily in infection control. In summary:

From 2001 until October 2008, Claire was working at Health Protection Scotland (HPS), Scotland's national centre for infection and environmental health, following working as an acute infection control nurse in Glasgow for a number of years. She undertook a number of roles at HPS which included a range of epidemiology and infection prevention and control activities (including HAI and wider public health), consultancy work for WHO and work in Tamil Nadu, India setting up an infection control course. She was lead for Scotland's National Hand Hygiene Campaign 2006-2008, among her other consultant nurse activities. Claire has played an active role in infection prevention and control societies in the UK, and has also published and presented on work undertaken in Scotland, including the development of model infection control policies. Claire has her PGDip Infection Control, Masters in Travel Medicine and is currently studying for a PhD.

Julie Storr, in her new role at the UK's NPSA will continue to be part of WHO's patient safety work, particularly as her role is UK lead for the WHO African Partnerships for Patient Safety programme and she is also a member of the core project team for the May 5th "Save Lives: Clean Your Hands" event.

Claire is looking forward to being an active part of IFIC's collaborations and work.

Email address: kilpatrickc@who.int

Strategy 1:
Reduce fungal
dispersion

Basic -Even with severely limited resources, this is what you should do as a minimum	Standard – this is what you should aim for in less wealthy countries	Ideal – if you have the resources, this is what you could do
Use less vigorous demolition methods that do not cause massive spore dispersion (i.e., not explosive demolition).	Use less vigorous demolition methods that do not cause massive spore dispersion (i.e., not explosive demolition).	Use less vigorous demolition methods that do not cause massive spore dispersion (i.e., not explosive demolition).
Wet surfaces about to be demolished using water via a hose. Similarly wet demolition rubble as it is removed from the site.	Wet surfaces about to be demolished using water via a hose. Similarly wet demolition rubble as it is removed from the site.	Wet surfaces about to be demolished using water via a hose. Similarly wet demolition rubble as it is removed from the site.
If the work is internal, partition the work off from susceptible patients.	If the work is internal, partition the work off from susceptible patients.	If work is internal, partition it off and ensure negative pressure in the workspace, with the air removed being discharged away from susceptible patients.
Have a barrier on scaffolding around the building work to reduce the intensity of dispersion	Have a barrier on scaffolding around the building work to reduce the intensity of dispersion	Have a barrier on scaffolding around the building work to reduce the intensity of dispersion

Strategy 2: Prevent
released spores from
reaching susceptible
patients

Basic - Even with severely limited resources, this is what you should do as a minimum	Standard – this is what you should aim for in less wealthy countries	Ideal – if you have the resources, this is what you could do
Move susceptible patients to wards more distant from the building work.	Move susceptible patients to wards more distant from the building work	Move highly susceptible patients to other hospitals or do not admit them for the duration of risk.
If patients must be moved from protected ward areas, for example for diagnostic procedures, it should be at a time when there is no, or minimal, building work	If patients must be moved from protected ward areas, for example for diagnostic procedures, they should be provided with a filtering respiratory-protective mask and its adequate fit should be assessed. They should be instructed in how to use it.	Do not move patients out of protected accommodation. They should receive all treatment in protected ward areas.
For work on a ward which cannot be partitioned-off, move the most susceptible patients away for the duration of the work.	For work on a ward which cannot be partitioned-off, move the most susceptible patients away for the duration of the work.	For work on a ward which cannot be partitioned-off, empty the ward for the duration of the work if patients are highly susceptible.
Seal windows and other air ingress points to reduce the intensity of the entry of spore plumes for highly susceptible patients.	Seal windows and other air ingress points to reduce the intensity of the entry of spore plumes for highly susceptible patients and provide local air cooling and recirculating HEPA filter units in patient areas.	Ensure that accommodation for highly susceptible patients is purpose built with HEPA-filtered air supplied to positive pressure accommodation.
Inspect mechanical air supplies to ensure air cannot bypass filtration	Inspect mechanical air supplies to ensure air cannot bypass filtration	As “standard” plus: Increase the filtration efficiency on existing sub-HEPA mechanical supplies to a higher (sub-HEPA) grade
	Monitor filters for capacity to pass air (normally assessed by measuring the pressure differential across the filters) more frequently, if not continuously monitored.	Monitor filters for capacity to pass air (normally assessed by measuring the pressure differential across the filters) more frequently, if not continuously monitored.
Increase cleaning/disinfection frequencies near the work area	Increase cleaning/disinfection frequencies near the work area	Increase cleaning/disinfection frequencies near the work area



World Health
Organization

SAVE LIVES:
Clean Your Hands

5 MAY 2009 EVENT

First Global Patient Safety Challenge - Clean Care is Safer Care
Invitation to Participate

As part of Clean Care is Safer Care, the World Health Organization (WHO) is hosting a global hand hygiene awareness event on 5 May 2009. This event aims to further galvanize global commitment and action, building on the commitment of the 116 countries that have already pledged to address health care-associated infection through cleaner, safer care. The Clean Care is Safer Care programme has already mobilized countries through more than 20 in-country campaigns that have utilized guidelines and a multi-modal implementation strategy. Intensifying the actions aimed at the point of patient care is the goal for this new phase of work. Systematic efforts to further raise the profile of how good hand hygiene can reduce the global burden of disease, attributable to health care-associated infections, is essential. Save Lives: Clean Your Hands is one of these global efforts.

Professor Didier Pittet, lead for the Clean Care is Safer Care programme says:
'Our research shows that by using alcohol-based handrub and/or soap and water at the points of care, healthcare workers no matter where they are located can help save a life'

You can participate in the **5 May 2009** event by:

- Developing your own activities linked to the WHO global event
- Joining a growing network of health care providers committed to improving hand hygiene
- Learning more about the work of Clean Care is Safer Care pilot and complimentary test sites, and about the official launch of the revised WHO Guidelines on Hand Hygiene in Health Care
- Promoting and using 'Your 5 moments for hand hygiene'.



If you want to improve hand hygiene to help save lives by reducing health care-associated infection in your healthcare facility, **register your interest now!**

For further information on the 5 May event and all the associated activities, including the supporting tools and materials, and to **register** please visit: <http://www.who.int/gpsc/5may/en/index.html> You can also email savelives@who.int

To follow the progress of the First Global Patient Safety Challenge go to: <http://www.who.int/gpsc/en/>

A WHO Patient Safety Initiative

Report on the 17th ESIC Annual Conference

Theme: "Surveillance...Realities & Aspirations"

Venue: Helnan Hotel, Port Said, Egypt

Date: 7th to 10th November, 2008

Attendants: 412 Delegates...comprising infection control physicians and nurses from different healthcare facilities throughout Egypt, in addition to some colleagues from Saudi Arabia, Sudan and Libya.

Invited Speakers: Three EMRO/WHO Staff members in the field of infection prevention & Control and Patient Safety, Gertie Van knippenberg from IFIC and Victor Rosenthal representing INICC. This in addition to more than 30 eminent Egyptian infection control consultants and professionals.

Ms Julie Storr was not able to attend but she send a presentation that was delivered on her behalf, advocating for hand hygiene and announcing for the 5/5/2009 Hand Hygiene Day

Program: The program started by an opening ceremony on Friday, Nov 7th evening followed by three full days comprising eight plenary sessions, two workshops and lastly a closing remarks session.

This year we quoted that "good Surveillance does not necessarily ensure the making of the right decisions but it reduces the chances of wrong ones". We also had a clear vision about "Patient safety", which was quite clearly presented in the conference program. We had set a plan for the upcoming Hand hygiene day, Tuesday 5/5/2009. We have also established different ESIC chapters in different provinces all over Egypt, in addition to ESIC Special interest groups including:

Hand Hygiene Group
Patient care equipment Management Group
Surveillance Group
Environmental Control Group
Dental healthcare Group
Injection Safety Group

Closing remarks highlights: Patient safety: it's our goal; Infection prevention is still in our hands; Quality assurance now: it's a must; Probiotics and synbiotics are our future prospective; In our race with superbugs: superbugs are still the winner.

Our upcoming 3rd EMRNIC Congress will be held as a joint meeting with ESIC 18th annual conference, on Nov 6th - 9th, 2009.....Venue and Program will be announced soon.

Prof. Ossama Rasslan, President, ESIC, Director, EMRNIC, Board Member, IFIC
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IFIC CONGRESS 2008

The 9^o IFIC Congress conducted in Santiago, Chile, October 14 - October 17, 2008, was the most important international infection control activity in Latin American countries. The Congress was organized by the Chilean Society of Infection Control and Hospital Epidemiology together with IFIC.

The congress emphasized the link between infection control, quality and patient safety. The Chilean Minister of Health and representatives of the WHO participated in the Opening Ceremony. They demonstrated that many of their initiatives in patient safety are related to infection control, such as hand hygiene and safe surgery.

Attending the conference were 833 delegates and 70 speakers representing 47 countries. There were delegates from Argentina, Australia, Bolivia, Brazil, Bulgaria, Canada, China, Colombia, Costa Rica, Croatia, Cuba, Denmark, Dominican Republic, Ecuador, Egypt, El Salvador, Finland, France, Germany, Guatemala, India, Indonesia, Northern Ireland, Israel, Italy, Lithuania, Malta, Mexico, The Netherlands, New Zealand, Nigeria, Panama, Paraguay, Peru, Portugal, Puerto Rico, Saudi Arabia, Spain, Sweden, Switzerland, Thailand, Taiwan, Uruguay, Venezuela, United Kingdom, United States and Chile. 80% of the delegates were from Latin American countries (40% from Chile), 12% from Europe, Asia and other continents and 8% from the United States, Canada and Mexico.

The speakers of the keynote lectures were some of the more well known experts in the field, such as Profs. Didier Pittet, Seto Wing Hong, Sean Berenholz, Elaine Larson and Gary French.

The scientific program covered basic topics in infection control that are addressed daily by the health team, such as hand hygiene, isolation, surveillance and prevention of healthcare-associated infections related to invasive procedures. In addition, controversial issues were addressed such as bundles, strategies for changing behaviour, evaluation of practices, emerging microorganisms and pandemics. Most of the topics were presented in round tables, symposia and workshops to ensure discussion of different points of view.

Many initiatives that have been traditional in all IFIC congresses were continued in this conference, such as workshops and special interest groups. New initiatives were also begun in the conference and were very well received. They mainly consisted of an emphasis in the participation of infection control societies in addition to individuals in the scientific program. In fact, 80% of the speakers were selected and sent by their professional societies. Thus the congress invited the societies and not the individual person. The societies also financed their speakers. The second initiative was a poster session named "Infection Control Societies Room" in which all the infection control societies around the world were invited to highlight their activities and achievements. 24 societies participated.

133 abstracts were accepted to be presented during the congress out of more than 230 applications. The scientific committee worked hard because they were all of such high quality. Ten of the abstracts won scholarships from IFIC and were presented orally. Industry also had a very active participation in the congress with 30 sponsors and 7 symposia on relevant issues such as sterilization, devices and new technologies to prevent infections.

The Congress was also a huge challenge and opportunity for the Chilean local Society. It proved its personal and group capacities and demonstrated their hard work.

The conclusions of the Congress were that quality and patient safety are critical aspects in infection control today. In addition, the current challenges and complexity of healthcare conclude that efforts have to be placed in collaborative initiatives more than in developing individual or isolated initiatives. The Congress focused again on evidence-based issues in infection control. Many of these issues require additional discussion and research, such as national regulations, the role of authorities, infection control in developed countries, and equity in health care.

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Pola Brenner RN MSC
Member of IFIC Board
Chair of the 9^o IFIC Congress
Chair of the Chilean Society of Infection Control and Hospital Epidemiology