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International Federation of Infection Control

IFIC e-News

http://www.theific.org/

Collaborative IPCAN / IFIC CONFERENCE 2010

Spier Estate, Western Cape, South Africa August 29 - September 1

Inside this issue:

PAGE 13— Invitation Flyer from WHO

Chair Update

Michael Borg
Chair, 2010
IFIC Board

At the start of a new year, it is standard practice to look back and evaluate the previous twelve months. There is no doubt that 2009 was another important step in IFIC's continued development and growth, in which three things spring to mind. The totally revamped website has been greeted with very positive feedback as being more user friendly and easier to navigate. We would like to thank our webmaster, Aaron Cauchi, for all the hard work that he continues to put into this critical tool, which is vital to disseminate IFIC's message and resources.

We were also very encouraged by the excellent outcomes of the annual conference held in October in Vilnius, which exceeded all our expectations. Furthermore 90% of delegates who replied to our conference evaluation form rated the conference as good or excellent. Finally we were extremely encouraged by our growth in membership over the past year particularly the strong response to our individual associate membership scheme which now encompasses hundreds of members from all around the world.

(Continued on page 2)

2010 IFIC –IPCAN JOINT CONGRESS

A Joint Infection Prevention and Control Africa Network—IFIC Congress will be held in Cape Town, South Africa, August 28 - September 1, 2010

Information on scholarships, bursaries and paper/poster submissions is now available. The closing date for submissions is March 31, 2010.

Go to http://www.theific.org/scholarship2010a.asp for more information.

Chair Update continued *(Continued from page 1)*

Nevertheless there is no doubt that we can do more to meet all the different aspirations of all our members, wherever they come from. Therefore, one of our major projects for 2010 will be a strategic review by the Board of Trustees. This will start in the coming months by a consultation exercise with all the membership. In this way we hope to further improve both way IFIC functions as well as the support it offers to its members.

I wish you a very healthy new year full of success in all your infection prevention ventures.

Thank you.

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.

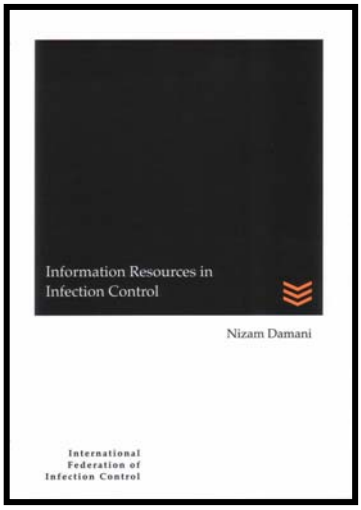
Contributions to IFIC can be sent to:

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

Information Resources in Infection Control

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

It is available on the IFIC website at http://www.theific.org/pdf_files/resource_IFIC_Sept_2009.pdf



ASSOCIATE MEMBERSHIP

A New Category of Membership Now Available

Associate members are defined as individuals professionally involved or interested in IPC as well as non-commercial organizations which do not fulfill the criteria of full members. They are entitled to receive all published materials as well as any other benefits open to members. However they are not be entitled to vote or hold office.

Why become an Associate Member?

Affiliate with a respected unified global IPC voice
Associate membership offers an opportunity to better clinical practice by sharing challenges and successes with professionals of similar backgrounds and will remain updated on what is going-on worldwide in IPC. Membership also facilitates possibilities to associate and exchange ideas with internationally renowned medical specialists and scientists. It also provides support for less experienced professionals to access ideas, write publications, apply for scholarships etc.

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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 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

Basic Concepts of Infection Control

You can download chapters from this valuable resource at http://www.theific.org/basiconcepts/default.htm

IFIC SCHOLARSHIP APPLICATIONS

JOINT IPCAN - IFIC CONGRESS
CAPE TOWN, SOUTH AFRICA
28 AUGUST – 01 SEPTEMBER 2010

INSTRUCTIONS TO APPLICANTS:

- IFIC invites applications from professionals working in Infection Control for scholarships to the Joint IPCAN – IFIC Conference 2010.
- 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 $1200)
  - Subsistence allowance of $500.
  - A number of smaller bursaries are also usually awarded, covering:
  - Free conference registration
  - Subsistence allowance of $500
  - Following their congress participation, all scholarship recipients will be invited to present a write-up in English of their paper/poster to be considered for publication in the International Journal of Infection Control (www.ijic.info). If deemed acceptable, an additional award of $200, will be made once the paper has been published in the journal.
- **Place cursor on the appropriate section/box, click the mouse button on it and then type in the information. Once complete, click the SUBMIT button to forward your abstract.**

CLOSING DATE FOR SUBMISSION IS 31 MARCH 2010. Submissions after this date will not be accepted.

Sponsorship applicants will be informed of the decision of the IFIC Committee at the email address given for correspondence and the decision will be final.

Go to http://www.theific.org/scholarship2010a.asp

Report from Chair of Membership and Finance Committee

Full membership is offered to societies, associations and organizations which provide or who are concerned with the provision of healthcare in premises anywhere in the world and which have a concern about Infection Control. IFIC member organizations should be governed by constitution in a form approved and have a local area of operation.

Currently IFIC has now a total membership of 81 infection control societies representing 63 countries. Current membership fee is UK £ 100 per year and is payable at each calendar year. Details of membership societies are available on the IFIC web site. If you wish to join IFIC, please contact Pamela Allan (PmaAllen@aol.com), IFIC Administrative Officer.

Associate membership was created in 2009. Associate members are defined as individuals professionally involved or interested in Infection Prevention and Control as well as non-commercial organizations which do not fulfil the criteria of full members. They are entitled to receive all published materials as well as any other benefits open to members. However they are not be entitled to vote or hold office.

Currently IFIC has a total 255 associate members in 51 countries. Current membership fee is UK £ 25 per year and is payable at each calendar year. However, IFIC recognises that individuals who live and work in low resource countries might be restricted from applying for membership because of limited financial resources. Therefore registration fees are waived for such applicants (see IFIC website). If you wish become to associate members, please visit IFIC web site and apply on line.

Dr Nizam Damani
Chair of Membership and Finance Committee

PATRON MEMBER SPOTLIGHT:

Virox Technologies Inc.

Virox Technologies Inc. is a Canadian company whose mission is to equip the entire spectrum of global markets that are concerned with infection control with state-of-the-art antimicrobial technology - Accelerated Hydrogen Peroxide (AHP). AHP has been developed and patented by Virox and is under license to leading infection control companies around the globe such as STERIS Corp., JohnsonDiversey, Bayer, DEB and SciCan among others who all proudly display the AHP logo on their products and offerings.

IFIC– Hand Hygiene Special Interest Group

The IFIC SIG-HH comprises 115 members representing 38 countries. Group leaders are Pr Dr Nagwa Khamis (Chair), Mrs Gertie vanKnippenberg-Gordebeke (co-chair) and Pr Pola Brenner (Board-liaison and secretary). Our work plan for the upcoming year will be as follows:

Welcome message and invitation to all members to participate in the next activity of the group. We agreed during the meeting of the Special Interest Group in Vilnius 2009 to continue with the WHO Guidelines on hand hygiene in health care "My 5 Moments for Hand Hygiene". More specifically, to concentrate on **two** moments - "moment 1 and 4" - for the next activity of the IFIC SIG-Hand Hygiene, 2009-2010. (The idea is to take the five moments in a piecemeal fashion to embed them within the behavior of working staff.)

Study workflow and time table:

Study design (February)

Data collection (March- April)

Data analysis and report (June)

WHO tools will be used after their download by group members

The entire study will be presented at the next IFIC congress 2010 during the SIG-HH session

ASSOCIATE MEMBERSHIP

(Continued from page 2)

Get access to experts in IPC
Novice infection control professionals can utilize contact opportunities to obtain help from more established colleagues internationally. In turn, established specialists can genuinely make a concrete difference to improve IPC worldwide.

Enjoy benefits that make a difference
Associate members receive subscription to the peer-reviewed International Journal of Infection Control as well as IFIC's electronic newsletter. They also obtain a certificate suitable for framing, e-mail announcements of journal, conferences and projects, scientific updates plus discounted conference registration.

Membership fees (yearly):
Associate members £25

IFIC recognises that individuals who live and work in low resource countries might be restricted from applying for membership because of limited financial resources. Therefore registration fees are waived for such applicants. A list of these countries may be found at http://www.theific.org/waivedmembership.asp

ETHICON a Johnson & Johnson company

STRATEGIC PARTNER HIGHLIGHT

JANSSEN-CILAG

Janssen-Cilag and Ethicon are pleased to announce that they have become Strategic Partners of The International Federation of Infection Control (IFIC).

"We are very proud to be Strategic Partners with IFIC. We are dedicated to improving infection prevention and control through our products and collaborations with organisations such as the IFIC, and we look forward to working together to make a positive and lasting impact on patients' lives and the economic burden associated with infection", commented Joerg M. Laeuffer, European Medical Affairs Director Infectious Diseases.

Janssen-Cilag and Ethicon are part of the Johnson & Johnson family of companies, and we have a long standing commitment to infection prevention and control. Janssen-Cilag develops and markets innovative, high-quality pharmaceutical devices, products and services aimed at improving quality of life for people with medical needs across the world. One such product, DORIBAX™, is a new antibiotic offering a valuable option in the battle against hospital acquired infection. It is a broad-spectrum intravenous antibiotic approved for the treatment of serious infections including ventilator-associated pneumonia, complicated intra-abdominal and complicated urinary tract infections[1] and was developed to meet a rapidly growing need for new antibiotics.

DORIBAX™ has potent activity against a wide range of Gram-negative, Gram-positive and anaerobic pathogens including *Pseudomonas aeruginosa*, *Acinetobacter* and *Enterobacteriaceae*[2-11]- some of the major organisms associated with nosocomial pneumonia. DORIBAX™ has also demonstrated a lower potential to select for in-vitro resistance against *Pseudomonas aeruginosa* compared to other carbapenems.[6,12-15]

For nearly a century, Ethicon's products have been in the hands of healthcare practitioners, transforming their work and restoring the lives of patients they serve. BIOPATCH® Protective Disk with CHG is used in and out of the Intensive Care Units to ensure that patients with long-dwelling catheters have added protection against catheter-related bloodstream infections[16] (CRBSIs) and when used as a part of a hospital's infection prevention plan, this percutaneous protection solution can provide another tool to combat infectious complications. BIOPATCH® is the only evidence-based dressing intended to reduce CRBSIs utilising a unique technology delivering chlorhexidine gluconate for up to 7 days, providing 360 degree coverage around the insertion site.[17] Clinical studies show that BIOPATCH® reduces the risk of CRBSIs by 76% and major catheter-related infections by 61%, compared with standard sterile dressings.[18]

CRBSIs are a serious medical issue and a major reason for prolonged hospital stays and increased mortality.[19,20] BIOPATCH® protects against the most relevant organisms, including MRSA, MRSE and VRE and its use can result in saving patient lives and significant cost reductions for healthcare systems by reducing the incidence of catheter-related bloodstream infections.[21,22,18]

Janssen-Cilag and Ethicon look forward to a successful partnership with IFIC to help minimise the risks of infection within the healthcare setting world-wide.

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2. Sahm D. In Vitro Activity of Doripenem. Clinical Infectious Diseases 2009; 49: pS11–16.
3. Marti S. et al. In vitro activity of doripenem against Acinetobacter baumannii clinical isolates. International Journal of Antimicrobial Agents 2009; 33: p181–182.
4. Mendes R. et al. Doripenem activity tested against a global collection of Enterobacteriaceae, including isolates resistant to other extended-spectrum agents. Diagnostic Microbiology and Infectious Disease 2009; 63: p415- 425.
5. Catanheira M. et al. Antimicrobial activities of doripenem and other carbapenems against Pseudomonas aeruginosa, other nonfermentative bacilli, and Aeromonas spp. Diagnostic Microbiology and Infectious Disease 2009; 63: p426–433.
6. Chastre J. et al. Efficacy and safety of intravenous infusion of doripenem versus imipenem in ventilator-associated pneumonia: A multicenter, randomized study. Critical Care Medicine 2008; 36(4): p1089-1096.
7. RéaNeto A. et al. Efficacy and safety of doripenem versus piperacillin/tazobactam in nosocomial pneumonia: a randomized, open label, multicenter study. Current Medical Research and Opinion 2008; 24(7): p2113-2126.
8. Lucasti C. et al. Efficacy and tolerability of IV doripenem versus meropenem in adults with complicated intra-abdominal infection: a phase III, prospective, multicenter, randomized, double blind, non inferiority study. Clinical Therapeutics 2008; 30(5): p868-883.
9. Naber K.G. et al. Intravenous Doripenem at 500 Milligrams versus Levofloxacin at 250 Milligrams, with an Option To Switch to Oral Therapy, for Treatment of Complicated Lower Urinary Tract Infection and Pyelonephritis. Antimicrobial Agents and Chemotherapy 2009; 53 (9): p3782–3792.
10. Jenkins S. G. et al. Meta-analysis of doripenem vs comparators in patients with pseudomonas infections enrolled in four phase III efficacy and safety clinical trials. Current Medical Research & Opinion 2009; 25 (12): p3029–3036.
11. Peterson J. et al. Efficacy and Safety of Doripenem Versus Comparators in Subjects With Acinetobacter baumannii: Integrated Analysis of 6 Phase 3 Clinical Studies. Poster presented at the 19th ECCMID; 2009;16-19 May: Helsinki.

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NEW BOOK FROM THE INFECTION PREVENTION SOCIETY

From Dr. Bill Newsome:

To celebrate the 50th Anniversary of the appointment of the first Infection Control Nurse (in Torbay, England) the Infection Prevention Society invited me to prepare a compilation of the articles I have written over the years for the History of Infection Control series in the British Journal of Infection Control (now the Journal of Infection Prevention).

I have either suffered myself from the infections discussed, or had to deal with them in my daily working life. In addition I researched the lives of 'pioneers' such as Florence Nightingale, Semmelweis, Koch, Lister, Pasteur and Jenner using original material; often visiting relevant places to set the scene, and take personal pictures of memorabilia such as Florence Nightingale's grave in East Wellow or Semmelweis hand basin in Vienna.

Infection Prevention Society
Incorporating the ICNA

The series developed at random – in line with my interests, but has been logically re-ordered. The text is written from a personal viewpoint, and is well provided with illustrations.

I found it a fascinating project and hope you enjoy reading it as much as I did writing it.

Dr Newsome

Price includes postage and packing in the UK: £17.95 Code: IPS013

Go to http://www.ips.uk.net/PRD_ProductDetail.aspx?cid=9&prodid=31&Product=Infections-and-their-control

Dr. Newsome is also co-editor of IFIC's Basic Concepts [http://www.theific.org/basic_concepts/index.htm]

STRATEGIC PARTNER HIGHLIGHT continued

(Continued from page 6)

12. Mushtaq S. et al. Doripenem versus Pseudomonas aeruginosa In Vitro: Activity against Characterized Isolates, Mutants, and Transconjugants and Resistance Selection Potential. Antimicrobial Agents and Chemotherapy 2004; 48 (8): p3086-3092.
13. Sakyo S. et al. Potency of Carbapenems for the Prevention of Carbapenem-Resistant Mutants of Pseudomonas aeruginosa. The High Potency of a New Carbapenem Doripenem. J Antibiot 2006; 59 (4): p220-228.
14. Tanimoto K. et al. Fluoroquinolone Enhances the Mutation Frequency for Meropenem-Selected Carbapenem Resistance in Pseudomonas aeruginosa, but Use of the High-Potency Drug Doripenem Inhibits Mutant Formation. Antimicrobial Agents and Chemotherapy 2008, 52(10): p3795–3800.
15. Zhanel G. et al. Mutant prevention concentrations of doripenem and meropenem alone and in combination with colistin (polymyxin E), levofloxacin and tobramycin in Pseudomonas aeruginosa. Can J Infect Dis Med Microbiol 2009; 20 (Suppl A): p67A-71A.
16. Yokoe DS, Mermel LA, Anderson DJ, et a. A compendium of strategies to prevent healthcare-associated infections in acute-care hospitals. Infect Control Hosp Epidemiol. 2008 Oct;29 Suppl 1:S12-21.
17. BIOPATCH Instructions for Use (IFU). Date: May 2004.
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19. Wenzel RP. Team-Based Prevention of Catheter-Related Infections N Engl J Med 2006;355;26.
20. Pittet D, Hulliger S, Auckenthaler R. Intravascular device-related infections in critically ill patients. J Chemother. 1995 Jul;7 Suppl 3:55-66.
21. Bhende S. et al. In vitro antimicrobial effectiveness of 5 catheter insertion-site dressings. The Journal of the Association for Vascular Access. 2004; 12(4):227-231.
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2010 NATIONAL EDUCATION CONFERENCE

SHERATON VANCOUVER WALL CENTRE
VANCOUVER, BRITISH COLUMBIA
MAY 29-JUNE 3, 2010

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 teambuilding, 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.

SEE 2010 PRESENTERS AND SESSION OBJECTIVES AT www.chica.org

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

International Journal of Infection Control

There is a special supplement in IJIC at http://www.ijic.info/ - Abstracts of the Tenth International IFIC Congress. Both oral and poster abstracts are available at this site.

APIC 2010 ANNUAL CONFERENCE

The New Orleans Morial Convention Center
New Orleans, Louisiana
July 11-15, 2010

We are pleased 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, PhD, IFIC Board Member

http://conference.apic.org//AM/Template.cfm?Section=Home51

WHO SAVE LIVES: Clean Your Hands: 10,000 for 2010

The countdown has started! In just a few months 5 May 2010 will be here. Already registrations are starting to increase but there is a lot more we can all do and WHO need another 4000 registrations to reach the 2010 target. We need your help more than ever to show that the world is still committed to ensuring patient safety through clean, safe hands, and to continue galvanising action at the point of patient care.

By now these phrases will probably be familiar to many of you…

WHO's SAVE LIVES: Clean Your Hands initiative could not have the global impact it needs to and does without the commitment, support and enthusiasm of many health-care professionals, in many different countries.

As part of WHO's First Global Patient Safety Challenge: Clean Care is Safer Care pledges to tackle health care-associated infections by 121 Ministries of Health have recently been enhanced by the many countries and health-care facilities undertaking activities to support **SAVE LIVES: Clean Your Hands** and sharing these with WHO. This year WHO expects to feature many more such activities on their web pages.

It couldn't be simpler to encourage health-care facilities in towns, countries or regions to register their commitment and demonstrate their support to **SAVE LIVES: Clean Your Hands.** They just need to complete the form at http://www.who.int/gpsc/5may/register/en/index.html. Or, if people don't have access to the internet, they can register by post (they can contact WHO for more information on this).

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Report on the 18th Annual Conference of the Egyptian Society for Infection Control (ESIC), the 3rd Eastern Mediterranean Regional Conference of Infection Control

Theme: "No…For Never Events"
Venue: Helnan Hotel, Port Said, Egypt
Date: 6th to 9 th November, 2009
Attendants : 647 Delegates…comprising infection control physicians and nurses from different healthcare facilities throughout Egypt.

Invited International Speakers:
Prof. Walter Popp from Germany, Ms. Gertie Van Knippenberg from Netherlands, and 35 Eminent Regional and Egyptian Speakers Ms Kathy Warye, Chief Executive Officer of APIC, was not able to attend but sent a message to the conference that was delivered on her behalf, announcing ESIC/Egypt's declaration as APIC's first international chapter.

Program
The program started by an opening ceremony on the evening of Friday, Nov 6th followed by three full days comprising eight plenary sessions, two workshops and lastly a closing remarks session.

Closing remarks highlights

- **Establishing a Patient safety culture is our goal**
- **Punishment in healthcare practices should be restricted to intended violation of the rules but not for human error**
- **Incident reporting, openness, transparency and record keeping are our targets, should be encouraged , strongly supported and properly implemented by all decision makers, stakeholders and healthcare providers**
- **Patient safety standards, guidelines and tools should be integrated into the training programs of all healthcare workers and should also be an essential component of performance evaluation in the healthcare facilities.**
- **Patient safety solutions and patient safety friendly hospital initiative should be endorsed in hospitals in different EMRO member states**
- **Patient safety as well as infection prevention and control basic principles and standards should be included in Medical and Nursing curricula.**
- **New modalities for improving patient safety education skills should be employed.**
- **New media (videos, posters, web based learning programs , etc…) should be developed to give additional support in educating hospital staff**
- **Antimicrobial stewardship programs should be endorsed in all healthcare facilities**
- **Concerning the current H1N1 pandemic, the conference stresses that:**
    1. **Proper hygienic measures are imperative**
    2. **Necessary precautions should be implemented**
    3. **Panic is totally uncalled for.**
- **Lastly, initiating from this conference's proceedings and recommendations, we hereby announce the inauguration of a new society: The Egyptian Patient Safety Society (EPSS)**

Our upcoming 19th ESIC annual conference, will be held on Oct. 30th – Nov 1st , 2010…….Venue and Program will be announced soon.

Prof. Ossama Rasslan
President, ESIC, Director, EMRNIC, Board Member, IFIC
orasslan@gmail.com

Report of the Safe Injection and Disposal Special Interest Group

The Co-chairs, Ed Krisiunas and Jane Murphy (Board Member of IFIC) of the SIG attended the 10th Annual meeting of the WHO Safe Injection Global Network (SIGN) at the WHO Headquarters in Geneva which was held from the 30th November 2009 to the 2nd December 2009. This was a very prestigious event which was attended by members from over 24 countries and also by other organisations that all mainly as and represented low resource regions of the world.

Jane gave a presentation on the history and aims and objectives of the IFIC organisation and how we could forge links with the WHO to move forward our common goals. This was warmly received by those present and there were many contacts made with members who would wish to establish tangible links with us particularily in relation to education and training. The Ivory Coast and Nepal representatives requested Jane to go to them and give them vital education on Standard Precautions and Waste Management.

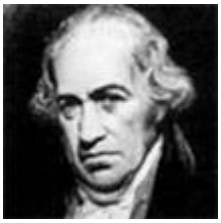
There were some really interesting workshops relating to Primary Care which are aimed at strategies to improve implementation and outcomes of Infection Prevention at local levels. Implementation of Healthcare Waste Management strategies were also discussed where it was realised that there are very serious concerns throughout all the low resource countries in relation to the methods of how and where this waste is disposed.

This was the first time that IFIC has participated at the SIGN meeting at the WHO at this level and we would hope that we will now have ongoing communication with the WHO and that we can continue to collaborate with their Organisation further on an ongoing basis to achieve all our goals.

The Safe Injection Group (SIG) would appreciate any financial aid to further its aims and objectives.
Discussions have been instigated with a number of interested Companies within Industry appropriate to our speciality and we are hopeful of their positive response in the near future.

The next meeting of the WHO SIGN meeting will be held in the latter end of 2010 in the UAE region.

tid·bit (tĭd′bĭt′) *noun* a choice morsel, a piece of information, an item of news about an individual who made a mark in the world of infections.



Gabriel Daniel Fahrenheit (1686-1736) made the first reliable thermometer and the scale he devised is named after him. He was born in Germany, but after the death of both his parents in 1701, he served a 4 year apprenticeship to a shopkeeper in Amsterdam. Later, he devoted his life to physics, and worked as both an instrument maker and glass blower. After years of travel, particularly in England, he became a member of the Royal Society.

His first 2 alcohol thermometers were completed in 1714 and the calibration decision making process was begun. Alcohol was soon replaced with mercury and he continued his investigation into the freezing and boiling points of water as different atmospheric pressures. He settled on the temperature scale between freezing and boiling points of 0 and 212. The zero point was determined by placing the thermometer in a brine of ice, water, and ammonium chloride. On Fahrenheit's original scale, body temperature was 96 degrees (a measurement taken under his wife's armpit), but later was revised to 98.6, as water boils about 180 degrees higher than the freezing point.

The Fahrenheit scale was the standard in most English speaking countries until the 1960s. Only the US and a few small countries continue to use this scale for non-scientific work.

Anders Celsius (1701-1744) came from a family of mathematicians, astronomers and professors. He was interested in mathematics from a very young age and became famous following an expedition to measure the length of a degree along a meridian, close to the North Pole, and then he compared the results with a similar expedition to Peru. This study confirmed that the earth is ellipsoid in shape. Celsius published in many journals and wrote a number of books that were used for many years.

With his astronomy studies, he was also involved in meteorological studies, including studies of the melting ice caps. From these studies, he developed the Celsius scale, with 0 for the boiling point of water and 100 for the freezing point. He died at age 42 of tuberculosis. On his death in 1744, the scale was reversed to its present form, most likely due to botanist Carolus Linneaeus, who reversed the scale for use in his greenhouses.

WHO SAVE LIVES continued

(Continued from page 9)

As part of this growing global movement, WHO are committed to:

- using their web pages to promote current registration numbers - It is important to check how the registration numbers are progressing in your country/region, these can be found at http://www.who.int/gpsc/5may/registration_update/en/index.html
- issuing a monthly newsletter to registered sites, these can be used to send on to others to make them aware of the many activities related to this WHO initiative
- profiling any health-care facility or country that lets us know about their ideas to recognize 5 May 2010 as a global day to support the reduction of health care-associated infections through clean hands and highlighting areas where any activities or events are being planned - email us at savelives@who.int and we will share information to encourage others
- ensuring all new registrants receive an immediate receipt and their commendation letter from Professor Didier Pittet
- responding to all requests, including providing materials to low resource countries as soon as possible
- talking with many global organizations to promote **10,000 by 2010.**

There are also some key WHO activities that those in health-care facilities around the world will be particularly interested in:

- **WHO's SAVE LIVES: Clean Your Hands briefing kit** to advocate for action has been made available as a supporting tool for facilities and countries. It explains, for example, that by now you should be considering forthcoming issue dates for your local newsletters and journals, in order to submit articles and editorials. The templates in the briefing kit should help get your started http://www.who.int/gpsc/5may/resources/briefing_kit/en/index.html There are of course many actions you can take, for example, you could also consider adding a line to your email signature to promote registrations and activities for 5 May 2010.
- **Infection Control Webinar Series -** the inaugural lecture of WHO's webinar series took place on 19 January 2010 with hundreds of people tuning in to hear Dr Benedetta Allegranzi, deputy lead of WHO's First Global Patient Safety Challenge speak on 'The global burden of health care-associated infections'. There will be monthly webinars delivered by experts from around the globe, as well as a special hand hygiene week starting 3 May, featuring three lectures including one from by Professor Didier Pittet on 5 May 2010. All information on registering for these webinars can be found on our web pages.
- **Issue of a simplified hand hygiene observation tool** - the purpose of this forthcoming WHO tool is to support the assessment of health-care worker compliance with the most symbolic indication for hand hygiene, **before touching a patient**, at a defined point in time. Having health-care facilities around the globe undertake this observation should help to raise awareness of the most fundamental prevention of germ transmission - health-care worker hands to patients. As part of the **SAVE LIVES: Clean Your Hands** initiative, 5 May is recommended as a day for observing this one moment (NB—This recommendation does not mean that observations of all WHO's '5 Moments for Hand Hygiene' should not be undertaken on a regular basis).

There are, and must continue to be, many approaches to achieving sustained hand hygiene improvement and reductions in health care-associated infections. The recommendations in WHO's Guidelines on Hand Hygiene in Health Care (2009) and the associated implementation toolkit available on the web pages all aim to help with this. Health-care professionals around the globe will have their own ways to address this challenging problem including addressing the gaps that still exist in the evidence-base, and between us, all of the efforts will contribute to improving patient safety. Thank you for your on-going support and commitment.

NEW MEMBER SPOTLIGHT

Infection Prevention and Control African Network (IPCAN)

Prof Shaheen Mehtar	Chairperson
Victoria Masembe	Secretary
Selma Khamassi	Treasurer
Ambimbola Sowande	Contact

Asociacion Boliviana de Epidemiologia Hospitalaria Y Control de Infecciones Asociadas a Servicios de Salud

Esther Damiani	Chairperson
Giovana Carita Leyva	Secretary
Susana Luna	Treasurer
Antonio Flores	Contact
Maria Julia Carrasco	Contact
Frank D. Monzon	Contact
Maria Rodriguez	Contact
Maria Teresa Machicado	Contact
Fernando Espinoza	Contact
Franz Buitrago	Contact

World Health Organization

SAVE LIVES: Clean Your Hands

5 MAY 2010

Invitation to Participate

As part of the **Clean Care is Safer Care** programme, WHO is again promoting its global annual hand hygiene initiative on 5 May 2010, building on the success of May 2009 when 5 000 health-care facilities registered their support.

If you want to improve hand hygiene and help save lives by reducing health care-associated infection while working in your health-care facility, **register now** http://www.who.int/gpsc/5may/en/index.html

Our aim is **10,000** by **May 2010**, in order to demonstrate the world's on-going commitment to this priority area of health care.

Take action
You can be part of this growing global movement by:

- Developing your own activities linked to this WHO annual initiative and sharing these with WHO by emailing savelives@who.int
- Joining WHO's 2010 webinar series including a special week focusing on hand hygiene when on 5 May itself, Professor Didier Pittet will deliver a lecture on 'Improving hand hygiene worldwide'
- Encouraging others to register and take action as well as publicizing your activities related to **SAVE LIVES: Clean Your Hands** widely in your own area
- Re-galvanising action at the point of care to ensure patient safety, including promoting and using WHO's 'My 5 moments for hand hygiene'

Help spread the hand hygiene message
Register your commitment and take action **NOW**

All information can be found at:
http://www.who.int/gpsc/5may/en/index.html

A WHO Patient Safety Initiative

Version 1

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Page 1(4)

Authors:
Céline Drolet, SIG business meeting 2009

IFIC Construction, Design and Renovation Interest Group

Emergency unit

Introduction

The aim of this document is to provide a practical, evidence based document for construction, design and renovation in health care facilities, enabling co-operation between Infection control personnel, building planners, and engineers. SIG recommendations are provided in three levels:

- **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

See the Table of Specific Standards on page 15

Recommendations

- The recommendation is provided for emergency in which clean water supply and electricity are available throughout 24 hours.
- The **emergency department** provides urgent health care to a varied mix of patients (people suffering from physical trauma or infections, children, the elderly, and people suffering from psychiatric problems), 24 hours a day, seven days a week.
- The emergency department should have easy vehicular access for cars and ambulances and access to intensive care.
- Patients with symptoms of infection, such as cough, fever, diarrhoea/vomiting, exanthema, or draining wounds, should be separated from other patients to reduce the risk of transmission of infection.

Interior decoration and furnishings

All **surfaces** should withstand cleaning with detergent and water and the use of disinfectants, when required.

Wall finishes: must be easy to maintain, particularly in areas such as corridors, waiting rooms.

Floor finishes: in public areas choose easy-to-clean durable materials that facilitate heavy pedestrian and wheeled traffic.

- Ensure that floorings are joined using materials and methods which make the entire surface impermeable
- Prohibit carpet in all clinical areas.
- In passageways and places where frequent maintenance is required, the joint between wall and floor should be rounded and not at right angles, to avoid absorption of water and dirt / moulds after wet floor cleaning. Linoleum or vinyl flooring should be pulled up on to the wall; use curved tiles to close the joint if the flooring is tile. Avoid unpainted wood or travertin (porous) marble as board on the wall base.

Furniture and equipment: Choose easy-to-clean, durable materials for furniture that can withstand cleaning with detergent and water and the use of disinfectants, when required.

- Choose wire racks that avoid dust collection.
- Plan for splash panels behind and beside sinks.
- Upholstering and other surfaces must be easy to wipe off or wash.

Some literature:

1. IFIC: Basic concepts of infection control. 2007. www.theific.org
2. Shears P. Poverty and infection in the developing world: Healthcare-related infections and infection control in the tropics. J Hosp Infect 2007;67: 217-224.
3. Centers for Disease Control and Prevention. Guidelines for environmental infection control in health-care facilities: recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC). MMWR 2003; 52 (No. RR-10): 1–48.. The full-text version of the guidelines appears as a web-based document at the CDC's Division of Healthcare Quality Promotion's Internet site at: http://www.cdc.gov/ncidod/dhqp/gl_environinfection.html
4. Stockley JM, Constantine CE, Orr KE. Building new hospitals: a UK infection control perspective. Hosp Infect 2006;62:285-299.
5. HUDDY Jon, *Emergency department design – A practical guide to planning for the future,* AIA, September 2002.
6. *Performance Failures in Health Care Facilities. Preliminary Report* by Earle Kennett. Washington, DC: AIA/ACSA Council on Architectural Research, 1988.
7. QUEENSLAND GOVERNMENT, *Design guide for Queensland Residential aged care facilities ,* 1999, Australia.

Emergency unit continued

(Continued from page 14)

Hand hygiene: Alcoholic hand rub must be available close to all patient beds and stretchers and in all treatment rooms.

Room	Basic	Standard	Ideal
Waiting room	Provide toilet and hand washing facilities. Provide access to telephone and to coffee/ tea.	Eliminate children's play areas to limit the spread of infection.	Design the waiting room to be able to divide it into sub-groups and use movable partitions to adapt the area based on various outbreaks of disease, depending on the season. Eliminate children's play areas to limit the spread of infection.
Triage and reception	Install a sink in the triage area.	Install a sink in the triage area.	Install a sink in each triage room.
Shock treatment area resuscitation	Provide a separate room for infectious case.	Provide a separate room for infectious case.	Provide a separate room for infectious case.
Stretchers area	Provide a nurses' work area. Install a sink.	Movable partitions that can be wiped with cleaning agent or disinfected. Provide a nurses' work area. Stretcher with monitoring must include larger stretcher spaces. Install sinks.	Movable partitions that can be wiped with cleaning agent or disinfected. Provide a nurses' work area. Limit the number of stretchers per room/area to less than 10. Stretchers with monitoring must include larger stretcher spaces and a surveillance station. Install sinks.
Distance between stretchers		1.5 meter.	2 meter recommended.
Isolation room	A separate space should be allowed for infectious case.	One or more individual patient cubicles for infectious patients with extractor fans. Each with ensuite facility.	Some individual patient cubicles for infectious patients with negative pressure, each with toilet.
Patients´ toilets (1)	Sex-specific toilets.	One toilets for 5 stretchers.	Toilet for each stretcher.
Wash/shower		Wash/shower on the department.	En-suite wash/shower/toilet room.
Other toilets (1)	Toilets for both healthcare workers and visitors.	Toilets for both healthcare workers and visitors.	Toilets for both healthcare workers and visitors.
Bathroom/shower		At least one bathroom.	At least one bathroom.
Nurses´ station	At least one. Organize a maximum distance between clean and dirty works.	At least one. Room for clean work (preparing infusions…) and one room for dirty work (cleaning, disinfection…).	One by 15 stretcher. Room for clean work (preparing infusions…) and one room for dirty work (cleaning, disinfection…). In large department more nurses stations and rooms recommended to reduce walking distances, for ambulatory area and each stretcher area.
Doctors´ rooms	One room for doctor and examination.	At least one room for doctor and examination.	Ambulatory area for examination, and administration area, for room for doctors.
Kitchen			Small kitchen with refrigerator.
Storage		At least one large storage room for clean items.	At least one large storage room for clean items.
Changing room for staff		Centralized or one room only for changing in the department.	Centralized or one room only for changing in the department.
Cleaning room		One room with sink, disinfectants, cleaning agents and cleaning car.	One room with sink, disinfectants, cleaning agents and cleaning car.
Dirty room	Facilities for disposing of liquid and semi-solid waste (flushing sluice), bedpans and their contents. May be combined with cleaning room and waste room.	Facilities for disposing of liquid and semi-solid waste (flushing sluice), bedpans and their contents.	Facilities for disposing of liquid and semi-solid waste (flushing sluice), bedpans and their contents.
Waste room		May be combined with dirty room.	One special room for waste storage.
Stretcher reprocessing		Centralized or in a reserved room.	Centralized or in a reserved room.
Ambulatory area	Separate from the stretcher area. It includes some multipurpose rooms.	Separate from the stretcher area. It includes some multipurpose rooms	Separate from the stretcher area and has its own station. It includes some multipurpose rooms and others with more specific functions, such as minor surgery rooms.
Family support area and mourning room	One mourning room.	Provide a space allowing the body to be viewed and the family to be welcomed.	Provide separate space allowing the body to be viewed and the family to be welcomed.
Procedure room / emergency operations room	Should be available.	Should be available.	Should be available.

(1) Toilets must have window ventilation or mechanical air supply.