

Infection Control Nurses of Connecticut, Inc.

State Board Meeting Minutes

October 20, 2014

Ikea- New Haven, CT

Meeting called to order at 5:25 PM

Attendees:

Kristen Magnussen, MSN, RN- President	Sheila Johnson, RN- Fairfield Chapter Co-President
Christine Orris, RN-Treasurer	Karen Taylor, RN, MSN, CIC-Board Member
Jennifer Green, RN- Secretary	Carol Kellogg, RN-Fairfield Chapter Co-President
Marichelle Cirunay, BSN, RN-Hartford Chapter Co-President	

Kristen opened the meeting.

The Annual ICNC Spring Seminar is April 17, 2015.

The previous board meeting minutes were reviewed and received approval with unanimous vote.

The first order of business is dues. Kristen reviewed the by-laws which stipulate that an increase in dues may be determined by the Board at the fall meeting. An increase in dues to \$38 per year was voted into effect with unanimous approval.

Christine reviewed the financial report. There were no questions or concerns voiced regarding the report.

Christine would like to look into vendor sponsorship on the website to support its cost.

Review of individual Chapter news:

New Haven Chapter- Lori Dutko is new Chapter President following resignation of Susan Dubb who is pursuing a new career position. Raeann Paparello-Treasurer has begun collecting dues with the new \$38 pricing. There are a couple new members who have joined the Chapter. The next Chapter meeting will be in November at Midstate-date and time to be determined.

Hartford Chapter- The Chapter had an emergency meeting due to Irene stepping down as President. Susan Silver and Marichelle Cirunay stepped up and will be Co-Presidents.

Treasurer is Theresa Labell. Secretary to be determined. Next Chapter meeting will be November 13, location to be determined. The Chapter has developed an initiative for attendance to the meetings: Each member who attends 5 meetings will receive an APIC book for long term care. Chapter acknowledges a need to update their Chapter members list. They would like to send out letters to Facility Administrators and/or DNS' to encourage their cooperation with permitting ICP attendance at Chapter meetings.

Eastern Chapter- Nancy Gilles-Chapter President. Gave an APIC book to all their members who were regular attendees to the ICNC Chapter meetings. They have a new ICP, Shaina Kraus, RN from Douglas Manor as Chapter Secretary.

Karen and Kristen bring to attention the high turnover rate for Infection Preventionists. Kristen reports having brought the issue to the attention of the Department of Public Health without any success. It is common practice for facilities to often hire an ICP as a part-time position or if they are hired full-time, they have many extra job responsibilities beyond infection prevention. Some of these responsibilities include staff development, wound care, nursing supervisor and supply manager. It was proposed that board members consider going to public health committees to bring light on ICP challenges.

Next order of business is the ICNC website. Christine will post on the members only site the following:

- Board meeting minutes

- Chapter meeting minutes

- PowerPoints from presentations at the Chapter meetings if the speakers give approval.

- Norovirus toolkit

Karen suggests posting on the website outbreaks that have defined current Infection Prevention practices as a guideline for members to utilize when an incident occurs.

The next order of business is the Spring Seminar.

- The State Board will sponsor the Spring Seminar this coming year.

Carol offered speaker ideas to aide in preparation for the spring seminar. She suggested a presentation on wounds by Dr. Stephens who is affiliated with Santyl. She had pamphlets she had been saving to show the Board. She brought to attention one pamphlet, RID, A committee to reduce infection deaths, which is promoting mis-information that could compromise infection prevention practices. The Board considered revealing the mis-information this committee is promoting, but in the end it was decided that the attention given to showcase the errors would also allow attention that could lead people unknowingly to information that could put them at risk.

It was suggested that extra Board meetings be held in preparation for the spring seminar.

Lynn Sousa was considered for a presentation, but she has a prior engagement.

Karen suggested that the new definitions of infection using the revised McGeer's criteria could be an idea for a topic. She proposed that there be a total of 4 speakers to allow attendees time to view the offerings from the vendors and not feel as though they were required to spend too much time listening to presentations. She suggested the Board consider working on the brochures for the Seminar earlier to provide more notice to facilities and potentially draw a larger number of attendees.

Kristen said she will email Barbara Cass for ideas for speakers. She also offered an idea for a table top exercise which would allow each table at the seminar to act as the incident command center on a cruise ship with a Norovirus outbreak. This would provide attendees with something to bring back to their facilities for discussion. She stated that Dr. Melchrit would be pleased to participate with a presentation on CRE, and that regarding CRE he would like recommendations for the ICNC website. She would like each member to bring vendor ideas to the next meeting.

There was a request made by an ICNC member at a Chapter meeting if there could be consideration for a presentation on Emergency Preparedness. Chris can put on the blog a request for ideas from members of what they would like to see at the seminar.

Additional topic ideas are: Adenoviral Conjunctivitis, Retroviruses and Opportunistic infections.

The next order of business is Ebola.

From watching the daily changing developments on the news and through emails from the CDC and DPH it is very important that the whole state do things the same way with regards to general protocol for Ebola preparedness.

Sheila and Marichelle say that within their facilities personnel are educated prior to travel to areas possibly at risk for Ebola exposure, they will not be permitted in the facility for 21 days following their return. Marichelle says she has seen table top exercises on Ebola from the DPH.

Carol says in her facility since recent Ebola events, if a visitor is sick upon arrival to the facility the visitor is placed in a private room until questioned by the nursing administrator.

OSHA states that any N95 mask needs to be fit tested prior to use. Saccharin fit test is OSHA accepted. OSHA & CDC recommend N95 masks for maximum protection from Ebola.

Kristen says the HHS website is very good for Ebola information. She states that if an employee at your facility has travelled to one of the affected countries-Contact DPH and they will follow up on interviewing and monitoring the employee. The state of CT will quarantine people as needed to prevent spread of infection. Important items to have on hand in your facility are:

Impervious gowns

Temp-a-dot

N95 masks

Goggles

If visitors are sick when visiting a facility, what is the best way to manage the situation?

-educate on signs and symptoms of infection and not visiting facilities when ill.

Kristen would like the Board to jump ahead as an organization to propose guidelines for Ebola. She suggests looking at your current facility policies and following them. She will forward information to Board and Chapter officers as it comes from the State DPH.

Next order of business is Pneumovax 13.

Carol brought to attention the new guidelines for administration of the Pneumovax 13. There is a shortage of 13 in the state at this time.

Jennifer shared concerns with the state requiring each hospital, skilled nursing facility and homecare agency to offer the flu and pneumovax vaccines to each patient without having one electronic record database that is accessible to all the institutions. The practice of each institution offering the same vaccines in a relatively short span of time could allow for re-vaccination of patients who do not realize they may not need the vaccine because they have already received it. An example is a gentleman who received the Pneumovax 23 vaccine twice in a span of just over a year who requested a third vaccine from his SNF just 2 days after receiving the 2nd because he did not fully understand that it was not necessary, and the nurse offering did not know he was vaccinated prior to admission because the information was not immediately available.

The last order of business is the forming of committees with assignments to handle the many tasks needed for the upcoming Spring Seminar:

- Chris & Sheila – Vendors
- Carol – Brochures
- Kristen & Karen – Speakers, Contact Hours
- Jennifer – Available to help anyone as needed, Some vendor contacts
- Chapters – Can provide lists of facilities in their areas, each Chapter can make a basket and donate them

The LTC Mutual Aid Plan has up to date lists of facilities in the state which can be used to send mailings out for the seminar. Ideas of target facilities are LTC, Behavioral Health, Hospitals, Assisted Living.

Meeting was adjourned at 7:55 PM

Minutes submitted by Secretary, Jennifer Green, RN