ASSOCIATION FOR PRACTITIONERS IN INFECTION CONTROL

NEWSLETTER, VOL. 1, NO. 1, MARCH 1973

WHAT IS PAST IS PROLOGUE

...Claire M. Coppage

What is APIC and how did it all get started?

In January 1969 several nurses attending the CDC course SURVEILLANCE, PREVENTION, AND CONTROL OF HOSPITAL-ASSOCIATED INFECTIONS came to me as Course Director and voiced the need for a national organization of nurses working in infection control programs. The spokesman for the group was Lucille Arkin of the University of Kentucky, and she asked me to name a committee to investigate the possibility of organizing such a group.

This idea was then presented to the course participants from the podium for discussion. The results of the discussion were as follows:

(1) There was a generally felt need for an organization which could enhance communication between infection control programs and provide information on current recommendations in infection control.

(2) The organization should be multi-discipline.

PLEASE NOTE:

Because we are off to a slower-than-anticipated start, all APIC memberships have been extended through December 31, 1973. This means that members at this writing get an extra 6 months for your money! Beginning January 1, 1974, membership will be based on the calendar year and dues will be due on January 1 of each year.

If you have paid your dues and have not received your membership card, please be assured that you will! If you do not receive your card in approximately 8 weeks after paying your dues, please notify our Treasurer! Your card, or even your application, could have been lost in the mail.
(3) As a starter, perhaps it could be umbrellaed by an already existing parent organization of a multi-discipline nature.

(4) The Course Director should name a Steering Committee to take action on forming such an organization.

The latter recommendation was carried out, and approximately 10 course participants were named to the committee, with Lucille Arkin as Chairman. It seemed best for me to serve Ex-Officio on the committee.

The committee then began a search for a "parent" and at least one large organization expressed interest and offered encouragement, but stated they had no money to assist in the initial founding of the proposed organization for infection control. Dr. Jay Sanford, a sort of Patron Saint to us all, aroused some interest in a publisher of medical textbooks. The publisher, however, was primarily interested in publishing a subscription journal focused on nosocomial infections, and this didn't meet our expressed needs. As time passed, no road seemed to open. In the summer of 1970 Lucille left the infection control job to move West with her husband and, because my office has become a clearing house of sorts, I named myself Acting Chairman, still optimistic that an eventual opportunity would present itself. Meanwhile, CDC continued to receive letters from interested infection control personnel pointing up the need for infection control nurses to have a means of communicating with each other and for meeting together, and "couldn't an organization be formed?"

At the January 1971 course, Leilani Kicklighter from Miami again brought up the subject to me, stating that one of the pharmaceutical companies might have some interest in an organization for infection control nurses, and Loni was asked to get in touch if she found interest existed in this sector.

So it was in September 1971 that Mr. Dave Forthofer, Georgia Hospital Representative for Burroughs Wellcome Company, called me for an appointment. His contact was the result of communication from Loni to Ken Buness, the Miami Burroughs Wellcome Representative. When I met with Mr. Forthofer, he indicated that Burroughs Wellcome might be interested in publishing a newsletter for Infection Control Nurses. Aha! The long awaited opportunity!

I was able to convince him that an organization was first needed and that the newsletter would then follow as a natural course of events. Mr. Forthofer then contacted Mr. Frank Suman, National Hospital Sales Manager for Burroughs Wellcome, and suggested that he meet with me to determine if Burroughs Wellcome could be helpful in getting the desired organization started. Mr. Suman came to Atlanta within weeks and, after a very verbal two hours, became convinced of the very real need for the proposed organization. He returned to Burroughs Wellcome headquarters at Research Triangle Park, North Carolina, and was successful in enlisting the support of his company to bring the Steering Committee together to develop the framework for an organization.
It was now January 1972 and the "Acting Chairman" then attempted to contact the original committee members and, in addition, added two members from each succeeding course, plus several national consultants. This brought the Steering Committee number to 24, and a date for a meeting with Burroughs Wellcome in North Carolina was set for April 1972. It took time to get approval from their hospitals for the committee members to participate. I attempted to have some semblance of geographic distribution in choosing committee members and also tried to choose people country-wide who had come to my attention in some specific way and who would work hard and fast to initiate the long awaited and long needed organization. There was also the need to keep the size of the committee such that it would be effective and not cumbersome. There was much to be done and not much time available.

On April 18, 1972, the Committee arrived in Raleigh. Cost of travel was borne by either the hospital or individual, but housing and food were provided by Burroughs Wellcome. In addition, the Burroughs Wellcome Company provided every detail of hospitality that could be imagined, including the last word in a training room for our meeting, then left us to do our thing!

Okay, so you don't believe 23 women (our one male member who represented the military couldn't make it) could work three solid days and nights, accomplish miracles, and still be friends! But it happened, though about 1:30 A.M. on Thursday there were a few ruffled feathers! Certainly one of the hardest working committees was By-Laws! It was all a great experience, one that we wish all could share. The sharing now is here, however, and what happens from here on out is up to each one of us.

There was much discussion in North Carolina about a name for the organization and its purpose. We wanted all who work in infection control to be a part of APIC, and thus the name Association for Practitioners in Infection Control. The purpose of APIC is to unite health care workers of all disciplines who share the common goal of improving patient care through infection control activities. The primary goals are to enhance communication, develop educational programs, and standardize techniques and programs of infection control.

Officers and working committees were set up and officers are listed at the end of this article. These will serve until January 1974 or until an annual conference is held, at which time the next election can be most meaningfully carried out by all the membership. By the time this goes to print, the final procedures to incorporate APIC should be completed.

We also know that many Infection Control Nurses are meeting informally in groups all over the country. We encourage you to continue to do this. If there are those groups who also want to become local chapters of APIC, this certainly should be possible. This again is the kind of business that needs to be taken up with the entire membership when we are able to have an annual conference.
We now have approximately 500 members and anticipate more since the letters of application have been late in getting out. And by the way, the letters that have gone out were based on the class rosters from various CDC courses in infection control. These were used as initial contact points because they were readily available and because we had almost no money for postage, printing, membership cards, and incorporation fees. So if you have not received a membership letter, we beg you not to be overly critical of your Steering Committee. Our motivation is deeply sincere, we truly have accomplished a near miracle, and it has all been done in our spare time, which is about the same as yours, dear reader! We also are aware that what we have accomplished is a mere grain of sand compared to what now must happen if APIC is to be meaningful to us all.

The Steering Committee wanted to keep the membership fee small so that this would not be a deterrent to anyone who wanted to join. This includes Infection Control Nurses, physicians, microbiologists, housekeepers, the various technicians who are an important part of the infection control team, as well as other disciplines who are also an integral part of it all.

We hope to have an informative newsletter to keep you up-to-date, and your Editor, Julie Garner, will welcome your suggestions for its contents. We are ambitious enough to hope that in time it will be more than a newsletter, having some of the characteristics of a professional journal. Much of the contents must come from you on the clinical scene! The Newsletter will also serve to call attention to other journals and published articles of importance.

An annual or biennial meeting is hoped for and will be open to all APIC members including those from Canada and any other country. Much work will be needed to develop such a meeting, and we feel a larger membership is needed before more definite plans can be made. We envision that exhibitors from the pharmaceutical and hospital supply industries will provide some of the funds needed. Such a meeting will take much planning and we need time, money, and people to do it. The overall conference plan might include joint sessions in the A.M. and uni-discipline section meetings in the P.M., with a sub-committee of each discipline planning their own section agendas. Special "clinics" might be included the day before the conference or on an optional basis at night. In any case, the program committee would attempt to have current topics and new areas of interest as the main highlights on the agenda.

We had hoped that November 1973 would see us all at the first of many such meetings and, because of its central location, Denver was the location of choice at the moment. At this writing, we are aware that this is an overly ambitious plan. We urge you to share this newsletter with your colleagues and ask them to join APIC. The entire membership can then determine the wherefores of a conference, and we can all work to make the conference and APIC a meaningful success for us all.
APIC OFFICERS

Executive Committee

President...Pat Lynch
President-Elect....Kay Wenzel
Vice-President....Shirley Chewick
Corresponding Secretary - Official Letters....Carolyn Langewisch
Recording Secretary - Official Records and Chairman of Membership....Leilani Kicklighter
Treasurer - Also Chairman of Finance....Ruth Groeneveld

Board of Directors

Chairman: Claire M. Coppage
Karen Axnick
Julie Garner
Marcella Pete
Jean Vandermade

ALPHABETICAL LISTING OF STEERING COMMITTEE

Axnick, Karen
Infection Control Nurse
Cedars-Sinai Medical Center
Los Angeles, California

Byrne, Sister Sara James
Infection Control Coordinator
St. Joseph Hospital
Denver, Colorado

Chewick, Shirley
Infection Control Nurse
The New Mount Sinai Hospital
Toronto, Canada

Coppage, Claire
Infection Control Training
CDC
Atlanta, Georgia

DeMille, Carole
Infection Control Nurse
Massachusetts General Hospital
Boston, Massachusetts

Dryer, Donna
Infection Control Nurse
Parkland Hospital
Dallas, Texas

Emori, Grace
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Loma Linda University Hospital
Loma Linda, California

Garner, Julie
Nurse Consultant
CDC
Atlanta, Georgia

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Infection Control Nurse
Boulder Memorial Hospital
Boulder, Colorado

Kicklighter, Leilani
Infection Control Coordinator
Cedars of Lebanon Hospital
Miami, Florida

Koch, Karen Redwine
Nurse Epidemiologist
Methodist Hospital
Lubbock, Texas

Langewisch, Carolyn
Nurse Epidemiologist
St. Paul Hospital
Dallas, Texas
Lech, Marie  
Hospital Nurse Consultant  
Health Care Facilities Services  
Rockville, Maryland

Pete, Marcella  
Nurse Epidemiologist  
St. John's Hospital  
Tulsa, Oklahoma

Legace, Suzanne  
Infection Control Nurse  
Ottawa General Hospital  
Ottawa, Canada

Pitts, Bette  
Nurse Epidemiologist  
Illinois Masonic Medical Center  
Chicago, Illinois

Lynch, Patricia  
Infection Control Nurse  
Group Health Cooperative Hospital  
Seattle, Washington

Vandermade, Jean  
Private Consultant in Asepsis  
Marina City  
Chicago, Illinois

Mercer, Keith  
Infection Control Nurse  
U.S. Army  
Frankfort, Germany

Wenzel, Kay  
Infection Control Nurse  
Stanford University Hospital  
Palo Alto, California

Pantelick, Elizabeth  
Nurse Epidemiologist  
Yale-New Haven Hospital  
New Haven, Connecticut

Wright, June  
Nurse Epidemiologist  
St. Bernard's Hospital  
Jonesboro, Arkansas

Pearson, Maureen  
Operating Room Supervisor  
Hollywood Presbyterian Hospital  
Los Angeles, California

Yarbrough, Sheila  
Nurse Epidemiologist  
Lewis-Gale Hospital  
Salem, Virginia

PRESIDENT'S MESSAGE

It is now slightly more than seven months since the 20 members of the Steering Committee met in Raleigh, North Carolina to plan an organization for people involved in infection control. In three days of intense work, initial officers were selected, committees formed, and planning begun for the future. Burroughs-Wellcome supported us financially in Raleigh, and also provided consultation and advice.

In the succeeding interval, our membership has slowly grown to over 400. This, our first Newsletter, has been published. The organization has been incorporated in Washington State. Countless large and small decisions have been made, and we have all learned a great deal from our accomplishments as well as from our mistakes.

The achievements seem small when compared with the needs to be met—regional programs, continuing educational programs for new and experienced practitioners alike, some rational standards to be applied in our work, and a host of other needs. The organization is young, the work demanding but challenging.
Welcome to the Association for Practitioners in Infection Control. Each of you has the opportunity to make an impact on the organization, each of you is truly valuable. Thank you for your support.

Patricia Lynch

FROM THE EDITOR

The first APIC Newsletter is designed to tell you about APIC and to set up a means of communication between members to promote the goals and objectives of the association. The Newsletter format will be in a state of flux until our first general meeting, at which time we can determine from the membership the direction the Newsletter should take. In the meantime, we will plan for three issues per year. We don't plan to duplicate anything from another newsletter or journal, but will call your attention to articles and publications of interest.

Please send the information solicited to the editorial committee member so designated and any other suggestions to any member of the editorial committee. The editorial committee is working on a voluntary basis, so we may not be able to answer your letters but do solicit them. Our energies will be directed toward getting out the next issue.

Julie Garner

Editorial Committee: Grace Emori, Marie Lech, Suzanne Legace, Elizabeth Pantelick, Kay Wenzel

TREASURER'S REPORT

November 30, 1972

Membership dues............................................. $4090.00
Expenses...................................................... 250.35
Balance on Hand, November 30, 1972........................ 3839.65
THIS AND THAT

HANDWASHING:

Have you taken a unique approach to handwashing? In England some hospital groups have printed on toilet tissue "Wash your hands, fight infection."

At St. Francis General Hospital in Pittsburgh, Pennsylvania, Virginia Gedrock traced the very appealing hand of a child on red contact paper and wrote "Wash" across it with black magic marker. These were pasted all over the hospital in strategic places.

Angela Condeloro, ICN at Crouse-Irving Memorial Hospital in Syracuse, New York, has conducted an energetic campaign using "Handwashing Month" buttons and posters.

Barbara Kildee at the Veterans Administration Hospital in Philadelphia; Mary O'Renick in Ohio; and Deborah Holbrook on the Westcoast are three others whose handwashing promotions have come to our attention.

What have you done that should be shared here? Please send these to:

Ms. Elizabeth Pantelick
Infection Control Nurse
Yale-New Haven Hospital
New Haven, Connecticut

ARTICLES AND RESEARCH PAPERS

Are you involved in any special studies, epidemiologic or research investigations? We need these for inclusion in the NEWSLETTER. Please send these to:

Ms. Julie Garner
Hospital Infections Section
CDC
Atlanta, Georgia
LOCAL ICN GROUPS

Are you part of a local ICN group? Please select a member of your group to send your leader's name, address and meeting schedule to:

Ms. Marie Lech
4009 Simms Drive
Kensington, Maryland 20795
301-443-1155 or 56 (Office telephone)

UPCOMING COURSES, MEETINGS, ETC.

Do you know of any upcoming courses, meetings, etc. in your geographic area of interest to APIC members? Please send this information to:

Miss Grace Emori
Nurse Epidemiologist
Loma Linda University Hospital
Loma Linda, California 92354

EMPLOYMENT OPPORTUNITIES

Do you need an ICN? ICN's, do you need a new position? Please send particulars (but keep them brief) to:

Ms. Julie Garner
Hospital Infections Section
Center for Disease Control
Atlanta, Georgia 30333

PHYSICIANS

We need your contribution! Your fellow physicians have also voiced an interest in a means of communication between Infection Control programs. Please send your letters, articles, and comments to:

*Ms. Kay Wenzel
Infection Control Nurse
Stanford University Hospital
Palo Alto, California 94305

*Until July 1, 1973, send to Ms. Julie Garner at above address

CANADIANS

Your contributions are solicited! We know you have a lot going. Please share with us by sending your comments and information to:

Ms. Suzanne Legace
Infection Control Nurse
Ottawa General Hospital
Ottawa, Canada
ATTENTION: ICN's

Mary Louise Atkinson of the Tuberculosis Branch at the Center for Disease Control would like to hear of any special studies, experiences, or innovative approaches you have used in the care of TB patients which might be reported in nursing journals or TB publications, or shared at workshops in your area. (1600 Clifton Road, N.E., Atlanta, Georgia 30333 -- (404) 633-3311, Ext. 3975)

ATTENTION: FRIENDS OF KAY WENZEL

Kay Wenzel, President-Elect, APIC, and her husband, Jim, were on a year-end holiday in Europe. On December 27, the car they were driving skidded on an icy road in the Italian Alps and plunged 350 feet. Jim was killed instantly and Kay was seriously injured. After spending several weeks in an Italian hospital, Kay was flown to Stanford University Hospital. She will undergo several surgical procedures and have a lengthy convalescence. Cards can be sent to Kay, c/o Stanford University Hospital, Room West 1A-130, Palo Alto, California 94305.
WANT TO BE KEPT UP-TO-DATE ON THE LATEST . . .

(1) incidence of nosocomial infections by type of hospital, site, service, and pathogen,

(2) associations of infection with predisposing factors,

(3) epidemiologic notes and investigations,

(4) methods of prevention and control of nosocomial infections,

(5) recent publications of general interests?

THEN . . .

Send you name, complete mailing address including zip code to:

HOSPITAL INFECTIONS SECTION
BACTERIAL DISEASES BRANCH
CENTER FOR DISEASE CONTROL
ATLANTA, GEORGIA 30333

ATTN: NNIS QUARTERLY REPORT

YOU WILL RECEIVE:

The NNIS (National Nosocomial Infections Study) Quarterly Report every four months. Recent reports have included:

(1) Management of Hospital Employees Exposed to Meningococcal Disease

(2) An Epidemic of Nosocomial EO-1 Infections in a Community Hospital

(3) Fogging, an Ineffective Measure

(4) Infection Control in Hyperalimentation Therapy

(5) Guidelines for the Administration of a Hyperalimentation Program

(6) The Control of Pulmonary Infections Associated with Tracheostomy

Response to these reports has been tremendous from all types of hospitals.
ATTENTION:

Membership applications for APIC can be secured by writing:

Ms. Carolyn Langewisch
Corresponding Secretary, APIC
P.O. Box 38212, Northlake Station
Dallas, Texas 75238

DECISIONS! DECISIONS!

To be or not to be
that is the question.
Whether to work with
control of infection.
If you decide that this
is your line,
First an infection you
must define.

Written policy must act
as your guide.
For the scope of your duty
reaches far and wide.
But wherever they lead and
whatever you do,
Keep the P-A-T-I-E-N-T
foremost in view.

Doris Widmer
Infection Control Nurse
Portsmouth General Hospital
Portsmouth, Virginia

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