

Three Early IPC Pioneers: Who Can Still Teach Us A Thing or Two
Dr. Evonne T Curran, Glasgow Caledonian University
A Webber Training Teleclass

Three early IPC pioneers:

who can still teach us a thing or two.

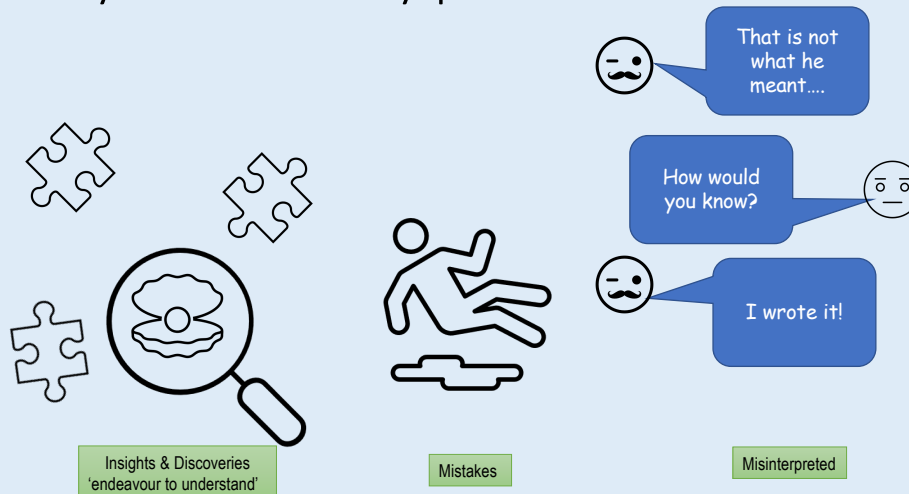
Dr Evonne T Curran NursD
Glasgow Caledonian University

Hosted by Karen Wares
Infection Prevention Society, Scotland

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February 8, 2022

Why look at early pioneers?

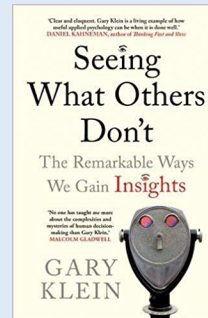


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*“Insights arise from:
contradictions,
connections,
&
creative
desperation”*

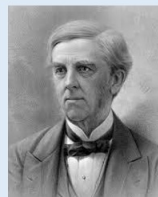


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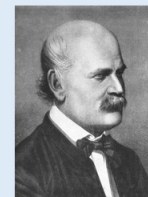
Who are our pioneers



Dr Alexander Gordon
1752 - 1799



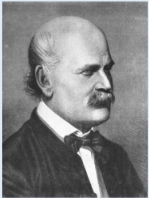
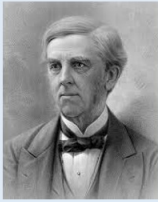

Oliver Wendell Holmes Sr.
1809 - 1894



Ignaz Semmelweis
1818 - 1865

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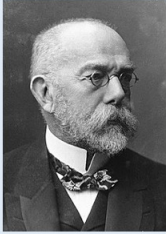

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Dr Alexander Gordon
1752 - 1799

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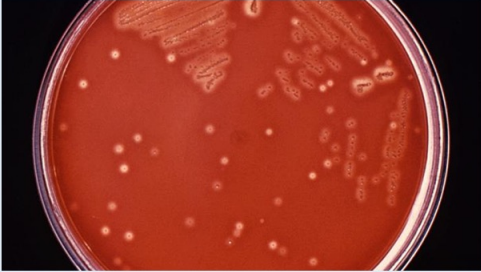
Ignaz Semmelweis
1818 - 1865



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Erysipelas & Puerperal fever

Invasive Gp. A Streptococci
(iGAS)



A time when diseases were diagnosed by appearance

- No IPCN/Ts
- No antibiotics
- No micro - lab

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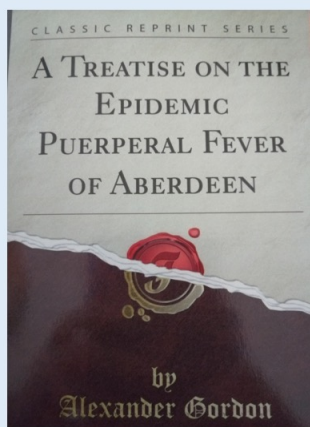
Graduated 1780 – Royal Navy
London – Lying-in hospital
Aberdeen 1785 – private practice

Puerperal fever never seen before
in Aberdeen
(AG had seen it in London)

1789 first case in Aberdeen



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Case series & studies
Epidemiology
turned data into
intelligence

77 women

28/77 died (36%)
(not inc babies)

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Puerperal fever

The attack was sudden
2-3 days post partum

“Scarce any disease more regular in its manner of attack or uniform in its appearance”

Diarrhoea – frothy green and yellow

Violent rigor, shivering fit, fever, rapid pulse – 140 (160 pre death),

Constant pain (described as greater than that of labour)

Dyspnoea – difficult with abdo pain

Total cessation of pain – before death they thought they had recovered

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Epidemiology
First line-list?

Time: when ill/died/cured
Place: where delivered
Person: whose wife!, age & who delivered them
NB most in 30s; 1 teenager

A T A B L E

Containing an Account of those Patients affected with the PUERPERAL FEVER, who were attended by
Dr. GORDON from December 1789 to October 1792.

When taken ill.	No.	Name.	Age.	Residence.	Cured	Dead.	By whom delivered.
1789.							
December	1	James Barron's wife	27	Woolman-hill		5th day	Mrs. Blake
Ditto	2	James Smith's wife	30	Ditto		23 —	Ditto
Ditto	3	John Smith's wife	34	Green		11 —	Mrs. Elgin
Ditto	4	Al. Mennie's wife	25	Hardgate.		11 —	Ditto
1790.							
January	5	John Anthony's wife	25	North-street		3 —	Dr. Gordon
February	6	Christina Durward	36	Rotenholes		3 —	Ditto
April	7	Al. Sturges's wife	30	Denburn	1		Mrs. Philp
May	8	William Elrick's wife	34	Exchequer-wynd	2		Mrs. Blake
Ditto	9	Elizabeth Murray	28	North-street		7 —	Ditto
Ditto	10	Thomas Mitchell	30	Ditto	3		Ditto
Ditto	11	Jane Waver	34	Denburn	4		Mrs. Elgin
August	12	Mrs. J. hafon	36	Littlejohn's street	5		Mrs. Smith
Ditto	13	G. W. Wolfe's wife	38	Fowler's-wynd	6		Mrs. Blake

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“I have unquestionable proof.”

“That the cause of this disease is a specific contagion or infection.”



He detected community outbreaks
without a micro lab

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“I have unquestionable proof.”

“That PF is of the nature of
erysipelas.
They are connected.”



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“I have unquestionable proof.”

“I could venture to foretell what women would be affected with the difease upon hearing which **midwife they were to be delivered or by which nurse...**

...and almost every instance my prediction was verified.”



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Who delivered & No of deliveries	Case numbers																			
Blake	11	1	2	8	9	10	13	14	16	21	45	58								
Elgin	7	3	4	11	24	25	26	57												
Gordon	16	5	6	22	32	33	38	40	50	52	54	60	61	66	73	76	77			
Philip	5	7	15	23	55	70														
Smith	2	12	51																	
Coults	2	17	49																	
Irving	1	18																		
Clark	4	19	20	31	34															
Emslie	3	27	56	68																
Anderson	7	28	29	30	36	46	48	65												
Davidson	1	35																		
Harvey	1	37																		
Henderson	1	39																		
Oglivie	3	41	42	71																
Balfour	2	43	44																	
Keith	4	47	67	69	75															
Illeg	1	53																		
Taylor	2	59	62																	
Mitchell	1	63																		
Chalmers	2	64	72																	
Anon	1	74																		

The person who delivered most cases -
DOCTOR GORDON

Where did they first get it from?
 5 - 7 only had 1

Clusters - yellow

Close numbers – peach

Unquestionable proof?

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“I have unquestionable proof.”

“That every person, who had been with a patient with PF, became charged with an atmosphere of infection which was communicated to every pregnant women that they came into contact within their sphere.”



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Special Issue

“Cloud” Health-Care Workers

Robert J. Sherertz, Stefano Bassetti, Barbara Bassetti-Wyss
Wake Forest University School of Medicine, Winston-Salem, North Carolina, USA

Certain bacteria dispersed by health-care workers can cause hospital infections. Asymptomatic health-care workers colonized rectally, vaginally, or on the skin with group A streptococci have caused outbreaks of surgical site infection by airborne dispersal. Outbreaks have been associated with skin colonization or viral upper respiratory tract infection in a phenomenon of airborne dispersal of *Staphylococcus aureus* called the “cloud” phenomenon. This review summarizes the data supporting the existence of cloud health-care workers.

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Achievements

Its infectious

Its related to erysipelas

Its carried from one person to another by HCWs

Epidemiology – time place person

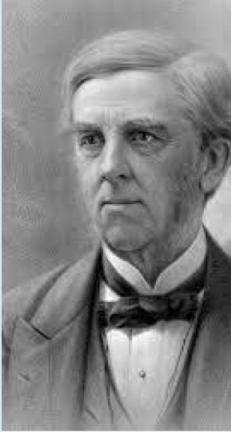
Described in detail the pathology of the disease and its progress

Case studies

Data protection (nil point)


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Oliver Wendell Holmes Sr.
1809 - 1894

Medical doctor
Not an obstetrician
Never cared for a PF pt.
Founder member of the
Boston Society for Medical
Improvement




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Oliver Wendell Holmes Sr. 1809 - 1894

Reports of pts dying of PF and a
doctor dying of a similar disease
after PM injury

Lets investigate!

Any reports available:
Literature
Meetings & Hearsay



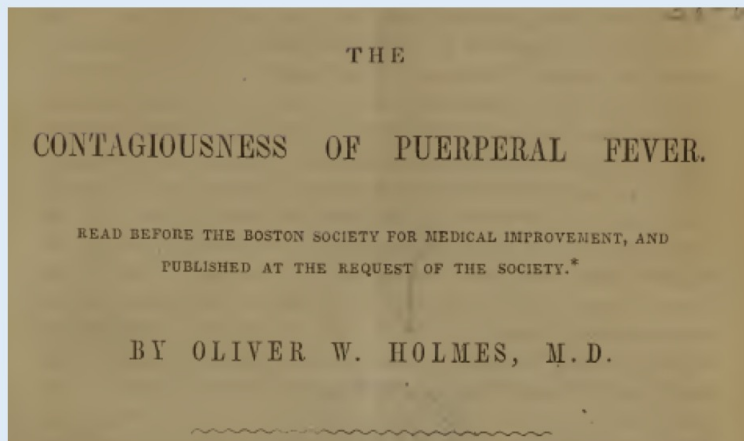
We had one of
them...

Me too.

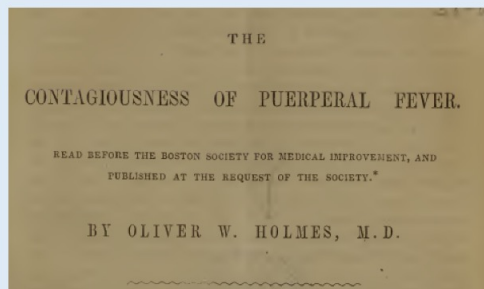
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1843 published
32 pages
'Narrative Review'



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The practical point to be illustrated is the following: *The disease known as Puerperal Fever is so far contagious as to be frequently carried from patient to patient by physicians and nurses.*



say that the evidence appears to me altogether satisfactory that some most fatal series of puerperal fever have been produced by an infection originating in the matter or effluvia of erysipelas. In evidence of some connection between the two diseases...

Control measures

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Mr White	None <1795	Possibly published	Knows of people in another town		Anecdote
Dr Armstrong	not listed	phps in discussion	Aware of other doctors associated with transmission		Anecdote
Dr Gooch	not listed	says	Practitioner opened the body of a women died of PF. Women who he delivered a few days later died. Then 2 more	3	Anecdote
Pos Dr Gooch	1824	says	GP in midwifery lost so many from PF stopped practice for sometime After 1 month the first person GP attended died		Anecdote
Pos Dr Gooch			Saw 4 cases in 1 month all by same clinician	4	Anecdote
Dr Ramsbotham		lecture london hospital	Know of disease spread through a district but kept to the practice of a single consultant		Anecdote
Mr Robertson	1840	published	Event 1830: midwife delivered woman; died PF - within 1 mth delivered 30 more of whom 16 got infected. Others 25 delivered 90 per week - none got it. Not easily transferred to other midwives.	16	Anecdote
Dr Blundell	?	Comments	Knows of 1 district PF in some individuals have many others not. Some have lost 12	12	Anecdote
Dr King	1840	RMSociety	Knows of a clinician who lost 16 from PF. Compelled to give up practice	16	Anecdote
Mr Hutchieson	1840	RMSociety	A practitioner at Woolich 3 consecutive cases	3	Anecdote
Dr Lees	1827	Meeting	5 fatal cases same midwife. None in community	5	Anecdote
Dr Francis		Book	Several lying-in women - conveyed by accuouchers		Anecdote
Dr Rutter	1842	Meeting remarks	A number of cases by 1 doc, he left the city for 1 week. Changed clothes but first case back PF fatal		Anecdote
Dr Meigs	1842	meeting remarks pub	Those cases I discussed now numbering 70 within 12 mths - prof of midwifery		Anecdote
OWH			Mr Tavers poisoned by fluid which exuded from the body		Anecdote
Dr Condie		Quart coll summary	1 gentleman nearly every female 'several weeks' attached with the fever. No where else I the district		Anecdote

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Dr Salem	1829	NY journal	5 consex of PF. Every pt attended attacked Mch 2 July 1. No cases by other 20 in total	20	Cluster
Dr Warrington		Meeting	Few days post PM puerperal peritonitis, called to deliver 3 all got PF 2 died 5 later in total	5	Cluster
Dr West		Letter	7 delivered in raid succession all attacked and 5 died. Named doctor. Attending a person with erysipelas before delivering. Used same gloves and instruments used on a case of erysipelas	7	Cluster
Dr Condie	1842	Boston MA	7 consecutive cases 5 dead. All belong to Dr C. Who left town. Preceded by attendance at PM of man with erysipelas. Nurse who laid out body got sick with erysipelas and sore throat died 10 days later. Nurse who laid out body 4 died 1 week later	7	Cluster
Dr Storer	1843	Letters	6 women 1 month all well except the last. PM 4 subsequent cases. 1 wore the same clothes	6	Cluster
Dr Storer	1843	Letter	2 had PF 1 had infected leg	2	cluster
Dr Campbell	1821	Lon Med Gaz	Assisted at PM of case Carried the pelvic visera in his pocket to the classroom. Same pm attended women in labour.	5	Cluster
Dr Campbell	1823		Assisted some publis at PM of case - unable to wash hands without further ablution to 2 women in labour	2	Cluster
Mr Robertson			Catheter passed on pt with PF - attended another lady who died of PF. Surgeon who inspected body attended another in labour who died of PF	2	Cluster
Anon	1831	Published	Dr examined PF body. Delivered pt 2 days later pt died PF - then 2 others	3	Cluster
Dr Rigby	1842		Young practit examined PF PM. Delivered 3 who sub died of PF	3	Cluster
Mr Ingleby	1833	Ed Med & Surg J	2 men PF PM went in same clothers to midwifery case who died total of 7 cases	7	Cluster
OWH	1843	quote reg gen	Dublin 1 - 178 - but when endemic much higher Outbreaks in hospital horrendous		Comment
Dr Gordon	1795	Treatise	Inv report of clusters of cases associated with specific midwives and doctors	77	Cluster
Dr Armstrong	not listed	published	43 cases in 10 months single practitioner Sunderland	43	Cluster
Dr Davies	1822	Pub 1828	He met 12 cases whilst others in the neighbourhood med none	12	Cluster
Dr Gooch	not listed	says	Dr performed PM on PF cases wore same clothers; 3 laying in pls died shortly thereafter	3	Cluster

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Anon	1829	Same journal	Dr attended PM of PF dissected organs and helped sew up attended women in labour who died of PM 16 hours later	1	Single case
Anon	1830		Midwife who attended 2 fatal PF examined a new admission who sub died of PF	1	Single case
Recently before society			physician went post PF PF to women in labour who died	1	Single case
Dr merriman		Med Chiru Jour	At PF PM did not touch the body - went to women in labour who died and infant died 2 days later	1	Single case

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puerperal fever. He carried the pelvic viscera in his pocket to the class room. The same evening he attended a woman in labor without previously changing his clothes; this patient died. The next morning he delivered a woman with the forceps; she died also, and of many others who were seized with the disease within a few weeks, three shared the same fate in succession.

Connection: PMs, to individual physician to next patient – direct and indirect contact

were employed by these patients. When the first case occurred, he was attending and dressing a limb extensively mortified from erysipelas, and went immediately to the accouchement with his clothes and gloves most thoroughly imbued with its effluvia. And here I

Connection: erysipelas and lying-in. Indirect contact gloves / clothes

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meet with few or none. A practitioner opened the body of a woman who had died of puerperal fever, and continued to wear the same clothes. A lady whom he delivered a few days afterwards was attacked with and died of a similar disease; two more of his lying-in patients, in rapid succession, met with the same fate; struck by the thought, that he might have carried contagion in his clothes, he instantly changed them, and met with no more cases of the kind.† A

Connection: never changed clothes (indirect contact)

stantly changed them, and met with no more cases of the kind.† A woman in the country, who was employed as washerwoman and nurse, washed the linen of one who had died of puerperal fever; the next lying-in patient she nursed, died of the same disease; a third nursed by her met with the same fate, till the neighborhood getting afraid of her, ceased to employ her.”†

Connection: shared linen (indirect contact)

two, and these I afterwards ascertained to have been caused by other diseases.” He underwent, as he thought, a thorough purification, and still his next patient was attacked with the disease and died. He was led to suspect that the contagion might have been carried in the gloves which he had worn in attendance upon the previous cases. Two months or more after this he had two other cases. He could

Connection: same gloves (indirect contact)

“While I attended these women in their fevers, I changed my clothes, and washed my hands in a solution of chloride of lime after each visit. I attended seven women in labor during this period, all of whom recovered without sickness.

Hand hygiene with chlorine
of lime pre-Semmelweis

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has been laid before him.

1. A physician holding himself in readiness to attend cases of midwifery, should never take any active part in the post-mortem examination of cases of puerperal fever.
2. If a physician is present at such autopsies, he should use thorough ablution, change every article of dress, and allow twenty-four hours or more to elapse before attending to any case of midwifery. It may be well to extend the same caution to cases of simple peritonitis.
3. Similar precautions should be taken after the autopsy or surgical treatment of cases of erysipelas; if the physician is obliged to unite such offices with his obstetrical duties, which is in the highest degree inexpedient.
4. On the occurrence of a single case of puerperal fever in his practice, the physician is bound to consider the next female he attends in labor, unless some weeks, at least, have elapsed, as in danger of being infected by him, and it is his duty to take every precaution to diminish her risk of disease and death.
5. If within a short period two cases of puerperal fever happen close to each other, in the practice of the same physician, the disease not existing or prevailing in the neighborhood, he would do wisely to relinquish his obstetrical practice for at least one month, and endeavor to free himself by every available means from any noxious influence he may carry about with him.
6. The occurrence of three or more closely connected cases, in the practice of one individual, no others existing in the neighborhood, and no other sufficient cause being alleged for the coincidence, is *prima facie* evidence that he is the vehicle of contagion.
7. It is the duty of the physician to take every precaution that the disease shall not be introduced by nurses or other assistants, by making proper inquiries concerning them, and giving timely warning of every suspected source of danger.
8. Whatever indulgence may be granted to those who have heretofore been the ignorant causes of so much misery, the time has come when the existence of a *private pestilence* in the sphere of a single physician should be looked upon not as a misfortune but a crime; and in the knowledge of such occurrences, the duties of the practitioner to his profession, should give way to his paramount obligations to society.

Control Measure Recommendation

People who attend PMs of PF cases should not deliver women

If you are associated with cases, don't work.

[Hand hygiene was not enough]

4-years pre Semmelweis' work



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*Children who walk in calico
before open fires are not
always burnt to death*

OWH



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A Hungarian
working in Austria
– before a war...



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Already known

Midwives X 3 lower mortality than
the medical service – investigated

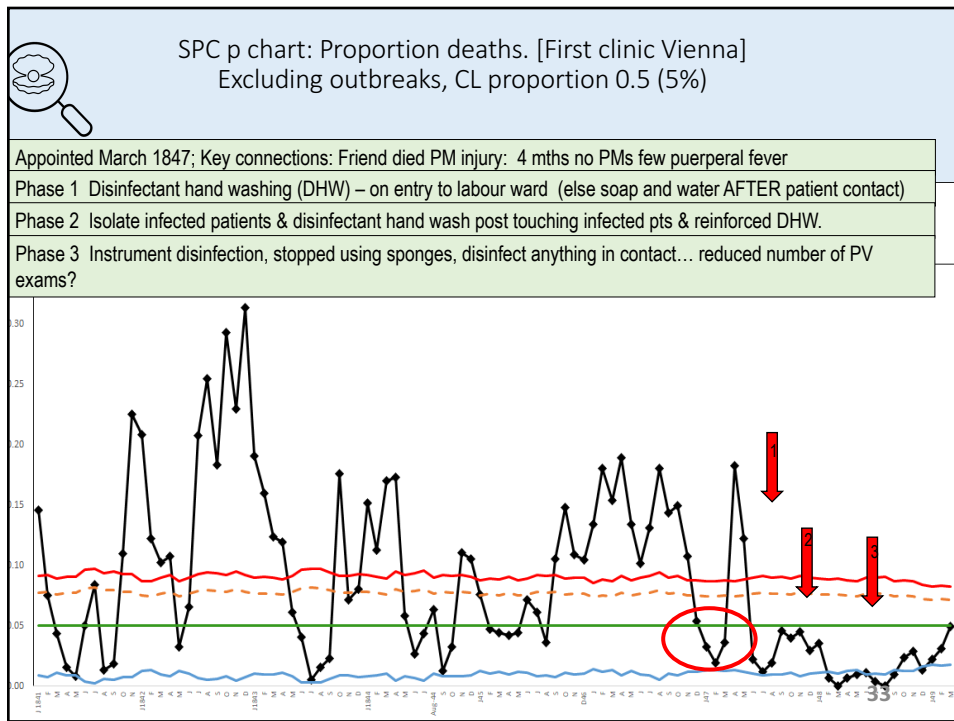
Only difference between the 2 clinics
– midwives do not attend PM room

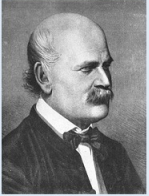
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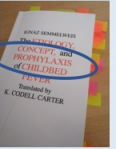
Prophylaxis of childbed fever...

1861

No 1: "Prevent the introduction of external decaying matter...."
[i.e. don't let the students do PMs and touch women in labour]

"It is safer to avoid contamination than to clean what has once been contaminated
"Students wont take the time...."
P163

"Decaying matter is not only carried by the examining finger but also by everything contaminated that can come into contact with the genitals. These items should therefore be disinfected or no longer used. p165



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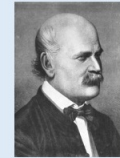
Their insights came from their **endeavours to understand** which led to their discoveries



Gordon's **endeavour** led to:
 Its infectious
 Its HCWs who spread it...
 Linked with erysipelas



Wendell Holmes's **endeavour** led to
 Its taken by HCWs to pts.
 Its going from pts with PF, Erysipelas (live / dead)
 Stop PMs and delivery



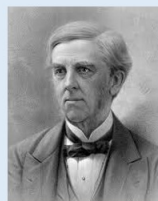
Semmelweis's **endeavour** led to
 Its on hands
 Hand disinfection & instruments
 Prevent contamination [eventually]

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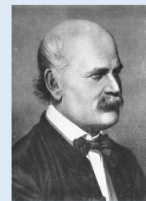
What did they get wrong?



Dr Alexander Gordon



Oliver Wendell Holmes Sr.
 1809 – 1894



Ignaz Semmelweis
 1818 – 1865




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“I have unquestionable proof.”

“I could venture to foretell what women would be affected with the disease upon hearing what **midwife they were to be delivered or by what nurse they were to be attended...** ...and almost every instance my prediction was verified.”




Theory did not fit all cases – some only had 1
Where did they get it from?
If he could predict why not prevent?
Treatment – extensive bleeding



ALEXANDER GORDON MD
1792 - 1899
GIBBERTON
FIRST DESCRIBED THE
INFILTRATED NODULE OF
CHILDHOOD TYPIC
LIVED HERE

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Treated all evidence as equal
Took Gordon at face value -

infection, altogether unconnected with a noxious constitution of the atmosphere.”

But his most terrible evidence is given in these words, “I ARRIVED AT THAT CERTAINTY IN THE MATTER, THAT I COULD VENTURE TO FORETELL WHAT WOMAN WOULD BE AFFECTED WITH THE DISEASE, UPON HEARING BY WHAT MIDWIFE THEY WERE TO BE DELIVERED, OR BY WHAT NURSE THEY WERE TO BE ATTENDED, DURING THEIR LYING IN: AND, ALMOST IN EVERY INSTANCE, MY PREDICTION WAS VERIFIED.”

Even previously to Gordon, Mr. White of Manchester had said, “I

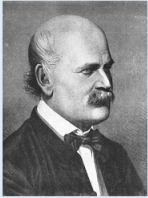


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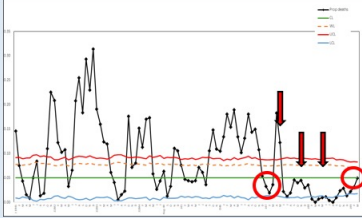
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Ignaz Semmelweis
1818 - 1865


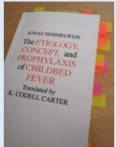


Issue 1:
Events happened in 1848;
Published 1860(1)

Issue 2: Dismissed the evidence from others


Rare to do PMs & attend women

Issue 3: The solution was a disinfectant and harmful to HCWs

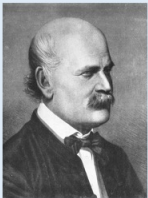




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How were they misinterpreted?




ALEXANDER GORDON MD
1752 - 1799
OBSTETRICIAN
FIRST DESCRIBED THE
INFECTIOUS NATURE OF
CHILDBIRTH FEVER
LIVED HERE






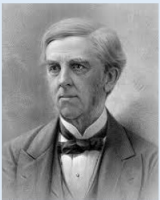
That is not what he meant....



How would you know?



I wrote it!



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Three Early IPC Pioneers: Who Can Still Teach Us A Thing or Two

Dr. Evonne T Curran, Glasgow Caledonian University

A Webber Training Teleclass

Alexander Gordon, puerperal sepsis, and modern theories of infection control—Simmelweis in perspective

Ian M. Gould

Ignaz Semmelweis, a Hungarian doctor who practised in 19th century Vienna, is widely believed to be the father of modern infection control. He earned this accolade when he showed that puerperal sepsis was contagious and that it could be prevented with adequate hand hygiene. In fact, such ideas had circulated in the medical world for at least a century before Semmelweis' work. Moreover, it is well documented that Alexander Gordon, an obstetrician working in Aberdeen, UK, was the first to prove the contagious nature of puerperal sepsis. He also advocated the need for good hygiene for its prevention in a thesis published in 1795. This work described an epidemic of puerperal sepsis that began in Aberdeen in 1789. Gordon's thesis was reprinted three times in Edinburgh, Philadelphia, and London over the next 55 years, suggesting that Semmelweis (1847) could well have known of his work. Like Semmelweis, Gordon was persecuted for his findings.

Introduction claim. Gordon's rightful share as a pioneer of British

Latest report 05/20/2016 10:25:09

Department of Medical Microbiology, Aberdeen Royal Infirmary, Aberdeen, UK

I M Gould MD PhD

Correspondence to: Dr Ian M Gould, Department of Medical Microbiology, Aberdeen Royal Infirmary, Foresterhill, Aberdeen AB25 2ZB, UK. Email: i.m.gould@abdn.ac.uk

patients and disinfecting wards.¹² But it is to Alexander Gordon that the plaudits should really go for conclusively showing the contagious nature of puerperal fever and also how to prevent it. ✗

That is not what he meant....


How would you know?

I wrote it!

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“With respect to the most effectual means of preventing the disease from being communicated, I must speak with great uncertainty, because I have not experience for my guide.”

*Others recommend fumigation of infected apparel
Fresh air and cleanliness are insufficient
Wash you clothes if you delivered a PF patient*




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World Health Organization | Patient Safety
A World Alliance for Safer Health Care

WHO Guidelines on Hand Hygiene in Health Care

First Global Patient Safety Challenge
Clean Care is Safer Care



That is not what he meant....

How would you know? 🤖


I wrote it!



In the mid-1800s, studies by Ignaz Semmelweis in Vienna, Austria, and Oliver Wendell Holmes in Boston, USA, established that hospital-acquired diseases were transmitted via the hands of HCWs. In 1847, Semmelweis was appointed as a house

intervention: "recognize-explain-act".⁵¹ Unfortunately, both Holmes and Semmelweis failed to observe a sustained change in their colleagues' behaviour. In particular, Semmelweis


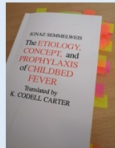
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caused the puerperal fever. As a consequence, Semmelweis recommended that hands be ~~scrubbed~~ in a chlorinated lime solution ~~before~~ every patient contact and particularly after leaving the autopsy room. Following the implementation of this measure, the mortality rate fell dramatically to 3% in the clinic most affected and remained low thereafter.

+ / - oiling, then scrub with S&W then, DHW 5 – 6 mins until slippery, on ENTRY to labour ward (post PMS) and AFTER pt contact if had discharge. p93 p165 & <https://semmelweis.hu/english/the-university/ignac-semmelweis/semmelweis200/>

Hand washing with S&W AFTER (not before) patient contact p92 & 93

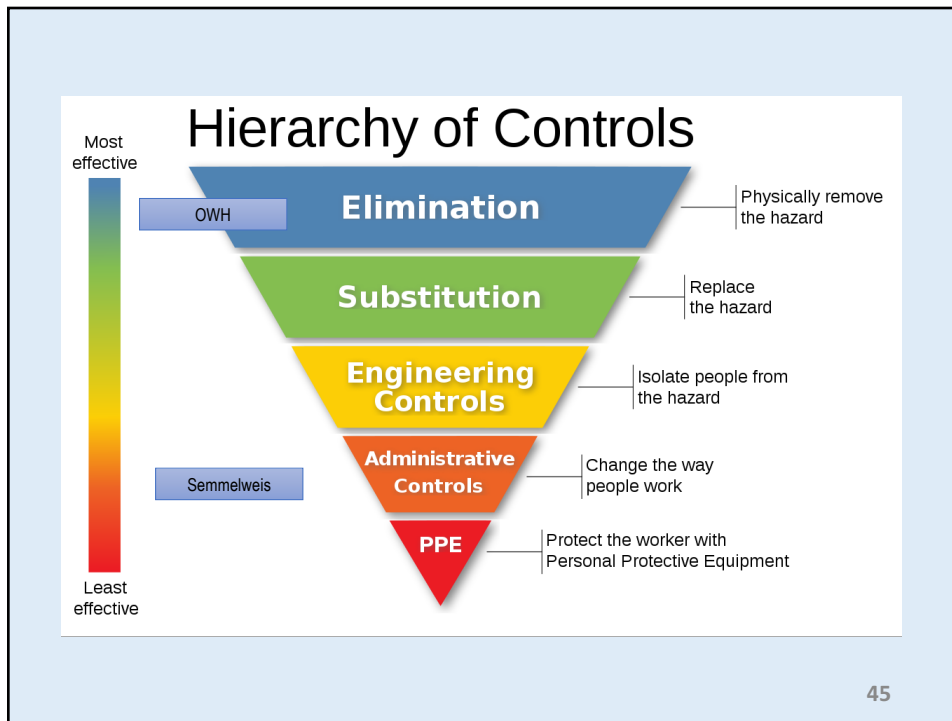
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I wrote it!

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Was the Vienna Hospital – an organisation without a memory?

history of lying-in hospitals. The puerperal abscesses are also contagious, and may be communicated to healthy lying-in women by washing with the same sponge; this fact has been repeatedly proved in the Vienna Hospital; but they are equally communicable to wo-

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Confirmation bias the tendency to search for, interpret, favour, and recall information in a way that confirms or supports one's prior beliefs or values.

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Availability: What you see is all there is – or not looked for	Representativeness: biases in assessing relatedness A to B	Anchoring and Adjustment: biases in judging due to prior exposure or unnecessary adjustment
Alternative blindness	Association bias	Anchoring effect
Alternative paths	Average problem effect	Cherry-picking evidence
Availability heuristic	Base rate neglect	Confirmation bias
Black swan	Beginner's luck	Duration neglect
False causality	Chance	Distinction bias
Feature Positive Effect	Clustering illusion	Exponential growth
Illusory correlation	Coincidence	Forer effect
Primacy and Recent Effects	Conjunction fallacy	Falsification of history
Single cause fallacy	False consensus effect	Framing Effect
	Intention-to-treat error	Focusing effect
	Neglect of probability	Hard-easy effect
	Outcome bias	Hyperbolic discounting
	Regression towards the mean	Observation-selection bias
	Survivorship bias	Simple logic
Because effect	Saliency effect	Paradox of choice
Simmelweis reflex	Self-selection bias	Time-saving bias
Story bias	Small numbers effects	Will Rogers Phenomenon
Twaddle tendency	Self-serving bias	Zero-risk bias
	Swimmers body illusion	

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Beware – the
halo effect

S/he/they never
make a
mistake...

**Everyone makes
mistakes !**

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Does it matter – if they
got it wrong, (deliberately
or through
misinterpretation)?

- Yes – if used to support recommendations
- Yes – if their goal was to be accurate

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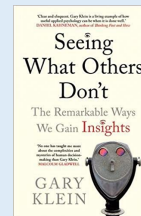
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The journey to new (and old) knowledge is fascinating and filled with examples of mis-steps from which we also learn

*Key: Where could I be wrong?
What am I missing?*

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From our endeavours we gain insights



“Insights shift us toward a new story, a new set of beliefs that are more accurate more comprehensive and more useful.”

Seeing what others don't the remarkable way we gain insights
Gary Klein

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The pioneers

Endeavour to understand led to insights and discoveries

Their mistakes arose from over-confidence, lack of access to QI tools or team work

That is not what he meant....

How would you know?

I wrote it!

The current misinterpretations result from our mistakes not theirs

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Available online at www.sciencedirect.com

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journal homepage: <http://www.journals.elsevier.com/infection-disease-and-health/>

Discussion paper

What can the early infection preventing pioneers teach infection prevention and control teams today?

Evonne T. Curran NursD

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www.webbertraining.com/schedulep1.php	
February 10, 2022	RETHINKING SOLUTIONS FOR PUBLIC HEALTH PROBLEMS: A HOLISTIC ONE HEALTH SOCIAL SCIENCE (OHSS) SYSTEMS APPROACH Speaker: Dr. Laura C. Streichert , One Health Commission, Switzerland
February 17, 2022	ASSESSING THE CLINICAL ACCURACY OF A HAND HYGIENE SYSTEM Speaker: Dr. Marco Bo Hansen , Copenhagen University Hospital, Denmark
February 24, 2022	VACCINE HESITANCY ... WHAT'S HAPPENING? Speaker: Prof. Rodney Rohde , Texas State University
March 3, 2022	<i>(FREE Teleclass ... Denver Russell Memorial Teleclass Lecture)</i> BENEFITS AND POTENTIAL UNINTENDED CONSEQUENCES OF ROUTINE CHLORHEXIDINE BATHING IN HEALTHCARE FACILITIES Speaker: Prof. Mary Hayden , Rush University Medical Center, Chicago
March 10, 2022	HAND HYGIENE: NOT JUST FOR HEALTH CARE WORKERS ANYMORE!! Speaker: Dr. Jocelyn Srigley , University of British Columbia
March 17, 2022	INFECTION CONTROL IN CORRECTIONAL FACILITIES Speaker: Nyreith Adeyemi , California Correctional Health Care Services
April 7, 2022	MANAGEMENT PRACTICES FOR LEADERS TO PROMOTE INFECTION PREVENTION Speaker: Dr. Ann Scheck McAlearney , Ohio State University College of Medicine
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