



**ASSOCIATION FOR PROFESSIONALS
IN INFECTION CONTROL AND EPIDEMIOLOGY**

Long Island Chapter 38

September 15, 2009 General Meeting Minutes

Agenda items denoted as being on consent are approved en masse with a single motion to expedite issues on which all agree. Any Board Member may transfer any item on the consent agenda to the regular agenda for discussion and consideration. Items on the consent agenda are denoted a ©.

D. Caccavale, President, called the General Meeting to order at 1pm. Minutes of June 2009 meeting were accepted. Meeting adjourned at 3pm.

<i>ITEM</i>	<i>DISCUSSION</i>	<i>RESPONSIBILITY</i>
I. Call to order <ul style="list-style-type: none"> • New member introductions • Job openings • 2008 President Elect position and Nominating Chair • Chapter Calendar Review 	Job openings will be emailed to members as information becomes available, in order to keep the information as current and accurate as possible. <ul style="list-style-type: none"> • Future meeting dates will be October 20th, November 17th, December 15th in 2009 	
II. Financial report Chapter Bylaws and Strategic Plan	\$10,000 in CD; \$ 500 in conference fund; \$9472 in general fund	← --- Formatted Table
III. Old and New Business		
Chapter Conference	Tentative date 10-19-2010, currently investigating alternate venues	
NYS Infection Control training course for new practitioners		
IV. Committee Reports <ul style="list-style-type: none"> • Acute Care • Long Term Care • Gov't Affairs • Education • Membership/Library • Nominating • Marketing 	<ul style="list-style-type: none"> • NYS Public Health Regulation requiring all health care professionals to receive influenza vaccine- R. Stricoff advises acute care ICPs with NHSN reporting questions to contact them directly. CDAD reporting ER specimens do not have a location and positive result within 2 weeks must be reported. • APIC Long Term Care Manual is no available. Contact D. Caccavale if interested. Mandatory flu not yet in LTC. Need methods to increase compliance. Get declinations on some people and receive information on others who may have received it at other locations, i.e. private physician, other job. VIS in more languages in LTC. Still problems with non-believers. By designating specific staff to get the specimens they get more proper specimens, 	

Patrice Fitzsimons, RN, CIC