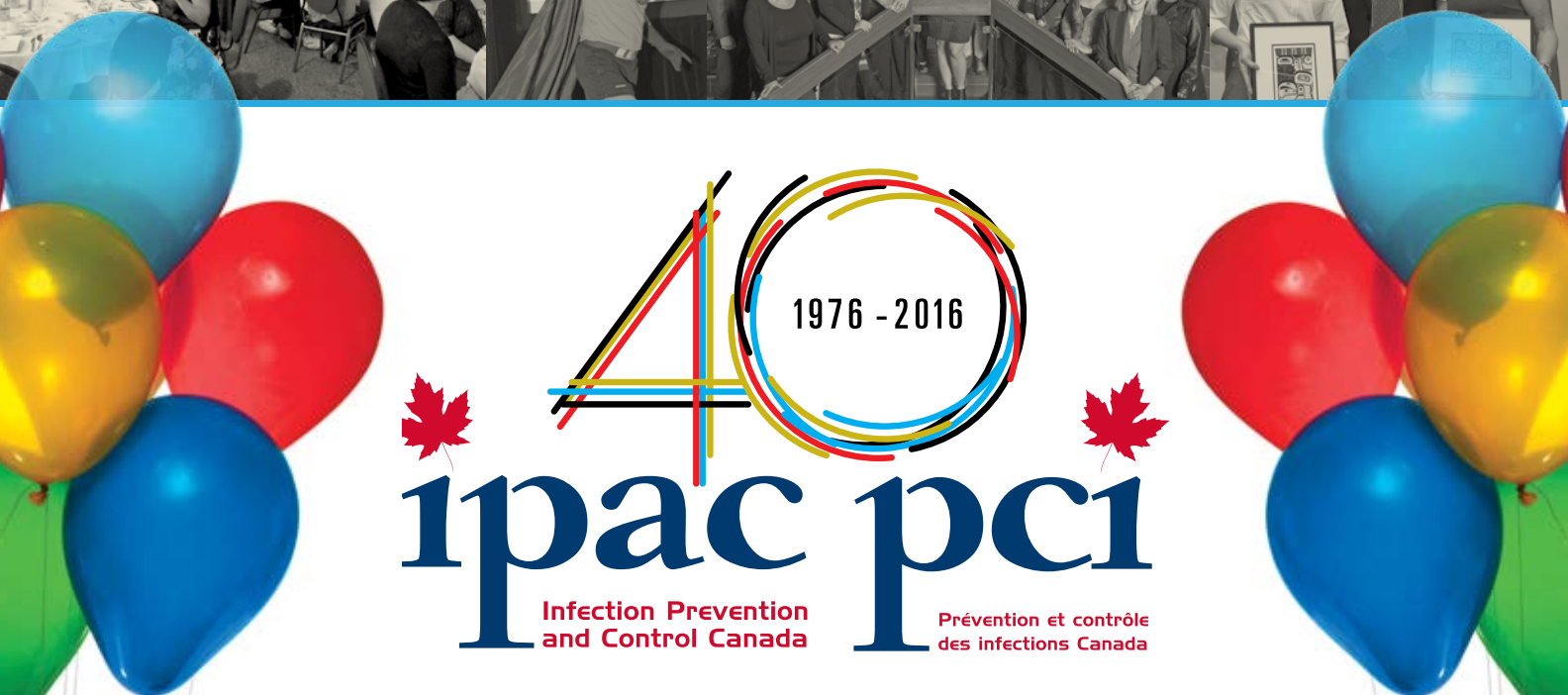


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**VISION**

IPAC Canada – a national and international infection prevention and control leader.

**MISSION**

IPAC Canada is a multidisciplinary member based association committed to public wellness and safety by advocating for best practices in infection prevention and control in all settings.

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**EDITORIAL OFFICE**

Chingiz Amirov, MPH, MSc QIPS, CIC, FAPIC  
 Director, Infection Prevention and Control  
 Baycrest Health Sciences  
 3560 Bathurst Street  
 Toronto, Ontario M6A 2E1  
 Tel: 416-785-2500 Ext. 2981 Fax: 416-785-2503  
 Email: editor-in-chief@ipac-canada.org

**WEB COMMUNICATION MANAGER**

Shirley McDonald, ART, CIC webmaster@ipac-canada.org

**POSTING EMPLOYMENT**

**OPPORTUNITIES/OTHER INFORMATION**

IPAC Canada Membership Services Office  
 info@ipac-canada.org

IPAC CANADA is on  
 FACEBOOK, TWITTER and LINKED IN



**PUBLISHER**



3rd Floor, 2020 Portage Avenue  
 Winnipeg, MB R3J 0K4  
 Tel: (204) 985-9780 Fax: (204) 985-9795  
 www.kelman.ca E-mail: info@kelman.ca

EDITOR - Cheryl Parisien  
 DESIGN/PRODUCTION - Kiersten Drysdale  
 MARKETING MANAGER - Al Whalen  
 ADVERTISING COORDINATOR - Stefanie Hagidiakow



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PRIME MINISTER • PREMIER MINISTRE

June 20, 2016

Dear Friends:

I am pleased to extend my warmest greetings to the readers of the *Canadian Journal of Infection Control* and to everyone celebrating the 40th anniversary of Infection Prevention and Control Canada (IPAC Canada).



Today's infection control professionals are highly-trained individuals who play a vital role in our health care system. This special milestone offers an ideal opportunity to reflect on the history of your organization and to celebrate all that it has achieved. Since 1976, IPAC Canada has promoted awareness and best practices in the field of infection prevention. In the years since your association was established, your core mission has become more critical, with the emergence of resistant pathogens posing a significant challenge to hospitals and other health care facilities.

I would like to commend the members of your association for your commitment to the highest standards in infection control. Your professionalism and dedication help to reduce the risk to Canadians of acquiring infections in a variety of health care and long-term care settings.

Please accept my best wishes for a memorable celebration and for every success in the future.

Sincerely,

The Rt. Hon. Justin P.J. Trudeau, P.C., M.P.  
Prime Minister of Canada

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# IPAC Canada: A national force behind safer care



Suzanne Rhodenizer Rose, RN, BScN, MHS, CIC • President, IPAC Canada

Infection Prevention and Control Canada (IPAC Canada)/Prévention et contrôle des infections Canada (PCI Canada) is a national, multi-disciplinary, voluntary professional association uniting those with an interest in infection prevention and control in Canada. IPAC Canada has over 1650 members in 21 chapters across the country. All our members and partners are dedicated to the health of Canadians by promoting evidenced-informed best practices in infection prevention and control.

Celebrating its 40th anniversary, IPAC Canada was incorporated as the Association for Professionals in Infection Control Canada in 1976 eventually becoming Community and Hospital Infection Control Association (CHICA Canada) in 1985 and IPAC Canada in 2014. IPAC Canada works toward its goal of wellness and safety of Canadians by promoting best practice in infection prevention and control through education, standards, advocacy, and consumer awareness. We do this through the provision of resources, education opportunities, and collaboration with partner stakeholders.

In May 2016, IPAC Canada held its annual National Educational Conference, themed *Wisdom Begins with Wonder*, in Niagara Falls, Ontario. In addition, the organization celebrated its 40th Ruby Anniversary which provided members the opportunity to reflect on how far they have come individually as well as how far IPAC Canada has come, recognized internationally as an organization that has excelled due to the strong

**“It is through the strength of its membership and a small but mighty office team that IPAC Canada maintains a prominent position on the healthcare stage.”**

and dedicated membership base and engaged corporate and strategic partners. Indeed, members have contributed time and energy over many years to produce scientifically based tools, guidelines, and other resources to support infection control professionals across Canada. For instance, the practice experts in our Standards & Guidelines Committee develop and review infection prevention and control best practice documents. The resources are often position statements or practice recommendations that have been initiated by our one of the twelve interest groups. Current position statements and practice recommendations can be found at [www.ipac-canada.org/links\\_position.php](http://www.ipac-canada.org/links_position.php).

Throughout our 40 years, we have been mentored by expert and dedicated leaders both locally and nationally. Our chapters are an integral source of networking and education. Governing such an important body and seeking the creativity to attract and sustain members falls to the Chapter President and Chapter Executive. Those who have held these positions have our grateful appreciation. On the national stage,

our 28 Past Presidents have dealt with a myriad of issues that have impacted the association and the profession, from birth, to growth, to sustainability. All of us are grateful for their vision and their ongoing support. Many of our members have provided extraordinary service to the association and the profession and have been recognized through awards and acknowledgement. None more so than the 16 members who have been rewarded with Honourary Member status. The Boards of Directors of CHICA Canada and IPAC Canada have always been an exceptional group of professionals who unfailingly concern themselves with bettering the association, the profession and ultimately health care. The legacy of chapter guidance, presidential governance and extraordinary service served us well and has given us strength of renewed purpose.

It is through the strength of its membership and a small but mighty office team that IPAC Canada maintains a prominent position on the healthcare stage. Congratulations, and a heartfelt thank-you to everyone who has made this organization what it is today! 🌸



## Where to now?

Gerry Hansen, BA • Executive Director, IPAC Canada

Our 40th anniversary has caused much reflection on our history, our successes, our challenges, and our future. We look back with such pride to the origins of our organization and to the pioneers who saw the need for a national network of infection prevention and control professionals. There have been tremendous successes over the years. Among them are:

1. Increase in membership to 1700 with 21 chapters across Canada and twelve interest groups.
2. Strong and effective Board of Directors, a professional and dedicated infrastructure, and extraordinary volunteer support.
3. Significant member benefits including the audit tools and the upcoming development of an audit tool app.
4. Influence at provincial, federal, territorial government levels.
5. Strong relationships with national and international partners and establishment of good working relationship with industry partners.
6. Excellence in communication through the website, the journal, e-news, and e-blasts.
7. Innovation in education including premier national and chapter conferences, webinars and the new Learning Object Repository.
8. Learning opportunities such as the Distance Education Basic Infection Prevention and Control Course and the Routine Practices E-Learning Tool.
9. Internationally recognized certification through the Certification Board of Infection Control.
10. Social media presence and media interest in IPAC Canada's opinion on issues of the day.

We are blessed with the enthusiasm and support of our members who take many volunteer roles. They are Board members and chapter executives. They represent IPAC Canada on external committees. They are on a working group. They take on roles that require extraordinary resolve to help maintain and grow our profile. We are sincerely and humbly appreciative of the work of so many. Space will not allow mention of all our wonderful committees and representatives, but I would like to acknowledge some of our members who are making a difference:

**Web Communications Manager/ Webmaster** – Shirley McDonald  
**Editor-in-Chief** – Chingiz Amirov  
**Social Media Manager** – Barley Chironda  
**Distance Education Course Coordinators** – Heather Candon and Jane Van Toen  
**IFIC Representative** – Donna Moralejo  
**C.N.A. Network of Nursing Specialties** – Madeleine Ashcroft and Vi Burton  
**Endorsement Review Committee, Chair** – Donna Moore  
**Learning Objects Repository, Chair** – Anne Bialachowski  
**Mentor Program, Chair** – Jacqueline Hlagi  
**Audit Tool and Program-Wide Audit Tool, Co-Chairs** – Karen Clinker and Shirley McDonald  
**Conference Scientific Program Committees** – 2016, 2017 and 2018 are currently active

Our presence on social media has been observed throughout the globe. In our postings we provide education opportunities, conference highlights, links to best practices, and a fun platform for ICPs and the public to correspond with IPAC Canada and other professionals. Our website is undergoing

a major revitalization and will be launched in late summer. The website will continue to provide links, headlines, news, and a member-only area for additional resources. It will also be more contemporary in look and more user friendly.

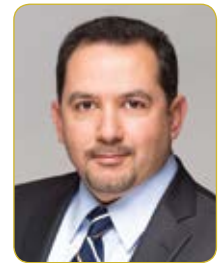
How do we get this all done? Volunteers! We have a strong infrastructure, but it is our members who have the IPAC expertise to get the job done right. We requisition many of their personal and professional hours. At the same time, it is through the support of their employers who provide the time for our member to work on these “products.” They are not just working on an IPAC Canada project, but they are working towards improved practice and safer healthcare.

Infection prevention and control, infectious diseases, healthcare concerns, and patient safety are inherent in the work of many organizations. At times the mandates seem to infringe on each other. We must continue to use day-to-day relationships and participation at national and international discussion tables to fully understand the important role that all of us play. We must also continue to make it very clear that IPAC Canada is THE national voice of infection prevention and control professionals.

IPAC Canada will continue to be an advocate for infection prevention and control professionals and for better healthcare through infection prevention and control. That was our mandate in 1976; that is why we are here today. 🌸

*A detailed history can be found in the 2016-2017 Member and Source Guide.*





# We are growing!

Chingiz Amirov, MPH, MSc QIPS, CIC, FAPIC • Editor-in-Chief

**D**ear Colleagues,  
The IPAC Canada Strategic Plan has a dedicated set of objectives for the development of the *Canadian Journal of Infection Control (CJIC)* as a worthy and cited peer-reviewed journal. Specifically, it talks about dedicating *CJIC* to scientific information, and migrating non-scientific components to other communication venues. Your colleagues at *CJIC* have been working hard to meet these objectives.

Currently, *CJIC* consists of three distinct parts: peer-reviewed articles, association news, and ads. Starting from spring 2017, the plan is to have the journal dedicated to scientific articles only. Over the past two years we have been gradually ramping up the number of scientific articles published per issue, from an average of two-three per issue to the six articles in the latest (Summer 2016) issue of *CJIC*. This trend will

continue, gradually bringing up the total to ten articles per issue. With *CJIC* carrying scientific articles only, the association news segment will evolve into a standalone publication. Furthermore, supplement issues like this one will become regular. They will feature non-peer-reviewed content of interest to the membership, such as emerging pathogens, hot topics in infection control, interviews with experts, etc.

In the mid-term, these changes will help us increase our scientific output, migrate and maintain non-scientific content of interest to the membership, and generate more revenues for the association. In the long-term, making *CJIC* exclusively scientific will help us to position the journal strongly for getting indexed in the PubMed.

The developments won't stop there. Further growth may be



channeled towards higher frequency of journal publication (e.g., from the current quarterly to bimonthly), and/or creating an infrastructure for publishing some articles online only.

Together, we are growing! ✨



“In the long-term, making *CJIC* exclusively scientific will help us to position the journal strongly for getting indexed in the PubMed.”

# CHICA Canada/IPAC Canada History Milestones



**1976**  
 APIC-Canada established as joint Canada-USA professional association with 23 members  
 -----  
 Canadian Hospital Infection Control Association (CHICA) incorporated

**1978**  
 First all Canadian CHICA Conference, Jasper



British scientists report the opening of an enormous hole in the earth's ozone layer over Antarctica



The Olympic Games are held in Montreal



Mount St. Helens erupts in Washington State

**1985**  
 CHICA Journal started, published by Canadian Hospital Association  
 -----  
 Name changed to Community and Hospital Infection Control Association – Canada (CHICA-Canada), 250 members

**1983**  
 CBIC exam approved

**1980**  
 First chapter of CHICA: Toronto Practitioners in Infection Control (TPIC)

**1979**  
 CHICA logo designed by Elaine Madger

**CHICA-CANADA**

"O Canada" is officially adopted as Canada's national anthem



Coca-Cola attempts to change its 99-year-old formula. "New" Coke is poorly received, and the company reintroduces the original, "Classic" beverage

Record of the Year: "Don't Worry Be Happy," Bobby McFerrin

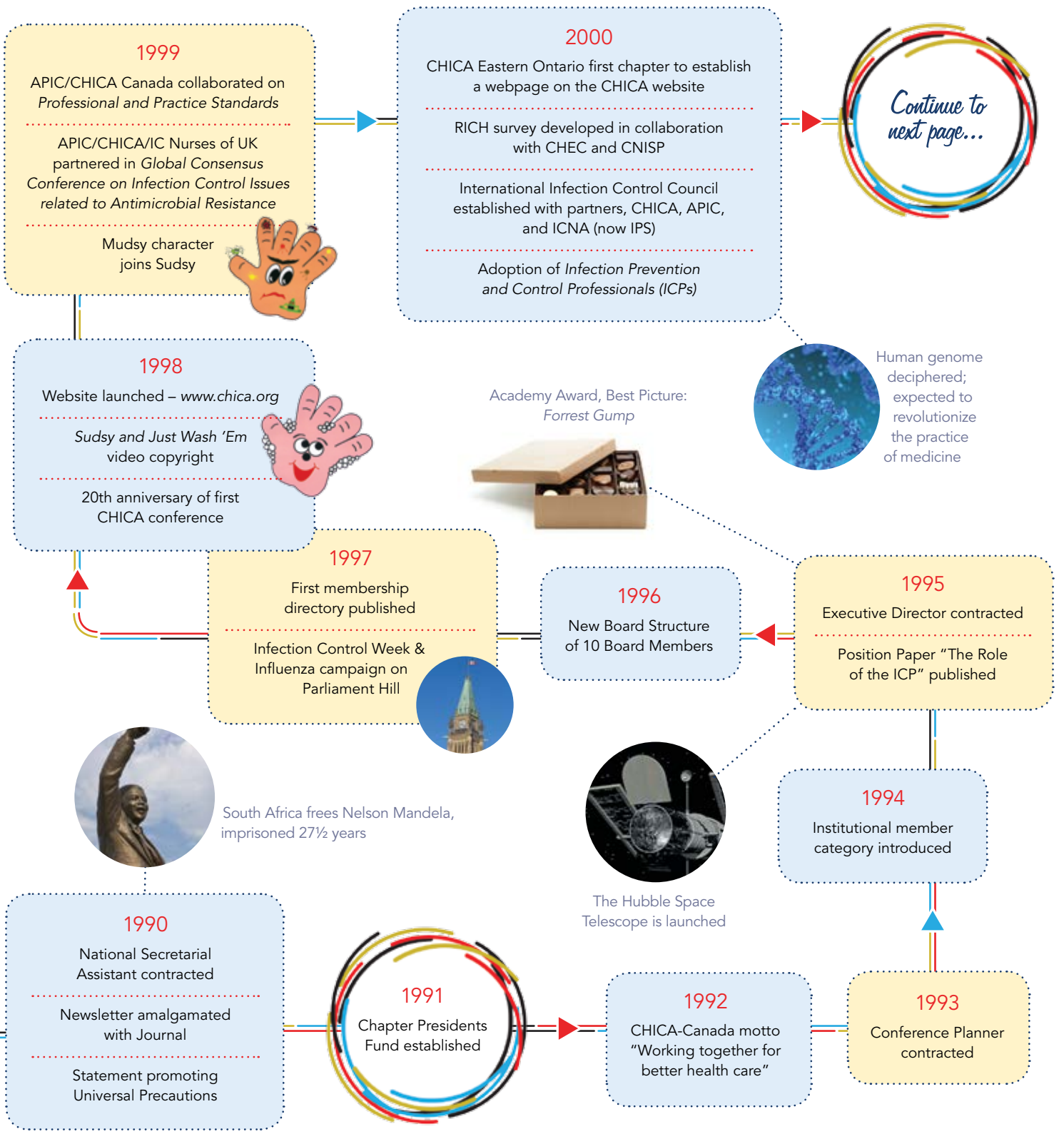


**1987**  
 Newsletter established  
 -----  
 Founding member of IFIC

**1988**  
 National Infection Control Week established

**1989**  
 Journal name changed to *The Canadian Journal of Infection Control*  
 -----  
 First five-year Strategic Plan  
 -----  
 National Infection Control Week declared in Parliament





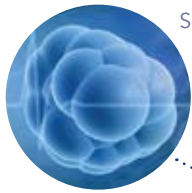
# CHICA Canada/IPAC Canada History Milestones



**2001**  
25th anniversary

**2003**

- Mobilized members to assist in SARS-affected hospitals In Ontario
- Brief submitted to National Advisory Committee on SARS and Public Health (Naylor Committee)
- Webmaster appointed



South Korean scientist Hwang Woo-suk announces that he has devised a new procedure to successfully produce human stem cell lines from a cloned human embryo



**2004**

- CHICA-Canada scholarship at IFIC created in memory of Moira Walker
- Joint conference held with Canadian Infectious Disease Society (now AMMI Canada), and CACMID, Victoria

**2006**

- First Run/Walk for IFIC Scholarship held at 2006 conference, London
- 30th Anniversary**



**2005**  
**Membership 1180**

- All chapter names changed to CHICA XXX
- CHICA Canada online entry to practice education program launched through University of Calgary
- Infection Control Advisory Committee established at Accreditation Canada
- Research grants totalling \$50,000 made possible by 2004 conference profits



Worldwide aid pours in to help the eleven Asian countries devastated by the Dec. 26, 2004, tsunami (January)

**2007**

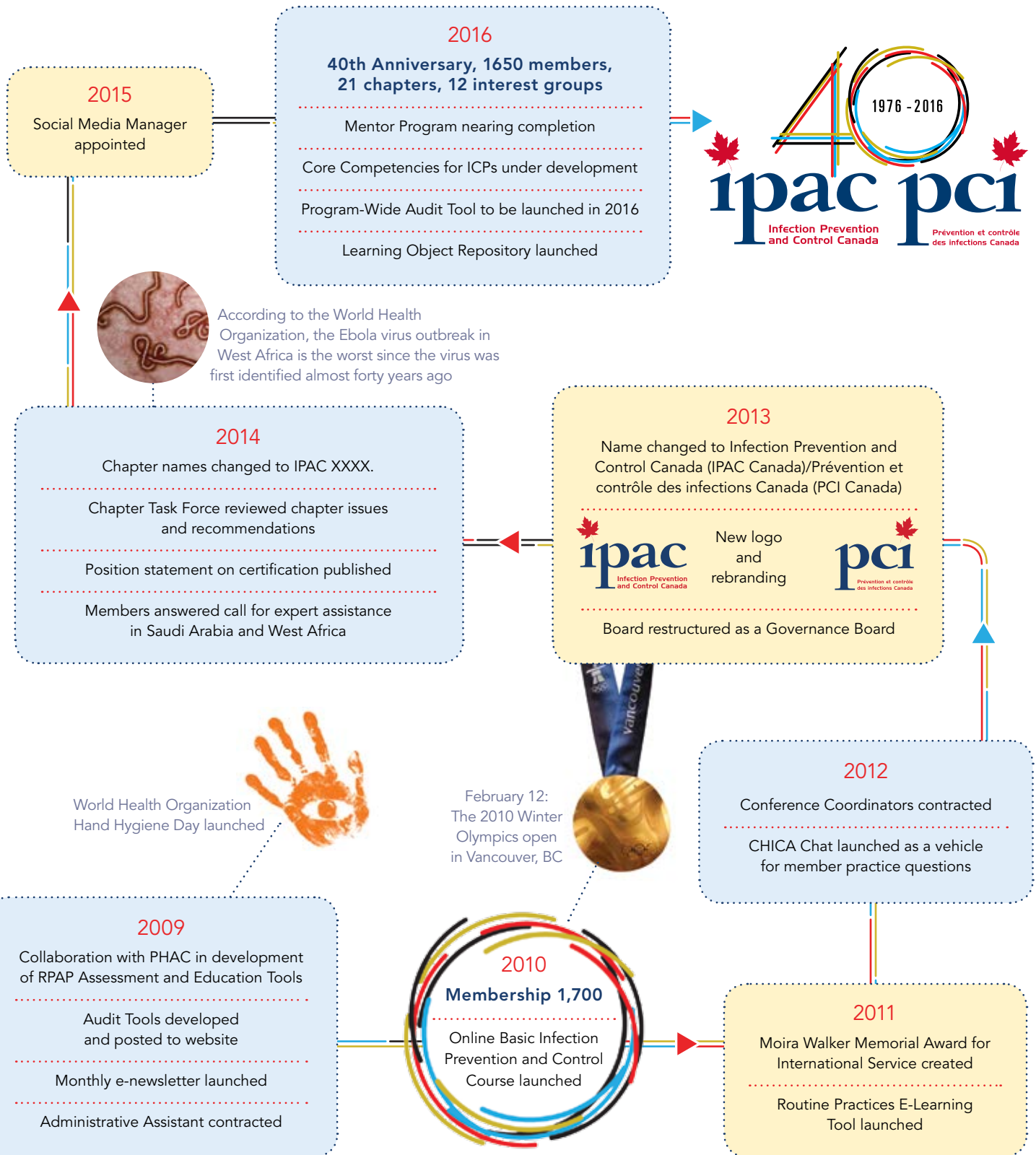
- Membership 1485
- National Infectious Disease Day, October 15, Ottawa
- National Hand Hygiene Campaign launched in partnership with CPSI, Accreditation Canada and CHICA-Canada.



Nobel Peace Prize: Al Gore (U.S.) and the United Nations' Intergovernmental Panel on Climate Change (Switzerland)

**2008**

- CIC Chapter Achievement Award funded by CHICA Canada
- "Power of One" Research Fund established to increase knowledge of *Clostridium difficile*
- Challenge sent to federal government to match research initiative with \$1 per Canadian
- National Case Definitions Task Group established in partnership with CPSI, Accreditation Canada, and PHAC
- Core Competencies for Healthcare Workers published





# Betty Bannerman

**B**etty Bannerman graduated from St. Joseph's Hospital School of Nursing in 1955, then worked as a general duty nurse and evening supervisor until becoming one of the first practitioners in infection control in 1970. Little was known of its role at the time, and formal education was not available.

She began collaborating with other new practitioners and in 1972, and had the role of an Infection Control Nurse published in the Journal of the Canadian Hospital Association (*Canadian Hospital*).

In the 1970s and 1980s, she initiated infection prevention control measures and education in general hospitals and long-term care facilities.

She also mentored other infection control professionals in the region and co-founded the Southwestern Ontario branch of CHICA Canada (SOPIC) and developed a city-wide hospital and community-based AIDS awareness program.

Committed to infection prevention and control issues, she served as both a founding and board member of CHICA Canada, and in 1980 as its president, and in 1987 as Public Relations Chair. In 1989 she was pivotal in having the annual National Infection Control Week proclaimed by parliament in Ottawa.

She retired in 1992, but not without colleagues' appreciation for all her pioneering work. In 1996 she was named an Honorary Member of CHICA Canada and the Southwestern Chapter, which she had co-founded (IPAC-SWO). Annually, the Betty Bannerman Award is presented by 3M Canada to the IPAC-SWO member who most exemplifies her values of excellence in practice and leadership in the field of infection control.

**As a founding member of CHICA/IPAC Canada, you have seen a lot of changes at both the association level and the professional level. What were those early days of forming the association like?**

There was little information on infection control at the time. There were only three ICPs in my region, and we mentored each other until we were able to get programs up and running. The three local hospitals decided to meet monthly and developed policies and manuals. We used American guidelines to begin with, since there wasn't a lot to go on. There were no official education seminars in our area. In those days, there was one practitioner for 500 beds. We did massive in-service education with all levels of staff. It was a big step and garnered a lot of good support. We stressed infection control in each department – anything we could do to get the message out. We depended on lab information, and daily lab rounds. We kept logbooks on the floor, and nurse managers entered notes every day on any infections.

The next step was starting city-wide education programs to assist and mentor other ICPs; these were called interest groups, which then became chapters. We began in southwest Ontario, and then liaised with Public Health and other groups.

**How have things changed on an association level now that CHICA is IPAC Canada?**

It is difficult to answer this question, since I have not been involved at the organization level for some time. I am not sure how IPAC will change, but my hope is that it will continue to give more visibility to the profession as a whole.

**How has the makeup of the association changed over the years? Do the changes reflect changes in the profession?**

There is increased membership, and a more diverse membership that includes long-term care, outpatient settings, and other departments, not only in the hospital, but outside as well. Before the membership was made up of only nurses. There are now many resources for new members, which broadens the scope of practice.

**What is the biggest change you've seen during your tenure? What is the effect for members? For the profession?**

The most important changes have included evidence-based practice guidelines, infection control infrastructure with provincial and regional support, and globalization of disease and prevention issues. The influenza pandemic and SARS, for example, has increased awareness, and changed infection control.

Certification is also an important development for measuring competency. ICPs are recognized for their expertise in fostering patient care. Changes in technology, such as computers, have aided in early detection of infection outbreaks, education, and prevention measures.

New members don't realize the scope of being an ICP: there is a huge demand on time, and it can be overwhelming at first. You need to learn policies, research and communication skills, writing skills, broad skills that are transferable to any discipline. You need to be personal, and can't just stay in your office.

**What would you like to see develop in the association in the future? For the profession?**

I'd like to see more collaboration and inclusion of chapters to provide purpose and focus. IPAC Canada should continue to enhance the visibility and voice of the profession and the association as a whole.

Develop methods of interprovincial collaboration so those involved who cannot go to conferences due to finances or workload can still continue education.

There should also be a strategy to provide enhanced infection prevention education for medical healthcare specialists.

A long-term goal is developing a strategy to follow patients into the community to get true knowledge of infection rates. Acquiring such knowledge is important.

I'd like to see infection control continue as a specialty of expertise, and refocus on the grassroots of knowledge development and application. Infection prevention needs to be recognized in every organization – it is everyone's concern everywhere. ✨

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# Donna Moralejo

*Donna Moralejo, Professor, Memorial University School of Nursing, speaks about the science of infection prevention and control, and IPAC Canada's role in shaping the role of ICPs.*

**What advances in infection prevention and control education have you seen during your career? Is there one aspect which stands out as being significant for the profession?**

One advance in education has been that there are many more opportunities for education than there used to be, both basic preparation and continuing education. The annual IPAC Canada conference is no longer the primary source, though it remains an important resource. The Internet and changes in communication technology have made it possible to have more learning opportunities, but I believe that the increase is also linked to the increased recognition of the need for, and value of, education. ICPs are better prepared to be effective in their various roles and are able to function at competent level more quickly because of increased education.

Another advance has been in the number of basic education courses which are endorsed by IPAC Canada. The endorsement process means that ICPs and their employers can be assured that the courses they take cover the content they need and that the organization offering the course has the expertise and support systems necessary to deliver a high quality, up-to-date course.

One other advance I have seen is in the level of expertise of educators. Learners are connected with content experts who are also able to apply principles of teaching and learning to the design and implementation of the learning opportunities. This also contributes to the preparation of the ICP.

Overall, I think the increased number of high-quality educational opportunities is the aspect that is the most significant for the profession.

**“Being able to discuss evidence and its quality strengthens the credibility of individual ICPs and the profession. Acting on the best available evidence helps improve practice and outcomes, with benefit to all.”**

**How are ICPs becoming more research focused? What are the benefits for ICPs and the profession as a whole?**

The focus for the majority of ICPs is on research utilization, rather than on conducting research, although many do participate on research teams. ICPs are expected to be able to find research literature and to interpret it correctly, which means they critically appraise it and don't accept everything at face value. Being able to discuss evidence and its quality strengthens the credibility of individual ICPs and the profession. Acting on the best available evidence helps improve practice and outcomes, with benefit to all.

**What is the importance of continuing education for ICPs?**

Continuing education, whether formal or informal, is essential to keeping up with changes in infection prevention and control. Problems change over time, such as emergence of different pathogens, and recommendations for actions change as new evidence or products become available. Continuing education is also essential for skill development. ICPs play numerous roles and need appropriate skills, such as skills in communication, collaboration, teaching, writing evidence informed

recommendations, and convincing others to act on recommendations.

**What is the importance of certification?**

Certification is an excellent indicator that an ICP has essential knowledge and skills relevant to infection prevention and control. Other assessments are required to establish that an ICP has competence in translating that knowledge and skills into practice or has expertise in a particular area.

**As IPAC Canada has evolved over the years, what stands out as an important development?**

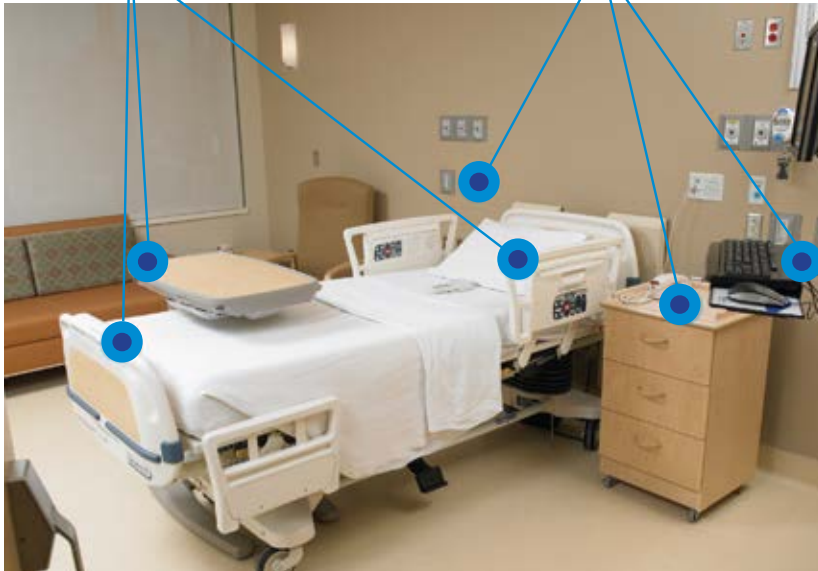
I think that a key development has been the increasing involvement of IPAC Canada members in the organization and local initiatives. Rather than relying on a few key individuals, we can draw on a wide variety of individuals with different expertise and experience. Their involvement in important committees and initiatives means that the work produced, whether it is education or a program, will be relevant to the numbers. Involvement through networking and sharing of resources has also increased over the years, which strengthens IPAC Canada as an association, but also benefits members as well as their organizations. ✨

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## PERSPECTIVES FROM

# Novice ICPs



ELEANOR ELSTON



KAREN STOOPNIKOFF

**Eleanor Elston**, Infection Control Practitioner, Victoria General Hospital, and **Karen Stoopnikoff**, Infection Control Nurse, Royal Inland Hospital, share their experiences as novice ICPs, and how IPAC Canada has helped them on their paths. Karen's background includes public health nursing and obtaining her MSN in 2011. In the fall of 2015, she decided to change careers and follow her passion for infectious disease, education and leadership by entering into the infection prevention and control field, which has met all of these areas admirably.

### What are the benefits of membership in IPAC Canada to new ICPs?

**EE:** The greatest benefit to me was the wealth of resources both written and people. Infection prevention and control is a specialty field, with the basic course only providing the basics. I did not have an orientation other than "here is your desk, here is the manual," so I did a lot of self-directed learning, springboarding off the IPAC Canada website. Membership has helped me shape my professional development direction, and improved my IPAC clinical skills. IPAC Canada also is rich in resources to improve ICPs' education skills. This is a large component of the ICP role, but not everyone is fully prepared for the teaching role. IPAC Canada's resources, and promotion of events, helps reduce this gap.

**KS:** As a new ICP, it can be challenging to know where to find information. IPAC Canada offers many benefits to its members by providing leadership, coordination and resources at a national, provincial and individual level.

### How have you been involved with the association?

**EE:** I became a member when I was hired as an Infection Control Practitioner at Island Health, 2.5 years ago. I spent the first 18 months reading daily and participating in webinars whenever time permitted. When I was confident in my practice/knowledge

base, I branched out by applying to be a Novice member on the Education Core Committee. I wish I found this earlier! Not only have I refreshed my adult education skills, but consolidated more IPAC knowledge, particularly routine practices.

**KS:** I have been fortunate to be involved in a number of IPAC activities. The IPAC BC Chapter provides in-services for any ICP who is preparing to write their CIC® exams and I have participated in this opportunity. I have also attended the social media webinar *CATCH IT! The Social Media Bug from IPAC Canada*. And I was fortunate enough to be chosen as the Novice Representative on the IPAC Canada Education Core Committee for the coming year, which I am really looking forward to, as education is a passion of mine.

### What challenges do you face? How has membership in the national association helped you face those challenges?

**EE:** I find our practices and knowledge between ICPs varies, even within our Health Authority. My membership, and access to repositories and people, has helped to keep me on the right track clinically and be able to teach unit staff useful and applicable information. For example, many people mistake routine practices for another title of routine precautions, or define them by the

principles only, contributing to a lack of strategy for IPAC practices by some of the nursing units. The end result is development of an understanding of routine practices as individual components and not a sum of the whole (as it should be). I have seen the emphasis placed mainly on risk assessment without considering how the particular patient flow influences the risk. Both are elements of routine practices, which must be considered at the same time. The information and education via IPAC Canada has given me a clearer vision and the ability to confidently nudge these misinterpretations. Ultimately, I hope that patients on the units I serve, are safer as a result.

**KS:** The biggest challenge I have faced as a new ICP was moving from public health nursing into an acute care environment, where knowledge about medical procedures and processes differs significantly from community. However, as in public health nursing, an Infection Control Practitioner needs to know about many diverse areas and must be comfortable working in ambiguity. In my mind, being able to work in such a diverse scope of practice requires the two key skills of communication and research. The IPAC Canada website has provided me with an excellent starting point for researching topics by being a central hub for resources and information

that have helped me effectively and efficiently find information that I have needed. In addition to the website, I have also just completed my Online Novice IPAC Course, which has helped provide me with basic foundations to build on as I move forward in my role as an ICP.

### What concerns do you have for the profession's future? What are your hopes?

**EE:** Infection prevention is a specialized body of knowledge, requiring education beyond basic healthcare preparation, yet it is not recognized universally as a specialty area. The CIC® has helped to advance the profession, but it is still generally based on American practices, not Canadian. IPAC Canada has been working with the Canadian Nurses Association for several years to have IPAC recognized

as a nursing specialty. Without this, it remains challenging for people to access affordable IPAC education. This, in turn, reduces the pool of qualified applicants for jobs. I hope that one day it will be recognized by CNA, and employers, as an inter-professional specialty. There needs to a balance of perspectives (medical microbiologists, epidemiologists, laboratory techs/ microbiology – public health professionals) and there needs to be a core level of nurses employed as ICPs for teaching nursing units about IPAC principles and practices. One profession does not fit all.

**KS:** As in most of healthcare, one of my concerns is attrition, and losing the intangible knowledge and skills that comes from many years of practice. Another area that I worry

about is the current anti-vaccination movement and the implications in our healthcare facilities where providers no longer see these diseases and identification can be delayed. My hopes for the Infection Prevention and Control field will be to embrace information technology and the need for consumers to be fully informed. What I would like to see is Infection Control being leaders in using technological tools that healthcare providers can access for quick and easy answers or, alternatively, provide them with in-depth information on the rationale of infection control principles. As a new ICP, I find staff want to have the research and data on our recommendation. I believe Infection Prevention and Control is an emerging field with many exciting opportunities, and I look forward to being a part of it. 🍁

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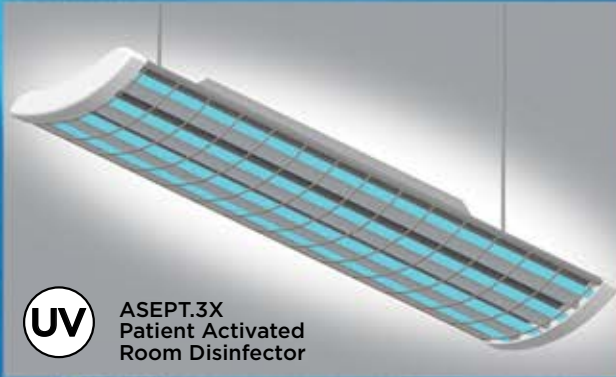
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Immunize Canada is a national coalition of over 30 organizations including, non-governmental organizations, governments and the private sector. The coalition's main goal is to promote the benefits of immunization and uses of vaccines as recommended by the National Advisory Committee on Immunization (NACI). Immunize Canada works with member organizations, such as Infection Prevention and Control Canada (IPAC Canada), to educate both the general public and health professionals about the importance of reducing the spread of disease.

It is in the domain of infection prevention that our two organizations' goals intersect. Immunize Canada greatly values its long-standing partnership and warm working relationship with IPAC Canada. We value working together with the common overarching goal of infection prevention.

All our members join the Immunize Canada Secretariat in heartily wishing IPAC Canada an excellent 40th anniversary.



Congratulations to IPAC for 40 years of promoting Infection Prevention and Control best practices across Canada. Your association is a great advocate for healthcare and partner group for Medical Device Reprocessing in Ontario and across the country.



Greetings to Infection Prevention and Control Canada, and congratulations on your 40th anniversary! The International Federation of Infection Control (IFIC) has been grateful for the partnership we have enjoyed with you over many years. Your support and fostering of infection prevention and control around the world has been remarkable, and you have served as a role model for others by your collaborative and generous spirit. Your contributions to IFIC have directly benefitted many who are new in our field, and have indirectly helped to improve the care provided to patients on a global scale. What an accomplishment! We wish you many more years of successful growth, and look forward to future opportunities for sharing our knowledge and resources.

**Terrie B. Lee**  
President, IFIC



On behalf of the ORNAC Executive, Board and Membership, we wish you a wonderful 40th anniversary year.

I trust that your recent conference in May set the stage for this 40th year as you introduce new ideas, learn about patient insights, genomics and the human biome, reflect on the power of influence, and social media, strengthen your understanding in global infection, and broaden your collaboration, awareness, innovation and commitment to your vision, mission and goals.

Your theme of "Wisdom Begins with Wonder" certainly acknowledges the wisdom that you have developed over the 40 years as an association.

ORNAC looks forward to continued partnerships with IPAC and fostering a stronger relationship; mutually beneficial and rewarding.

We celebrate this occasion with you. Please accept our warmest wishes and congratulations for another successful year committed to public wellness and safety by advocating for best practices in infection prevention and control in all settings.

**Cathleen Ferguson**  
ORNAC President



**ACIPC**  
Australasian College  
for Infection Prevention and Control

On behalf of the Board of Directors and members of the Australasian College for Infection Prevention and Control I extend warm and hearty congratulations to our peers in Infection Prevention and Control Canada. 2016 marks the 40th anniversary of IPAC Canada and what a terrific 40 years it has been for your organisation. So much has changed in healthcare, and in particular within infection prevention and control over the last 40 years, and so many of these changes and reforms have been due to the hard work and dedication of thousands of members of the IPAC Canada. ACIPC pays tribute to you and your members, and we celebrate your ongoing success for decades to come.

Yours in infection prevention and control,

**Professor Ramon Z. Shaban, CICP**  
President



**ACCREDITATION  
AGRÉMENT**  
CANADA

Greetings from Accreditation Canada, your partner in strengthening infection prevention and control across Canada. Congratulations on celebrating your 40th anniversary! We look forward to continuing our robust collaboration in this vital area of healthcare for many years to come.



**IPC**  
Infection Prevention & Control  
Nurses College NZNO

Congratulations IPAC Canada on reaching your 40th anniversary. Your colleagues in the South Pacific region of New Zealand are proud of our relationship with you as we continue to all belong to the “family” of Infection Prevention and Control.

**CANADIAN  
NURSES  
ASSOCIATION**



**ASSOCIATION DES  
INFIRMIÈRES ET  
INFIRMIERS DU CANADA**

The Canadian Nurses Association extends congratulations to Infection Prevention and Control Canada as you celebrate your 40th anniversary. For the nursing profession, IPAC Canada’s commitment to preventing infections and, as a result, improving patient care and staff health in health-care facilities and the community is highly invaluable. Thank you for your work, and involvement with CNA’s Canadian Network of Nursing Specialties.

**Karima Velji, RN, PhD, CHE**  
President

**CADTH** Evidence  
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CADTH’s Knowledge Mobilization and Liaison Officer (KMLO) team congratulates IPAC on its 40th Anniversary and acknowledges its important role in contributing to improved health outcomes for Canadians. KMLO is very pleased to be working closely with many IPAC members across Canada and we look forward to many more years to collaboration and evidence-sharing. Congratulations!





## WHO IS THAT ON THE OTHER END?

*When you call or email, IPAC Canada, you usually connect to either Gerry or Kelli. Both have been with IPAC Canada for several years and have become a friendly and helpful voice at the other end. There are other significant support staff as well. You might chat with them periodically. Here is an introduction to our office.*

**Gerry Hansen** has been an administrator of the association since 1988. Her responsibilities as full time Executive Director commenced in 2009. As Executive Director, she is responsible for the day-to-day operations of the association, management of functions of the Board of Directors including committees and projects, overseeing the annual conference, and is often the liaison for the association with external partners, such as the Public Health Agency of Canada, the Canadian Patient Safety Institute, Accreditation Canada, and other major stakeholders. Gerry oversees one full time staff person, other staff support, and many volunteers.



Previously she was simultaneously the Executive Director of the Denturist Association of Canada (1994-2007) and volunteer Chief Executive Officer of the International Federation of Denturists (2000-2014). In 1998 she was inducted into the prestigious Brotherhood of Sterkenburgers, the only female and non-denturist to be bestowed that honour. In addition, in 2013, she was presented with the Pieter Brouwer Memorial Award which is the highest honour of denturism worldwide. She is an honorary member of several dental professional associations, including those in the Province of Québec, the United Kingdom and the United States.

Gerry lives in Winnipeg with her husband Terry and their 14-year-old grandson, Tristan. She also has two grown children, Lee and Courtney. Gerry's joy is in being a hockey parent, a baseball parent, a cross-country run parent and the golf cart driver with the cooler of drinks.

**Kelli Wagner** is IPAC Canada's Administrative Assistant, reporting to the Executive Director. She began casual work for (then) CHICA-Canada in the early



1990s. Before this, she worked as an executive secretary to a vice president of a manufacturing company. Kelli's responsibilities with IPAC Canada increased over that first decade to eventually include maintaining a computerized list of members, assisting the Executive Director with varying secretarial tasks, and acting as Registration Supervisor for the national education conferences. Several years ago, Kelli accepted a full-time position with IPAC Canada. Kelli has enjoyed being a part of this evolving, important, ever-growing organization and the people she has had the pleasure of meeting. Kelli is the mother of two daughters, and has volunteered for many years in the Winnipeg ringette community. She loves photography and cooking.

### **Pamela Chalmers**

comes from a communications background dating back to the early '90s. She began her work in newspapers and desktop publishing then transitioned into television broadcasting. Always eager to find new ways to communicate Pamela then studied website design while traversing the ecommerce highway – eventually launching her own freelance web design company, Leap Interactive, in 2000.



Pamela's work with IPAC Canada began in 2002. She started doing simple website updates but her role quickly expanded to include more work in graphics, design, programming and planning. She participated in the rollout of two CHICA Canada websites and numerous website initiatives over the years. Pamela has had the opportunity to become very familiar with the association and its many moving parts. Today Pamela is a part of the communications team heading up the

development of the new IPAC Canada website and in 2017 will take over the role of Webmaster, working with the Web Communications Manager. Pamela is honored to be a part of the IPAC family and believes firmly in IPAC Canada's ability to make a positive difference in the lives of Canadians.

### **Pascale Daigneault**

is a Conference Manager with BUKSA Strategic Conference Services, Edmonton. Graduating from the University of Alberta with a Bilingual Bachelor of Commerce in 2014, Pascale developed a passion for event planning through her involvement in various student groups at the U of A. Since joining BUKSA in 2014, Pascale has gained valuable experience in the meetings and events industry. Pascale has been a proud member of the conference planning team for IPAC Canada's last three National Education Conferences. On her down time, Pascale leads a very active outdoor lifestyle – when she's not at work, you'll likely find her hiking, biking, or running.



**Pat Rodenburg** has worked in the events industry for over 20 years and is currently a Conference Manager with BUKSA Strategic Conference Services.



She brings a wealth of conference and project management experience to her role. Pat joined BUKSA in 2008, bringing her professional yet easy demeanor and knowledge in hospitality management to the team. Pat has led the conference planning team for IPAC Canada's last four National Education Conferences. During her free time, Pat loves to spend time with her two granddaughters and create masterpieces with her sewing machine. ✨

# 🍁 40 Years in Pictures





# 🍁 40 Years in Pictures





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