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January

10 - *The Global Problem of Antimicrobial Resistance: What Can the Public, Hospitals, and Government Do?* Dr. Elaine Larson, USA
31 - *Patient Empowerment & Measurement for Hand Hygiene*, Dr. Maryanne McGuckin, USA

February

5 - *Lessons from the Maidstone C.diff Outbreak*, Christine Perry, UK
14 - *Clostridium difficile in Long Term Care*, Dr. Andy Simor, Canada
20 - *Climate Change and Human Health*, Prof. Peter Curson, Australia
21 - *Understanding the CBIC Practice Analysis and Content Outline*, CBIC Board Members & Guests

March

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13 - *Novice - The Basics of Cleaning, Disinfection and Sterilization*, Dr. Lynne Sehulster, USA
20 - *Novice - Outbreak Management*, Dr. William Jarvis, USA
27 - *Novice - Surveillance Success*, Dr. Mary Andrus, USA

April

3 - *The Human and Environmental Toxicity of Microbicidal Chemicals: Are Safer Alternatives Available?*, Dr. Susan Springthorpe, Canada
10 - *Disease Problems in the Global Food Supply*, Dr. Corrie Brown, USA
16 - *Antibiotic Resistance - Can We Hold Back the Tide?* Dr. Mark Thomas, New Zealand
17 - *Study Strategies for the CIC Exam*, CBIC Board Members & Guest
22 - *Live Broadcast from British Central Sterilising Club Conference*, To Be Announced
24 - *What I Learned in Kindergarten Was Very Useful in Controlling a Large VRE Outbreak,* Dr. Dick Zoutman, Canada

May

1 - *Infection Control in Personal Service Settings*, Dr. Bonnie Henry, Canada
8 - *Biocidal Testing and Label Claims - Truth In Advertising?*, Prof. Syed Sattar, Canada
15 - *Adverse Events in Dialysis*, Dr. Matthew Arduino, USA
22 - *Bedpan Decontamination - Manual vs Mechanical*, Gertie van Knippenberg Gordebeke, Netherlands

June

19 - *Environmental Sampling - Methods and Strategies*, Dr. Lynne Sehulster, USA
25 - *Peripheral Line Sepsis*, Dr Steve McBride, New Zealand
26 - *The CIC Examination Process: Computer Based Testing*, CBIC Board Members & Guests

July

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24 - *Disinfection & Sterilization - Current Issues & New Research*, Dr. William Rutala, USA

August

14 - *Live Broadcast from the NDICN Conference*, New Zealand, Speaker To Be Announced

September

11 - *Surveillance in Long Term Care*, Dr. Mary Andrus, USA
16 - *Clostridium difficile - Prevention is Better Than Cure*, Prof. Mark Wilcox, UK
24 - *Nosocomial Transmission of Scabies*, Dr. Helena Maltezou, Greece

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2 - *The Socio-Economic Impact of Foodborne and Enteric Diseases*, Dr. Paul Sockett, Canada
15 - *Biofilms - When Bugs Get Clingy*, Dr. David Hammer, New Zealand
16 - *Ten-by-Ten ... 10,000 Certified ICP's by 2010*, CBIC Board Members & Guests
23 - *Health Care Facility Maintenance for Infection Control*, Andy Streifel, USA
30 - *How Maryland Increased ICP Presence in Long Term Care Facilities*, Dr. Brenda Roup, USA

November

11 - *Becoming a Transformational Leader*, Peter Wells,UK
20 - *Air and Water Sanitation for Infection Control and Prevention*, Andy Streifel, USA

December

4 - *The Value of "CIC" Certification*, CBIC Board Members & Guests
11 - *Halting the Spread of MRSA Between Acute Care and Long Term Care Facilities*, To Be Announced
18 - *The Who, When and Why of Isolation Precautions*, Dr. Michelle Alfa, Canada

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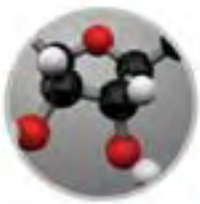

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AN ACCELERATED HYDROGEN PEROXIDE (AHP)-BASED FAST-ACTING AND REUSABLE MICROBICIDE FOR MANUAL DISINFECTION OF HEAT-SENSITIVE SEMI-CRITICAL MEDICAL DEVICES

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ABSTRACT

Semi-critical and critical medical devices require high-level disinfection and sterilization. There are two main methods for reprocessing these devices: heat and chemical. While heat does not raise any toxicity issue associated with chemicals, it cannot be used on heat-sensitive instruments. Chemicals such as Ethylene oxide, formaldehyde, glutaraldehyde, orthophthalaldehyde, ozone, hydrogen peroxide, hydrogen peroxide plasma, and peracetic acid are currently used for this purpose, but they all have major disadvantages such as high toxicity, pungent and unpleasant smell, slow action, expensive machines requirement, special handling, storage, and usage requirements and corrosion. A new alternative to these chemicals is an accelerated H_2O_2 (AHP)-based formulation (ACCEL CS20) for manual disinfection of heat-sensitive devices. This new formulation addresses many concerns of the existing chemicals. It is a fast-acting sporicide, and takes only 20 minutes to inactivate bacterial spores at room temperature even after a simulated reuse period of 14 days. It does not smell pungent and does not require any specific ventilation system. It can be used as a cold soak in manual applications and is compatible with many materials such as different plastics and metals, and causes only slight corrosion on soft metals such as brass upon prolonged exposure.

INTRODUCTION

Based on the Spaulding classification[1], medical devices such as cardiac catheters, implants, or instruments used for foot care procedures such as nail nipper, nail probe and callus parer may come into contact with bloodstream or sterile areas of the body and are defined as critical medical devices. Such items require sterilization between patients. There are two main methods for reprocessing these devices: heat and chemical. Examples of heat reprocessing include steam or dry heat, while ethylene oxide (ETO), formaldehyde gas, hydrogen peroxide (H_2O_2) vapor, ozone, chlorine dioxide gas, hydrogen peroxide gas plasma, H_2O_2 liquid, peracetic acid liquid, glutaraldehyde, ortho-phthaladehyde (OPA), and accelerated H_2O_2 (AHP) are examples of chemical sterilization.

There are pros and cons for each of these methods. Physical methods such as moist or dry heat are environment-friendly; however, they cannot be used on heat-sensitive medical devices. For ETO, the turn-around time is relatively long (12 to 18 hours) due to its slow action and the aeration time needed to reduce the toxic residuals[2]. ETO is listed as a mutagen and human carcinogen[3]. It has also been reported to accumulate in some materials[4]. Formaldehyde gas is flammable. In 2004, the U.S. Environmental Protection Agency (EPA) and the International Agency for Research on Cancer (IARC) have declared formaldehyde as a carcinogen. Residual formaldehyde detected on materials that come into close contact with patients' mucous membranes may pose a health risk[5]. Formaldehyde is also thought to be genotoxic[6]. H_2O_2 vapor and gas plasma, ozone gas, chlorine dioxide gas, and mixed chemical/gas plasma have better toxicity

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1. Veenstra MO, et al. Arch Intern Med. 12 Jul. 2006;166:2066-71.

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profiles than ETO and formaldehyde, but all need sophisticated and expensive sterilization devices for operating. H_2O_2 and/or peracetic acid-based liquid sterilants do not require machines to operate and they can be used as a cold soak for sterilizing devices. However, hydrogen peroxide solutions are slow sporicides[7], and peracetic acid solutions are pungent and require ventilation in the use area.

Glutaraldehyde and OPA are also available commercially as cold soaks, and do not require a machine to operate. Additionally, their materials compatibility profile is more favourable. However, their sporicidal activity is very slow[8]. Further, Glutaraldehyde cannot be operated in open areas and requires the use of additional ventilation precautions such as fume hoods. Glutaraldehyde can cause irritation if inhaled or comes in contact with the skin[9,10,11]. It is also reported to be mutagenic[12,13]. OPA can sensitize some patients[14]. Additionally, several cases of allergic reactions to OPA have been recorded[15]. Based on the reported cases of sensitization, OPA has been contraindicated for use in reprocessing urological instruments for patients with a history of bladder cancer[16].

As summarized above, the existing commercially available high-level disinfectants and chemisterilants suffer from at least one of the following major drawbacks:

- High toxicity
- Slow sterilization time
- Need to use expensive sterilization equipment
- High corrosivity

Therefore, there is a need for a safer product that can decontaminate heat-sensitive medical devices faster and does not require any sophisticated machine.

In this paper, one such product is reported. Accel CS20, a 7% AHP-based solution is a rapid sporicide. It can inactivate spores on medical devices in 20 minutes at room temperature, and can be reused for 14 days. Accel CS20 is compatible with most medical devices, does not have any inhalation issues, and can be used in a simple cold soak application. The product is registered for sale as a 14-day reuse formulation in Canada.

MATERIALS & METHODS

Microbicidal tests Three lots (one being at the end of its recommended shelf-life) of the test formulation were placed in 20-L white plastic pails for simulated 14-day reuse at 20±1°C. The stressing of the solutions was as detailed before.17 Briefly, each bath first received bovine serum to a final conc. of 2% and then, on a daily basis, the prescribed number of microbe-laden carriers and three cycles of respiratory therapy equipment. Samples from each reuse bath were withdrawn at the end of stressing and tested for sporicidal, mycobactericidal and fungicidal activities using glass vials (Galaxy, Newfield, NJ), as carriers in a quantitative carrier test (QCT).18

Pseudomonas aeruginosa (ATCC 15442), *Staphylococcus aureus* (ATCC 6538), *Salmonella choleraesuis* (ATCC 10708), and spores of *Bacillus subtilis* (ATCC 19659) and *Clostridium sporogenes* (ATCC 7955) were used to contaminate the carriers as bioburden for daily stressing. Glass beads of 6 mm in diam. (cat. #7268-6; Corning, NY) were soaked in separate suspensions of *S choleraesuis*, *S aureus*, and *P aeruginosa*. Stainless steel penicylinders (8.0 mm outer diameter, 6 mm ID., 10 mm length; cat. #07-907-5; Fisher, Whitby, ON, Canada), were soaked separately in suspensions of *B subtilis* and *C sporogenes* spores. The contaminated bioburden carriers were held for 45 min at 37°C to dry the inocula.

Mycobacterium terrae (ATCC 15755), spores of *B. subtilis* and *C. sporogenes*, and the conidia of *Tricho-*

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phyton mentagrophytes (ATCC 9533) were used in mycobactericidal, sporicidal, and fungicidal tests, respectively. The cultivation of these organisms and the contamination of the carriers as bioburden were as described before.[17]

In addition to the bioburden, the test solutions were also challenged with three daily cycles of inhalation therapy equipment consisting of (a) flexible, clear plastic CF cuffed tracheal tube 10.02 mm OD and 7.5 mm ID (cat. #5-10115; Kendal Sheridan, Mansfield, MA), (b) flexible tubing 1.83 m in length (cat. #301016, Respironics Inc, Murrysville, PA), (3) 2.0-L capacity breathing bag (cat. #5005; CH Medical, Exeter, England), (d) face mask (CH Medical); and (e) plastic, 22 mm bifurcator Y-connector (Intersurgical, Liverpool, NY). Each soak of the equipment lasted 30 min. Between soakings, the items were cleaned with a detergent (Sparkleen; Fisher, Ottawa, ON) and rinsed in sterile distilled water.

H_2O_2 in the test samples was measured by iodometric titration.[19] High-range H_2O_2 test strips (Serim Research, Elkhart, IN) were also used once a day as an additional qualitative measure to confirm that the H_2O_2 conc. in the baths was above the minimum effective level. A pH meter (Accument; Fisher) was used daily to determine the pH of the test solution in each bath before the first challenge.

Control carriers in QCT were used in the same manner as test carriers except sterile saline was applied to the dried inoculum instead of the disinfectant. Letheen Broth (with 0.1% sodium thiosulphate) was used as the neutralizer.

In each QCT, 10 test and three control carriers were used and the results reported as $\log_{10}$ reductions in viability in reference to the controls. For a product to be considered sporicidal or mycobactericidal, it was expected to reduce the viability titre of the test organisms by a minimum of 6 $\log_{10}$. At least a 5-$\log_{10}$ reduction was required for fungicidal activity.

In addition to the initial input of serum, every day each bath received 880 glass beads coated with each of the three types of vegetative bacteria and 200 penicylinders contaminated separately with one of the two types of spores. On the first day, each bath received the carriers contaminated with *S aureus* and *B subtilis*. The carriers used on the following day contained *P. aeruginosa* and *C. sporogenes*, and those for the third day were contaminated with *S. choleraesuis* and *B. subtilis*. The cycle was repeated for the remaining days of stress representing a daily input of a total of 1,080 bacteria- or spore-contaminated carriers. On average, each test solution received 8.95×10^3 and 9.48×10^3 CFU/mL of the bacteria and the spores, respectively, giving a cumulative daily bioburden of 1.84×10^4 CFU/mL of test solution.

The pH of the test solutions at the start ranged from 2.62 to 2.69 and it remained essentially unchanged even after 14 days of reuse. The H_2O_2 levels in the test solutions at the start of the experiment ranged from 6.25% to 6.39%; the levels dropped to 5.88% after 14 days of reuse. The test strips also showed the microbicide conc. to be in the acceptable range. As shown in Table 1, the tested formulation could reduce the titer of all the tested organisms to undetectable levels in 20 min at 20˚C.

Formulations derived from accelerated hydrogen peroxide (AHP), which is a patented technology, have demonstrated relatively rapid activity against all classes of human pathogens.[20,21,22] In this study, ACCEL CS20, a 7% AHP-based solution was evaluated for 14-day reuse in the manual disinfection of medical devices. The product is registered with Health Canada as a medical device sterilant.

CORROSION TESTS AND DEVICE COMPATIBILITY STUDIES

The formulation's compatibility with metals (brass, copper, aluminum, mild steel and stainless steel) was assessed using coupons as given in ASTM International standards.[23,24] In this method, the metal coupons were tested for the corrosion rate (miles per year). A 7% stabilized hydrogen peroxide solution (containing peroxide stabilizers and corrosion inhibitors) was tested as the control. Anodized aluminum parts were also soaked in the solution and were observed for the reaction of the solution with the coating. The samples were weighed before and after the exposure to the solution.

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Table 1. Microbicidal activity of the stressed solution at 20°C.

Organism tested	CFU/control carrier	CFU/test carrier	Log10 reduction
20 minutes			
B. subtilis (spores)	1.12 x 107	0	7.04
C. sporogenes (spores)	8.91 x 106	0	6.94
Mycobacterium terrae	1.06 x 106	0	6.03
Trichophyton mentagrophytes (conidia)	9.36 x 105	0	5.97
10 minutes			
Mycobacterium terrae	4.50 x 106	1	6.54
Trichophyton mentagrophytes (conidia)	1.02 x 106	0	6.00
5 minutes			
Mycobacterium terrae	4.50 x 106	1.96 x 101	5.40
Trichophyton mentagrophytes (conidia)	1.02 x 106	0	6.00

Furthermore, materials compatibility test for plastics (high density polyethylene, low density poly ethylene, polypropylene, Teflon, acetal, polystyrene, polyacrylate, polycarbonate, acrylonitrile butadiene styrene, polyester, polyvinyl chloride, and polysulfone) was performed by immersing plastic panels in the test solution for one week. The weight change percent of each panel of the test solution was compared with that of the control (neutral detergent, a 0.05% of a nonionic surfactant). Also, panels were checked for any visual damage. H_2O_2 levels and pH of the test solutions were also monitored during the test to see whether peroxide reacts with the material.

PRODUCT STABILITY TESTING

Three lots of the product were tested for their stability at room temperature, for one-year period. The samples were tested for their peroxide concentration and pH before and after the test.

Results

Table 1 shows the microbicidal activity of Accel CS20 after 14 days of stressing.

These results show that Accel CS20 is a sporicide at 20 min contact time at room temperature as a 14-day reuse solution.

Table 2 illustrates the compatibility of the test formulation against different metals. Based on these results, the test solution showed significantly less corrosion to soft metals than conventional H_2O_2 solutions with the same level of the active. Table 3 presents the weight loss for the plastics soaked in the test solution for one week at room temperature. No significant difference in the weight loss for the test solution and the control sample (soap solution) was observed.

Figure 1 and 2 show the H_2O_2 content and pH of the solution in a one-year period at room temperature. It is seen that peroxide content and pH of the solution remain almost unchanged.

DISCUSSION

The focus of this study was to assess the antimicrobial activity, stability and materials compatibility of a newly-developed AHP-based high-level disinfectant in simulated reuse conditions.

The test solution retained its sporicidal, mycobactericidal and fungicidal activities even after the 14-day simulated reuse period.

Of the 12 types of plastic tested, none was affected by a five-day exposure to the test formulation. No damage was caused to mild steel, stainless steel and anodized aluminum, with only a slight effect on aluminum, brass, and copper. We believe that such high materials' compatibility and the taming of corrosiveness of a strong oxidizer-based microbicide is a significant technological advance, which should allow its use with a variety of medical devices. The nearly 40 cycles of exposure of the respiratory therapy equipment to the test formulation during the 14-day stress did not result in any apparent damage.

The unique combination of ingredients not only accelerates the activity of H_2O_2, but also enhances its materials compatibility. The product is particularly suited for use on stainless steels, cold-rolled steels, aluminum, anodized aluminum, and even brass, copper or

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chemically-resistant polymers or rubbers. Specific examples include medical and veterinary surgical tools (e.g., blades, pliers, or pins), certain rigid ophthalmologic and orthodontic instruments (e.g., tonometer tips, extraction tools, or drill bits), scissors, and respiratory accessories, such as respiratory masks, endotracheal tubes, tubing, and connectors. Non-clinical applications include soaking instruments used in tattoo parlors, medical spas, podiatry offices and home care services. Based on the oxidizing nature of H_2O_2, it is expected to be incompatible with some materials; although among tested items no compatibility issues were observed. Consequently, users are urged to investigate the composition of items to be disinfected in any peroxide-based formulation.

The AHP product tested in this study represents a recent development in the search for alternatives to aldehyde. Glutaraldehyde, OPA, traditional 7% H_2O_2 solutions and a combination of 7% H_2O_2 and 0.23% peracetic acid require contact times of 10, 32, 6 and 3 hours, respectively,[7] while for sporicidal activity Accel CS20 requires only a contact time of 20 minutes. Accel CS20 contains only those ingredients that have a high safety and biodegradability profile and is also free from aquatic toxicants such as nonyl phenol ethoxylates (NPEs) or alkyl phenyl ethoxylates and does not contain volatile organic compounds. Based on its safe ingredients, it does not cause any environmental issues by entering into sewage or wastewater systems and easily breaks down into oxygen and water. Accel CS20 contains a combination of non-toxic and very effective surfactants, peroxide stabilizers, and corrosion inhibitors, which gives it both a remarkable cleaning activity and shelf-life stability. Also, as opposed to glutaraldehyde and OPA, Accel CS20 is not fixative.

In summary, the AHP-based formulation evaluated here remained a broad-spectrum and fast-acting microbicide even after 14 days of simulated reuse. Additionally, it also showed a high materials compatibility profile. Therefore, it represents a potential alternative to currently used high-level disinfectants.

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Table 2. Metal corrosion rate at room temperature

	Corrosion (Miles Per Year)			
Samples	**Brass**	**Aluminum**	**Mild steel**	**Copper**
Accel CS20	6	4	0	13
Control solution*	208	5	0	156

*Control solution was a conventional 7% hydrogen peroxide solution containing corrosion inhibitors.

Table 3. Plastic corrosion test results

	Accel CS20	Neutral pH Soap
	Weight change%	**Weight change%**
LDPE	0.03%	0.26%
TEFLON	0.07%	0.16%
PP	0.04%	-0.07%
ACETAL	-0.40%	-0.37%
POLYSTYRENE	0.02%	-0.04%
POLY ACRYLATE	-0.60%	-0.63%
POLYCARBONATE	-0.17%	-0.23%
ABS	-0.26%	-0.38%
POLYESTER	-0.02%	-0.07%
PVC	0.03%	0.00%
POLYSULFONE	-0.38%	-0.43%

LDPE: Low density poly ethylene
PP: Polypropylene
ABS Acrylonitrile butadiene styrene
PVC: Polyvinyl chloride

Figure 1. Hydrogen Peroxide stability of Accel CS20 samples at room temperature over one year

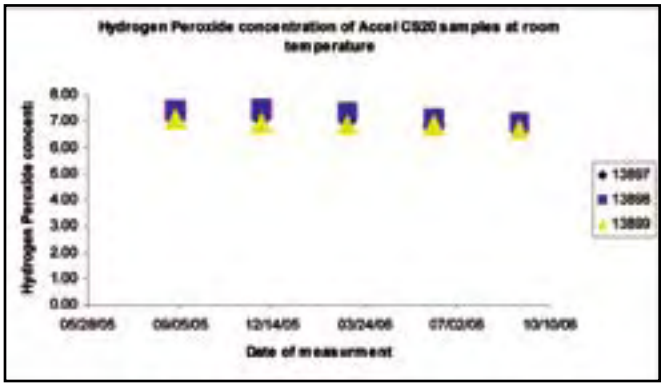
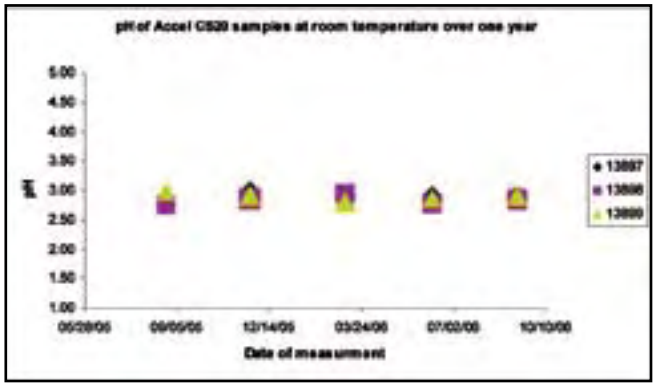


Figure 2. pH of Accel CS20 samples at room temperature over one year



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2008 Membership Application and Payment Verification

Enjoy the many benefits of CHICA-Canada Membership

Membership Benefits

- Subscription to The Canadian Journal of Infection Control
- Annual Member and Source Guide
- Professional exchange of ideas
- Access to CBIC certification
- Local Chapter activities and support
- Development of infection control standards
- Reduced registration fees for annual conference and other education offerings
- Access to Members Only section of website, www.chica.org
- Push emails, providing timely infection control updates
- Access to on-line distance education

Membership Categories

Active/Professional: Individuals occupationally or professionally involved in the practice of Infection Control and/or Epidemiology. May vote, hold office and serve on committees.
Associate/Business: Industry representatives, as well as those not actively involved in the practice of infection control and/or epidemiology. May not vote or hold elected office.
Institutional: Health care related institutions or agencies interested in fostering the purposes and objectives of the Association. Representatives receive the same benefits as Active members.
Student: Full-time student attending an infection control related program. May not vote or hold elected office. Applications for Student membership must be accompanied by a letter of attestation that you are a full-time student attending an infection control related program.
Silver Membership – Retired: Neither employed nor seeking employment in Infection Prevention and Control. Non-voting membership.

The membership year is the calendar year, January 1st to December 31st of the same year. New membership application and dues received prior to November 1st are effective immediately and expire December 31st of the same year. Those received after November 1st are effective immediately and expire on December 31st the following year. Memberships are transferable during the membership year. Fees will not be refunded after 30 days of receipt. There will be a $15.00 charge for all returned cheques. Payment must accompany application. No post-dated cheques.

Section 1: APPLICATION FOR INDIVIDUAL MEMBERSHIP – (Active, Associate or Student/Retired)

NOW INCLUDES CHAPTER MEMBERSHIP OF YOUR CHOICE

Individual Membership fees: $125.00 (CAD$) **or** Retired or Student fees $75.00 $_____ (Sub Total A)

Section 2: APPLICATION FOR CHAPTER MEMBERSHIP – For your nearest Chapter, see reverse

CHAPTER MEMBERSHIP IS INCLUDED WITH YOUR MEMBERSHIP FEE. ADDITIONAL CHAPTERS ARE $25 EACH.

□I am a member of/I am joining _____Chapter. (See list of Chapters on second page. Geographic locations of Chapters can be found on www.chica.org.)

□ Additional chapters (in addition to primary chapter) - $25.00 each
Names of additional chapters I wish to join _____ $_____ (Sub Total B)
□I am declining Chapter Membership.

Section 3: APPLICATION FOR INSTITUTIONAL MEMBERSHIP (Active or Associate)

This category will be beneficial to those agencies which have two or more representatives to the Association and/or a turnover of representatives in any calendar year. An "institution" is defined as **one physical site** with representatives to the Association employed at that site. If any agency has more than one physical location throughout the province or the nation, each site would be designated a separate "institution" for purposes of membership.
An annual fee of **$175.00** for the first representative of the institution **and an annual fee of $75.00** for each additional representative from the institution.
MEMBERSHIP FEES INCLUDE CHAPTER MEMBERSHIP. **Please indicate chapter choice above**. **At least one representative must be named.**
Additional representatives: List on a separate page and return a completed Membership Application Form **for each name** on the list.

Facility/Agency_____ First Representative: _____

Address:_____
Street City Prov/State Code

Tel: ( )_____ Fax: ( )_____ Email:_____

Institutional Membership fee: $175.00 (includes first representative and chapter membership) Institutional Fee: $_____

Additional Representatives: $ 75.00 each (includes chapter membership) x _____ = Additional Reps: $_____
Total Institutional Membership Fees: $_____ (Sub Total C)

Section 4: TOTAL MEMBERSHIP FEES DUE

Sub Total of Membership Fees from sections 1 and 2 or 2 and 3, above $_____ (Sub Total D)

Enclosed is my additional donation to CHICA-Canada in the amount of: $_____ (Sub Total E)
TOTAL AMOUNT ENCLOSED: (**GST/HST NOT APPLICABLE**) $_____ (TOTAL)

❑ Please charge my VISA, MASTERCARD or AMEX Number:_____ Expiry Date:_____/____

Cardholder's Name (please print):_____ Cardholder's Signature_____
Or send cheque or money order, payable to CHICA-Canada, to the address on reverse. No post-dated cheques please

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Membership and Expert Resource Information

Please complete all applicable sections. This information will provide accurate demographics for our Association and assist in our planning for the future. It also provides a resource of experts in the field of Infection Control, Epidemiology and associated disciplines.

Membership Categories

Please check one (see reverse for category definitions). MEMBERSHIP FEE NOW INCLUDES CHAPTER MEMBERSHIP

ACTIVE - $125 ❑ Renewal ❑ New Member ASSOCIATE - $125 ❑ Renewal ❑ New Member
INSTITUTIONAL $175/$75 ❑ Renewal ❑ New Member SILVER/RETIRED - $75 ❑ Renewal ❑ New
STUDENT - $75 ❑ Renewal ❑ New Member

I am replacing the following CHICA-Canada Member at the National and Chapter Level:_____

The former member is aware that their membership in CHICA and any local chapter(s) will hereby cease.

This section to be completed only by new members or if information has changed since last application.

(Mr. Mrs, Ms. Dr.) – Circle one

Name:_____ Academic Designations_____

Position:_____

Place of Employment:_____

Address of Employer:_____
Street Address City Prov/State Code

Office Tel: ( )_____ Extension: _____ Office Fax: ( )_____

Email:_____ Send information to my: ❑ Office ❑ Home address (below)

The employment information given above will be included in the CHICA-Canada Member and Source Guide. If you do not wish to have your information printed in the Guide, advise the Membership Services Office in writing by December 31st each year.

Home Address (optional)_____
Street Address City Prov/State Code

Home Tel (optional): ( )_____ (please list if no employer listed above, for contact info only)

DISCIPLINE: ❑ RN ❑ Microbiologist ❑ MD ❑ Technologist ❑ Other_____
EDUCATION ❑ Diploma ❑ Bachelor ❑ Master ❑ Doctorate ❑ Other_____
CERTIFICATION ❑ CIC – Year of Exam_____ ❑ Other_____
INSTITUTION: ❑ Hospital ❑ Long Term Care ❑ Community Health ❑ Industry ❑ Other_____
OF BEDS: ❑ 1 to 99 ❑ 100 to 249 ❑ 250 to 499 ❑ 500 to 699 ❑ 700 to 999 ❑ 1000 or more ❑ N/A
COMMUNICATION: ❑ English ❑ French

Chapter Membership

Chapter membership is not compulsory for membership in CHICA-Canada; however, Chapter members **must** be members of CHICA national (CHICA-Canada Policy 8.60). There are 20 local Chapters of CHICA-Canada (see list below). Membership in your local Chapter provides invaluable networking, education and communication opportunities**. Individual Chapter Membership is included in your CHICA Membership Fee (see reverse)**. Please indicate choice of chapter or decline of chapter membership on reverse page. To contact your nearest chapter or determine their geographic location, see www.chica.org. NOTE: Chapters may assess additional fees to their members. NOTE: Membership in more than one chapter is $25.00 per chapter.

*CHICA-Newfoundland Labrador
*New Brunswick/PEI
*CHICA-Nova Scotia
*CHICA Montreal
*CHICA-Eastern Ontario
*CHICA - Renfrew County
*Central Ontario Professionals of Infection Control (COPIC)
*CHICA-Ottawa Region
*CHICA-Southwestern Ontario
*Toronto and Area Professionals in Infection Control (TPIC)
*CHICA-HANDIC
*CHICA-HUPIC
*CHICA - Northeastern Ontario
*CHICA Northwestern Ontario
*CHICA Manitoba
*CHICA SASKPIC
*CHICA Southern Alberta
*CHICA-Northern Alberta
*CHICA - BC
*CHICA - Vancouver Island

Please forward this completed form, with payment to:
CHICA-Canada PO Box 46125 RPO Westdale, Winnipeg MB R3R 3S3
Tel: 204-897-5990/866-999-7111 Fax: 204-895-9595 Email: chicacanada@mts.net
Business Number 11883 3201 RT0001
Charitable Number 11883 3201 RR0001

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WILLINGNESS TO SERVE FORM

Please type or print clearly
The information provided will be shared with the member's Chapter.

GENERAL INFORMATION

Name: _____ Designation(s):_____

Mailing Address: _____
Position title
_____
Department
_____
Facility
_____
Street City
_____
Province Postal Code

Telephone
(work): _____(home/optional): _____

Fax: _____E-mail: _____

RELATED EXPERIENCE

Number of Years in Infection Prevention and Control:

- ❑ 1
- ❑ 1 – 5
- ❑ 6 – 10
- ❑ 10+

Chapter Affiliation:_____

Chapter Activities:
President (specify year) _____
Secretary (specify year) _____
Treasurer (specify year) _____
Membership (specify year)_____
Committee Chair (please specify)

Number of years as a member of CHICA-Canada:
❑ 1 ❑ 1 – 5 ❑ 6 – 10 ❑ 10+

Membership Number: _____

INTEREST (If you make more than one choice, please indicate the order of your preference)

I would be willing to have my name considered for the following Board position(s):

- ❑ President (3 year term: *President Elect, President, Past President*
- ❑ Secretary/Membership Director
- ❑ Director of Finance
- ❑ *Director of Education*
- ❑ Director of Standards and Guidelines
- ❑ Director of Programs and Projects
- ❑ Physician Director

I would be willing to have my name considered as a participant in upcoming projects/events (dependent on my field of interest:

- ❑ A CHICA-Canada working group
- ❑ Document reviewer
- ❑ Representative on CHICA-Canada External Committee
- ❑ National Conference Scientific Program Committee

EDUCATIONAL BACKGROUND (Attach additional pages if more space is required)

Publications/Abstracts/Research Conducted: _____

_____

Areas of Specialty: _____

Additional Information: _____

Signature: _____ Date: _____

CHICA-Canada thanks you for the interest you have shown to serve your Chapter and CHICA-Canada.

Please Forward This Completed Form To:
CHICA-Canada
BOX 46125 RPO Westdale
Winnipeg MB R3R 3S3

Telephone: (204) 897-5990/1-866-999-7111; Fax: (204) 895-9595
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