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Summer 2008

CHICA-CANADA

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APIC/CHICA-Canada/ CBIC infection prevention, control and epidemiology: professional and practice standards

CHICA/AIPI 2008 Education Conference review

The Canadian Journal of Infection Control

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1. Vernon MO, et al., Arch Intern Med. 13 Feb 2006;166:306-12.

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MISSION

CHICA-Canada is a national, multidisciplinary, voluntary association of professionals. CHICA-Canada is committed to improving the health of Canadians by promoting excellence in the practice of infection prevention and control by employing evidence-based practice and application of epidemiological principles. This is accomplished through education, communication, standards, research and consumer awareness.

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Clinical Editor,
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Meeting our customers' needs: a more visible *CJIC*

Not too long ago a question was asked about why *CJIC* articles were not located in a more public location on the web site. Currently abstracts and articles are listed only on the members side of the site. This question was brought forward to the Board of CHICA-Canada and *CJIC* for further thought and deliberation.

As a result and in response to this enquiry, all past issues of *CJIC* will be moved to the public side of the website. The latest issue will be on the members-only side of the website.

The rationales for this move are to:

- provide easier access for those doing research into infection prevention and control.
- provide added value to advertisers.
- encourage potential members through the quality of the publication.

We now live in an era where the health care community and public demand greater transparency and access to information. Sharing our journal with the world through our website is part of this greater transparency. It allows viewers to see the quality of the journal articles and gives them easy access to this information.

CJIC is the official publication of CHICA-Canada and the vision of CHICA is to "lead in the promotion of excellence in the practice of infection prevention and control". The decision to share our journal on the public side of the website also achieves some of our key values such as "Accessibility and Responsiveness" and "Excellence in Quality and Service."

We anticipate a positive response to this change on many fronts. ●

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Marion Yetman, RN, BN, MN, CIC
President, CHICA-Canada

A true mosaic

"Education is the most powerful weapon which you can use to change the world." –Nelson Mandela

The 2008 conjoint conference of CHICA-Canada and AIPI provided a unique opportunity for professionals in infection prevention and control to obtain the knowledge to help change the infection control world. This conference provided ample occasion to network with peers, to interact with experts, to learn from successes, to develop strengths, and to build vibrant infection prevention and control communities. This year's registration surpassed 725 attendees with representatives from eight countries. There were 106 exhibiting companies and not-for-profit organizations taking 110 booths and adding 250 exhibitor representatives to the total. We sincerely thank them and our sponsors for their support. The 24 oral and 58 poster presentations showed the commitment of our members to evidence-based practices and their willingness to share their IP&C stories with their colleagues. The Chapter Presidents meeting and the Special Interest Group meetings were valued by members as venues to learn from each others' experiences and to collaborate on complex issues. There was an inaugural meeting of the newest group, the Surveillance and Applied Epidemiology Interest Group (members who are epidemiologists working with infection prevention and control divisions).

Congratulations to the conjoint conference committee on meeting the theme's challenge of indeed creating a "mosaic" which consisted of a unique profession composed of varying disciplines, across different settings and based on various knowledge and skill sets, all of which came together in Montreal to enhance infection prevention and control in Canada.

It was exciting to be a member of the Network of Networks committee. This committee, consisting of representatives from each provincial infection control network, has been established to explore commonalities and differences existing in infection control programs in Canada. Ms. Shirley Paton and Dr. Tom Wong from the recently established division of "Communicable Disease and Infection Control" represented the Public Health Agency of Canada at this meeting.

Following the CHICA-Canada Conference, I had the honor of presenting a report from CHICA-Canada at the CBIC and APIC board meetings held prior to the APIC conference. The CBIC board will have three Canadian members in January 2009: Dr. Kathryn Suh, CBIC 2009 physician director, Cathy Munford, CHICA 2009 president, and a CHICA ICP/CIC representative to be announced. According to the CBIC president, Deanie Lancaster, "The distinction of being certified in your specialty practice places you on the level of the best and brightest who choose to go a step beyond the ordinary."

I would like to take this opportunity to say a special thank-you to the CHICA Newfoundland Labrador Chapter which has given me tremendous guidance, friendship, and support during my term as the first CHICA-Canada president from Newfoundland Labrador. ●

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Une véritable mosaïque

Marion Yetman, Inf., B. Sc. inf., M. Sc. inc., CIC President
CHICA-Canada

"L'éducation est l'arme la plus puissante que nous puissions utiliser pour changer le monde." – Nelson Mandela

Le congrès de formation 2008, organisé conjointement par CHICA-Canada et l'AIPI, a fourni aux professionnels de la prévention et du contrôle des infections une chance unique d'acquérir des connaissances afin de contribuer à changer le monde de la lutte contre les infections. Ce congrès a fourni d'innombrables occasions d'échanger entre collègues, d'interagir avec des experts, de tirer des apprentissages de cas de réussites, de développer des forces et de bâtir des communautés de gens dynamiques voués à la prévention et au contrôle des infections. Cette année, nous avons reçu quelque 725 participants provenant de huit pays. En tout, 106 entreprises ont participé au salon des exposants, occupant 110 stands et ajoutant 250 représentants au nombre de personnes présentes. Nous remercions sincèrement les exposants et nos commanditaires pour leur appui. Les 24 présentations orales et 58 présentations par affiche ont bien témoigné de l'engagement de nos membres à exercer selon des pratiques fondées sur des faits. La réunion des présidents de section et les réunions des divers groupes d'intérêt spéciaux ont été fort appréciées par les membres; ils y voient des lieux de rencontre où ils peuvent titrer profit de l'expérience d'autrui et collaborer à des dossiers complexes. Il y a eu une réunion de lancement du tout nouveau groupe d'intérêt sur la surveillance et l'épidémiologie appliquée (membres qui sont des épidémiologistes dans des divisions de prévention et de contrôle des infections).

Félicitations au comité organisateur conjoint, qui a su concrétiser le thème retenu et a créé une véritable « mosaïque » illustrant une profession unique qui réunit des disciplines variées, dans différents milieux et s'appuie sur des connaissances et des compétences diverses; tous ces éléments se sont emboîtés à Montréal dans le but d'enrichir le milieu de la prévention et du contrôle des infections au Canada.

Ce fut un plaisir d'être membre du comité du réseau des réseaux. Ce comité, qui regroupe des représentants de chaque réseau provincial de lutte contre les infections, a été instauré afin d'explorer les points communs et les différences entre les divers programmes dans ce domaine au Canada. Mme Shirley Paton et le Dr Tom Wong, de la division de la « lutte contre les maladies transmissibles et les infections », récemment créée, ont représenté l'Agence de la santé publique du Canada à cette réunion.

Après le congrès de formation de CHICA-Canada, j'ai eu l'honneur de présenter un rapport de CHICA-Canada aux réunions du conseil d'administration du CBIC et de l'APIC, qui ont eu lieu avant le congrès de l'APIC. Trois Canadiens siégeront au conseil d'administration du CBIC dès janvier 2009 : Dr Kathryn Suh, médecin-chef du CBIC, Cathy Munford, présidente 2009 de CHICA, ainsi qu'un représentant PCI/CIC de CHICA, qu'il reste à déterminer. Selon la présidente du CBIC, Deanie Lancaster, « la distinction que donne au professionnel la certification dans son domaine d'exercice lui permet de se hisser parmi les meilleurs et les plus talentueux, parmi ceux qui choisissent d'être au-dessus de l'ordinaire ».

J'aimerais profiter de cette occasion pour remercier tout spécialement la section de Terre-Neuve-et-Labrador de CHICA, qui m'a généreusement guidée, témoigné de l'amitié et appuyée tout au long de mon mandat à titre de première présidente de CHICA-Canada provenant de Terre-Neuve-et-Labrador. ●

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APIC/CHICA-Canada/ CBIC infection prevention, control and epidemiology:

Professional and practice standards

The following Professional Practice Standards have been revised by a committee appointed by CHICA-Canada, APIC, and CBIC. Your observations and comments on the new standards are welcome.

The Association for Professionals in Infection Control and Epidemiology, Inc (APIC) and the Community and Hospital Infection Control Association-Canada (CHICA-Canada) collaborated to craft this document, infection prevention, control and epidemiology: Professional and Practice Standards. Both professional organizations affirm their responsibility to their memberships and the public they serve to provide professional and practice standards. This document replaces the 1999 edition.

Standards are authoritative statements that reflect the expectations, values, and priorities of the profession. While voluntary, these standards provide direction and a dynamic framework for the evaluation of practice to address the needs of the customers served. Standards also define the profession's accountability in terms of desired outcomes for which infection prevention and control professionals (ICPs) are responsible. These standards are designed to be used in identifying areas for professional growth, developing job descriptions, and providing criteria for performance evaluations.

These standards encompass a broad spectrum of practice settings and professional backgrounds and include key indicators that are designed to be used in evaluating both the competency of the individual and their practice. The key indicators represent multiple skills considered necessary to meet the demands of the evolving health care environment. It is expected that the ICP will meet or exceed the indicators associated with both the Professional and Practice Standards.

In general, the standards will remain stable over time as they reflect each organization's philosophy and values; however, the indicators will be reviewed periodically to ensure that they incorporate and address current scientific knowledge, clinical practice, global issues, and technology.

I. PROFESSIONAL STANDARDS

Professional Standards describe a level of individual competence in the professional role. ICPs strive to maintain integrity and a high degree of competency through education, training, and certification. Professionals are expected to incorporate these

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standards appropriate to their role and practice setting. Key indicators for each standard are designed for use in professional performance evaluation.

1. Qualifications

Meets recommended qualifications to practice in the profession.

INDICATORS

- Experienced healthcare professional with a health sciences background.
- Becomes certified in infection prevention and control when eligible through the Certification Board of Infection Control and Epidemiology.
- Maintains certification.

2. Professional development

Acquires and maintains current knowledge and skills in the area of infection prevention, control and epidemiology.

INDICATORS

- Completes a basic infection prevention and control training course within the first six months of entering the profession.
- Demonstrates basic knowledge and advances his/her education, knowledge and skills as it relates to infection prevention and control in the following areas:
  - o Epidemiology, including outbreak management
  - o Infectious diseases
  - o Microbiology
  - o Patient care practices
  - o Asepsis
  - o Disinfection/sterilization
  - o Occupational health
  - o Facility planning/construction
  - o Emergency preparedness
  - o Learning/education principles
  - o Communication
  - o Product evaluation
  - o Information technology
  - o Program administration
  - o Legislative issues/policy making
  - o Research
- Incorporates and disseminates research findings into practice, education, and/or consultation.
- Collaborates with other professional organizations and academic entities to further the prevention of infection.
- Participates in professional organizations and networking opportunities.
- Maintains current knowledge and functions well with electronic media, e.g., computers and hand held devices, with which to communicate in the IPC environment.

3. Ethics

Makes decisions and performs activities in an ethical manner.

INDICATORS

- Complies with laws and regulations.
- Holds paramount the confidentiality, safety, health and welfare of all persons in the performance of professional duties.
- Practices in a nonjudgmental, nondiscriminatory manner with

sensitivity to diversity.
- Acts in such a manner as to uphold and enhance personal and professional honor, integrity, and dignity.
- Engages in infection prevention and control research in a professional manner.
- Collaborates with and supports others to improve competency in the science of infection prevention, control, and epidemiology.
- Ensures transparency and disclosure in performing research or applying for grants.
- Builds professional reputation on personal merit.
- Refrains from competing unfairly with others.
- Refuses gratuities, gifts, or favors that might impair or appear to impair professional judgment, or offer any favor, service, or thing of value to obtain special advantage.

4. Professional accountability

Responsible for the development, evaluation, and improvement of his/her own practice in relation to the Practice Standards.

INDICATORS
- Establishes and works toward professional goals and objectives.
- Performs regular self-evaluations to identify strengths and areas for improvement.
- Seeks constructive feedback regarding professional practice.
- Keeps current on best practices through evidence-based research, consensus and guidelines.
- Participates in professional organizations.
- Acknowledges the commitment to protect clients through the support of safe practices and policies.

5. Leadership

Serves as a leader, mentor, and role model.

INDICATORS
- Provides direction and works collaboratively with others.
- Shares knowledge and expertise.
- Mentors less experienced health care providers/ancillary personnel.
- Recognizes and supports the importance of research in shaping the practice of infection prevention, control, and epidemiology.
- Brings creativity and innovation to practice.
- Seeks opportunities to influence and educate policymaking bodies and the public.
- Collaborates and/or educates self with regard to the global infection prevention and control community.

II. PRACTICE STANDARDS

ICPs strive to incorporate relevant components of these standards in their own practice. Key indicators for each standard are designed to be used in personal and program development, evaluation, and enhancement.

1. Infection prevention and control practice

Incorporates into practice effective activities that are specific to the practice setting, the population served, and the continuum of care.

INDICATORS
- Integrates surveillance findings into formal plans for improvement of practice and patient outcomes in various health care settings.
- Reviews, analyzes, and implements regulations, standards and/or guidelines of applicable governmental agencies and professional organizations.
- Integrates relevant local, national and global public health issues into practice.
- Analyzes and applies pertinent information from current scientific literature and publications.
- Develops and implements policies and procedures based on currently accepted infection prevention and control best practices.
- Ensures that findings, recommendations, and policies of the program are disseminated to appropriate groups or individuals.
- Provides knowledge on the function, role, and value of the program to customers.

2. Surveillance

Uses a systematic approach to monitor the effectiveness of prevention

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and control strategies that are consistent with the organization's goals and objectives.

INDICATORS

- Develops a surveillance plan based on the population(s) served, services provided, and previous surveillance data.
- Selects indicators and designs surveillance based on the projected use of the data.
- Integrates pertinent regulatory requirements.
- Uses standardized definitions for the identification and classification of events, indicators, or outcomes.
- Utilizes information technology and systems applications.
- Reports epidemiologically significant findings to appropriate customers.
- Ensures requirements for communicable disease reporting are met.
- Periodically evaluates the effectiveness of the surveillance plan and modifies as necessary.

3. Epidemiology

Applies epidemiologic principles and statistical methods, including risk stratification and benchmarking, to identify target populations, determine risk factors, design prevention and control strategies, analyze trends, and evaluate processes.

INDICATORS

- Uses epidemiologic principles to conduct surveillance and investigations.
- Employs statistical techniques to describe the data, calculate risk-adjusted rates, and benchmark.
- Incorporates information technology and systems applications in the analysis and dissemination of data.
- Critically evaluates significance of findings and makes recommendations for improvement based on those findings.

4. Education

Serves as an educator and educational resource for health care providers, ancillary staff, patients, families and the general public.

INDICATORS

- Assesses the needs of customers and develops educational objectives and strategies to meet those needs.
- Utilizes learning principles appropriate to the target audience.
- Utilizes appropriate information technology in educational design and delivery.
- Collaborates in the development and delivery of educational programs and/or tools that relate to infection prevention, control, and epidemiology.
- Evaluates the effectiveness of educational programs and learner outcomes.

5. Consultation

Provides expert knowledge and guidance in infection prevention, control, and epidemiology.

INDICATORS

- Stays current with developments in infection prevention, control, and epidemiology.
- Integrates into practice, policies, and procedures:
  - o Pertinent regulatory requirements
  - o Accreditation standards
  - o Guidelines
- Supports patients/families, administration, committees, health care providers, and ancillary staff in infection prevention, control, and epidemiology issues.
- Provides input into patient safety and healthcare quality initiatives.
- Collaborates with community health organizations.

6. Occupational health

Collaborates with occupational health in the development of strategies that address the risk of disease transmission to health care providers and ancillary staff.

INDICATORS

- Participates in development/review of occupational health policies and procedures related to infection prevention and control.
- Assists in the development of an immunization program.
- Consults on post-exposure protocols and activities related to communicable diseases.

7. Program administration and evaluation

Systematically evaluates the effectiveness of the program appropriate to the practice setting.

INDICATORS

- Develops and reviews the effectiveness of the program goals and objectives.
- Assures that customer needs/expectations are considered in the development and continuous improvement of processes, products and services.
- Determines resource needs to accomplish the proposed goals and objectives.
- Communicates resource needs to administration based on goals and objectives.

8. Fiscal responsibility

Practices in a fiscally responsible and accountable manner.

INDICATORS

- Considers financial implications, safety and clinical outcomes when:
  - o Making recommendations
  - o Evaluating technology and products
  - o Developing policies and procedures
- Incorporates fiscal assessments into program evaluation and/or reports, as applicable.
- Develops and maintains a departmental budget, as appropriate.

9. Performance improvement

Functions as an integral part of performance improvement initiatives to promote positive patient and employee outcomes.

INDICATORS

- Identifies opportunities for improvement based on observations, process and outcome indicators, and other findings.
- Acts as an agent of change and participates in the change process.
- Directs the organization's infection prevention and control improvement activities.
- Participates in the organization's multidisciplinary improvement strategies.
- Utilizes established measurement tools and techniques, e.g., outbreak investigation, root cause analysis, brainstorming, etc.
- Contributes epidemiologic skills to improvement processes.

10. Research

Conducts, participates, evaluates and/or applies relevant research findings to infection prevention, control, and epidemiology practice. Research includes informal epidemiologic studies, e.g., outbreak/cluster investigations, surveillance findings, etc.

INDICATORS

- Critically evaluates published research and incorporates appropriate findings.
- Disseminates relevant research findings through practice, education, and/or consultation.
- Participates in infection prevention and control related research independently or collaboratively.
- Organizes and shares findings from surveillance activities and/or outbreak investigations.
- Publishes or presents research findings to assist in advancing the field of infection prevention, control and epidemiology.
- Incorporates cost analysis into infection prevention and control research when possible. ●

RESOURCES

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International Infection Control Council

Global consensus conference on infection prevention and control practice for *Clostridium difficile* associated disease (CDAD)

BACKGROUND

The International Infection Control Council is comprised of three infection prevention and control organizations headquartered in the United States, Canada and the United Kingdom: The Association for Professionals in Infection Control and Epidemiology, Inc. (APIC), the Community and Hospital Infection Control Association – Canada (CHICA-Canada), and The Infection Control Nurses Association (ICNA now known as the Infection Prevention Society).

The International Infection Control Council was established in 1997. The concept for its inception was to add to the expert resources available to members of the three organizations through collaborative development of projects of mutual interest. The first project was a consensus conference on infection control issues and antimicrobial resistance. It was held in Toronto in 1999.

The recommendations from that consensus conference can be found on the associations' websites. In addition to the planning of this conference, the Council undertook the development and publication of three toolkits: The Infection Control Toolkit for Pandemics and Disasters (2004), The Infection Control Toolkit for Emergencies and Disasters (revised 2007) and the Toolkit for Best Infection Control Practices for Patients with Extended Spectrum beta Lactamase Enterobacteriaceae (ESBL).

The purpose of the current consensus conference was to bring experts from the three countries together to discuss issues surrounding *Clostridium difficile* associated disease. There were three plenary sessions that framed the issues for each country (US, Canada and UK). Then each invited expert was assigned to two of four workshops: Surveillance and Epidemiology; Environment and Equipment; Treatment Measures/Antimicrobials; and Control Measures.

EXECUTIVE SUMMARY OF CONFERENCE

With the increase in *C. difficile* disease in the 21st century, the International Infection Control Council recognized the need to address various infection prevention and control questions. This

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conference brought together experts from the United States, Canada and the United Kingdom to discuss these questions and propose consensus recommendations. Areas for further research were also outlined. The discussions focused on fours areas: Surveillance and Epidemiology; Environment and Equipment; Treatment; and Control Measures. Questions were posed by facilitators and scribes outlined the recommendations.

All groups determined that practices should be consistent regardless of healthcare setting. Key points made include the following:

1. Surveillance is important for healthcare facilities. However, there is little value in nominal reporting to public health.
2. Consistent case definitions and rate denominators will assist in making comparisons.
3. Use of contact precautions is important to control spread of disease. Hand hygiene using soap and water or alcohol-based hand rub is a critical part of the precautions.
4. Environmental cleaning must occur using a sporicidal agent.
5. A major equipment issue is the use and management of bedpans.
6. Antibiotic stewardship is as important as any other control measure.

INVITED EXPERTS

Michelle Alfa, PhD, FCCM
Daryl DePestel, PharmD
Erik Dubberke, MD
Rosemary Gallagher, RN
Michael Gardam, MSc, MD, MSc, FRCPC
Carolyn Gould, MD, MSc
Dinah Gould, BSc, MPhil, PhD, RN
Jim Hutchinson, MD, FRCPC
Tom Louie, MD, FRCPC
Jennie Mayfield, BSN, MPH, CIC
Mark Miller, MD
G. Gopal Rao, MBBS, MD, FRCPath
Mike Rollins
Mary Vearncombe, MD, FRCPC

ORGANIZING COMMITTEE

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Teri Lee Dyke, RN, BSN, CIC
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Sweetsy Joseph, BSc
Cassandra Lofranco
Pat Piaskowski, RN, HBScN, CIC
Mary Schantz, BA
Sue Sebazco, RN, BS, CIC

FUNDING

This conference was sponsored by the Ontario Ministry of Health and Long Term Care, the Ontario Provincial Infectious Diseases Advisory Committee, Public Health Agency of Canada, and Wyeth Pharmaceuticals. Experts were invited and all of their travel and accommodation costs were met from the sponsorship funds. In addition, the Centers for Disease Control and Prevention, Division of Healthcare Quality Promotion, provided speaker support. ●

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Resolution

The following resolution was approved by CHICA-Canada members at the 2008 Annual General Meeting. Information on the Research Grant Application will be posted on www.chica.org and broadcast to CHICA members.

BE IT RESOLVED THAT:

Due to the widespread infections caused by the bacterium Clostridium difficile that are occurring in hospitals across Canada; due to the terrible suffering this infection inflicts upon those most vulnerable in our nation's health care facilities; and due to the significant gaps in our knowledge on the prevention and control of this growing infectious disease threat; the members of the Community and Hospital Infection Control Association Canada (CHICA-Canada) are allocating the sum of $50,000, entirely derived from its 1,500 members, to the development of a research fund for CHICA-Canada members dedicated to increasing our knowledge of the prevention, control and eradication of Clostridium difficile.

The members of CHICA-Canada further resolve that due to the large personal, social, health and economic consequences of Clostridium difficile, that the Federal, Provincial and Territorial governments of Canada support this Clostridium difficile research initiative by allocating $1.00 per Canadian towards a research fund aimed at the prevention, control and eradication of Clostridium difficile. ●

"The Power of One."

Signed this 5th day of June, 2008.

(original signed by)

Marion Yetman,
President

Dick Zoutman, MD, FRCPC
Physician Director

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For more information, visit
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CHICA-CANADA POSITION STATEMENT

CHICA-CANADA

PARTICIPANTS

CHICA-Canada
Standards and Guidelines Core Committee

Chair:
Dr Bonnie Henry

Participants:

Clare Barry, Bonnie Carter, Barbara Catt, Pauline Fallis, Bern Hankinson, Shirley McDonald, Karen Stockton, Betty Taylor.

Hand Hygiene

Hand hygiene is the cornerstone of preventing the spread of infection. Hand hygiene decreases the number of disease-causing organisms on the surface of your skin, and can be achieved by either traditional handwashing, or by using an alcohol-based hand rub (ABHR) on the hands (1).

Recent evidence has demonstrated the superiority of ABHR for decontaminating hands in healthcare settings (2). CHICA-Canada recommends ABHR as the preferred method of hand hygiene unless hands are visibly soiled. If hands are visibly soiled, wash hands with soap and warm, running water.

To be effective, perform hand hygiene:

- Before entering and on exiting the room or bedspace of a patient*.
- After removing gloves.
- After care involving the risk of or exposure to body fluids of a patient (e.g. toileting a patient or providing wound care).
- After contact with items in the patient's environment or contact with their body substances.
- Between different procedures on the same patient.
- Before and after performing invasive procedures.
- After performing personal functions such as blowing your nose or using the toilet.
- Before eating, preparing or serving food, feeding a patient.
- Any time hands are visibly soiled.

*patient in this position statement refers to all patients, residents or clients in the healthcare setting.

Techniques:

- For adequate hand hygiene remove all hand and wrist jewelry or keep it out of the way prior to washing or rubbing.
- Rings have been shown to increase the number of microorganisms on hands and increase the risk of tears in gloves; their use while providing care is discouraged (3).
- Artificial nails and nail enhancements have also been associated with increased transfer of microorganisms and glove tears. They should not be worn by healthcare workers providing patient care.

Hand Washing

To wash your hands, use warm, running water, soap, and friction for at least 15 seconds. Wet hands, then lather and clean all surfaces of the hands concentrating on fingertips, between fingers, nail beds, back of hands and base of thumbs and thoroughly rinse after lathering and rubbing. Ideally, use individual paper

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towels to pat hands dry. Turn off the taps with the paper towel to avoid recontaminating your hands.

Bar soaps are not acceptable in healthcare settings except for single patient use. If used in this context ensure the soap is able to drain when not in use.

Use liquid soap containers until empty and then discard; topping up has been associated with contamination.

Plain soap is appropriate in most areas. Alcohol-based hand rub or antimicrobial soap may be used in critical care areas or in other areas where invasive procedures are regularly performed.

Alcohol-based Hand Rub

Ensure hands are visibly clean; apply the amount of product recommended by the manufacturer into one palm. This is often between 1-2 full pumps of the product or a 'loonie' sized amount. Spread the product over all surfaces of hands, concentrating on finger tips, between fingers, back of hands and base of thumbs. Rub hands until the product is completely dry; this will take at least 15-20 seconds if sufficient product is used.

ABHRs available for, and widely used in, health care settings range in concentration from 60% to 90% alcohol (4). Concentrations higher than 90% are less effective because proteins are not denatured easily in the absence of water. A recent study suggests that norovirus is inactivated by alcohol concentrations ranging from 70% to 90% (5). Norovirus and other non-enveloped viruses (e.g. rotavirus, enterovirus) cause acute gastroenteritis in humans and are a frequent cause of outbreaks in health care facilities. Since norovirus is a concern in all health care settings, this should be taken into consideration when choosing an ABHR product. It is preferable that a minimum concentration of 70% alcohol be chosen in healthcare settings. The active concentration of alcohol in products may be checked by searching on the DIN number in the Health Canada Drugs and Health Products Database, located at:

http://www.hc-sc.gc.ca/dhp-mps/prodpharma/databasdon/index-eng.php

When dealing with spore-forming bacteria (e.g. Clostridium difficile) handwashing is preferred as ABHRs have limited effectiveness in killing spores; therefore physical removal of spores by handwashing is required. However, when providing patient care where handwashing facilities are not immediately available, hands should be decontaminated with ABHR which is effective against the vegetative forms of the bacteria and then hands washed as soon as possible.

Care should be taken to ensure hands are completely dry after use of ABHR to reduce the fire risk from vapours. While this is a rare event there has been at least one recorded instance of a fire related to use of ABHR in oxygen rich environments. In this case hands of the healthcare worker were still 'wet' with the ABHR when the fire ignited (6).

Ideally ABHR should be available to all healthcare workers (HCWs) at the point-of-care. An institutional risk assessment should be completed to determine the most appropriate areas for placement of ABHR in every facility. Locked, tamper proof containers should be used.

Skin Care

Hand lotions or creams should be available to minimize any skin irritation or breakdown caused by hand hygiene. To be effective HCWs must use the skin care products regularly. Healthcare facilities should develop a proactive program to keep hands healthy so hand hygiene can be optimal. Engaging HCWs and occupational health experts in design of a program has been shown to increase its effectiveness. Key parts of a skincare program include:

- Provision of efficacious skin care products and barrier creams that do not interfere with the persistent antimicrobial effect of the hand

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hygiene agent being used.
- Positioning of skin care products as close as possible to areas where hand hygiene is performed.
- Use of dispensers that are of sufficient quality that they will not clog or leak.
- Use of dispensers that can be easily flagged for disposal when empty.
- Use of products that do not have adverse effects on gloves.
- Use of warm but not hot water for handwashing.
- Placement of dispensers to minimize splashing or dripping onto adjacent wall and floor surfaces.

Effective hand hygiene must be an individual and an institutional priority. Literature has shown multifaceted hand hygiene programs developed by multidisciplinary groups within healthcare settings are the most effective; Infection Control Professionals have and continue to play a key role in these programs. ●

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CHICA-Canada 2008 Chapter Presidents

CHICA Montreal – Merci! Merci!

Thank you to the members of CHICA Montreal who gave great support to the planning and facilitation of the 2008 CHICA/AIPI Education Conference. Without their help, the conference would not have been as successful.

Whether they participated as a speaker, moderator, monitor, coordinating the Run for IFIC, or organizing the CHICA Montreal table, all chapter members gave freely of their time and expertise. Certainly their hospitality was warm and welcoming.

Thank you especially to the following CHICA Montreal members: Chapter President Silvana Perna; Frédérica Gaspard for organizing the Run for IFIC; Frédérica Gaspard and Ramona Rodrigues for representing CHICA Montreal on the 2008 Core Committee; those who coordinated and assisted at the Silent Auction and craft table; and those who ran out for fresh bagels!

Our sincerest thanks to all.

AIPI Executive (l to r): Lucie Bellehumeur, Luce Landry, Lyne St-Martin, Joanne Lavoie, Julie Vigneault, Danielle Goulet. Missing: Luce Chretien.

CHICA-Canada board of directors (l to r): Cynthia Plante-Jenkins, Karen Clinker, Donna Moralejo, Bern Hankinson, Cathy Munford, Marion Yetman, Bonnie Henry, Dick Zoutman, Joanne Laalo.

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We acknowledge the financial support of the Government of Canada through the Department of Canadian Heritage.
Nouse reconnaissons l'appui financier du gouvernememnt du Canada par l'entremise du ministère du Patrimoine canadien.

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AWARD WINNERS

3M Chapter Achievement Award Toronto Professionals in Infection Control (TPIC)

Maja McGuire, President of Toronto Professionals in Infection Control (TPIC) receives 2008 3M Chapter Achievement Award from Christian Blyth of 3M Canada.

2008 Ecolab Poster Contest Ellen Otterbein, Waterloo Wellington Infection Control Network

GermBuster Jim with Karen Clinker (CHICA Director of Programs & Projects), Ellen Otterbein (winner of 2008 Ecolab Poster Contest) and Doug Hons (Ecolab Healthcare).

Pat Piaskowski (CHICA Clinical Editor) with Donna Baker who represented the authors of the winning 2007 Editorial Award.

2007 Editorial Award Larry Chambers, Shannon Sullivan, Anne McCarthy, Annette O'Connor, Frank Knoefel, Jane Sutherland, Donna Pierrynowski, Donna Baker, Joanne Villeneuve, Paula Arnold; *Development and evaluation of a decision aid about influenza prevention for healthcare workers* (Canadian Journal of Infection Control, Vol. 22, No. 4, Winter 2007)

2008 Best First-Time Abstract Submission Julie Carbonneau, Ste-Anne-de-Bellevue, Quebec, for her abstract: *Le triage informatisé : une approche proactive d'endiguement d'une éventuelle pandémie*

2008 Solumed Best Oral Presentation #1 Melody Cordoviz, Edmonton, Alberta for her presentation: *Lights, Camera, Action: Being an Infection Control Paparazzo (ICP).*

2008 Solumed Best Oral Presentation #2 Lina Moisan, Laval, Quebec, for her presentation: *Do you know what's on your hands and pagers? Or, how to sensitize Healthcare Workers to the Importance of Hand Hygiene*

Best Poster Presentation #1 Jennifer Grant, Vancouver, BC, for her presentation: *Antibiotic Use and Susceptibility Patterns in one Rehabilitation and Two Long Term Care Institutions.*

Best Poster Presentation #2 Johanne Gagne, Montreal, Quebec for her presentation: *Pratiques de Base et Preautions Additionalles; Testez vos Connaissances par le Bingo*

Best six abstracts chosen by the Abstracts Committee:

- Clare Barry, *Learning's from Ontario Just Clean Your Hands Program Pilot Phase*
- Marie-Andrée Bruneau, *A Success Story: Personal Protective Equipment (PPE) Training*
- Christine Chambers, *The Effects Of Inadequate Facilities On Methicillin-Resistant Staphylococcus Aureus (MRSA) And Vancomycin-Resistant Enterococcus (VRE) Rates In Vascular Surgery Patients*
- Victoria Williams, *Utility Of Environmental Sampling For The Prevention Of Vancomycin Resistant Enterococci (VRE) Transmission*
- Krista Cardamone, *Evaluation Of Microbial Contamination Of Bone Marrow Harvest At A Paediatric Hospital*
- Deborah Hobbs, *The Use Of Chlorhexidine Gluconate Disposible Washcloths To Reduce Transmission Of Vancomycin Resistant Enterococci On Two Nephrology Units*

Questions that Caused a Pause – Best submission Complimentary 2009 conference registration: Suzanne Leroux, Verdun, Quebec

PRIZE WINNERS

Early Bird Draw Complimentary 2009 Conference Registration: Joy Pyett, Vernon BC (CHICA), Marie-Paule Parent, Romuald, Quebec (AIPI)

Annual General Meeting Attendance Complimentary 2009 Membership: Betty Taylor, Winnipeg, Manitoba

Exhibit Passport Winners:
GPS – May Griffiths-Turner, Hamilton, Ontario
GPS – Andrée Bouchard, Roberval, Quebec
Digital Camera – Carolyn Doroschuk, Edmonton, Alberta
iPod – Michelle Lapointe, Montreal, Quebec
Two books: Hopelessly Human Nurse series – Connie Gittens Webber, Hamilton, Ontario
Portable DVD Player – Cécile Plouffe, Lachute, Quebec

Cardinal Health Pedometer Contest:
Level 1 – Cathy Munford, Victoria, BC
Level 2 – Abimbola Forde, Toronto, Ontario
Level 3 – Kathy Bush, Calgary, Alberta

2007 Virox Scholarship winners.

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Run for IFIC

The 3rd annual Run for IFIC was held in beautiful Old Montreal on Monday, June 2. Despite an early morning mist, 26 hardy 5K runners and 2.5K walkers laced up to raise funds for the scholarship program of the International Federation of Infection Control.

In 2007, 11 persons from developing countries received scholarship fund support to attend the annual IFIC conference in Hungary. In order to qualify for support from the IFIC Scholarship Fund, aspiring candidates must submit a poster or oral presentation to be reviewed for potential acceptance by a highly qualified panel. An oral presentation is preferred. Scholarship winners in Budapest were from Algeria, Egypt, Georgia, Iran, Israel, Malta, Pakistan, and Vietnam. (Some countries had more than one winner.) In recognition of her work for IFIC, the scholarship program has been re-named the Patricia Lynch Scholarship Fund.

Through the annual Run for IFIC, CHICA-Canada has been able to add to this support while providing a fun and memorable event for participants.

The 2008 contribution to IFIC will surpass $5800 with approximately $3300 coming from pledges and $2500 from CHICA-Canada.

The Run for IFIC prize winners were:

Fastest Runners: Jim Gauthier and Marion Yetman
Fastest MD: Bonnie Henry
Fastest Walker: Kathy Bush
Most Pledges: Nicole Gartner

CHICA-Canada joins with IFIC in thanking CHICA Montreal for their support of the Run for IFIC. We thank Les enterprises Solumed for their financial support of the run, and we especially thank Frédérica Gaspard of CHICA Montreal and JPdL Ltd. for the organization of the 2008 Run for IFIC.

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2008 Ecolab Poster Contest

Ellen Otterbein of the Waterloo Wellington Regional Infection Control Network is the winning artist for the 2008 Ecolab Poster Contest. With the theme "Antibiotic Resistant Organisms – A Call to Action!" the graphic represents the germbuster SuperHero, whose simple but effective message is that routine practices stop the spread of AROs and save lives. The 2008 poster was launched in Montreal with the assistance of Germbuster Jim! The 2008 contest was hosted by CHICA SOPIC and sponsored by Ecolab Healthcare.

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CIRCLE SESSION NUMBER

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Novice Practitioner Day
NP1(F) The ABC's of Infection Control
NP2 - Core Competencies For ICPs
NP3 - Core Competencies For Healthcare Workers
NP4 - Critical Thinking - Moving From Black to White to Grey
NP5 - Internet Resources 101
NP6(F) - Overview of the Audit Process
NP7(F) - Audit Tools
NP8(F) - Sharing Results to Implement Changes

Plenary Sessions
P1 - Keynote - Dr. Samantha Nutt
P2 - MRSA - International Lessons Learned
P3 - C. difficile Consensus Conference Recommendations
P4 - Leadership Moving From Attitude To Implementation
P5 - Professional Practice Standards - Newly Revised
P6 - The Challenge of the New IP&C Accreditation Standard
P7 - Efforts in Dealing With Hospital Cross-Infection
P8 - Team Building
P9 - IP&C Vignettes - Questions That Caused a Pause

CONCURRENT SESSIONS

Sterilization and Disinfection
C1 - Third Party Reprocessing

Community Issues
C2 - Jurisdiction and Authority...First Nations Reserves
C3 - Meeting The Challenge Of Implementing IP&C

Long Term Care
C4 - Guidelines for Pet Therapy
C5 - How Do You Spell Help? ORIENTATION!

Clinical Microbiology
C6(F) - From Lab to Clinic
C7 - Specimen Procurement and Handling

Advanced Practitioner Day
AP1(F) - Communication Strategies: Getting...Point Across
AP2 - Costing and Preparation of a Business Case
AP3 - Project Evaluation in Infection Prevention and Control
AP4(F) - The ABCs of Infection Control
AP5 - Empowering and Advancing Your Career

Pre Conference Day
PC1 - The Role of the Environment in Transmission
PC2 - ...From Conference Room to Bedside
PC3(F) - Hygiene and Sanitation - Towards New Horizons
PC4 - Quebec Reference Centre for Sterilization
PC5 - Mini-Symposium
PC6 - Benchmarking
PC7 - Real Time Surveillance
PC8 - Surveillance Programs Across Canada
PC9 - Who Are We?
PC10 - What Are The Challenges?
PC11 - Providing Patient Care With Optimal IP&C Practices
PC12 - PHC an Important Part of the Healthcare Mosaic?
PC13 - PreHospital...Important Pt. Healthcare Mosaic/ Q & A

Preparing For The Pandemic
C8 - Risky Business: Risk Assessment In Rountine Practices

Pediatrics
C10 - Evolution Of IP&C in Pediatrics
C11 - Toy Management - It's Not Child's Play!
C12(F) MRSA OutBreak Management in Neonatal ICU

Oral Presentations
O1 - Space and Design
O2 - Risk Factors For Infection
O3 - Education Strategies For ICPs
O4 - Planning and Teamwork
O5 - Education Across The Continuum
O6 - Hand Hygiene
O7 - Surveillance and Screening
O8 - Environment in IP&C

**** All Sessions are in English Unless Marked "F" for French***

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CHICA MEMBER WINS HEROES OF INFECTION PREVENTION AWARD

Marion Yetman (left) with Denise Sorel.

Denise Sorel, BScN, RN, CIC of East Central Health, Camrose, Alberta was named one of APIC's Heroes of Prevention at APIC's 2008 conference in Denver.

Denise was hired as program lead for East Central Health Infection Prevention Control in 1999. She was the only infection prevention control professional for the region. In April 2000 the program received a mediocre amount of clerical assistance. The enterostomal therapy nurse also reported to her.

With great passion and eagerness Denise developed and implemented the infection control program. At that time the region consisted of approximately 1200 continuing care beds and 400 acute beds. One of the first things she implemented was an Infection Prevention Control (IPC) Policy and Procedure (P&P) manual. Denise also performed numerous site training sessions on antibiotic-resistant organisms, influenza preventive measures, standard & transmission-based precautions, just to name a few. Denise also in-serviced specialty programs (community living, disability associations) in several communities within the region on hand hygiene and standard precautions. Her interactive abilities to share her knowledge and educate the staff are exemplary.

In January 2001, the region identified the need to have site-specific liaisons in each community. In June 2001 the IPC program began the site investigator training days. Each site investigator received a manual, samples of personal protective equipment (PPE), waterless hand gel, hand hygiene resources and other informative products/materials. Follow-up workshops were held for all site investigators in June 2005 for two days and June 2007 for a one-day session.

In 2003 a restructure of the region occurred in East Central Health. The region currently consists of 21 health centres, 9 acute sites and 12 continuing care sites.

Denise has based her program on evidence-based practices and based on best practices advocated and implemented policies, education sessions, and promoted new products. Denise held a trial study for urinary tract infections (UTI) related to urinary catheterizations. She has introduced products such as waterless hand gel to the region. She developed a self-study manual in 2003 and revised it again in 2006, developed an outbreak management P&P in acute care and in continuing care, self-study modules on respiratory and gastrointestinal outbreaks, and shared these with staff development for ongoing education sessions. In 2003, East Central Health experienced a Methicillan Resistant Staphlococcus Aureus (MRSA) outbreak and once again Denise developed a P&P, forms for consistent data collection, education for staff, families, patients and management.

In addition, Denise has been an active member of the Alberta Health & Wellness, Pandemic Planning and MRSA working groups. In 2005-06 she was the president of the Northern Alberta CHICA chapter. Denise has presented at the East Central Health Board Members retreat. In June 2007, Denise presented at the international CHICA conference held in Edmonton, Alberta on outbreak management. Denise interfaces with provincial quality councils and the college of physicians. She has been participative in numerous external and internal committees because of her expertise in infection control.

Denise has attended courses and successfully completed her CIC recertification in the fall of 2006. The IPC program in East Central Health has now granted approval for a full-time IPC practitioner who will report directly to her. As of July 1, 2007 the clerical support for the IPC program increased to a full-time position.

In summary, Denise won this prestigious award because of her passion for infection prevention control, advocacy for patient/staff safety, skills, mentorship role, and leadership in the field of IPC. CHICA-Canada proudly congratulates Denise for her achievements. ●

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CHICA at APIC

Gerry Hansen, Karen Clinker and Sandra Callery at CHICA-Canada booth at the 2008 APIC conference. Thanks also to Ellen Otterbein, Marion Yetman, and Paul Webber for helping at the booth.

Canadians and friends at APIC!

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Mark your calendar for October 23, 2008, Canada's second National Infectious Diseases Day (NIDD).

On October 18, 2007 Canada's infectious diseases sector launched a call for a National Infectious Diseases Strategy (NIDS) in meetings with members of Parliament, a press conference and luncheon in Ottawa. The event showed a strong support and interest from media and public in our members' work. You can see the NIDS position paper at **www.nidd.ca**

In November, 2007 the federal government established a working group led by the Public Health Agency of Canada to begin work on a national strategy. CHICA-Canada and our NIDD partners have committed to work cooperatively to achieve an effective and comprehensive national strategy to help prevent and treat infectious diseases.

At the same time, the sector partners (CHICA-Canada, AMMI Canada, Canadian Foundation of Infectious Diseases (CFID), Canadian Association for Clinical Microbiology and Infectious Diseases (CACMID), and industry) were developing a three-year campaign to educate Canadians and keep up the pressure to ensure Canada has a NIDS. This spring they approved a business plan, memorandum of understanding and campaign themes for 2008.

While the three-year campaign has an overriding goal of a national strategy, each year will focus on a specific goal that gets us much closer to our target.

2008's campaign is ambitious: **To secure by June 2009, a national commitment to a 50 per cent reduction in healthcare-associated MRSA and Clostridium difficile.**

2008 objectives include:

1. Health, health system, and financial benefits which the public can understand and providers get behind.
2. Observable measurable positive results relative to MRSA and C.difficile.
3. Infrastructure and system capacity building:

- Surveillance capability
- Diagnostic capability including rapid diagnostics and universal screening
- Education (including appropriate use of antimicrobials)
- Research capability (including enhanced information/data)
- Infection prevention & control expertise and local operational supports.

An executive committee led by Dr. Ray Saginur, president of CFID and representing member associations and industry is currently developing a position paper on HAI, working committees are developing other annual campaign activities.

The lobbying committee plan for this year's campaign includes visits with members of Parliament, press conference and luncheon for government officials and leaders of other national healthcare associations. A speaker on Europe's successful approaches to HAI will challenge Canadians to improve our performance. The afternoon will be an internal discussion on ID sector priorities in our engagement with governments in the next year.

The communications committee is preparing for various public education activities including media outreach, campaign kits, website content, and workshops on ID. Our members are organizing media training sessions to help our spokespersons deliver our strategy's key messages and respond to the increased interest from national and health targeted media in ID health-related issues. ●

*Please watch **www.nidd.ca** for additional information.*

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CHICA-CANADA REPRESENTATIVE TO NATIONAL ADVISORY COMMITTEE ON IMMUNIZATION (NACI)

NACI is a national committee of recognized experts in the fields of pediatrics, infection prevention and control, infectious diseases, immunology, medical microbiology, internal medicine and public health. The Committee reports to the Chief Public Health Officer of Canada, and works with departmental staff of the Centre for Infectious Disease Prevention and Control (CIDPC) of the Public Health Agency of Canada to provide ongoing and timely medical, scientific and public health advice.

NACI makes recommendations for the use of vaccines currently or newly approved for use in humans in Canada, including the identification of groups at risk for vaccine-preventable disease for whom vaccine programs should be targeted. All NACI recommendations on vaccine use in Canada are published every four years in the Canadian Immunization Guide. Additional statements and updates are published in the Canada Communicable Disease Report (CCDR). NACI also advises on the need for national vaccination strategies and makes recommendations for vaccine development research.

Terms of Reference for NACI can be found at http://www.phac-aspc.gc.ca/naci-ccni/tor-eng.php

CHICA-Canada is a liaison member of NACI. Liaison representatives may participate in all discussions; however, the final votes are for members only. CHICA-Canada is seeking a representative to NACI for a three-year term effective September 15, 2008. The next meeting of NACI is scheduled for October 15-16, 2008 in Ottawa. Travel expenses will be paid by CHICA-Canada (Travel Expense Form 7). Meetings are held three times per year for two-three days with reading preparation of approximately one day prior to each meeting (documents for review are sent by email approximately 10 days before each meeting).

Applicants must possess the following qualifications and agree to the following terms:

- A current (2008) member of CHICA-Canada, having held membership for at least five years.
- Must have a Certification in Infection Control & Epidemiology (CIC) or specialty training in epidemiology, infectious diseases or community medicine.
- Master's preparedness is helpful but not mandatory.
- A minimum of five years' experience in Infection Prevention and Control and/or Infectious Diseases with specialized knowledge of Infection Prevention and Control in the topic.
- Skills in critically appraising literature and a good understanding of research designs and methodology.
- Sound knowledge of al vaccine preventable diseases.
- Has the time, personal commitment, and support of their institution to serve CHICA-Canada and NACI through this position.

APPLICATION MUST INCLUDE:

- A letter from applicant expressing interest in the position and demonstrating suitability for the position.
- A curriculum vitae that includes details as to expertise in Infection Prevention and Control with specifics relating to the topic.
- Professional education, specialty training and expertise, and CHICA-Canada involvement such as service as a CHICA-Canada Board Member, as a chapter executive, or on a CHICA-Canada Standing Committee. ●

Applications must be received no later than **September 5, 2008.**

Applications should be forwarded to:

Executive Administrator,
CHICA-Canada
PO Box 46125 RPO Westdale
Winnipeg MB R3R 3S3

Or by fax: 204-895-9595
Or by email: chicacanada@mts.net
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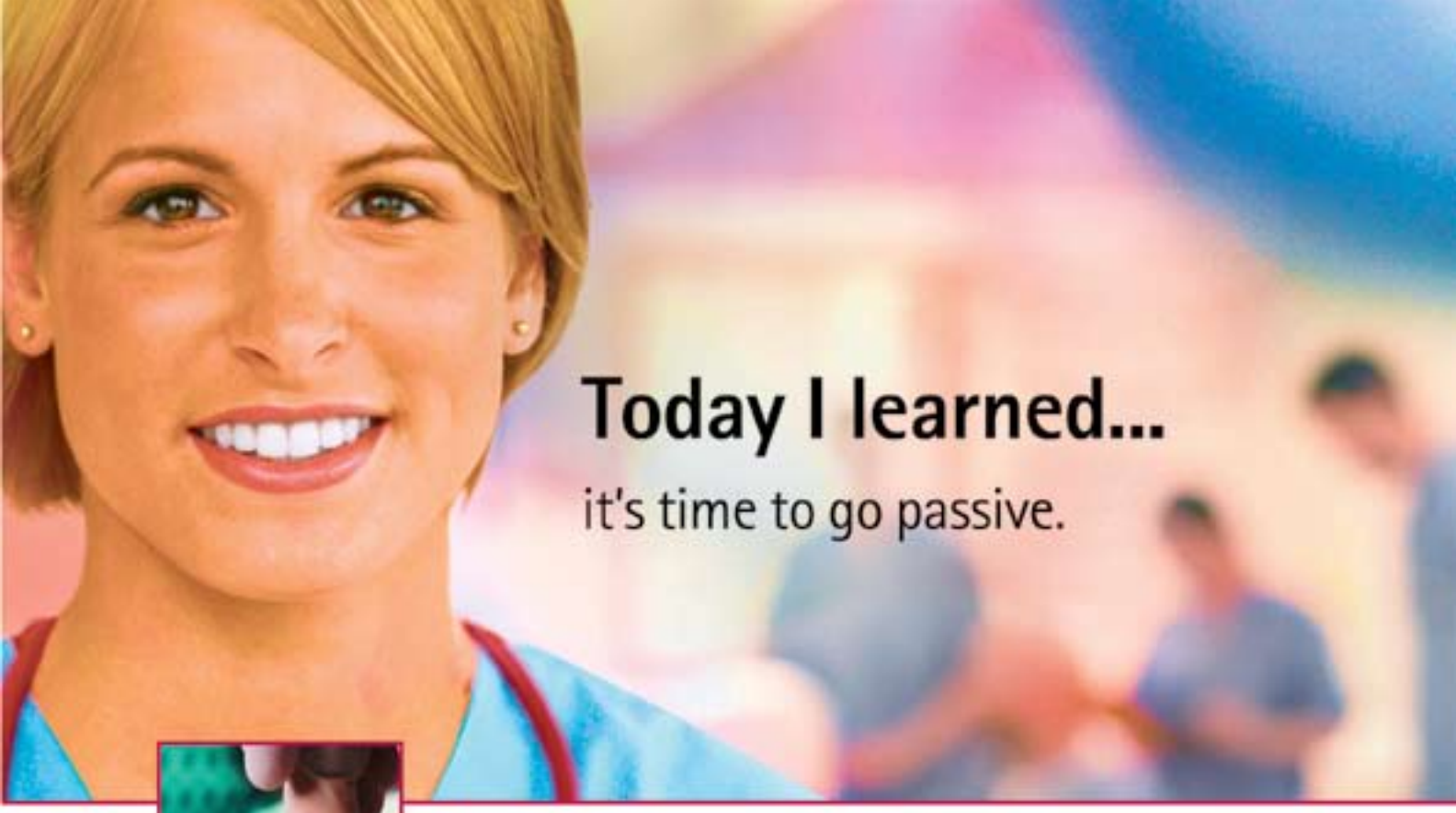

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[1] Perry, Jane. International Healthcare Worker Safety Center. "Preventing Sharps Injuries: Where Do We Stand in 2007?" Presented at B. Braun Medical, Orlando, FL, Feb. 23, 2007. 2003 EPINet data: Of injuries from safety devices, 44% occurred after use and before disposal (potentially preventable if passive or if safety feature activated).

[2] Mendelson MH, Lin-Chen BY, Finkelstein-Blond et al. Study of Introcan safety IV catheter (B. Braun Medical Inc.) for the prevention of percutaneous injuries in healthcare workers [abstract]. Presented at: 13th Annual Meeting of the Society for Healthcare Epidemiology of America (Arlington, VA), 2003.

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2010 SCIENTIFIC PROGRAM COMMITTEE

Background

The CHICA-Canada 2010 Scientific Program Committee is a national committee whose mandate is to plan, develop and ensure completion of the scientific program committee for the 2010 National Education Conference. The 2010 National Education Conference will take place at the Sheraton Wall Centre, Vancouver (May 29-June 3, 2010).

The 2010 committee is comprised of the following geographically diverse representatives of various practice settings:

2010 Conference Chair – Cathy Munford RN CIC, Victoria BC
2010 Scientific Program Chair – Jim Gauthier MLT CIC, Kingston ON
2010 Scientific Program Co-Chair – Vacant
2009/2010 Acute Care Representative – Molly Blake BN MHS GNC(C) CIC, Winnipeg MB
2009/2010 Long Term Care Representative – Lee Hanna RN CIC, Edmonton AB
2010/2011 Community/Public Health Representative – Vacant
2010/2011 Medical Microbiology/Infectious Disease Physician – Vacant

Call for Applications

CHICA-Canada is seeking three candidates to fill the positions of:

- Scientific Program Co-Chair (will become Scientific Program Chair for 2011 conference)
- Community/Public Health Representative (for 2010 and 2011 conferences)
- Medical Microbiology/Infectious Disease Physician (for 2010 and 2011 conferences)

Meeting Schedule and Expenses

The Scientific Program Committee meets twice in-person (for each conference) and then communicates through email or conference calls. The first meeting of the 2010 Scientific Program Committee is scheduled for October 4/5 in Vancouver. The first meeting of the 2011 Scientific Program Committee will be scheduled for the fall of 2009 (location TBA).

CHICA-Canada pays the expenses for committee members to attend the conferences they have planned. CHICA-Canada pays the expenses of committee members to attend the 2010 and 2011 conferences.

Qualifications

Applicants must possess the following qualifications and agree to the following terms:

- A current (2008) member of CHICA-Canada, having held membership for at least 5 years.
- Must have a Certification in Infection Control & Epidemiology (CIC) or specialty training in epidemiology, infectious diseases or community medicine.
- A minimum of 5 years experience in Infection Prevention and Control and/or Infectious Diseases with specific expertise in the setting for which a representative is sought.
- Good interpersonal and communication skills.
- Professional involvement with CHICA-Canada in a Chapter Executive role, as Chair of an Interest Group or CHICA-Canada Committee.
- Experience in the planning of scientific programs for professional conferences (local, regional or national) would be an asset.
- Has the time, personal commitment and support of their institution to serve CHICA-Canada through this position.

APPLICATION MUST INCLUDE:

- A letter from applicant indicating the position of interest, and demonstrating suitability for the position.
- A curriculum vitae that includes details as to the candidate's background in Infection Prevention and Control/Infectious Diseases.
- Professional education, specialty training and expertise, and CHICA-Canada involvement such as service as a CHICA-Canada Board Member, as a chapter executive, or on a CHICA-Canada Standing Committee, Interest Group or Conference Planning Committee.

Applications must be received no later than **September 5, 2008.**

Applications should be forwarded to:

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CHICA-Canada
PO Box 46125 RPO Westdale
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References:
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6. F. Larson et al. "Comparison of Different Regimens for Surgical Hand Preparation". AORN Journal 72.2 (2001) 412-432.
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Working Together

Brenda Dyck

Brenda Dyck got her start in infection prevention and control in 1980, just as Seven Oaks General Hospital in Winnipeg opened. She had been working as a public health nurse and was looking for a change when an Infection Prevention and Control position opened up in the new hospital.

Infection prevention and control was in its early days, and starting a brand new position in a brand new hospital turned out to be good way to enter the profession, says Brenda.

"It was great to be there on the ground floor to develop and tailor the program to the hospital. I had supportive management and the staff were all new and learning. There wasn't a lot of resistance to change because it was new to everyone."

Seven Oaks is a community hospital in Winnipeg with 300-plus beds. It was an ideal location to start on the path of infection prevention and control, because everyone knew everyone else, and the environment fostered a strong teamwork ethic.

In 1987, she moved to Health Sciences Centre. This hospital is a teaching hospital with multiple areas and disciplines to be responsible for. There was a team of four infection control practitioners (ICPs) plus an infection prevention and control medical director. Each of the ICPs covered certain parts of the hospital. Brenda was responsible for the medicine dialysis and rehab programs.

"It was difficult at first to go from working independently as a lone ICP to working in a team where you meet once a week and have to discuss issues with the team. Your decision might not be what everyone else agrees with," says Brenda. "But they were all great to work with."

Working with an infection prevention and control medical director was also new, since at Seven Oaks she reported to the director of nursing. Brenda was very fortunate to work for two medical directors for the years she was at HSC and they provided her with a strong basis of infection prevention and control for the development of her career.

She worked at HSC for 17 years and found it a very fulfilling place to work. It was much busier than Seven Oaks and that was an adjustment at first. She found that her years at HSC were a great learn-

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ing experience. It was a very diversified hospital which therefore provided her with learning in many aspects of infection prevention and control.

She now works as the Program Director of the regional infection prevention and control program at the Winnipeg Regional Health Authority (WRHA). Like her first position at Seven Oaks, it was a new one. Her first goal was to develop a regional infection prevention and control program for the WRHA. "It has been another big learning curve, but I had support from colleagues as well as the WRHA."

A regional infection prevention and control manual has been completed, and she is now in the process of developing more regional policies and rolling out regional programs such as hand hygiene.

Being an active member of CHICA-Canada and working with her colleagues in CHICA Manitoba has also supported her infection prevention and control career over the years. Brenda has served in almost every position in the Manitoba CHICA chapter, as well as served as the treasurer of CHICA-Canada in the '80s. "In the beginning when I started in infection prevention and control, the local chapter was made up mostly of people from Winnipeg. Now our membership has increased and there are more rural members, which is really great.

The biggest challenge she sees facing infection prevention and control is resource allocation. "Some programs across the nation suffer from too few infection prevention and control individuals to do the jobs they need to. We face big challenges with antibiotic-resistant organisms and *C. difficile* which take a lot of our time as well as the ever increasing mandate of infection prevention and control."

Brenda believes in a team approach for infection prevention and control and other health care individuals; to collaborate to achieve common goals. "Everyone has ownership in infection prevention and control.

"One of the reasons I've stayed in this profession is because it is always changing. Every day presents new challenges and opportunities to learn which is why I am so passionate about infection prevention and control." ●

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The Influence of Certification

By Deanie Lancaster, CBIC President

This message will reach you after your annual CHICA-Canada Conference and I hope you enjoyed the variety of topics presented as well as the many opportunities the conference planners provided for networking with your peers. Somehow it is always comforting and reassuring to find that others understand the day-to-day stressors and are confronting the same issues you are dealing with. Additionally, the annual conference presenters and posters showcase the latest studies and share information and give you great ideas for incorporating into your workplaces. The conference also allows you time to absorb the latest changes to guidelines and rules that impact the way you do your jobs. My Canadian friends always anticipate the annual conference and although the week is hectic, they go home invigorated with their batteries recharged and ready for any new challenge that comes along.

Hopefully, you were also challenged during conference week to consider taking the certification exam. The percentage of certified CHICA members is greater than the percentage of APIC's membership, a fact that should make you very proud if you are among that group. APIC and CBIC, however, are working collaboratively to reach the goal of 50% of the APIC members being certified by the end of calendar year 2010. Like CHICA-Canada, we feel certification enhances the professional and the profession and having at least 50% of the APIC membership certified speaks volumes to everyone about our collective and individual commitments to safe patient care.

The value of certification in infection control (CIC) continues to receive recognition not only from accrediting and regulatory agencies in the US, attention is now coming from hospital associations and legislators throughout the United States. While the value of infection prevention and control may not be on the tip of everyone's tongue in Canada, the American public and the American media continue to demand a higher level of accountability for hospitals and healthcare related to infection prevention. One piece of the accountability issue is the evolving realization by the public that certification of infection prevention and control professionals can be an indication of advanced knowledge of the concepts needed to promote safe care in all sorts of healthcare settings in the US.

West Virginia became the 26th state in the US to enact legislation on mandatory reporting of health-

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care-associated infections in March of this year. Thanks to the continued emphasis on infection prevention and control by APIC at the national, state and local levels, several certified infection prevention and control specialists worked closely with the West Virginia Hospital Association to craft the language of the law before it was presented to the bill's sponsors for consideration. They were also instrumental in ensuring the data are collected consistently using the National Healthcare Safety Network (NHSN) definitions for infections. The West Virginia law also created an Infection Control Advisory Panel with a designation of special characteristics for membership on the panel. Along with the infectious disease physicians and public health authorities, the law specifies the inclusion of three certified ICPs on the panel. One of the panel's most important duties will be to advise the West Virginia Health Care Authority on the manner in which reporting is made available to the public to assure understanding of the meaning of reports. The value of the certified ICPs in West Virginia to this process may serve as a model for the remaining states considering mandatory reporting.

During APIC's 35th Annual Educational Conference and International Meeting in Denver, CBIC honored many members of the fledgling group of ICPs who took the first certification exam back in 1983. Many who took the exam are still actively involved in the field after 25 years and have maintained their certification. Several of this group became APIC members soon after the organization was established and have attended every annual conference since that time. We were proud to recognize their dedication and commitment to our profession and are deeply honored that so many accepted our invitation to the celebration.

The CBIC Test Committee began working in March to develop a web-based form of the recertification examination (previously SARE) for 2009. So if you are due to recertify, watch for additional details about this exciting new testing option in upcoming publications and on the CBIC website. CBIC members staffing the booth in the exhibit hall in Denver will also have some information about the practice test, so be sure to stop by and see firsthand how the test may be able to help you prepare to take your certification examination. Discount coupons for the practice test will also be distributed at the booth.

As I close this message, I encourage all of you to promote certification within your chapters and among your co-workers. The distinction of being certified in your specialty practice places you on the level of the best and brightest who choose to go a step beyond the ordinary. It elevates you and elevates our profession. Always remember that according to the great American football coach Vince Lombardi, the quality of a person's life is in direct proportion to their commitment to excellence, regardless of their chosen field of endeavor. ●

2009 CHICA-Canada Board positions available for nomination

The Board of Directors of CHICA-Canada is seeking nominations for board positions that will be open in 2009. Being on the board of CHICA-Canada is an excellent way to participate at the national level. Personally and professionally, it offers the opportunity to meet a wide range of CHICA-Canada members, network with allied professional groups, and work with other motivated and experienced board members.

Nominations are invited for the following positions:

President Elect (1-year term)
Director, Finance (3-year term)
Physician Director (3-year term)

These terms commence January 1, 2009. Position descriptions and nomination forms are found in the CHICA-Canada Policy and Procedure Manual, or may be obtained from the Membership Service Office or downloaded from www.chica.org (Members Login).

Signatures of two active members are required for each nomination. If you know someone who would be qualified and interested in one of the above positions, send a completed nomination form to:

Bern Hankinson, RN, BN, CIC
CHICA-Canada Secretary/Membership Director
c/o Membership Service office
PO Box 46125 RPO Westdale
Winnipeg MB R3R 3S3

Or by courier to:
Bern Hankinson, RN, BN, CIC
CHICA-Canada Secretary/Membership Director
c/o Membership Service office
67 Bergman Crescent
Winnipeg MB R3R 1Y9

Deadline for nominations: August 15, 2008.

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IN MEMORIAM
SHEELA BASRUR

Attendees at the 2008 conference were saddened to hear of the passing of Dr. Sheela Basrur, former Ontario Medical Officer of Health, on Monday, June 2, 2008. Dr. Basrur, 51, suffered from leiomyosarcoma and had stepped down from the MOH position in October 2006.

At the opening ceremonies held that evening, Dr. Bonnie Henry gave a moving tribute to her friend and colleague.

"She was one of those people who can take the information and understand the implications of it and be able to convey that to people in a way that they understand. To me, her greatest skill was being a passionate and very good communicator with people."

Dr. Henry shared the humour of Dr. Basrur's interesting turns of phrase. Describing the fight to contain SARS with antiquated disease surveillance tools, Basrur called it "We're fighting the fire while we're building the bucket."

It was her skilful leadership and communication expertise that helped guide Canada through Toronto's SARS crisis in 2003.

In an issued statement Federal Health Minister Tony Clement said, "Her unique ability to distill complex medical issues at a time of distress brought much needed reassurance to the Canadian and international communities."

In April 2008, the Ontario provincial government announced it would name Ontario's new arms-length public health agency the Sheela Basrur Centre.

Divorced, she had one child, a daughter, Simone Koves, who is now 17. She is also survived by her father and mother. ●

The Registered Nurses' Foundation of Ontario Molson Canada SARS Memorial Fund providing grants to ICPs

The SARS Memorial Fund for Infection Control Practitioners is a tuition/certification/professional development reimbursement program funded by Molson Canada SARS Concert (2003) and supported by the Ontario Ministry of Health and Long Term Care.

RNFOO manages the SARS Memorial Fund, initiated in January 2005. The fund provides grants to Infection Control Practitioners **from any discipline** to support them in advancing their knowledge to lead infection control practices within their healthcare settings. Grants can be applied to continuing education, certification/re-certification and professional development.

The fund of $175,000 is to be administered over three years, allowing for the allocation of approximately $58,000 per year in support of individual pursuing formal education and certification in the area of infection control. ●

See **www.rnfoo.org** for details.

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