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### VISION

No preventable infections for Canadians. Ever.

### MISSION

We inspire, nurture and advance a culture committed to infection prevention and control.

IPAC CANADA is now on  
YOUTUBE, FACEBOOK, TWITTER and LINKED IN

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Barbara Catt, RN, BScN, MEd, CIC

President, IPAC Canada

## Let's Get 'Picky'

I titled this message 'Let's Get Picky' because of a recent conference I attended. One of the initial speakers described Infection Prevention and Control (IPAC) as a fruit tree. Yes, you read correctly. IPAC can be compared to a fruit tree!

Think about an apple tree and how some of the apples are riper than others and fall off the tree. Here is the analogy: at IPAC, there are many IPAC issues and some that fall by the wayside, or may even be forgotten. Then there are those low-lying issues or fruit 'ripe for the picking!'

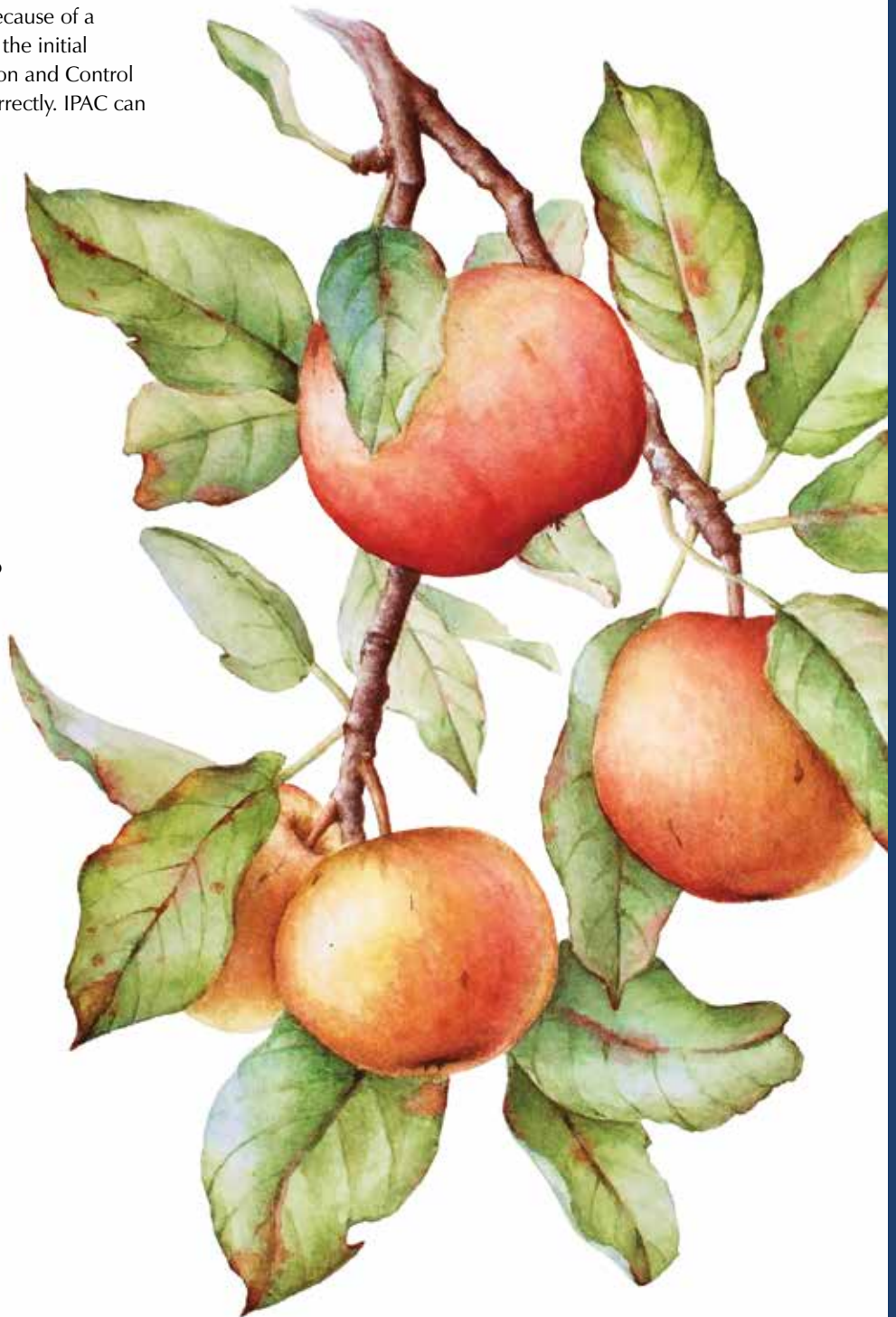
What does this mean?

Well in IPAC, we have so many issues, many of which become a matter of prioritization. But then, there are some of those issues that are low-lying fruits from which we can perhaps capitalize and hence find improvements, or resolve the issue. Then again, maybe we try to do too much. It may be time to step back and revisit some of our issues, prioritize, and then perhaps look at those opportunities that are 'low-hanging fruit' in which we can find solutions and successes.

I anticipate that the next few years will be busy as we deal with some newer 'kids on the block' and dodge bullets in antimicrobial resistance such as *Candida auris* and carbapenamase-producing Enterobacteriaceae (CPE). Rather than working in our silos, we need to strategize on how to work more collaboratively, effectively and efficiently.

Finally, IPAC Canada provides our 'fruit trees' with the required nurturing and nourishment by working with partners, our chapters and our members. You can have an impact and a voice. Participate in your local chapter, or on the national level. Our decisions reflect your needs. Help bring about change by participating.

Thanks for reading! 🍁





Barbara Catt, RN, BScN, MEd, CIC

Présidente, PCI Canada

## La théorie de la cueillette

Le titre de ce message est inspiré d'une conférence à laquelle j'ai assisté récemment. L'un des premiers conférenciers a comparé la prévention et le contrôle des infections (PCI) à un arbre fruitier. Oui, vous avez bien lu. L'organisation PCI peut être décrite comme un arbre fruitier!

Pensez à un pommier : certaines pommes sont plus mûres que les autres et tombent de l'arbre. Idem pour PCI. Parmi les nombreuses questions qui touchent l'organisation, certaines sont laissées de côté et d'autres peuvent même être oubliées. Reste les questions faciles, que l'on peut comparer aux fruits mûrs pour la cueillette!

Qu'est-ce que cela signifie?

Eh bien, à PCI, nous avons tellement de questions à aborder, et quantité d'entre elles deviennent prioritaires. Mais certaines de ces questions sont aussi des fruits faciles à cueillir, à partir desquels nous pouvons capitaliser et donc trouver des améliorations, ou résoudre le problème. Mais encore une fois, peut-être essayons-nous d'en faire trop? Il est temps de prendre du recul et de réexaminer certains enjeux, d'établir des priorités, puis d'examiner les possibilités qui sont des « fruits à portée de main » et pour lesquelles nous pouvons trouver des solutions et réussir.

Je m'attends à ce que les prochaines années soient occupées, car nous devons gérer de nouveaux dossiers, et nous esquivons des coups du côté de la résistance aux antimicrobiens comme *Candida auris* et les entérobactéries productrices de carbapénamase (CPE). Plutôt que de travailler en vase clos, nous devons élaborer des stratégies pour mieux collaborer, de façon efficace et efficiente.

Enfin, PCI Canada fournit à ses « arbres fruitiers » les soins et les nutriments nécessaires en travaillant avec ses partenaires, ses sections et ses membres. Vous pouvez changer les choses, vous pouvez vous faire entendre. Participez à votre section locale ou à l'échelle nationale. Nos décisions reflètent vos besoins. En participant, vous contribuez au changement.

Merci d'être là! ✨





Gerry Hansen, BA

Executive Director, IPAC Canada

## IPAC Canada Strategic Planning

**A**ny strategic plan looks ahead, and is represented as a product of its time. The world in which IPAC Canada operates continues to evolve; therefore, we have to respond to the changing environment, anticipate needs, and remain a leader in promoting optimal health through our commitment. In moving forward, one key focus for us as an organization will be our shared understanding of our Vision, Mission and Values.

Our strategic planning journey began with two 'interactive' Strategic Planning Days held on May 26 and 27, 2018, in Banff, Alberta. IPAC Canada chapter presidents, other leaders from across Canada, Board of Directors and staff were all part of the planning days. From the two-day sessions, the group arrived by consensus on five key strategic directions that included: brand awareness, communication, member value and engagement, knowledge management, and advocacy and partnership. Goals and key

initiatives were developed to align with the strategic direction.

The next steps of the Strategic Plan were to develop five working groups to refine the goals and initiatives specific to those five key strategic directions. These working groups completed reviews over the summer of 2018. The Board of Directors met on September 28, 2018 to review the updated goals and initiatives. By consensus, the Board condensed the strategic plan into three directions achievable through clear goals and initiatives.

Our three strategic directions are: inspire brand awareness; nurture member value and engagement; and advance advocacy and partnership. Underpinning these directions are communication and fiscal responsibility.

In this issue, we present the Strategic Plan 2019-2021 in a new narrative format. This outlines the goals, the action plans, and indications of success. Your comments on the new strategic plan are welcome.

## 2020 Annual General Meeting

**N**OTICE IS HEREBY SERVED that the Annual General Meeting (AGM) of Infection Prevention and Control Canada (IPAC Canada) will be held on Wednesday, May 6, 2020 at the RBC Convention Centre, Winnipeg.

Registration will open at 0615 hrs. IPAC Canada members must register and pick up a voting card before entering the AGM. The AGM will commence at 0715 hrs. Registration will close at 0715 hrs., and the doors will be closed. After the doors are closed, attendees may enter the AGM, but may not vote unless registered.

Members may vote on business arising at the AGM by proxy using Form #15 2020, which must be submitted to the IPAC Canada Secretary at the IPAC Canada conference office no later than Monday, May 4, 2020.

The AGM agenda, rules of Order, and Proxy Form #15 2020 will be posted to Headlines in early 2020 on the IPAC Canada website.

*Jennifer Happe, BSc, MSc*  
Secretary  
IPAC Canada 🌸

## 2020 Diversey Scholarship – \$25,000 Total Award

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**T**hrough the generous support of Diversey, Inc., 20 IPAC Canada members received support to attend the 2019 annual conference in Québec City. Recipients included members with novice, intermediate, and advanced expertise. IPAC Canada thanks Diversey, Inc. for granting successful candidates the opportunity to attend the conference. Scholarship guidelines and the online application can be found at <https://ipac-canada.org/diversey-scholarship.php>.



The deadline for the 2020 scholarship application is **January 31, 2020**.

## 2021 Sage Products LLC (now part of Stryker) Scholarship – \$5,000 Total Award

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**I**n collaboration with Sage Products LLC (now part of Stryker), IPAC Canada is able to offer a scholarship(s) for a candidate(s) from an under-resourced country to attend the 2020 National Conference to be held in Winnipeg (May 3-6, 2020). The criteria for selection and application form are available on the IPAC Canada website at <https://ipac-canada.org/sage-international-attendee-scholarship-2.php>.



Completed applications and accompanying documents must be received no later than **November 1, 2020**.

## 2020 Prescient<sup>x</sup> Scholarship – \$5,000 Total Award

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**I**n collaboration with Prescient<sup>x</sup>, Inc., IPAC Canada is able to provide a patient, a patient family representative, or a patient caregiver associated with a provincial or national Patients for Patient Safety organization the opportunity to attend the IPAC Canada 2020 National Education Conference. Application information and criteria can be found on the on the IPAC Canada website at <https://ipac-canada.org/class-1-inc-scholarship.php>.



The deadline date for applications is **March 1, 2020**.

## 2020 GOJO Scholarship - \$6,000 Total Award

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**I**PAC Canada and GOJO have partnered to provide a \$6,000 scholarship (maximum \$1,500 per successful applicant) to eligible IPAC Canada members for the purpose of attending the 2020 IPAC Canada National Education Conference (Winnipeg, Manitoba, May 3 - 6, 2020).

Scholarship criteria focus on members who have demonstrated their dedication to hand hygiene and infection prevention and control education. The criteria and on-line application can be found on the IPAC Canada website at <https://ipac-canada.org/gojo-scholarship.php>.



Deadline for applications is **February 17, 2020**.

## NEW – 2020 Clorox Scholarship – \$6,000 Total Award

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IPAC Canada and the Clorox Company are pleased to announce a new scholarship to assist members to attend the 2020 National Conference (maximum \$1,500 per successful candidate). The scholarship is for members who have shown leadership in environmental hygiene education. The application and criteria can be found on the IPAC Canada website (Conferences/Education/Scholarships).



The deadline for applications is **February 17, 2020**.

## COMING SOON: \$10,000 Project Funding plus attendance at 2020 and 2021 IPAC Canada conferences

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Sani Marc Environmental Research and Innovation Stewardship Scholarship – \$10,000 project funding plus 2020 and 2021. IPAC Canada and Sani Marc are working towards finalization of the guidelines for a Sani Marc Environmental Research and Innovation Stewardship, effective for the 2020 Conference.

This scholarship will focus on members who have demonstrated creativity and sustainability in leading a research or stewardship project. Guidelines and application information will be posted and announced in the late fall of 2019.



The deadline date for applications is **February 17, 2020**.

## Other Awards...

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3M Champion of Infection Prevention and Control - see guidelines on the IPAC Canada website at <https://ipac-canada.org/infection-prevention-and-control-award.php>.

The deadline for applications is **March 1, 2020**.



Moira Walker Memorial Award for International Service – see guidelines on the IPAC Canada website at <https://ipac-canada.org/moira-walker-memorial-award.php>.

The deadline is **March 30, 2020**. \*



# 2020 ECOLAB Poster Contest



An annual poster contest is sponsored by ECOLAB and supported by an IPAC Canada chapter to give infection prevention and control professionals an opportunity to put their creative talents to work by developing a poster that visualizes the Infection Prevention and Control Week theme. The 2020 National Infection Control Week is October 19-22.

**THEME:** Infection Prevention and Control Beyond the Horizon

**DESCRIPTION OF THEME:** ICPs are visionary and look to the future. An expansive horizon is symbolic of going beyond what we see in front of us. The organisms we deal with are the same – in front of us with much more beyond.

**PRIZE:** The creator of the winning submission will receive a waived registration to the 2020 National Education Conference or \$500.

**REMINDER:** Posters should have meaning for the public as well as all levels of staff across the continuum of care. The poster

should be simple and uncluttered, with strong visual attraction and minimal text.

Judging will be based on overall content. Artistic talent is helpful but not necessary.

The winning entry will be submitted to a graphic designer for final production. Your entry will become the property of IPAC Canada.

**HOST CHAPTER:** IPAC British Columbia.

**SUBMISSION:** Submissions will only be accepted by email. Send submissions to: [info@ipac-canada.org](mailto:info@ipac-canada.org).

**Subject line:** 2020 ECOLAB Poster Contest

**Submission format:**

- Electronic file in Word or PDF format only.
- Files smaller than 5 MB in size preferred.
- Poster size: must print onto 8.5" x 11" paper.
- Name, address, and telephone number must be included in the submission email.
- DO NOT include identifiers on the poster itself.

**DEADLINE:** January 31, 2020 🍁

It's finally here!

**IPAC Audit Toolkit App**  
on phone or tablet

**FREE** for IPAC members

Available to IPAC Canada members in healthcare organizations

Available to IPAC Canada members in Canadian healthcare institutions

For more information visit

[www.QIPAudit.com](http://www.QIPAudit.com)



A collaboration between



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# THE CAMEROON TWINNING PROJECT: IPAC Eastern Ontario's Success Story



In November 2010, the IPAC Eastern Ontario chapter twinned with the Infection Prevention program in Cameroon. There was enthusiastic support from the Cameroon infection control professionals (ICPs) and their CEO for this project. A Letter of Understanding was developed between both the chapter and the Cameroon hospital board and a needs assessment was requested. From the needs assessment, goals were developed for the first year. Fundraising was required to enable some of the projects that we wanted to implement, and this became our primary activity for the first two years. Through the sale of African artifacts, a Silent Auction and donations from chapter educational events, we were able to sponsor one Cameroonian ICP, Jacob Nkwan, with IPAC Canada membership, APIC (Association for Professionals in Infection Control and Epidemiology) membership, provide an electronic mentorship discussion group, and collect and ship medical and infection prevention and control (IPAC) supplies to Cameroon in the second year.

The first major project we were able to assist with was a hand hygiene initiative at four Cameroon hospitals. Alcohol-based hand rub (ABHR) was prepared in the Central Pharmacy and we were able to facilitate acquisition of 3,000 plastic bottles, a manual filler system and methodology for equipment cleaning and disinfection. We also provided educational materials for teaching. All healthcare providers were assigned individual bottles of ABHR to use, and these were cleaned and re-filled when empty. In 2012, two chapter members visited the Cameroon site to provide support and assist with the rollout of the project. As a result, hand hygiene compliance increased from 50 to 70 percent at all pilot sites.

A second project carried out in Cameroon involved safe injection practices. Our chapter was able to assist with this project with donations of needles, syringes and gloves, as well as training resources. Seminars were conducted in all facilities and injection safety and infection prevention awareness was highlighted. The infection prevention curriculum at the local

training centre was revised to include a module on injection safety in all training programs.

These projects highlight the benefits and impact our chapter was able to achieve in an under-resourced area of the world. For our own chapter, the Twinning Project has resulted in a better understanding of IPAC in developing countries and the opportunity to provide meaningful assistance.

In the spring of 2018, our chapter disbanded its formal twinning relationship with the Cameroon hospital board, as our initial goals to assist the fledgling program were met and surpassed. Our Cameroon partners have established a strong working relationship with ICAN (Infection Control African Network) and are now able to provide technical assistance to other organizations. We continue to support Jacob and his IPAC program with ongoing professional memberships in IPAC Canada and APIC, and will assist as requested with IPAC issues.

IPAC continues to be an important part of the healthcare curriculum and the hospital board in Cameroon. The initiative and drive of the Cameroonian ICPs have brought infection prevention to a higher level of practice in their facilities. In 2018, Jacob and his colleagues launched a national IPAC organization in Cameroon! In April 2018 and the spring of 2019, Jacob was awarded Society for Health Care Epidemiology of America International Ambassador Program, and APIC's 2019 Heroes in Infection Prevention Awards, respectively. This has been a truly outstanding return on our investment in the IPAC program in Cameroon.

*IPAC Canada and IPAC Eastern Ontario thank Shirley McDonald, Lead Author, for her generous support of infection prevention and control globally.*

*We also thank the reviewers of this article, members of the Cameroon Twinning Project: Sally MacInnes, Nkwan Jacob Gobte, Paul Webber. 🌸*

# MAY 2019 AUDIT TOOLKIT SURVEY RESULTS

Mandy Deeves, Ryan MacDougall, Baljinder Sidhu

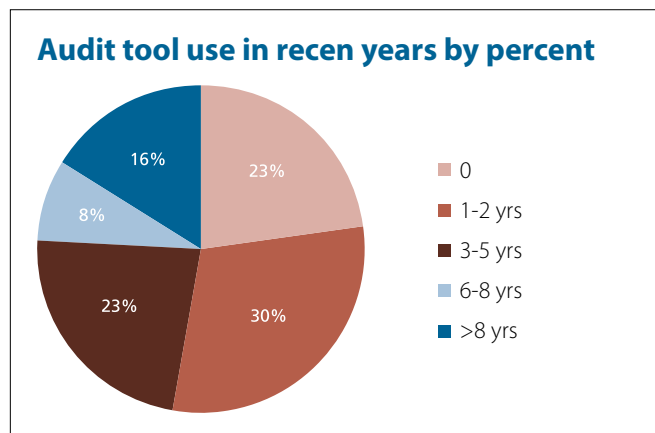
The IPAC Canada Audit Toolkit is designed to support ICPs to measure their success at adopting evidence-based best practices in their organizations. The audit tools are available to IPAC Canada members for download AT NO CHARGE in the Members Area of the website. The audit toolkit can be accessed at <https://ipac-canada.org/ipac-canada-products-2.php>.

To date, there are 52 tools available to members on the IPAC Canada website. These tools are updated routinely (every three years). To better understand what tools continue to be of interest and provide value, IPAC Canada members were asked to answer the following four questions:

1. How many times have you used the audit tools in the last year?
2. Have you ever accessed the audit toolkit instructions, Are You Ready to Audit?
3. Which audit tools have you used in the last year?
4. Please provide any suggestions for improvement

## 142 members responded to the question: *How many times have you used the audit tools in the last year?*

Half reported use of the tools within the last five years, while 30% reported use in the last one to two years, and 23% in the last three to five years. Interestingly, 23% of those who responded identified that they had never accessed the audit tools.



When members responded that they had used the tools in the last year, they were prompted to comment on how or why the tool had been used. Most respondents identified using the tools to do audits for varying purposes and at varying frequencies. Several respondents also identified using the tools as a quick reference to best practice guidelines when they are consulted on a particular issue relevant to completing an investigation.

Members were also asked to provide comments on why they are not using the tools. Respondents indicated several reasons for not using the tools, such as:

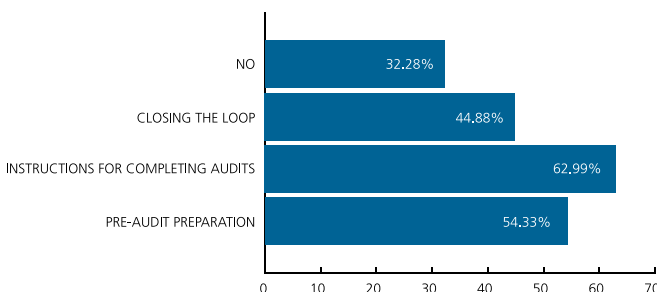
- lack of applicability to their setting
- being required to use organization-specific tools
- being new to infection control

- lack of awareness of the tools
- difficulty in both accessing and/or operationalizing the tools

## 127 members answered the question: *Have you ever accessed the audit toolkit instructions: Are You Ready to Audit?*

The majority of respondents indicated they had accessed these resources intended to guide the auditing process.

### % use of instructional resources



## In response to the question – *Which tools have been used in the last year?* – members identified using all 52 tools listed. The top 14 tools being used are:

- Central Reprocessing departments (43%)
- Self-Audit tool for ICPs (33%)
- Endoscopy (31%)
- Personal Protective Equipment (29%)
- OR Environment (28%)
- Routine Practices (25%)
- Additional Precautions (25%)
- Class IV Construction/Renovation (23%)
- OR Routine Practices
- Asepsis and Pre-Op care (23%)
- Client/Patient/Resident Service Units (22%)
- Linen and Laundry (22%)
- Housekeeping Supply Rooms (22%)
- Hand Hygiene Self-Audit Tool for Health Care Providers (20%)

Suggestions for improvement included comments about the ease of use and accessing the tools, flow of the tools, content updates, and suggestions for new practice area/program-specific tools. Specific feedback will be reviewed and discussed by the Programs and Projects Core Committee and the Audit Toolkit Committee for incorporation into the tools.

In summary, the feedback about the audit toolkit was positive. The relevant committees have noted suggestions for improvement. The audit toolkit committee will continue to review and update the toolkits based on new evidence and feedback from the field.

There has been some discussion with the audit toolkit committee about potential options for improvement to the toolkit relating to ease of use and maintaining currency. This discussion will continue taking into account feedback on the newly released QIP Audit Tool app, which is currently available to members free of charge. ✨

# What's in store for CBIC in 2020

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Dear Colleagues,

As I look back on this year, I am struck by how much the Certification Board of Infection Control and Epidemiology (CBIC) has achieved.

In May, CBIC attended the Infection Prevention and Control Canada (IPAC Canada) and International Federation of Infection Control (IFIC) Conjoint Conference in Québec City. It was another wonderful opportunity to converse with members of IPAC Canada, get to know current and future CICs, and explore a beautiful and historic city.

In June, the CBIC Board of Directors met to discuss the future of CBIC, and that future is nothing but bright. CBIC will be launching two new initiatives in 2020 – the CIC<sup>®</sup> recertification alternate pathway and an entry-level pathway – and just recently approved a study to help better understand the correlation between the CIC<sup>®</sup> credential and patient indicators (e.g., healthcare-associated infection outcome data).

I am pleased to announce that our timeline for launching both pathways in early 2020 is on target, and that the aforementioned study will be conducted by Johns Hopkins University over the course of 2019 and into 2020.

On behalf of the entire CBIC Board of Directors, I want to thank each and every one of you for your encouragement and support throughout CBIC's growth process. We have been working hard to ensure CBIC continues to be future-oriented and meets the demands of the profession, all with the support of CBIC's partner organizations, IPAC Canada and the Association for Professionals in Infection Control and Epidemiology.

I would also like to take a moment to discuss what's in store for the 2020 CBIC Board of Directors. With the 2019-2022 Strategic Plan and the future of these new initiatives in mind, we can look forward to the leadership of Linda Goss, incoming 2020 CBIC President.

I want to thank Joann Andrews, CBIC Board member and past president, as well as Vincent Hsu, CBIC Board member, as they will be rotating off the Board of Directors in 2020. They have been instrumental throughout the years in supporting CBIC's mission and vision. I am honored to have served with such fine individuals and will continue to cherish the relationships we've built.

Thank you as well to the entire CBIC Board of Directors and all infection prevention and control professionals for supporting my tenure as CBIC President. Taking on this role has been a complete honour and pleasure.

As a reminder to those CICs whose certification expires at the end of 2019, you have until 11:59 p.m. Greenwich Mean Time (GMT) on December 31, 2019, to complete your Internet-based recertification examination.

Best of luck to all of you!

I would like to conclude by sharing a quote by James Allen, which I hope will inspire all of you as you move through your careers: "Think strongly, attempt fearlessly, and accomplish masterfully."

Thank you!

Cheers,  
2019 CBIC President,  
Roy Boukidjian, MSN, PHN, CIC, NE-BC ✨



New and certified CICs® from a variety of healthcare settings have spent hours studying, digesting facts, and reading current literature. This information and life experience, along with a successful completion of the CIC® examination, ensure infection prevention and control professionals deserve to place a CIC® after their names. Congratulations to the following IPAC Canada January to September 2019 graduates.

## January – May 2019

### New Certificants

Vladlena M. Abed, RN, CIC  
James A. Ayukekbong, CIC  
Melanie A. Fidyk, CIC  
Rylan Alan Yade, CIC, BASc, CPHI(C)

### Renewed Certificants

Lisa A. Fortuna, BASc, CPHI(C), CIC  
Shivon K. Konink, CIC  
Donna P. Lahey, RN BScN, CIC  
Kishori D. Naik, CIC  
Barbara Nancekivell, CIC  
Katherine Paphitis, MSc, CPHI(c), CIC  
Diane Wallace, MLT, BSc, MSc, CIC  
Karrie L. Yausie, BA, BScOT, CIC

## April – June 2019

### New Certificants

Ashley A. Allan, CIC  
Sandi Amorim-Daly, CPHI (C), CIC  
Augustina N. Charles-Okoli, MD, CIC  
Branden J. Da Silva, MLT, CIC  
Raymond Gullekson, CPHI(C), CIC  
Joseph J. Kaunda, RN, CIC  
Tania R. Paolini, RN, CIC  
Stefanie Siau, BSc, CIC  
Philip Tran, HBSc, MLT, CIC  
Christopher Wituik, RN, CIC

### Renewed Certificants

Arla Altwasser, MLT, CIC  
Joanna Bossy, RN, CIC  
Kimberly A. Hobbs, BsCN, CIC  
Lisa Holovach, MLT, CIC  
Megan J. Reed-Takyi, RN, CIC  
Erika Lee Vitale, MPH, BSc, MLT, CIC

## July – September 2019

### New Certificants

Holly E. Archer, CIC  
Lea Dullemond, RN, BScN, CIC  
Stephanie N. Ironmonger, RN, CIC  
Sonia M. Martin, CIC  
Rhianna J. Matschke-Neufeld, RN BSN MSN CIC  
Kellie McLean, RN BN CIC  
Omid Nouri, CIC  
Fadumo Rirash, CIC  
Elisa Vicencio, CIC  
Pamela A. Waschenko, RN, CIC

### Renewed Certificants

Timothy N. Cronsberry, CIC  
Catherine D. Egan, CIC  
Deanna Hembroff, RN, BSN, CIC  
Maria A. Hollands, RN, CIC  
Craig Lawrie, MSc(A), CIPHI(C), CIC  
Sandra A. Maclsaac, RDH, MPH, CHES, CIC  
Rajni Pantelidis, BSc, CIC  
Janice L. Pitchko, CIC  
Norma Joyce Richards, CIC  
Jill Richmond, RN, CIC  
David S. Ryding, BASc CPHI(C) MPH CIC  
Jennifer M. Sharron, RN, BScN, CIC 🍁

# IPAC Canada Strategic Plan: 2019-2021

Infection Prevention and Control Canada (IPAC Canada)/Prévention et contrôle des infections Canada (PCI Canada) is a not for profit voluntary association for those who are professionally or occupationally interested in the prevention and control of infections in all healthcare settings. Our mandate is to provide education, communication, networking, and advocacy on behalf of our members.

## VISION:

No preventable infections for Canadians. Ever.

## MISSION:

We inspire, nurture and advance a culture committed to infection prevention and control.

## CORE VALUES:

**Integrity:** Principled, ethical and respectful in all our activities.

**Collaboration:** Open and inclusive in dealing with our partners and stakeholders.

**Advocacy:** Advance evidence-informed practices to protect our consumers –members, patients, healthcare providers, and the public.

**Innovation:** Creative and responsive in meeting membership's needs.

**Leadership:** Effective and accountable in proactively pursuing our mission.

## BACKGROUND:

During the 2019-2021 Strategic Plan development process, participants were asked for their perspectives about the strengths, weaknesses, opportunities and threats for IPAC Canada.



Figure 1: Visual of IPAC Canada Strategic Plan 2019-2021. Depicts how communication and fiscal responsibility are embedded into our three strategic directions (Brand Awareness, Member Value/Engagement, and Advocacy and Partnership).

Participants felt inspired by IPAC Canada's focus on patient/client/resident safety, and its diversity, caring, expertise, leadership, and networking. Additional strengths were identified as support of volunteers, mentorship, and the sharing of common goals.

Two main obstacles identified were a decrease in organizational financial support for IPAC education and low membership recruitment and engagement. The threats to our success as an IPAC-recognized organization included the reduction in healthcare budgets, travel restrictions, and ICP positions being undervalued as the 'go-to' IPAC resource.

The opportunity is for IPAC Canada to increase member focus resulting in better recruitment and engagement, to strengthen established partnerships, and increase our profile through new partnerships and advocacy.

The vision of IPAC Canada in the future is a strong, financially secure, and responsive association because of its expertise and resources. Its profile will increase both nationally and internationally and it will help to drive the political agenda for healthcare.

Our three strategic directions are to: inspire brand awareness, nurture member value and engagement, and advance advocacy and partnership. In moving forward, one key strategic focus for us as an organization will be our shared understanding of our Vision, Mission and Values.

## Strategic Direction 1: INSPIRE BRAND AWARENESS

The promotion of the brand of IPAC Canada is crucial to increasing its profile for national and international recognition as a leader in the science and practice of infection prevention and control.

## GOAL:

IPAC Canada will increase brand awareness, its value and benefits internally and externally for clarity and impact. We will focus on:

- Developing a comprehensive communications plan to raise brand awareness
- Preparing the Canadian Journal of Infection Control (CJIC) for PubMed indexing
- Gathering information on members' needs and preferences to inform communications strategy and planning
- Increasing awareness of IPAC Canada as the Canadian voice of IPAC

## MEASUREMENT OF SUCCESS:

IPAC Canada will determine success through the monitoring of membership registrations, social media response, and media uptake. IPAC Canada will see success in preparing CJIC for PubMed indexing.

## Strategic Direction 2:

### NURTURE MEMBER VALUE AND ENGAGEMENT

IPAC Canada recognizes its diverse membership who require the following: tools to create success in their practice; a mentorship program to assist new infection prevention and control professionals (ICPs); growth in leadership skills; and an opportunity to gain from the experience and networking available through chapters, interest groups, and sub-committees.

#### GOAL:

Clarify the value of IPAC Canada membership and increase engagement for growth and sustainability through:

- Assessing the core value proposition for IPAC Canada for members and stakeholders through regular, short surveys to determine improvement in addressing member needs and by membership satisfaction
- Providing current, timely and relevant knowledge that is accessible to members through:
  - a. Promotion of the Mentorship Program information such as an info graphic that includes links to more information and documents
  - b. Encouragement to all chapters to promote the Mentorship Program
- Improving and facilitating communication via the Communication Plan to address concerns on the delivery of information
- Building capacity by encouraging succession plans at chapter level and at the national level
- Generating unique, knowledge-based tools through the following activities:
  - i. Creating critical appraisal statements without duplicating initiatives such as position statements on unique topics
  - ii. Launching and promoting the Audit Tool App
  - iii. Based on mega survey data, develop new and unique audit tools
  - iv. Review website for immediate and long term revisions
  - v. Continue to schedule practice-based webinars

#### MEASUREMENT OF SUCCESS:

Through surveys and interaction with chapters, IPAC Canada will determine from its members that valuable current resources for use in practice as well as opportunities for leadership success are provided. Increased membership and engagement will attest that IPAC Canada is the smart way to advance infection prevention and control.

## Strategic Direction 3:

### ADVANCE ADVOCACY AND PARTNERSHIP

IPAC Canada has a significant role in advocacy of the practice and profession of infection prevention and control. This is accomplished through collaboration with healthcare partners, government, other associations and industry.

#### GOAL:

IPAC Canada will strengthen advocacy and partnerships for increased influence and impact. To do this we will:

- Identify new network champions and partners to advance the work of IPAC Canada consistent with IPAC Canada's core values and strategic priorities
- Strengthen existing partnerships to collaborate in the advancement of the work of IPAC Canada
- Advocate for a National Surveillance System by:
  - i. Collaborating with key partners and organizations to advocate for federal/provincial/territorial adoption of standardized case definitions
  - ii. Lobbying provincial and federal politicians to support a national surveillance system
  - iii. Identifying networks, champions, and partners to endorse and continue to develop options for the national surveillance system

#### MEASUREMENT OF SUCCESS:

IPAC Canada will continue to have strong working relationships with partners who are cognizant of our vision, core values, strategic priorities, and our role in promoting safe healthcare in Canada. We are sought out as the national voice of infection prevention and control. This success is shared with our members who work side-by-side with us to advance our mutual goals.

#### IN SUMMARY...

Foundational to our success are consistent and transparent communication and fiscal responsibility. We rely on our members' participation at the chapter level, in working groups, and on various committees to support the work of IPAC Canada. As we move through our next three years, IPAC Canada will continue to strengthen its foundation, and focus on strategic achievements that support our Vision: 'No preventable infections for Canadians. Ever!'

*IPAC Canada – The smart way to advance infection prevention and control best practice every day. ✨*

# IPAC 2019 Conjoint Conference **At a Glance**

## IPAC 2019 Conference – Breakfast of Champions

The Breakfast of Champions took place at Palais Hilton in Québec City on May 28, 2019. The breakfast is an opportunity to honour award-winning members and chapters. Some of the awards presented during this morning event include: the 2018 Editorial Award, Moira Walker Memorial Award for International Service, CIC® Chapter Achievement Award, 3M Champion of Infection Prevention and Control, 3M Chapter Achievement Award.



*Dominic Quinn of Stryker presents the Moira Walker Award to Mandy Deeves*



*Jacqueline Hlagi, centre, presents the 2018-2019 Chapter Achievement Award to IPAC GTA representatives*



*Kathy McGhie, 3M Canada (2nd from left) and Jacqueline Hlagi, Chair, Membership Committee (2nd from right) present the 3M Chapter Achievement Award to IPAC Southwestern Ontario*



*Tonette Hershman of GOJO (3rd from left) with the winners of the 2019 GOJO Scholarship*



*Winners of the 2019 Diversey Scholarship*

## IPAC 2019 Conference – Opening Ceremonies

The IPAC 2019 Conjoint Conference got off to a spectacular start on Sunday, May 26, with the Opening Ceremonies. The event took place at the Québec Convention Centre's Convention Hall. The evening was one filled with entertainment and special guest speakers.



### IPAC 2019 Conference – Opening Reception

The Opening Reception took place on May 26 at the Québec Convention Centre’s Exhibit Hall. Attendees were treated to an evening of fine fare and entertainment.



### IPAC 2019 Conference – Run For IFIC

The 14th Annual Run or Walk for Fun took place on May 27 from the Main Entrance, Québec Convention Centre. The Run For IFIC is in aid of the IPAC Canada Scholarship, which assists Infection Control Professionals from under-funded or under-resourced countries to attend the annual International Federation of Infection Control (IFIC) education meeting.





### IPAC 2019 Conference – Special Event

Tuesday, May 28, conference attendees were treated to an exciting time on the town with the Special Event: Cabane à sucre | en Tailleur. This event provided the perfect opportunity to discover Québécois tradition in hearty French-Canadian style.



### IPAC 2019 Conference – Work Work Work

While the IPAC 2019 Conjoint Conference in Québec City offered many opportunities to explore, celebrate the contributions of members and feast on food and culture, it was also a productive time of workshops, presentations and learning. 🍁



# Distance Education Graduates

IPAC Canada congratulates the graduates of the 2018-2019 IPAC Canada Distance Education Online Novice Infection Prevention and Control Course. This course also provides IPAC Canada members with the opportunity to share their expertise in their role as coordinators, instructors, and discussion facilitators. Many thanks go to the course's faculty and to the students' families and colleagues. They make it possible for students to strengthen their knowledge and skills. We know that they are ready and eager to apply them to practice. The following group of graduates has successfully completed the course. Congratulations and best wishes to:

Shiva Ahmadpour  
Nana Assante  
Gwen Barker  
Chelsey Barker  
Brittany Belleau  
Amy Calinao  
Sandra Carpenter  
Tanni Chu  
Melissa Cohen  
Jolene Cowden  
Catrina Crouse  
Lunadel Daclan  
Jasmine Day  
Lauren Deng  
Brittany Devoe  
Michael Duong  
Ricardo Eduardo Fernandez  
Lindsey Frenssen  
Dharshini Ganeshan  
Vashti Garcia  
Jaime Gee  
Heather Harms  
Lanea Harris  
Liz Haydu  
Stephen Jacobsen  
Grace Jakovljevic  
Shalini Kainth  
Juanita Kerbrat  
Rebecca King  
Mariam Labib  
Patrice Lee  
Lydia Letren  
Joss Lind Suba  
Sherry Lucas  
Jennifer Mabusat Chan  
Heather MacLennan  
Marjolyn Maryann Maduro  
Altaf Mahmud  
Mohinder Mann  
Michelle Mannhardt  
Melissa Marrison  
Rhianna Matschke-Neufeld  
CarolAnn McMann  
Michel Monette

Therisa Mye-Kamara  
Jesse Nolet  
Morenike Ogunsan  
Lacy Paturel  
Karin Poole  
William Preiss  
Andrea Prentice  
Carolyn Ridgley  
Cindy Rochon  
Christine Ryan  
Sarah Sasso  
Luke Sequeira  
Christine Smith-Murphy  
Lisa Snodgrass  
Kaylee Steele  
Scott Stephens  
Jennifer Styles  
Ryan Tan Ebuna  
Amy Tchir  
Ashley Tortorici  
Pamela Waschenko  
Julie Williams  
Michelle Wing Cheung  
Michelle Zdebliak (Jones)

## 2018-2019 Faculty

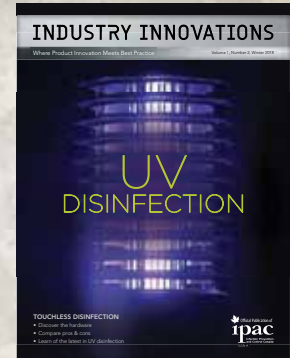
- Heather Candon, BSc, MSc, CIC  
Course Coordinator/Instructor
- Jane Van Toen, MLT, BSc, CIC  
Course Coordinator/Instructor
- Jill Richmond, BA, RN, BN,  
CIC Practicum Coordinator
- Florentina Belu RN BScN CIC,  
Instructor
- Laura Fraser, RN, BScN,  
CIC Instructor
- Leila Kipke, MLT  
Instructor/Facilitator
- Lesley McLeod, BSc, MSc, CIC Instructor
- Julie Mori, PhD Instructor
- Anne Augustin, MLT,  
CIC Facilitator
- Tina Stacey-Works, MLT,  
CIC Facilitator
- Angela Thomas BScN RN  
CIC, Facilitator
- Elizabeth Watson, RN, BScN,  
CIC Facilitator

For more information on upcoming course offerings, see Education Resources on the IPAC website. Applications for the 2020-2021 session will be accepted from January 1 to March 16, 2020. 🌸



# INDUSTRY INNOVATIONS

Where Product Innovation Meets Best Practice



The *Industry Innovations* publication aims to enhance the clinical research repertoire of Infection Prevention and Control Professionals as offered in the *Canadian Journal of Infection Control*. This publication will highlight technological innovations offered by our industry partners.

By curating and cataloguing these innovative offerings thematically based on a shared whitepaper submission guideline, we hope to offer a comparative view of industry offerings, which will assist IPAC Canada members and their institutional colleagues in making informed decisions on industry partnerships and implementation of products in their facilities. The first issue (*Electronic Monitoring of Hand Hygiene Compliance*) has been posted to the <https://ipac-canada.org/industry-innovations.php>.

The second issue (UV Disinfection) will be published in winter 2019.

For more information, contact Al Whalen ([awhalen@kelman.ca](mailto:awhalen@kelman.ca))

**Lower your child's flu risk**

**Immunization against influenza is recommended for all children 6 to 59 months of age.** Talk to your doctor, nurse or local public health office about immunizing your child against influenza.

Immunize Canada  
CELEBRATING IMMUNIZATION SUCCESS

**Diminuez le risque de la grippe chez votre enfant**

**On recommande la vaccination contre l'influenza à tout enfant âgé d'entre 6 mois et 59 mois.** Parlez à votre médecin, votre infirmière ou votre bureau de santé publique pour faire vacciner votre enfant contre la grippe.

Immunize Canada  
CÉLÉBRER LE SUCCÈS DE LA VACCINATION

# Pan-Canadian Roadshows – Environmental Cleaning/Disinfection of Emergency Vehicle and Equipment; Risk Assessment for PreHospital Care Personnel

In collaboration with local Emergency Services, the Roadshows will be presented in six Canadian cities between 2019-2021. Very successful Roadshows were held in Winnipeg on September 25 and Dartmouth on October 23. Cities and dates for 2020 and 2021 will be announced.

The IPAC Canada PreHospital Care Interest Group has appointed working groups to develop the half-day curriculum. The Pan-Canadian Roadshows are made possible through the sponsorship of:



**SANI MARC**

**WOOD WYANT**

*Subsidiary of Sani Marc Group  
Filiale du Groupe Sani Marc*



# Infection Control Africa Network – Virtual Learning Platform (ICAN\_VL)



Infection Control  
Africa Network

Responding to the needs in Africa for education and training in infection prevention and control (IPC), ICAN has launched distance-learning nodes in Africa as a way to rapid dissemination of knowledge, IPC, and reducing travel costs for face-to-face meetings in Cape Town. The ICAN\_VL platform serves to deliver face-to-face teaching from the comfort of the student's own country. The system works on a hub (Cape Town) and nodes established in various academic settings across Africa.

In June 2018, the first node was set up at the University of Burundi under a memorandum of understanding (MOU) with ICAN. More recently, a second node was installed at Kumbo (Banso) on September 5, 2018, in Cameroon, as part of a collaboration between ICAN and the Cameroon Baptist Convention Health Services (CBCHS). Infection Prevention and Control Canada has generously funded these two nodes.

The third node was set up in Sierra Leone, at Njala University on September 11, 2018, where CDC Atlanta has provided financial support. A further node will be established in Freetown, Sierra Leone in the near future.

The distance learning nodes communicate with a central knowledge hub (currently based in Cape Town), through the ICAN Virtual Learning Platform. The great advantage is that training can be delivered to a high standard without the students having to travel to the lecturing institutions. Courses are available to satisfy the needs of the various members including the five-day basic IPC course, the basic IPC/WASH course, and the six-month FIPC course (Fundamentals in Infection Prevention and Control). It is envisaged that if this technology works in African countries with varied Internet bandwidth, teaching across Africa will be much improved. Equally, access to experts from across the globe as part of the teaching faculty will be much easier.

To date, the node in Cameroon has been used for capacity building in IPC/WASH with technical support from ICAN. At ICAN, the online-structured courses will take place between 2020 and 2021 using the nodes to reach more participants.

ICAN and our African countries with nodes are working on a sustainable plan to continue spreading the use of the nodes. Some barriers are the unstable Internet situation and power outages, but we try and have a backup plan to be able to continue even directly from Cameroon if Internet service is unavailable. Long distances and time difference also lead to challenges, but we are working and planning around that, even if it may result in lengthier programmes.

## Strengths

We have seen how the knowledge and attendance have grown over the last 12 months from all over the African continent. We also use the nodes to connect on a regular basis as part of our ECHO programme. This helps the countries to be able to connect on a weekly or bi-weekly basis with specialists across Africa and even Europe.



*Set up of a distance-learning node by ICAN – Infection Control Africa Network, funded by IPAC (Canada). Inaugural dry dun, by Anna Vorndran broadcasting from Cape Town (South Africa). Introduction by Prof Masharabu Tatien, the Director of Research and Innovation Centre*



*IPC/WASH training going on in Mutengene, Cameroon. June 19-20/2019. Training conducted by Mr Nkwan Jacob Gobte from ICAN board and also Training of nursing in Cameroon for the Baptist Convention Centres throughout Cameroon.*

We have seen the growth in knowledge and passion about IPC and WASH in all our countries where we have installed the nodes. We are planning to continue spreading this technology towards more countries. At the moment with the Ebola outbreak, we have seen how a node would be able to assist in training needs, but with the different obstacles, it is still in planning. We have seen the great advantage for the countries with the nodes and have put an MOU in place to secure the equipment, with a dedicated person responsible for looking after the equipment and providing feedback to ICAN. The role of the MOU is not one of profit, but rather to sustain training to all in the more remote parts of a country. The university or organization, responsible for the equipment, is also allowed to use the equipment for other training – not just IPC. This in turn assists them to be able to build capacity and career opportunities for more people. The equipment included an HP laptop, pull-down screen, webcam, speakers and all the cables and connections. Training was given to all the staff and a dry run was executed from SA with each.

ICAN wishes to thank IPAC Canada for the generous donation of the two nodes, which we were able to install in Burundi and Cameroon. We will have regular feedback as they also get used to the idea of reporting back. We have set up some regular meetings with the two countries to see where we can assist them more. We will send quarterly feedback on both nodes to IPAC Canada.

Warmest regards  
AC Vorndran:  
ICAN Executive manager

## Surveillance in Long-Term Care Settings

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### Background

Infections contracted in healthcare settings, including in long-term care (LTC) settings, that were neither present nor developing on admission to the healthcare setting are healthcare-associated infections (HAI).<sup>1</sup> HAIs include infections with antibiotic resistant organisms (AROs), respiratory, enteric, urinary tract and other infections, and are often preventable.<sup>1</sup> Surveillance in LTC should include, (at a minimum) monitoring for enteric and respiratory infections and for pathogens and infections of concern based on local epidemiology, and while this is legislated in some parts of Canada (e.g., Ontario<sup>2</sup>), its routine performance across all Canadian LTC settings is essential to provide national rates and inform infection prevention and control (IPAC) strategies.<sup>3</sup> Standardized case definitions provide a baseline for both internal and external comparison, and inform IPAC strategies.<sup>3</sup>

Surveillance is defined by the Public Health Agency of Canada (PHAC) as “tracking and forecasting health events and determinants through the collection, analysis and reporting of data”.<sup>4</sup> Ongoing surveillance provides baseline HAI data and, over time, builds capacity for subsequent monitoring activities, including benchmarking of HAI rates both within and between LTC settings.<sup>3,4</sup> Surveillance data informs research and antimicrobial stewardship programming, and guides clinical practice in LTC, including identification of outbreaks and implementation and monitoring of interventions aimed at reducing rates of HAI.<sup>3,4</sup>

Case definitions used in HAI surveillance are “a set of standard criteria for classifying whether a person has a particular disease, syndrome or other health condition”.<sup>5</sup> The most recent case definitions for use in Canadian LTC settings were published by IPAC Canada in 2017.<sup>6</sup>

Point prevalence surveys can also be used to identify trends in HAI locally and nationally.<sup>5</sup> A point prevalence survey in Canadian LTC settings was piloted by PHAC in 2017, in partnership with IPAC Canada. The study provided preliminary information on infections caused by AROs and antimicrobial use in LTC, and demonstrated the feasibility of carrying out surveillance for HAI in LTC.

### Position Statement

#### Surveillance of Infections:

- LTC settings throughout Canada should routinely conduct surveillance for HAIs, regardless of whether or not this is a legislative requirement for their province or territory.
- Surveillance for HAIs should focus on infections most commonly associated with outbreaks and/or significant morbidity or mortality (e.g., respiratory and gastrointestinal) and those for which interventions can be implemented to limit or prevent further transmission and serious outcomes.
- Surveillance for other infections (e.g., urinary tract infections (UTIs), skin, soft tissue, and mucosal infections, and AROs) should be prioritized based on local epidemiology, and aligned with the vision and goals of the LTC home or organization.

### **Surveillance Definitions:**

- Surveillance in Canadian LTC settings should be conducted using the IPAC Canada case definitions (2017) to ensure consistency of case identification and to allow for comparison within a facility over time or against other facilities in the same geographic region and across Canada.

### **Local and National Studies/Surveys:**

- LTC settings should participate in point prevalence surveys, at the local and/or national level, to build a repository of data to provide a baseline for comparison for various infections. This enables consistent measurement of a facility's performance over time and the ability to "benchmark" against that of other facilities to identify opportunities for further improvement.

## **Stakeholders**

LTC Facility Leadership

Infection Control Professionals (ICP) in LTC and/or LTC Facility Staff with ICP Responsibilities

Government and Regulatory Authorities

## **Participants in Development of Position Statement**

This position statement was developed by the IPAC Canada Surveillance and Applied Epidemiology Interest Group

Chairs: Jennifer Happe, Katherine Paphitis

Principal Authors: Jennifer Happe, Katherine Paphitis, Nalini Agnihotri, Bois Marufov, Julie Mori

## **Glossary/Definitions**

As per the Canadian Standard Association (CSA):

"SHALL" is used to express a requirement, i.e., a provision that the user is obliged to satisfy in order to comply with the standard;

"SHOULD" is used to express a recommendation or that which is advised but not required; and "MAY" is used to express an option or that which is permissible within the limits of the standard, an advisory or optional statement.

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## CALL FOR PAPERS

The *Canadian Journal of Infection Control* is a leading international peer-reviewed journal providing a platform for knowledge transfer and academic discourse in the field of infection prevention and control and hospital epidemiology. The journal invites submission of manuscripts outlining original research that examines, informs, and advances this professional field.

Authors should follow the content and format recommendations as outlined in the journal's Guidelines for Authors (<https://ipac-canada.org/canadian-journal-of-infection-control-3.php>). Manuscripts are accepted in English and French and should be submitted electronically by emailing all materials to the attention of:

Victoria Williams, Editor-in-Chief  
*Canadian Journal of Infection Control*  
editor-in-chief@ipac-canada.org

A signed copy of IPAC Canada's Publisher-Author agreement must be received before a manuscript will be published. The agreement is available at <https://ipac-canada.org/canadian-journal-of-infection-control-3.php>.

Please note that there is an approximate three- to four-month timeline between receipt of manuscript, peer review, editing, and publication. The *Canadian Journal of Infection Control* is a quarterly publication indexed by the Cumulative Index to Nursing and Allied Health Literature (CINAHL)/EBSCO, SilverPlatter Information, Inc. and CrossRef.