



ABOUT



THE ASSOCIATION

VISION STATEMENT

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

MISSION STATEMENT

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

VALUES STATEMENT

Organizational values are formal statements of beliefs that guide an organization in its relationships with stakeholders as it discharges its mission in pursuit of its vision. IPAC Canada ascribes to the following values:

Integrity – Principled, ethical and respectful in all of our activities.

Collaboration – Open and inclusive in dealing with our partners and stakeholders.

Advocacy – Advancement of evidence informed practices to protect our consumers.

Innovation – Creative and responsive in meeting the membership's needs.

Leadership – Effective and accountable in proactively pursuing our mission.



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

IPAC Canada is committed to the wellness and safety of Canadians by promoting best practice in infection prevention and control through education, standards, advocacy and consumer awareness.

The mandate of our organization is to provide education, communication and networking to our members and the public through provision of resources, education opportunities and collaboration with partner stakeholders.

The work of our organization is focussed on the primary areas of:

- Education
- Communication and Networking
- Practice Support
- Collaboration

EDUCATION

- National Education Conference
- Chapter Education Days
- Webcasts and Webinars – IPAC Canada hosts regular webcasts and webinars on current topics of interest.
- Distance Education Basic Infection Prevention and Control
- Routine Practices E-Learning Tool
- Hand Hygiene E-Learning Modules



COMMUNICATION AND NETWORKING

- Chapters and Interest Groups
- Canadian Journal of Infection Control
- Monthly E-Newsletter
- Website (www.ipac-canada.org)

PRACTICE SUPPORT

- Infection Control Audit Tools
- Program-Wide Standard
- Core Competencies for HCWs
- Core Competencies for ICPs
- National Infection Control Week Posters
- DVDs, Brochures

COLLABORATION

IPAC Canada works closely with external stakeholders to further the practice of infection prevention and control. Recent collaborations include:

- Accreditation Canada and Health Standards Organization
- Association for Medical Microbiology and Infectious Diseases
- Canadian Healthcare Engineering Society
- Canadian Hospital Epidemiology Committee
- Canadian Nosocomial Infection Surveillance Program
- Canadian Nurses Association
- Canadian Patient Safety Institute
- Canadian Standards Association
- Certification Board of Infection Control
- International Federation of Infection Control
- National Collaborating Institute for Infectious Diseases, Communication and Education Task Group on Antimicrobial Resistance (CETAR)
- Public Health Agency of Canada
- Royal College of Physicians and Surgeons of Canada

For more information about IPAC Canada, please see www.ipac-canada.org or contact info@ipac-canada.org.

BIOGRAPHIES

PRESIDENT AND ASSOCIATION SPOKESPERSON

MOLLY BLAKE BN MHS CIC

MOLLY BLAKE BN MHS CIC has been an Infection Control Professional for almost 17 years, and is currently the Program Director, Infection Prevention and Control, Winnipeg Regional Health Authority. In her professional position, Molly's responsibilities include lead planning, implementation and evaluation of the WRHA Regional infection prevention and control Program. She has served on many working and interest groups at the local, provincial, national, and international level. She has been an IPAC Canada member (local chapter – Manitoba) for as long as she has been an ICP, and has been involved for several years in IPAC Canada activities through the Conference Planning Committee and Interest Groups. Molly undertook her undergraduate nursing training and received her Bachelor of Nursing at the University of Manitoba. She completed a Masters of Health Studies from Athabasca University. She received initial certification through the Certification Board of Infection Control and Epidemiology, Inc. in 2008 (and recertified in 2013).



EXECUTIVE DIRECTOR

GERRY HANSEN BA

GERALDINE (GERRY) HANSEN has been the administrator of IPAC Canada since 1988, holding the position of Executive Director since 2009. Her role is to manage staff and committees in the day-to-day operations of the association, and to foster good working relationships with external stakeholders, vendors and the media. Gerry has facilitated many significant changes within the association, including by-law changes, ensuring compliance with respect to the Canada Not-for-Profit Corporations Act, Canadian Anti-Spam Legislation, the legal and administrative implications of the association's name change in 2014, and the restructuring of the IPAC Canada Board as it evolved from being a Working Board to a Strategic Board.



BOARD OF DIRECTORS 2018-2019

EXECUTIVE OFFICERS



President
Molly Blake
BN MHS CIC



**Secretary/
Membership Director**
Jennifer Happe
BSc MSc



Treasurer
Michael Rotstein
BScN MHSc CIC CHE



President-Elect
Barbara Catt
RN BScN M Ed CIC

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Mandy Deeves
BScN RN CIC



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BHSc MSC



Director
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Director
Ramona Rodrigues
RN BSc MSC(A) CIC CNS FAPIC



Director
Kim Allain
BScN RN MHS

BOARD SUPPORT 2018-2019

MEMBERSHIP SERVICES OFFICE

Executive Director

Gerry Hansen

Administrative Assistant

Kelli Wagner

OTHER POSITIONS

Editor-in-Chief, Canadian Journal of Infection Control

Chingiz Amirov MPH MSc-QIPS CIC FAPIC

Web Communications Manager

Tanya Denich MSc CIC

Webmaster

Pamela Chalmers

Social Media

Helen Evans MA

Philippe Fournier BSc CIC

Distance Education Course Coordinator

Heather Candon BSc MSc CIC

Distance Education Course Coordinator

Jane Van Toen MLT BSc CIC

PROFESSIONAL AGENTS

Legal Counsel

Terrance Carter/Theresa Man

Carters Professional Corporation

Auditor

Philip Romaniuk CPA CA

Grant Thornton LLC

Conference Coordinator, BUKSA Strategic Events

Pascale Daigneault



HISTORY



The Association for Practitioners in Infection Control Canada (APIC-Canada), was established in 1972 by 23 people as a joint Canada - USA professional association. Over the next few years Canadian practitioners (ICPs) acknowledged that it was important to have an autonomous Canadian organization as a distinct legal entity. As a result, on April 2, 1976, (APIC-Canada) was incorporated as a nonprofit organization under the Canada Corporations Act.

The letters patent incorporating the Association listed the following objectives:

1. The general purpose of the Association is to improve patient care by serving the needs and aims common to all disciplines who are united by infection control activities.
2. To initiate and develop effective communication.
3. To support the development of effective and rational infection control programs in health-care agencies.
4. To encourage standardization and critical evaluation of infection control practices.
5. To promote quality research in practices and procedures related to infection control.
6. To publish or to facilitate the publication and/or distribution of such books, pamphlets and periodicals as may from time to time have reference to Association for Practitioners in Infection Control (Canada) and its work.
7. To receive donations and bequests to carry out the purposes of the Corporation.

MILESTONES

1976

- In Montreal on November 25, with 39 members from across Canada in attendance, the name of the association was changed to the "Canadian Hospital Infection Control Association (CHICA)".
- Original organization consisted of an Executive of six officers to run the day-to-day operations of the association, and an advisory Board of 11 directors, many of whom were physicians or microbiologists.
- From the inception, members acknowledge the important support of industry as patrons, sponsors and exhibitors.

1978

- The first all-Canadian CHICA Conference and inaugural business meeting is held in Jasper, Alberta from July 5 to 8, hosted by the Calgary Infection Control Interest Group.

HISTORY

1979

- CHICA Logo designed by Elaine Madger to represent the motto “Everyone working together for better patient care”.

1980

- First Chapter of CHICA: Toronto Practitioners in Infection Control (TPIC).
- First newsletter is created and distributed.

1982

- Entry to practice courses started in Ottawa, jointly sponsored by the Laboratory Centre for Disease Control (LCDC), CHICA-Canada and the University of Ottawa.

1983

- CHICA board approved the Certification Board Infection Control (CBIC) exam as valid certification for ICP's in Canada, and developed a CHICA endorsement seal for the certificates of successful Canadian candidates.

1985

- Newsletter discontinued and replaced with a professional journal, the “CHICA Journal” published by the Canadian Hospital Association.

1988

- Infection Control Week established in Canada in October. One year later, Parliament proclaims this an annual event.

1993

- Official liaison with the APIC Guidelines Committee established.

1994

- CHICA-Canada invited to appoint a liaison person (non-voting, non-funded) to attend meetings of the LCDC Steering Committee on Infection Control Guidelines.

1998

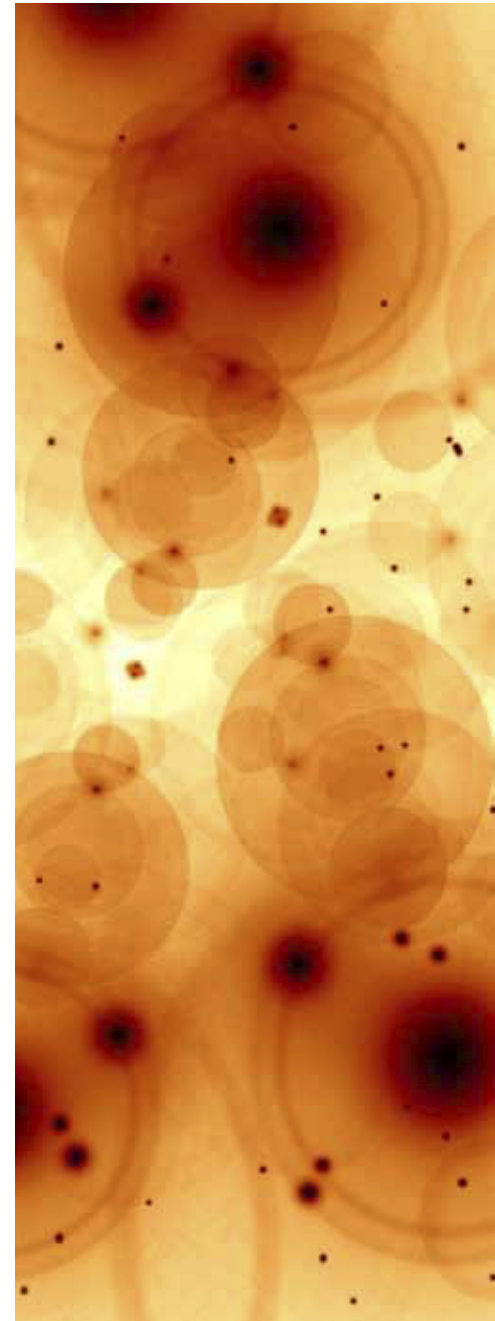
- Association website established: www.chica.org.

1999

- Successfully lobbied Health Canada to maintain the programs at LCDC.

2000

- Collaborated with Canadian Hospital Epidemiology Committee (CHEC) and Centre for Infectious Disease Prevention & Control's Canadian Nosocomial Infection Surveillance Program (CNISP) to develop a database on resources hospitals expend in preventing hospital-acquired infections (RICH survey).



HISTORY



2001

- 25th Anniversary of CHICA-Canada.
- Participated on the Canadian Nurses Association Committee developing nursing care plans for patients with Hepatitis C.
- Became an official partner organization in the Canadian Coalition for Influenza Immunization.

2002

- Presentation made to Romanow Commission on the Future of Healthcare.

2004

- Invited to partner in a growing number of initiatives with the Canadian Institute of Health Research, the Emerging ID Clinical Treatment Trials, and the Canadian Hospital Network for Infectious Disease Prevention and Control (Health Canada). CHICA-Canada also represented on the Emergency Nursing Advisory Committee of the RNAO.

2005

- Membership reaches 1,180 members, including 187 Institutional Members.

2006

- First Run for IFIC held at 2006 conference.

2007

- CHICA-Canada partnered with the Canadian Federation of Infectious Diseases, AMMI Canada, CACMID, the International Centre for Infectious Diseases and industry partners to plan a National Infectious Disease Day in Ottawa, October 18th.

2009

- CHICA-Canada was officially represented at the annual meetings of APIC (Fort Lauderdale) and IFIC (Lithuania).

2010

- CHICA-Canada participated on planning committee of Canadian Patient Safety Institute Forum on Patient Safety in Toronto, April 2010.
- In partnership with 3M Canada, CHICA awarded the first Champion of Infection Prevention and Control Award. Dr. Mary Vearncombe was the first winner.
- The first CIC Chapter Achievement Award presented to CHICA British Columbia.

HISTORY

2011

- CHICA became an Associate Member of the Canadian Nurses Association (CNA).

2012

- CHICA-Canada membership climbs to 1,675.

2013

- Members vote to change name to Infection Prevention and Control Canada (IPAC Canada)/Prévention et contrôle des infections Canada (PCI Canada).

2014

- As of January 1, 2014, the association officially became Infection Prevention and Control Canada (IPAC Canada)/Prévention et contrôle des infections Canada (PCI Canada).
- IPAC Canada collaborated with the Canadian Safety Institute (CPSI) in the development of an Infection Control Summit as part of CPSI's National Integrated Patient Safety Strategy.
- Many IPAC Canada members answered the call for expert assistance in Saudi Arabia during the MERS_CoV outbreak and West Africa during the Ebola outbreak.

2015

- A Strategic Plan 2016-2018 was developed by IPAC Canada leadership. The focus of the Strategic Plan is on increasing the profile of IPAC Canada and its members.
- An International Attendee Scholarship was established to facilitate the attendance of international experts to the IPAC Canada annual conference.

2016

- IPAC Canada celebrates its 40th Anniversary.
- The association added an elected Public Representative position to the Board.

2017

- Published Program Wide Standard.
- Published Core Competencies for Healthcare Workers (2016 Revision).
- Published Core Competencies for Infection Prevention and Control Professionals.
- Hill Day 2017 - A day in Ottawa meeting various Ministers and members of the Health Committee.
- Canadian Nurses Association recognizes Infection Prevention and Control as a nursing specialty practice.



HISTORY



2018

- House of Commons Standing Committee on Health - Presented evidence for an action plan around Antimicrobial Resistance (AMR).
- Hill Day 2018 - A day on The Hill in Ottawa meeting with several Ministerial staff and Health Committee Members.
- Choosing Wisely - In collaboration with Canadian Nurses Association, describing the infection prevention and control practices that nurses need to know.
- Routine Practices E-Learning Tool - Revised English and French modules launched.
- Hand Hygiene E-Learning Module - Mandatory e-learning tool for healthcare workers across Canada.
- Northern Network - Communication platform for IPAC Canada members in the northern territories.
- Africa Education Nodes - Africa - In collaboration with Infection Control African Network, sponsored two education nodes in African countries.

CHAPTERS



1. IPAC British Columbia (IPAC BC)
2. IPAC Central East Ontario (IPAC CEO)
3. IPAC Central South Ontario (IPAC CSO)
4. IPAC Eastern Ontario (IPAC EO)
5. IPAC Greater Toronto Area (IPAC GTA)
6. IPAC Huronia Practitioners of Infection Control (IPAC HUPIC)
7. IPAC Manitoba (IPAC MB)
8. PCI Qc
9. IPAC New Brunswick/Prince Edward Island (IPAC NB/PEI)
10. IPAC Newfoundland/Labrador (IPAC NL)
11. IPAC Northeastern Ontario (IPAC NEO)
12. IPAC Northern Alberta (IPAC NA)
13. IPAC Northwestern Ontario (IPAC NWO)
14. IPAC Nova Scotia (IPAC NS)
15. IPAC Ottawa Region (IPAC OR)
16. IPAC Peel and Neighbouring Area (IPAC PANA)
17. IPAC Renfrew County (IPAC RC)
18. IPAC Saskatchewan Professionals in Infection Control (IPAC SASKPIC)
19. IPAC Simcoe Muskoka (IPAC SM)
20. IPAC Southern Alberta (IPAC SA)
21. IPAC Southwestern Ontario (IPAC SWO)



OUTREACH

The collage features three main digital assets:

- Facebook Page:** Shows the IPAC Canada profile with a bio: "IPAC Canada is a multidisciplinary member-based association committed to public wellness and safety by advocating for best practices in infection prevention and control in all settings." It includes a "Sign Up" button and a "Log In" button.
- Website Banner:** Promotes "SAVE LIVES! Clean Your Hands Day" on Friday, May 5, 2017. The banner features the slogan "Fight antibiotic resistance - It's in your hands!" and a "Register today for this worldwide event." button. The website header includes the IPAC and PCI logos and navigation menus for Home, About, Conferences / Education, Membership, Inside IPAC Canada, Resources / Publications, and Members Area.
- Journal Cover:** The cover of "The Canadian Journal of Infection Control" (CJIC) for Spring 2018, Volume 33, Number 1. The cover lists several articles under the "INSIDE" section, including topics like hip arthroplasty, ventilator-associated pneumonia, and handwashing compliance.

SEARCH Search our site...

Welcome to IPAC Canada

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



Certification Webinar

Media Room

Alerts and Recalls

Zika Virus

Routine Practices E-Learning Tool

INSIDE

- 14 Hip arthroplasty: Incidence and risk factors for surgical site infection
- 20 Multi-drug resistant ventilator associated pneumonia: risk factors and outcomes
- 25 Incidence and risk factors of surgical site infection in general surgery department of a Tunisian tertiary teaching hospital: A prospective observational study
- 33 Practice and compliance of essential handwashing among healthcare workers at a regional referral hospital in Uganda: A quality improvement and evidence-based practice
- 39 Changing ICU culture to reduce catheter-associated urinary tract infections
- 44 UV-C light and infection rate in a long-term care ventilator unit
- 50 Tuberculosis exposure in an oncology clinic and hospital environment: Not all exposures are equal

2019 CONFERENCE



INDUSTRY PARTNERS



EXTERNAL STAKEHOLDERS

Accreditation Canada

Association des infirmières en prévention des infections

Association for Professionals in Infection Control and Epidemiology (US)

Association for Medical Microbiology and Infectious Diseases

AustralAsia College for Infection Prevention and Control

Canadian Association for Clinical Microbiology and Infectious Diseases

Canadian Association for Drugs and Technology in Healthcare

Canadian Association for Enterostomal Therapy

Canadian Association for Environmental Managers

Canadian Association for Medical Device Reprocessing

Canadian Association of Nursing Schools

Canadian Dental Association

Canadian Education and Training in Antibiotic Resistance

Canadian Foundation for Infectious Diseases

Canadian Healthcare Engineering Society

Canadian Hospital Epidemiology Committee

Canadian Institute for Health Information

Canadian Nurses Association

Canadian Nosocomial Infection Surveillance Program

Canadian Patient Safety Institute

Canadian Standards Association

Canadian Vascular Access Association

Central Services Association of Ontario

Certification Board of Infection Control and Epidemiology

Health Canada

Health Standards Organization

Immunize Canada

Infection Prevention Society (UK)

International Council for Infectious Diseases

International Federation of Infection Control

National Patient Safety Roundtable

National Collaborating Centre for Infectious Diseases

Ontario Health Association

Operating Room Nurses Association of Canada

Public Health Agency of Canada

Provincial and Regional Infection Control Networks

Registered Nurses Foundation of Ontario, SARS Scholarship

World Health Organization



MEDIA RELEASE



IPAC Canada Remarks Meeting of the House of Commons Standing Committee on Health

November 2nd, 2017

Good afternoon. My name is Suzanne Rhodenizer-Rose.

I serve as Past President of Infection Prevention and Control Canada and am pleased to be with you this afternoon to address the pressing issue of Antimicrobial Resistance, or AMR, in Canada. I am joined by my colleague, Jennifer Happe, who is an Infection Control Professional and an Officer of IPAC Canada. IPAC Canada is a multidisciplinary association, with over 1600 members nationwide and is committed to public wellness and safety by advocating for best practices in infection prevention and control in all settings.

I want to begin by commending the committee for taking time to study this issue, which deserves attention from elected officials and the public they serve, though it is also often reduced to short sound bites on the news. People who have heard of 'superbugs' and outbreaks of pandemics may be inclined to think these issues are far-removed from them, whether in the past or many continents away, however that assertion would be deeply flawed.

AMR has been identified as a fundamental threat to the modern healthcare system. AMR creates challenges, not just for the patients that endure its effects, but also for the healthcare system as a whole. When the best medicines we have to combat illness cannot defeat the microorganisms that infect people, illnesses become more easily spread and harder to treat. Additionally, the World Health Organization, which has shown exceptional leadership on this issue, has noted that "Antimicrobial resistance increases the cost of health care with lengthier stays in hospitals and more intensive care required." These are the facts of AMR and they are issues that our members confront every day in Canada's hospitals, clinics, dental offices and other care settings.

It is important to provide more detail on the pressure placed on our hospitals and health care system as antimicrobials become increasingly ineffective at treating certain pathogens. In testimony to the U.S. House of Representatives in 2013, Dr. Tom Frieden, a CDC Director put the consequences very plainly "patients with resistant infections are often much more likely to die, and survivors have significantly longer hospital stays, delayed recuperation and long-term disability." It should come as no surprise then, that the overall capacity of our healthcare system declines daily as care providers find themselves using additional rounds of antibiotics and resorting to less commonly used, more toxic pharmaceuticals, to treat the most prevalent antibiotic resistant organisms such as MRSA, Clostridium difficile and the recent and concerning emergence of carbapene-mase-producing organisms. At the same time, investments in new and improved treatments by pharmaceutical companies have declined and professionals are not being equipped with the resources they need to effectively stem the tide.

MEDIA RELEASE

Taken together, these facts make it more important than ever to ensure appropriate infection prevention and control measures are in place to limit the spread of antimicrobial resistant organisms and improve treatment when they are encountered in patients. Infection Control Professionals in Canada's hospitals, in public health roles, and in other care settings are working hard to ensure this is the case, however we have been fighting an uphill battle.

We believe Canada is well positioned to become a leader in the fight against antimicrobial resistance, but to get there for the good of our population, we will have to make significant investments that support national systems and provide funding for adequate human resources to implement and encourage infection prevention and control practices in a variety of settings.

Antimicrobial Resistance is a very complex issue that cannot be addressed by a single policy change or advancement in medical practice and technology. Rather, the federal & provincial governments, healthcare professionals and administrators, the agricultural community, our international partners, and the public at large need to be made aware of the pressing and global concern that has been echoed widely. Steps have been taken by the federal and provincial governments and regional health authorities to address AMR challenges, including limiting the spread and occurrence of infections caused by antimicrobial resistant organisms and encouraging responsible use of antimicrobials. However, there remains one key area in which Canada remains behind other countries and where the federal government needs to be a leader—tracking incidence of resistant bacteria and analyzing the success of our collective interventions.

The Government of Canada has launched "Antimicrobial Resistance and Use in Canada: A Framework for Action." The four pillars of the framework are strongly supported by IPAC Canada.

In order to effectively implement change, it is necessary to have the ability to measure whether steps taken are having the intended impact. Through surveillance, which is one of the best measures of AMR, we have the number and rate of antibiotic-resistant organisms in the healthcare setting. In order to be able to carry out surveillance effectively, measurement needs to occur in the same way so 'apples are compared to apples, and oranges are compared to oranges'. When carried out in a uniform manner, surveillance provides a measure of the burden of illness, establishes benchmark rates for internal and external comparison, identifies potential risk factors, and allows for the assessment of specific interventions. As such, IPAC Canada urges the implementation of a national surveillance strategy for antimicrobial resistant microorganisms.

Currently in Canada, we largely measure the number and rate of resistant microorganisms in different ways across the country; as such, the process is fragmented. Antimicrobial Resistance does not understand provincial and territorial borders. A fragmented approach defeats the goal of protecting the health of all Canadians and does not align with a One Health strategy or with the Federal Action Plan.

We absolutely acknowledge there are some measures in place to do this now, but we believe these piecemeal approaches are not suitable to address the growing threat of antimicrobial resistance we face. The Canadian Nosocomial Infection



MEDIA RELEASE



Surveillance Program gathers data that is considered highly reliable, yet covers only a very small fraction of the many healthcare facilities in Canada; most hospitals and all long-term care facilities are not currently able to participate in CNISP surveillance. CNISP lacks the human resources support and technical infrastructure it needs to reach its full potential.

The existing Canadian Network for Public Health Intelligence (CNPHI) is also gathering data, but could be better leveraged to support collection and integration with other data sources.

The Canadian Institute for Health Information (CIHI) has recently explored the use of information and administrative data contained within the individual patient medical record as a source of data on AMR and healthcare-associated infections. While this electronic method of data collection is efficient and allows for global reach across the country, it cannot provide the level of reliability needed to accurately define the level of AMR in Canada.

The establishment of the Canadian Antimicrobial Resistance Surveillance System (CARSS), a federal commitment to support the Federal Action Plan on AMR and use in Canada, has made an important first step in defining priority AMR organisms to conduct surveillance on; however this is but one piece and the potential data from this system can complement the data from a national repository for healthcare-associated infections.

Strong, integrated surveillance systems are needed to provide a comprehensive picture of AMR in Canada.

We are not starting from scratch. Through a collaborative effort with other organizations, IPAC Canada has established standardized surveillance case definitions for long term care settings, advanced the establishment of standardized surveillance definitions for acute care, and a commitment to continue to seek options for pan-Canadian adoption. There is also a groundswell of interest and commitment from partner organizations to explore options using infrastructure currently available to support a pan-Canadian approach. These goals align and support the achievement of the goals defined in the government's federal framework.

Canada has been recognized as a world leader in many aspects of health, yet we lag behind many international jurisdictions in the development and implementation of a national approach to address AMR. Federal engagement with provincial and territorial partners at the ministerial and deputy ministerial level is needed to establish a consistent national surveillance system, with nationally-approved case definitions, that is adequately funded. We need support to make the data being collected better-integrated and more useful for the people working to fight antimicrobial resistance on a daily basis.

MEDIA RELEASE

IPAC CANADA LAUNCHES ACCREDITED BILINGUAL INFECTION PREVENTION & CONTROL ROUTINE PRACTICES ONLINE PROGRAM - NEW FOR 2018

March 28th, 2018 Winnipeg, Manitoba IPAC Canada National Office

IPAC Canada launches its “new” Infection Prevention and Control Program for Front Line HealthCare Workers. This comprehensive, English and French, online learning program is designed to help implement standardized infection prevention and control practices while reducing the number, duration and severity of infections in any healthcare setting.

Molly Blake, President of IPAC Canada, explains “*The new curriculum for 2018 reflects the most current regulatory standards and protocols across Canada. The infection prevention and control routine practices program offers a Certificate of Completion from Georgian College and IPAC Canada for healthcare professionals who successfully complete the rigorous program testing.*”

The bilingual program was first launched in 2011, updated in 2013 and again in 2015 to help reduce infections in our increasingly complex and accessible healthcare settings. The new program is in response to increasingly virulent strains of infection and growth in access to healthcare requirements as our population ages. This First Line of Defence program was developed by a national committee of Infection Control Professionals (ICPs).

ICPs come from many different backgrounds within the healthcare disciplines such as nursing, medicine, long-term care, prehospital care providers, microbiology and medical technology; they are responsible for Infection Prevention and Control within hospitals, long-term care and other healthcare facilities as well as ambulatory and prehospital settings. Infection Prevention and Control Professionals are responsible for maintaining current knowledge of infection prevention and control standards and practices.

QUICK FACTS

- More than 4,000 healthcare professionals have taken the program since its launched in 2011. The program is accredited by Société de formation et d'éducation continue (SOFEDUC) and includes one Continuing Education Credit for healthcare professionals who successfully complete the program
- In November 2013, The Public Health Agency of Canada published its landmark five- year (2007 – 2011) Antimicrobial Resistant Organisms (ARO) Surveillance findings which indicated increasing infection rates per patient days
- Those infections are related to *Healthcare-Associated-Clostridium difficile*, Vancomycin-Resistant *Enterococci* infection and *Carbapenemase-Producing Organisms (CPO)* pointing to possible gaps in infection prevention and control in Canada

Media Contact

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MEDIA RELEASE

Infection Prevention and Control Canada Recommendations for the 2018 Federal Budget

The health of Canadians is critically important to their productivity. Healthy people are the basis of a healthy economy and a healthy population ensures our businesses remain competitive.

RECOMMENDATIONS

1. Infection Prevention and Control (IPAC) Canada recommends the federal government establish and fund, including with adequate human resources support, a National Surveillance System for Antibiotic Resistant Organisms.
2. IPAC Canada also recommends the federal government provide funding actions outlined in the Federal Action Plan on Antimicrobial Resistance, and commit to funding recommendations stemming from the House of Commons Standing Committee on Health's study of Antimicrobial Resistance in Canada.

BACKGROUND

The World Health Organization has recently declared antimicrobial resistance to be one of the greatest threats to global health in this decade. Despite its wealth, Canada continues to have significant gaps in its ability to understand national trends in antimicrobial resistance. The lack of a national, accessible database with up-to-date information on microorganisms that have become resistant to antibiotics, the factors that led to resistance, and how to best combat them is leaving our healthcare professionals at a disadvantage to help Canadian patients. This is a problem that has to be solved proactively, because the development of antimicrobial agents is not keeping pace with the spread of antimicrobial resistance and we may not be able to mobilize a sufficient response in an emergency situation. Infection Control Professionals (ICPs) are seeing new resistance emerge and without resources for a coordinated response. As a result, patient outcomes suffer.

- The estimated annual hospital cost to combat methicillin-resistant *Staphylococcus aureus* (MRSA) is between \$42 million and \$59 million.
- Some organisms (carbapenemase-producing Enterobacteriaceae or CPE) have become resistant to almost all, and in some instances, all known antibiotics, and these bacteria are increasing in Canada



MEDIA RELEASE

- Resistance is spreading to different types of organisms (e.g., *C. auris* is an emerging fungal pathogen that can cause invasive infections)

Canadians are fortunate to have a modern, accessible healthcare system yet geography continues to play a role in the resources available to them. It is imperative the federal government play a role in Canada-wide surveillance to ensure all Canadians are protected against the spread of infectious diseases. Antimicrobial resistance is not limited to one jurisdiction or care setting—We need a national solution. Since the United States created the National Healthcare Safety Network, which provides over 17,000 healthcare facilities with the data needed to treat and prevent healthcare-associated infections, there has been a drastic decrease in the number of infections. This decrease can best be identified in the 50 per cent decrease in central line-associated bloodstream infections between 2008 and 2014.

IPAC would appreciate having the opportunity to appear before the committee to provide testimony about the importance of funding efforts that will ensure Canadians seeking treatment across the health care spectrum are protected from the spread of disease. This of the utmost importance to supporting productivity and competitiveness in Canada.





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