

Vol. 21 No. 2
Summer 2006



INSIDE:

Management of breast
pump kits: a review

2006 Conference
reflections

Lighting the Fire:
novel perspectives in
healthcare education

**The Canadian Journal of
Infection Control**

**Revue canadienne de
prévention des infections**

Publications Mail Agreement # 40065075
Return undeliverable Canadian addresses to:
CHICA Canada
P.O. Box 46125, RPO Westdale, Winnipeg, MB R3R 3S3
chicacanada@mts.net

*The official journal of the Community and Hospital Infection Control Association – Canada
Association pour la prévention des infections à l'hôpital et dans la communauté – Canada*

Decisions, Decisions...



DISINFECTANTS · STERILANTS · INSTRUMENT CLEANERS

WHY NOT CHOOSE BOTH!

Accelerated Hydrogen Peroxide (AHP) provides the perfect balance between safety and efficacy.

To learn more about AHP please visit www.virox.com or call 1-800-387-7578.



Engineering Revolutionary Disinfectants for the War Against Microbes.

www.virox.com

The Canadian Journal of
INFECTION CONTROL
Revue canadienne de prévention des infections

Lighting the Fire: novel perspectives in healthcare education _____	78
Management of breast pump kits: a review _____	92
2006 Conference reflections _____	101
Editor's Message _____	72
President's Message _____	74
Message de la Présidente _____	76
Chapter News _____	80
Board Nominations _____	87
Future Conferences _____	88
CBIC News _____	96
Industry News _____	112
Reach Our Advertisers _____	112

VISION

CHICA-Canada will lead in the promotion of excellence in the practice of infection prevention and control.

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.

The Canadian Journal of Infection Control is the official publication of the Community and Hospital Infection Control Association (CHICA)-Canada. The Journal is published four times a year by Craig Kelman & Associates, Ltd. and is printed in Canada on recycled paper. Circulation 3000.

©2006 Craig Kelman & Associates Ltd. All rights reserved. The contents of this publication, which does not necessarily reflect the opinion of the publisher or the association, may not be reproduced by any means, in whole or in part, without the written consent of the publisher.

ISSN - 1183 - 5702

Indexed/abstracted by the Cumulative Index to Nursing and Allied Health Literature, SilverPlatter Information Inc. and the International Nursing Index (available on MEDLINE through NLM MEDLARS system).

The Canadian Journal of Infection Control is a "Canadian periodical" as defined by section 19 of the *Canadian Income Tax Act*. The deduction of advertising costs for advertising in this periodical is therefore not restricted.

SUBSCRIPTIONS

Subscriptions are available from the publisher at the following rates:
 All Canadian prices include GST. Prices are listed as personal/institutional.
 Canada: \$30/\$38 (GST # 100761253); USA (in US funds): \$28/\$36;
 Other countries: \$45/\$60.

EDITOR-IN-CHIEF

Patricia Piaskowski, RN, HBSn, CIC

EDITORIAL BOARD

Joanne Braithwaite, RN, BAA, CHPlc, CIC
 Toronto, Ontario
 Diane Thornley, ART
 Hamilton, Ontario
 Allison McGeer, MD, FRCPC
 Toronto, Ontario
 Cathy Munford, RN, CIC
 Victoria, British Columbia
 Joanne M.D. Mousseau, RN, NP, MSc
 Toronto, Ontario
 Héléne Senay, MD
 Sainte-Foy, Québec
 Nicole Tittley, HBSc, CIC, CRSP
 Thunder Bay, Ontario
 Louise Holmes, RN, CIC
 Vancouver, British Columbia
 Dick Zoutman, MD, FRCPC
 Kingston, Ontario
 Scott Henwick, MD, FRCPC
 Surrey, British Columbia
 Sandra Callery, RN, HHSc, CIC
 Toronto, Ontario

EDITORIAL OFFICE

Patricia Piaskowski, RN, HBSn, CIC
 Network Coordinator
 Northwestern Ontario
 Infection Control Network
 289 Munro Street, Thunder Bay, ON P7A 2N3
 (807) 683-1747 Fax: (807) 683-1745
 E-mail: piaskowp@tbh.net

WEB COMMUNICATION MANAGER

Shirley McDonald, ART, CIC
 pbhg@kos.ca

CHICA CONNECTIONS - WEB DISCUSSION BOARD

Jim Gauthier, MLT, CIC
 chicacconnections@mts.net

POSTING EMPLOYMENT OPPORTUNITIES/OTHER INFORMATION

CHICA-Canada Membership Services Office
 chicacanada@mts.net

Website:
www.chica.org

PUBLISHER



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

EDITOR - Kathleen Hodgson

DESIGN/PRODUCTION - Jackie Vitug

SALES MANAGER - Aran Lindsay

Publications Mail Agreement #40065075
 Return undeliverable Canadian addresses to:
 CHICA Canada
 P.O. Box 46125, RPO Westdale,
 Winnipeg, MB R3R 3S3
 chicacanada@mts.net



- **Arjo Canada**
Ph: (800) 665-4831
Fax: (800) 309-7116
- **Deb Canada**
Ph: (519) 443-8697
Fax: (519) 443-5160
- **Ecolab Healthcare**
Ph: (651) 293-2914
(800) 352-5326
Fax: (651) 204-7372
- **Laura Line**
Ph: (519) 748-9628
Fax: (519) 895-2374
- **Les Entreprises Solumed**
Ph: (450) 682-6669
Fax: (450) 682-5777
- **Pharmax Limited**
Ph: (416) 675-7333
Fax: (416) 675-9176
- **Remington Medical**
Ph: (905) 470-7790
Fax: (905) 470-7787
- **SCICAN**
Ph: (416) 445-1600
Fax: (416) 445-2727
- **Smith & Nephew**
Ph: (519) 956-1477
Cell: (519) 956-1414
- **Steris Corporation**
Ph: (905) 677-0863
Fax: (905) 677-0947
- **3M Healthcare**
Ph: (519) 452-6069
Fax: (519) 452-6597
- **The Stevens Company**
Ph: (905) 791-8600
Fax: (905) 791-6143
- **Tyco Healthcare**
Ph: (514) 695-1220 ext. 3471
Fax: (514) 695-4261
- **Vernacare**
Ph: (416) 661-5552 (ext 232)
Cell: (416) 580-9301
- **Virox Technologies**
Ph: (800) 387-7578
(905) 813-0110
Fax: (905) 813-0220
- **Wood Wyant**
Ph: (514) 636-9926
Fax: (514) 636-8722

CHICA-CANADA 2006 Board of Directors

Executive Officers

President

Karen Hope BSc MSc
Infection Control Practitioner
Foothills Medical Centre
1403 29th ST NW
Calgary AB T2N 2T9
Phone: 403-944-2897
Fax: 403-944-2484
karen.hope@calgaryhealthregion.ca

President-elect

Joanne Laalo RN CIC
Infection Control Practitioner
Cambridge Memorial Hospital
700 Coronation Blvd
Cambridge ON N1R 3G2
Phone: 519-621-2333 ext 2348
Fax: 519-740-4905
jlaalo@cmh.org

Secretary/Membership Director

Pearl Orenstein RN BA DIA CIC
Infection Control Coordinator
SMBD Jewish General Hospital
3755 Cote St. Catherine
Montreal QC H3T 1E2
Phone: 514-340-8222 Ext. 5778
Fax: 514-340-7578
porenste@lab.igh.mcgill.ca

Past President

Richard Wray RN BA CIC
Infection Control Practitioner
Hospital for Sick Children
555 University Ave Room 7324
Toronto ON M5G 1X8
Phone: 416-813-8621
Fax: 416-813-4992
rick.wray@sickkids.ca

Director of Finance

Cynthia Plante-Jenkins, MLT,
BSc(MLS), CIC
Clinical Informatics Specialist
Trillium Health Centre, Sussex Centre
500-90 Burnhamthorpe West
Mississauga, ON L5B 3C3
Phone: 905-848-7100 ext. 3754
Fax: 905-804-7772
cplante-jenkins@thc.on.ca

Directors

Director of Education

Elizabeth Henderson PhD
Epidemiologist
Foothills Medical Centre
1403 29th St NW
Calgary AB T2N 2T9
Phone: 403-944-4373
Fax: 403-944-2484
elizabeth.henderson@calgaryhealthregion.ca

Director, Programs & Projects

Bruce Gamage RN BScN(Micb) CIC
Infection Control Consultant
BC Centre for Disease Control
655 West 12th AVE
Vancouver BC V5Z 4R4
Phone: 604-660-6076
Fax: 604-660-6073
bruce.gamage@bccdc.ca

Director, Standards & Guidelines

Bonnie Henry MD MPH FRCP
Physician Epidemiologist
BC Centre for Disease Control
655 West 12th Ave
Vancouver BC V5Z 4R4
Phone: 604-660-1823
Fax: 604-660-0197
bonnie.henry@bccdc.ca

Physician Director

Dick Zoutman MD FRCP
Medical Director, IC Service
Kingston General Hospital
76 Stuart Street
Kingston ON K7L 2V7
Phone: (613) 549-6666 Ext. 4015
Fax: (613) 548-2513
zoutmand@kgh.kari.net

Other Positions

Clinical Editor

Canadian Journal of Infection Control
Pat Piaskowski RN HBScN CIC
Network Coordinator
Northwestern Ontario IC Network
289 Munro Street
Thunder Bay ON P7A 2N3
Phone: 807-683-1747 Fax: 807-683-1745
piaskowp@tbh.net

Professional Agents

Legal Counsel

Sidney Troister/S. Fay Sulley
Torkin, Manes and Cohen
151 Yonge Street, Suite 1500
Toronto ON M5C 2W7
Phone: (416) 777-5419
Fax: (416) 863-0305

Auditor

Philip Romaniuk CA
Stefanson & Lee
200 - B Polo Park
1485 Portage Avenue
Winnipeg MB R3G 0W4
Phone: (204) 775-8975
promaniuk@slrca.ca

Membership Services Office

PO Box 46125 RPO Westdale
Winnipeg MB R3R 3S3
Phone: (204) 897-5990/866-999-7111
Fax: (204) 895-9595
chicacanada@mts.net

Deliveries only:

67 Bergman Crescent
Winnipeg MB R3R 1Y9

Administrator/Conference Planner

Gerry Hansen BA
Membership Services Office
Phone: (204) 897-5990/866-999-7111
Fax: (204) 895-9595
chicacanada@mts.net



Safe. Snug. Secure.

SilvaSorb® Site.

Think of it as a “safety belt” for your insertion sites.

*Translucent material
for site monitoring*

*Either side works
against skin*

*Radial slit permits
overlap of side flaps
under catheter hub*

*4-mm saddle
covers insertion
site and device*

Anyplace a device enters the body, bacteria can enter too. Keep that risk to a minimum with SilvaSorb Site, a new dressing that helps fight infection by providing controlled-release antimicrobial silver at insertion sites for up to seven days.

A better fit for better protection

This easy-to-use, translucent dressing wraps snugly around IV catheters and other devices, leaving little or no gap where bacteria could easily enter. Use it with vascular devices such as arterial catheters and central venous lines, as well as non-vascular percutaneous devices such as epidural catheters, chest tubes or orthopedic pins.

Sustained antimicrobial effect

The SilvaSorb Site dressing utilizes MicroLattice® technology to control the release of ionic silver, which kills a broad spectrum of bacteria and fungi, for up to seven days. That means less chance of infection at insertion sites. SilvaSorb Site is non-irritating and will not harm healthy tissue.

SilvaSorb is fast-acting. Within three hours, it kills 99.9999% of E. coli, MRSA, and VRE (data on file).

For more information on the SilvaSorb Site dressing, contact your Medline representative, call 1-800-396-6996/905-403-7000 or go to www.medline.com



©2006 Medline Industries, Inc.
Medline is a registered trademark of Medline Industries, Inc.
SilvaSorb and MicroLattice are registered trademarks of Acrymed, Inc.



Pat Piaskowski, RN, HBScN, CIC
Clinical Editor,
*Canadian Journal of
Infection Control*

Remembering London's conference – A call to action

The keynote session presented by Stephen Lewis, Special Envoy for HIV/AIDS in Africa was clearly a call to action to address the pandemic of AIDS that is taking place in Africa. As the poignant stories of classrooms full of African children orphaned by AIDs were recounted, many of us were moved to tears. This is a reality playing out half way around the world. We are truly blessed in Canada in many ways and it is often easy to complain about the seemingly minor annoyances and shortcomings in our health care system.

As participants filed out of the auditorium after the presentation and at breaks later in the day many were heard to articulate a need “to do something.” One could not help but feel an urgent and pressing need to contribute or make a difference. However, it is not likely that many will have the opportunity to travel to Africa or become personally or professionally involved in infection prevention and control in that massive continent.

What can we do?

There are a number of things we can do as individuals, as chapters or as a national initiative to support the fight against AIDS in Africa. We can start by visiting the web site for the Stephen Lewis Foundation at www.stephenlewisfoundation.org.

On this site there are four areas outlined where help is needed. These are:

- to provide care at the community level to women who are ill and struggling to survive, so that their lives can be free from pain, humiliation and indignity;
- to assist orphans and other AIDS-affected children in every possible way, from the payment of school fees to the provision of food;
- to support the unrecognized heroes of Africa, the grandmothers, who bury their own children and care for their orphan grandchildren;
- to support associations of people living with HIV/AIDS - courageous men and women who have openly declared their status.

The magnitude of the problem is so great but our response can be guided by the words of Stephen Lewis:

“When people are dying by the thousands every day, unnecessarily, when we’ve had this horrendous pandemic unfold for two decades while the world stands by and watches - you’ll do anything in your power to move the process.”¹

The challenge for us is to do whatever is in our power. ●

References:

1. http://en.thinkexist.com/quotes/stephen_lewis/

ARJO FLUSHER DISINFECTORS

ARJO

Arjo Flusher Disinfectors empty, clean and thermally disinfect bedpans, urinals and other containers safely and thoroughly... so the caregiver doesn't have to!

Do you want to:

- Reduce risk of splatter
- Reduce cross contamination
- Improve working conditions
- Save time & money

If so,
Ask your Arjo
Equipment Consultant
about the following
Flusher Disinfectors:

- Ninjo
- Tornado
- Typhoon

Will also accept bedpan supports for disposable bedpans.

No costly disposable inventory maintenance and supply chain problems.



Arjo Canada Inc.
800-665-4831
info@arjo.ca
www.arjo.com

Member of the Getinge Group



Karen Hope, BSc, MSc

Bridging the gap from information to knowledge

and skillfully led by Conference Chair, Margie Foster, Scientific Chair Debby Kenny and committee members from SOPIC chapter. The program offered something for everyone, from novice to the more seasoned practitioner. The high quality of the program drew more than 600 attendees from across the globe and was supported by 70 exhibitors, CHICA-Canada's best-attended stand-alone conference ever. And as we celebrated CHICA-Canada's 30th anniversary and SOPIC's 25th, there was also ample time to have fun, dress up, and trip down memory lane at the various social events, including the Black & Silver gala. Many thanks to Mary Lou Card for coordinating such a memorable event.

The program kicked off with the third annual Novice Practitioner Day, which provided a well-rounded overview of fundamental concepts for the neophyte practitioner. With the increase in our profile, I predict these days will be an ongoing staple at future conferences and will continue to provide

new ICPs with valuable introductory knowledge and more importantly, networks and mentors to sustain them in the future.

The aim of the conference was to expand learning needs by 'bridging' with healthcare partners and international colleagues, and this was certainly evident throughout the program, as areas of common interest in the fields of occupational and public health were highlighted. Opportunities to hear from our international colleagues both through formal presentations and informal discussions, reconfirmed that while the legislation, structure and culture might be different as borders are crossed, the themes are very familiar and only through collaboration can solutions to complex problems, like antimicrobial resistance, be achieved. Topical presentations focused on social marketing and business planning and identified how important it is for ICPs to continually expand their knowledge parameters in order to be innovative agents of change. Perhaps the most compelling presentation came from Stephen Lewis, Former Ambassador to the UN and Special Envoy for HIV/AIDS in Africa, who piqued our collective conscience and challenged us all to meet our global responsibilities to those in desperate need.

One of the most exciting aspects of any conference is the presentation of the high quality work done by our colleagues throughout the year and so applicable to daily practice. This year, 21 oral presentations and 43 posters were submitted, demonstrating the ICPs' commitment to the pursuit of knowledge through research. I encourage all those who submitted abstracts to publish, as your research is invaluable to the rest of your peers.

Of course, in addition to the wide array of scientific presentations, there is

We are a society drowning in information but lacking in knowledge. As the world anxiously awaits the possibility of an influenza pandemic while simultaneously trying to cope with other established and emerging infectious disease threats, infection control has become 'sexy' and everyone is an expert, adding to the general confusion. Infection prevention and control professionals have the privilege of being genuine experts in the field and nowhere was that better demonstrated than at the recent annual conference, *Bridging Global Partnerships*, held in London

Because you are in daily contact with your clients, you need to take extra care to avoid spreading germs and infection.



HUNT THEM DOWN!

Since 1968, the "Glo Germ™" system has been used to teach effective handwashing and cleaning techniques. "Glo Germ™" powder and lotion contain safe, inert "Germs You Can See" that glow when exposed to standard Ultraviolet light.



Glo Germ Company™
Box 189, Moab, UT
USA 84532
1-800-842-6622
Fax 435-259-5930
www.glogerm.com



Canadian Distributor • Michael Ladd - Marlatek Phone: 613-342-8561 Toll Free Order Fax: 1-800-342-8988

continued on page 77



Know your enemy.



**Assess exposure to
West Nile Virus in 30 minutes.**

RapidT[™] is the first and only rapid test for use by physicians and clinicians to aid in the detection of West Nile Virus infection.

RapidT[™] combines innovation and ease-of-use into one test that provides instant and accurate results in 30 minutes allowing medical staff to quickly make the diagnosis that will make the difference.

*Rapid
Accurate
Easy to use*

RAPID T[™]
West Nile Virus Test 



SPECTRAL
INNOVATIONS IN LABORATORY MEDICINE

RapidT[™] is distributed by Somagen Diagnostics Inc.
1-800-661-9993

www.somagen.com


SOMAGEN



Karen Hope, BSc, MSc

Réduire l'écart entre l'information et la connaissance

Nous sommes une société submergée d'information et pourtant marquée par le manque de connaissances. À l'heure où le monde vit avec anxiété dans l'attente d'une éventuelle pandémie de grippe en essayant simultanément de lutter contre d'autres menaces de maladies infectieuses, déjà présentes ou nouvelles, la prévention des infections est devenue une discipline « à la mode » et tout chacun se prétend expert en la matière, ce qui ne fait qu'ajouter à la confusion générale. Les professionnels de la prévention et de la lutte contre les infections ont le privilège d'être de véritables experts dans le domaine et

cela a été démontré de façon très éloquente au récent congrès annuel, Bridging Global Partnerships (Établir des partenariats mondiaux), tenu à London et dirigé de main de maître par la présidente de ce congrès, Margie Foster, la présidente du volet scientifique, Debby Kenny, et les membres du comité provenant de la section des professionnels en prévention des infections du sud-ouest de l'Ontario (Southwestern Ontario Professionals in Infection Control, SOPIC). Le programme avait quelque chose à offrir à chacun, qu'il soit novice ou praticien chevronné. La grande qualité du programme a attiré plus de 600 participants de toutes les régions du globe et a intéressé plus de 70 exposants. De toute l'histoire de l'Association pour la prévention des infections à l'hôpital et dans la communauté-Canada (CHICA-Canada), c'est le congrès autonome qui a connu le plus grand succès de foule. Comme nous avons aussi souligné le 30e anniversaire de CHICA-Canada et le 25e anniversaire de SOPIC, nous avons largement eu le temps de nous

amuser, de nous vêtir de nos plus beaux atours et de nous remémorer de bons souvenirs aux diverses activités à caractère social, y compris au gala Noir et argent. Tous nos remerciements à Mary Lou Card pour avoir coordonné une soirée aussi mémorable!

Le congrès a commencé par la troisième journée annuelle des praticiens débutants, au cours de laquelle on a donné un bon aperçu des notions fondamentales à l'intention des néophytes. Étant donné l'augmentation de ces membres, je prédis que ces journées formeront un élément important des congrès à venir et qu'ils fourniront aux professionnels de la prévention et de la lutte contre les infections des connaissances de base, mais plus important encore, elles leur feront connaître des réseaux et des mentors qui les appuieront.

L'objectif du congrès était d'élargir les besoins d'apprentissage en « jetant des ponts » vers des partenaires et des collègues internationaux du milieu de la santé, et cela s'est certainement reflété dans l'ensemble du programme, puisque les domaines d'intérêt commun dans les secteurs de la santé au travail et de la santé publique ont été mis en valeur. Nous avons eu l'occasion d'entendre nos collègues internationaux dans le cadre de présentations et de discussions libres, ce qui a confirmé de nouveau que, même si la législation, la structure et la culture sont différentes d'un pays à l'autre, les thèmes sont très familiers et seule la collaboration permettra de résoudre des problèmes complexes tels que la résistance aux antimicrobiens. Des présentations sur des sujets d'actualité ont porté sur le marketing social et la planification d'activités, et ont souligné à quel point il est important pour les professionnels de la prévention et de la lutte contre les infections d'élargir sans cesse leurs paramètres de connaissances afin d'agir comme des

Parce que vous êtes en contact quotidien avec vos clients, il est recommandable de prendre toutes les précautions possibles pour ne pas transmettre les germes et les infections.



C'EST ÉVIDENT!

Depuis 1968, le système "Glo Germ™" est utilisé pour enseigner des techniques efficaces de nettoyage et lavage. La poudre et la lotion "Glo Germ™" contiennent des microbes inertes et inoffensifs, qui réagissent quand ils sont exposés au éclairage ultra-violet standard.



la cie Glo Germ™
Box 189, Moab, UT
USA 84532
1-800-842-6622
Fax 435-259-5930
www.glogerm.com

Canadian Distributor • Michael Ladd - Marfatek Phone: 613-342-8561 Toll Free Order Fax: 1-800-342-8988

agents de changement novateurs. La présentation la plus frappante fut sans doute celle de Stephen Lewis, ancien ambassadeur aux Nations Unies et envoyé spécial pour le SIDA/VIH en Afrique, qui a piqué notre conscience collective et nous a lancé le défi d'assumer nos responsabilités à l'échelle mondiale à l'égard de ceux qui vivent dans le plus grand besoin.

L'un des aspects les plus stimulants de tout congrès est de découvrir le travail de grande qualité effectué par nos collègues tout au long de l'année, qui peut s'appliquer à la pratique au quotidien. Cette année, 21 présentations orales et 43 affiches ont été soumises, ce qui démontre l'engagement de nos professionnels à viser la connaissance par la recherche. J'encourage tous ceux qui ont soumis des résumés à les faire publier, car leurs travaux de recherche ont de l'intérêt pour tous leurs pairs.

Bien sûr, en plus du vaste éventail de présentations scientifiques, il y a aussi une foule de rencontres de comités et de groupes d'intérêts, dont les sujets contribueront au progrès de l'Association pendant l'année à venir. Grâce au travail de ces groupes, des prises de position sur les jouets, le traitement du lait

maternel exprimé ainsi que la déclaration obligatoire d'infections seront très bientôt versées dans notre site Web. Les travaux du Comité des relations gouvernementales et publiques (GaPac) se poursuivent afin de nous situer plus favorablement auprès d'autres organismes et de nos partenaires de l'industrie afin d'exercer une influence positive sur la santé de tous les Canadiens grâce au partage de connaissances. Nous sommes à planifier la concrétisation du document sur les compétences essentielles et l'offre de séances de formation supplémentaires pour les professionnels plus avancés. À l'occasion d'une assemblée publique locale, des membres ont assisté avec ravissement au dévoilement, par Shirley McDonald, de la prochaine version du site Web de CHICA-Canada et Jim Gauthier nous a renseignés sur le nouveau babillard électronique. Le site Web est le porte-étendard de notre organisme en ce qu'il véhicule de l'information crédible et pertinente sur les maladies infectieuses, ce qui, à mon avis, a contribué à la réputation de CHICA-Canada : c'est un leader dans son domaine. La nouvelle version du site Web promet de poursuivre la tradition.

Pour terminer, j'aimerais remercier les membres du conseil d'administration, qui ont travaillé avec diligence pendant le congrès et toute l'année pour guider notre Association au fil des changements qui surviennent rapidement. Je m'adresse plus particulièrement à Gerry Hansen, planificateur du congrès et chef des services administratifs extraordinaire; grâce à ses talents exceptionnels, nous disposons d'une infrastructure et d'une belle occasion pour nous réunir chaque année afin d'élargir nos connaissances. L'an prochain, le congrès aura lieu à Edmonton, en Alberta, du 9 au 14 juin. Pour la première fois, un comité national du programme scientifique s'occupera de la planification. Vous noterez que le congrès se terminera un jeudi, ce qui nous donnera une journée de plus pour planifier des réunions de groupes d'intérêts et de comités, ainsi que pour réseauter avec nos collègues. Même si le thème n'est pas tout à fait arrêté, je vous promets que le programme définitif sera aussi novateur et fécond que pour tous les congrès passés. Alors, c'est un rendez-vous, en juin de l'an prochain; commencez dès maintenant à penser à vos résumés! ●

PRESIDENT'S MESSAGE

continued from page 74

also a myriad of committee and interest group meetings, which fuel the progress of the organization for the year to come. Through the work of these groups, position statements on Toys, Handling of Expressed Breast Milk, and Mandatory Reporting of Healthcare Associated Infections will be available on our website very soon. Work continues through GaPAC and Programs & Projects to better position our organization with other agencies and our industry partners to positively impact the health of all Canadians through sharing of knowledge. Plans are being made to operationalize the core competency document and provide additional educational opportunities for more advanced ICPs. At the Town Hall

meeting, members avidly watched as Shirley McDonald unveiled the next version of the CHICA-Canada website and Jim Gauthier apprised us of the new discussion board. The website is our organization's acclaimed flagship of credible and relevant infection control information, which I believe has contributed to CHICA-Canada's reputation as a leader in the field. The new version promises to continue that tradition.

Finally, I want to recognize my fellow Board members who worked so diligently during the conference and throughout the year to guide the organization through the rapids of change, and most particularly Gerry Hansen, Conference Planner/Office Administrator extraordinaire, whose exceptional talents provide us with the

infrastructure and opportunity to come together each year and expand our knowledge base. Next year's conference will be held in Edmonton, Alberta from June 9-14 and will be planned by a National Scientific Program Committee for the first time. You will note that the conference will end on Thursday, giving us one extra day to schedule interest group and committee meetings that provide vital information and networking for our members. While the theme is still being finalized, I promise that the final program will just as innovative and thought provoking as each successive conference held to date. So hold a spot in your June calendar and start developing those abstracts. ●

Kathryn Bush, MSc, Infection Prevention and Control Program, Calgary Health Region
Manuel Mah, MD, MPH, FRCPC, Infection Prevention and Control Program, Calgary Health Region

Correspondence:
Kathryn Bush
Infection Prevention and Control
Peter Lougheed Hospital
3632, 3500 26 Ave NE
Calgary, Alberta T1Y 6J4
Phone: 403-943-4026
Fax 403-291-2571
e-mail: kathryn.bush@calgaryhealthregion.ca

Lighting the Fire: novel perspectives in healthcare education

Are you tired of wasting your time earnestly imparting streams of important information to a crowd of impatient (or sleeping) healthcare workers? So are the infection control practitioners in Canada's Community and Hospital Infection Control Association's southern Alberta chapter (CHICA-SA). That is why we held a conference with professors from the University of Calgary Faculties of Nursing, Education, Medicine; an internationally renowned expert in social marketing; and even a professional actor who specializes in medical education. In the audience we had infection control practitioners, clinical nurse educators, clinical unit managers, and instructors from other learning institutions. The central themes of this conference were ways to engage our learners, the role of imagination and creativity, and the importance of conversations with our learner audiences and with ourselves.

The concept for this June conference in behaviour change called *Light the Fire* sprang from a number of initiatives that CHICA-SA chapter members have undertaken: applying a social marketing approach to promote hand hygiene (1); using live drama on patient care units to pass on important messages to astonished clinical audiences (2); and partnering with educators in medical and surgical programs to deliver interactive and engaging workshops (3). CHICA-SA members realized they still had a lot to learn and decided to use their biannual education conference to educate themselves and their community. We express our gratitude to the following sponsors: the University of Calgary Department of Medicine (speaking fees for François Lagarde); Ecolab (event luncheon); Deb Canada (personal-size bottles of Microsan® hand rub for all 150 participants); and 3M Canada's 2005/06 chapter award to CHICA-SA (speaker honoraria).

The speakers presented a broad range of topics. Peggy Patterson spoke about how different generations of health professionals learn differently. John Parboosingh explained how Communi-

ties of Practice allow learners to share successes and challenges encountered in daily practice. Brenda Paton and Roxie Thompson-Isherwood taught about the power of story telling for learning. François Lagarde, from the University of Montreal, inspired the audience to consider the steps of social marketing to address barriers and to increase benefits for behaviour change.

Although the topics covered seemed diverse, two themes quickly emerged. The first theme was conversations and dialogue. In his keynote message, Manuel Mah stated that "people don't listen, they re-load" while François Lagarde observed, "While educators want to tell people things, people don't care!" Having conversations rather than merely *telling people things* helps learners to make sense of new information and to use this information to enhance their own practice. However, creating opportunities for conversations requires some changes in how learning activities are structured. Brenda Paton urged educators to stop focusing on the *telling* and to reduce the content of their in-services by half. This creates space for the learners to have conversations and to discuss the relevance of the content to their practice. Betty Ann Henderson talked about the importance of social interactions in learning and encouraged educators to incorporate the life experiences of learners to build on their existing expertise. Learners are not a blank slate, but it is impossible to uncover their experiences if they are not allowed to talk. The sessions on social marketing and focus groups emphasized the importance of listening to the audience to discover their needs, wants, beliefs, and perceptions in relation to behaviour change. Ultimately, educators must honour the learner's perspective and learning style.

The second theme that emerged during the conference was abandoning fear to tap into imagination and creativity. Brenda Paton and Roxie Thompson-Isherwood urged the participants to uncover their fears in teaching since those fears

drive presentation styles. For example, a person who fears the loss of control may show a multitude of PowerPoint slides thus giving the audience no time for conversations or for questions. By letting go of fear it is possible to take the courageous step of engaging the imagination and creativity of yourself and your audience. While Betty Ann Henderson observed that learning is a creative process, Anita Mitzner warned that creativity is not a pretty sight: it is often more difficult and labour-intensive than conventional teaching methods, but also offers the potential reward of engaging learners and affecting practice. Examples of creative learning methods offered by the presenters included interactive games, drama and dance, video clips and story telling.

One of the best examples of creativity and imagination was shared by two of the seminar participants. Rosemarie Ivanovic and Diane Johnson are educators for three long term care facilities in Edmonton. When they heard a report from a family member that some staff members were using the same gloved hand to perform perineal care on residents and then to apply cream, they decided that some education was needed. The management team announced that the *glove inspector* was on the way, creating some apprehension and anxiety with the staff. On the appointed day the educator arrived, clipboard in hand. They had decorated a lab coat with all manner of gloves: black gloves, gardening gloves, barbecue gloves, and a corsage of latex gloves. The light-hearted *glove inspector* approached each staff member individually and the staff member drew a question from the glove inspector's bag. Amidst the fun and laughter, a correct response was rewarded with a vigorous shake from a maraca. Later at scheduled in-services the questions were discussed and the healthcare workers were able to reflect on the rationale and relate the content to their own practice.

Other helpful tips emerged from the speakers and the participants. Incorporate multiple perspectives in learning activities by including different generations on projects. Have learners create questions and answers on a particular topic and use those to create games for

other learners. Keep a digital camera that shoots video with you to film video clips, which can be archived until a need is discovered.

CHICA-SA members thank both the speakers and the participants for the opportunity to be challenged by the experts and to share knowledge with fellow practitioners. Hopefully new linkages were made, and new concepts will be taken back to influence practice and make learning in the healthcare setting more meaningful. ●

References:

1. Meyers G; Armstrong P; Bush K; Ledgerwood D; Montgomery M; Mah M. Infection Control practitioner as a social marketer – it's a good fit. (oral session, CHICA-Canada Conference 2006)
2. Meyers G; Armstrong P; Bush K; Ledgerwood D; Montgomery M; Mah M. The Play's the thing: using drama in Infection Control to promote behaviour change. (oral session, CHICA-Canada Conference 2006)
3. Mah M; Stott M; Montgomery M; Bush K. On jumping outside the box: infection control education for the 21st century. *Canadian Journal of Infection Control*. 20(2): 80-85, 2005.




Laura

The Laura Line family of skin care products include Creams, Lotion and Antibacterial Soaps, Sanitizing Gel and Laura Line Moisturizing Creams. All of these Products have been specifically formulated for frequent hand washers using the finest skin conditioners and moisturizers available.

For more information:

Telephone: 1-800-257-5592 Facsimile: (519) 895-2374
www.lauralineskin.com
 Kitchener, Ontario



Capital Health

Infection Prevention and Control Training Video

Health care workers are on the front line in the fight against infectious diseases. We need to learn and practice the infection prevention and control procedures that will protect our patients, ourselves and our families. This 28 minute video is designed to clearly teach those practices, and emphasizes the importance of following proper infection prevention and control procedures at all times.

This training video is a valuable tool for training new staff and providing regular reminders of the methods and importance of infection prevention and control practices to all staff working in health care settings. The video contains three distinct modules that can be viewed together, or taught in separate sessions:

1. **Routine Practices**
2. **Additional Precautions – Droplet, Contact, and Airborne Transmission**
3. **Combined Precautions – Routine Practices combined with Additional Precautions to prevent the spread of new infectious diseases such as SARS**

Copies of this video are available at the cost of \$100 for VHS, or \$150 for DVD or CD format.

To order copies of this video in VHS, DVD or CD format Contact Capital Health
Phone: 780-413-5147 • Fax: 780-413-7950 • E-mail: cpenner@cha.ab.ca

CHICA – Eastern Ontario

CHICA – Eastern Ontario has had a busy past few months. We held a dinner meeting in April and invited two representatives from our local LHIN. Georgina Thompson and Paul Huras informed the group about the role of LHIN's throughout the province and answered any questions we may have had.

Along with celebrating CHICA – EO's 20th anniversary, more than 20 chapter representatives attended, and thoroughly enjoyed, the National Conference in London. Congratulations to SOPIC for hosting such fantastic conference.

Our May chapter meeting included interest group meeting updates, and highlights from the National Conference given by those who attended. Our educational component of the meeting

was the video 'Outbreak Investigation' presented by Dr. William Jarvis.

The plans for our September 27-28, 2006 evening workshop and full-day education session are in full swing and they promise to be events you don't want to miss. Please check our website: www.chica.org/eopic/index.html for our flyer and more information.

CHICA – HANDIC

Over the late winter and spring, CHICA HANDIC hosted two very lively and interesting meetings for members. Invited speakers' covered pertinent topics: An Outbreak of Legionellosis in a Long Term Care Home and Therapy Animals and MRSA.

For our July meeting we plan to be 'off-site.' One of our dedicated members, Tamara Johnson, has kindly offered her home for our meeting. This

is our yearly chance to sit back, enjoy the sun and each other's company, as well as do a little business.

Our annual education day took place on June 15, 2006 at Liuna Station, Hamilton. The agenda was packed full of topics that attendees found interesting and pertinent to today's infection prevention and control issues. Many thanks to the Central South Infection Control Network, who graciously provided sponsorship for our educational day. Details regarding the conference are available on the CHICA HANDIC web page located on the CHICA Canada website, <http://www.chica.org/>.

Due to the success of our education days, CHICA HANDIC was able to provide financial assistance to 15 members to help them in attending the CHICA conference in London, Ontario. Congratulations to our neighbour-chapter SOPIC on a very successful conference. The feedback from our membership was very positive.

Membership has grown with the addition of several new practitioners. We welcome them eagerly to our profession.

Many of our more experienced members collaborated successfully in a study group to achieve their infection control certification. Congratulations to all applicants that successfully achieved their certification.

We continue to look forward to another productive year working with our partners in the community, across healthcare sectors and at the local Regional Infection Control Networks.

Check out the interactive edition of **The Canadian Journal of Infection Control** online at

www.chica.org



A single-use sterile saline solution — for ease of use, safety and economy

Experience the Benefits of SalJet Rinse

- Just twist off the top, and it's ready to use
- Flows in steady stream or drop by drop
- Single-use, 1 oz (30mL) toss-away container
- Strip of four easily fits in a pocket, bag or drawer
- Cannot be recapped, assuring sterility for single use
- Sterile saline solution
- Preservative-free

CALL TODAY to place your order for SalJet Rinse

1-800-738-7483

Now — no prescription required!

SalJet Rinse is available by the case (20 boxes of 30mL unit size per box)

Pathways

Tyco Healthcare. Your Partner in Achieving SharpSafety™ Compliance.

Making Safety Work.

Protection has always been a priority, but now it's becoming law.

When you use top quality Tyco Healthcare Canada products and services, complying with safety legislation is easy. Our safety engineered sharps devices meet your exact needs. Designed for uncompromising safety, patient comfort and intuitive use, they can be integrated into your protocols with ease.

If you are ready to convert to the highest quality safety devices, or you are facing looming deadlines for legislative compliance, our highly trained SharpSafety™ experts will get you going, using proven analytical and implementation tools that keep costs down and safety outcomes up.

We offer a total safety solution from medication delivery to blood collection to sharps disposal. To get our experts working for you or to receive a copy of our brochures, call your local Tyco Healthcare Canada representative or contact us at 1-877-664-TYCO (8926).



tyco

Healthcare

Kendall

SharpSafety™

Medication • Blood • Sharps Disposal • Blood Collection

Tyco Healthcare Canada, 7300 Trans-Canada, Pointe-Claire, Quebec, H9R 1C7 • www.tycohealthcare.com

™ Trademark of Tyco Healthcare Group LP or its affiliates. © 2006 Tyco Healthcare Group LP. All rights reserved.

Because patients don't come with Hep C or HIV warning labels.



Biogel® Patented Puncture
Indication System

spot the risk.



Hep C and other bloodborne viral infections don't have a face. But they do have an impact. Approximately 2.7 million Americans are chronically infected with HCV.¹ Is your next patient infected? Why risk it? Only the Biogel double gloving patented puncture indication system alerts you and your staff with visible evidence of a perforation, in the presence of fluid, as it happens. This alert allows you to react, change gloves and resume doing what you do best.

Double Glove with Biogel® Patented Puncture Indication System

- Reduce your risk without losing tactile sensitivity²
- Powder-free
- Easy to don
- Proven to work with a variety of Biogel surgical gloves

Reduce the risk. Call 1.800.516.9236 for a FREE sample



**NON-
LATEX**
Now Available

Biogel® Indicator™
Underglove with
Biogel® Eclipse™
as outer glove.

Dark green spot enables
rapid detection of glove
perforation in the
presence of fluid.



U.S. Patent #5,204,221 and 5,104,294. 1997 (Epidemiological Surveillance of Management of Hepatitis) © 2002. NIH Contract and State of the Science Agreement Ref. 75, No. 3, June 15, 1997. National Institutes of Health, Office of the Director, Contract # 1R01MH000008-01-001. In January 18, 2004, Thomas S. Wells, M.D., et al. at University of Florida (USA) with an In Vivo Puncture System, Surgical Instruments, 2006, A 585, 396. Patent System, Indiana, PE 2006/001 and Manufacturer supplied trademarks of Mikolovics, 781 104, and registered in the US, UK, and other countries globally. Distributed by Mikolovics Health Care, LLC, Norcross, Georgia 30092. © 2006 Mikolovics Health Care. All rights reserved.

ISRP announces open registration for Conference on Respiratory Protection for Health Care Workers, First Responders, and Health and Safety Administrators

The ISRP, an international organization of professionals with strong interest in respiratory protection, announces open registration for the 13th International Conference (www.amersectisrp.org/toronto/) to be held August 27 to September 1 in Toronto, Canada. This year's conference is designed to be of interest to physicians, nurses, other health care professionals, emergency responders, and health and safety administrators who want the most up-to-date global perspective on protective standards, practices, and equipment for infectious aerosols, Chemical, Biological, Radiological and Nuclear (CBRN) agents, and emerging issues (such as nano particles). The Conference includes a 'welcome' reception, exhibition, and an evening banquet.

The ISRP Conference, held every two years in one of the 32 member countries, draws technical experts and regulatory professionals (NIOSH, CDC, WHO, BSI, DIN, etc.) from all around the world for networking and stimulating discussions of global respiratory protection topics. Those interested in respiratory protection can join the ISRP for reduced Conference rates as well as access to the world-renowned Journal of International Society of Respiratory Protection. Visit www.isrp.com.au for more information about joining the American, Asian, Australia-Pacific, or European sections of the Society, as well as registering for the Conference.

STEVENS

"Where service is a commitment"



Providing Infection Control Products in Canada Since 1874



Ontario

200 Walker Drive
Brampton, Ontario L6T 4H1
Tel (905) 791-8600
Toll free 1-800-268-0184
Fax (905) 791-6143
Toll free fax (866) 222-3317

Manitoba/NW Ontario

38 Terracon Place
Winnipeg, Manitoba R2J 4G7
Tel (204) 885-9440
Toll free In Manitoba 1-800-665-1229
Fax (204) 831-9625

Alberta

117-2634-45th Ave. S.E.
Calgary, Alberta T2B 3M1
Tel (403) 640-2858
Toll free 1-800-665-0368
Fax (403) 640-2976

British Columbia

8188 Swenson Way
Delta, B.C. V4G 1J6
Tel (604) 634-3088
Toll free 1-800-565-8444
Fax (604) 585-0193



Isolate Large Numbers of People During a Public Health Emergency.

Quickly, Conveniently and Without Building Modifications.

Introducing the ECU²™ and Corridor Flange Accessory

The Mintie Technologies, Inc. ECU²™ and Corridor Flange™ accessory enables hospitals to isolate large numbers of people during a public health emergency without building modifications through a combination of a portable anteroom/airlock, a corridor sealing accessory (flange) and a HEPA filtered negative air machine that can isolate entire corridors and wings.

Benefits:

- » Scalable Solution for Mass Isolation.
- » Simple, Secure and Flexible.
- » Fast, 20-Minute Setup.
- » Works in Hospitals, Commercial Organizations and Municipal Facilities.
- » Infection Control During Construction and Repair Projects.
- » CSA Z317.13-03 Compliant



mintie technologies, inc.™

1174 san fernando road | los angeles, ca 90065
 TEL: 323-225-4111 | 800-918-1174 | FAX: 323-222-7853 | www.mintieultimate.com



Medical



Pall-Aquasafe Water Filters

Disposable Water Filters for 7 Day Use

Features:

- CE marked medical device
- Sterilising grade membrane
- Individually tested
- Protective barrier to waterborne contamination

Benefits:

- Reduces the risk of waterborne nosocomial infection
- Easy to use on all taps and showers
- Provides instantaneous protection
- Cost effective solution

Simple, Instantaneous and Clinically Proven

Pall Medical
 Suite 101-1785 Alta Vista Dr.
 Ottawa, Ontario
 K1G 3Y6

1 800 465 8555 telephone
 613 526 388 fax



Visit us on the Web at www.pall.com/aquasafe



Filtration. Separation. Solution.™

SLEEPSafe[®]
Health Care

The Evolution of Health Care Comfort

SLEEPSafe[®] HOSPITAL PILLOW

ANTI BACTERIAL • ANTI FUNGAL • ANTI MICROBIAL • SELF DEODORIZING • ANTI STATIC
FLAME RETARDANT • FLUID BARRIER • LATEX & RUBBER FREE • NON ALLERGENIC • NON IRRITATING

For a **FREE SAMPLE** please contact your present supplier and ask for it by name, or call us directly.

JAYLAN

31 Villarboit Crescent, B, Concord, Ontario L4K 4R2
Ph 905-760-2171 • Fx 905-760-2387 • jason@jaylan.com

Membership fee formula changed

As of renewals for 2007, the annual CHICA-Canada Membership Fee will change to:

Individual	\$125.00
Institutional	\$175.00 <i>for the first representative;</i> \$75.00 <i>for each representative thereafter</i>
Silver/ Student	\$75.00

All fees include membership in one chapter of CHICA-Canada. The choice of chapter will be designated at time of renewal or new membership. Additional chapters may be added for \$25.00 each.

NEW PRODUCT:

ESBL Toolkit

Best Infection Control Practices for patients with Extended Spectrum Beta Lactamase Enterobacteriaceae – An infection control toolkit developed by the International Infection Control Council (APIC, CHICA-Canada, ICNA (UK, Ireland)). See product order form on page 90.



Can You Identify the Risks? Nine Areas Where 3M Can Help

When it comes to finding Infection Prevention Solutions,
we can all make a difference.

For information on 3M Infection Prevention products and services, contact
your 3M Health Care representative or visit www.3M.com/CA/IP

© 3M 2005. 3M is a trademark of 3M. Used under license in Canada. 0502-M5-21808

3M

2007 Board positions available for nomination

The Board of Directors of CHICA-Canada is seeking nominations for Board positions in 2007. Being on the Board of CHICA-Canada is an excellent way to participate at the national level. Personally and professionally, it offers you 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, Standards & Guidelines (3-year term)

Director, Programs & Projects (3-year term)

These terms commence January 1, 2007. Position descriptions and nominations forms are found in the CHICA-Canada Policy and Procedure Manual, and may be obtained from the Membership Services Office or downloaded from www.chica.org

Signatures of two active members are needed 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:

Pearl Orenstein, RN, BA, DIA, CIC
CHICA-Canada Secretary
Membership Director
c/o Membership Services Office
PO Box 46125 RPO Westdale
Winnipeg, MB R3R 3S3

Deadline for nominations is August 15, 2006.

CHICA-CANADA 

NEW CHICA-CANADA WEBSITE LAUNCHED!



The Third Version of CHICA-Canada's website was launched on June 4, 2006.

The new website has features which make it more user-friendly.

Congratulations to Shirley McDonald, Web Communications Manager, and Pamela Chalmers, Web Designer for creating this fresh, new, informative look.

Many CHICA members submitted suggestions for the name of the discussions board. The winning entry, *CHICA Connections*, was chosen after a vote by members. Congratulations to Cynthia Hubbard and Esther Giesbrecht, who both submitted the suggestion.

www.chica.org

A single-use sterile saline solution — for ease of use, safety and economy

Experience the Benefits of SalJet Rinse

- Just twist off the top, and it's ready to use
- Flows in steady stream or drop by drop
- Single-use, 1 oz (30mL) toss-away container
- Strip of four easily fits in a pocket, bag or drawer
- Cannot be recapped, assuring sterility for single use
- Sterile saline solution
- Preservative-free



Now — no prescription required!

SalJet Rinse is available by prescription (20 boxes of 30mL units) or 2 per box

Pathways
A Division of

CALL TODAY
to place your order
for SalJet Rinse

1-800-738-7483

Be an author for the Journal

If you wish to contribute articles on research or general interest please contact the Clinical Editor

Pat Piaskowski

807-683-1747

piaskowp@tbh.net

VWR is your choice for personal safety



*The Microbix Pandemic Response ToolKit was designed by virologists using their in-house expertise in handling infectious materials.

*Included is advice from the Medical Director of Microbix Biosystems on homecare during a pandemic.

*Essential information and quality materials required to manage your home during a pandemic are included.

Your Choice

More Products. More Service.

More Solutions.

Please contact VWR for our full list of personal safety products.

VWR 

Supplier Partnerships for Customer Solutions

VWR.COM
1.800.932.5000

Future Conferences

Visit the Global Infection Control website presented in partnership with International Federation of Infection Control for a calendar of international conferences and educational courses. Link through www.chica.org

7th Annual Congress of the International Federation of Infection Control (IFIC)

July 3-5, 2006

Speir Estate, Stellenbosch, South Africa

www.theific.org/southafrica2006/default2.asp

Pandemic Preparedness and Infection Control 2006

July 13-14, 2006

Bangkok, Thailand

www.abc-asia.com

International AIDS Society XVI International AIDS Conference

August 13-18, 2006

Toronto, Ontario

www.iasociety.org

Infection Control Unmasked 25th NZNO National Division of Infection Control Nurses

August 16-18, 2006

Christchurch, New Zealand

www.nzno.org.nz

36th Annual Infection Control Conference (ICNA)

September 25-27, 2006

Brighton, England

www.comtec-presentations.com/icna

the **VANISHPOINT**[®] **ADVANTAGE**

A safety IV catheter featuring the patented
VanishPoint[®] automated retraction!



VANISHpoint[®]

The New Standard for Safety[™]

- ▶ Reduces the risk of needlestick injuries
- ▶ Allows for one-handed activation
- ▶ Integrated safety mechanism
- ▶ Easy to use



**RETRACTABLE
TECHNOLOGIES, INC.**
www.vanishpoint.com

511 Lobo Lane • Little Elm, Texas • 75068
Tel: 972-294-1010 Fax: 972-294-4400 Toll Free: 1-888-703-1010

CHICA-CANADA 2006/2007 PRODUCT ORDER FORM

PRODUCT	QUANTITY			MEMBER RATE	NON-MEMBER RATE	TOTAL
Just Wash 'Em VHS Video© – no workbook				\$34.95	\$39.95	
Just Wash 'Em VHS Video© with workbook				44.95	49.95	
Just Wash 'Em DVD© – no workbook				38.95	43.95	
Just Wash 'Em DVD© with workbook				48.95	53.95	
Sudsy Stickers/English or French	1,000			4.95	4.95	
Lavez les! VHS Video© – no workbook				34.95	39.95	
Lavez les! VHS Video© with workbook				44.95	49.95	
Lavez les! DVD© – no workbook				38.95	43.95	
Lavez les! DVD© with workbook				48.95	53.95	
10% Discount on 3 or more!						
ARO Video© – Across the Spectrum of Care				20.00	25.00	
Le MRA© – Dans tout le spectre des soins				20.00	25.00	
Infection Control Audit Toolkit				120.00	150.00	
Strategies for Pandemics and Disasters Toolkit				120.00	150.00	
ESBL Toolkit				120.00	150.00	
Webber Training Teleclass CD (see list of recordings, page 91)				55.00 – no shipping & handling fee	55.00 – no shipping & handling fee	
30th Anniversary Wearables!		COLOUR	SIZE			
T-shirts – S, M, L, XL, XXL White, Ash				10.00		
Fleece Vests – L, XL, XXL Tan with black trim				30.00		
+Shipping and Handling						
Orders less than \$50 – \$8.00						
Orders \$51-\$100 – \$10.00						
Orders \$101-\$150 – \$12.00						
Orders \$151 – 15%						
No shipping and handling on Webber Teleclass CDs						
For courier shipments, add \$25.00						

*GST/HST – GST 7% of total amount, including shipping & handling; HST 15% of total amount including shipping & handling (payable by residents of New Brunswick, Newfoundland, Nova Scotia). No GST/HST applicable on orders from outside Canada.

<input type="checkbox"/> I am paying by cheque, payable to CHICA-Canada – enclosed <input type="checkbox"/> I am paying by credit card – VISA/MasterCard/AMEX Credit Card Number _____ Expiry Date _____ Name of Cardholder (print) _____ Signature of Carholder _____
SHIP TO: Name _____ Address _____ _____ Telephone _____

PRODUCT DESCRIPTION

CHICA-Canada Infection Control Audit Toolkit

Available from CHICA-Canada through the CHICA-Canada Programs and Projects Committee. This series of infection control audit templates will assist you in your practice of infection prevention and control in a variety of health care settings. Topics include:

- Dental Audit
- Endoscopy Audit
- Haemodialysis Unit Audit
- High Level Disinfection - Outside SPD Audit
- Infection Prevention and Control Risk Assessment Guide
- Hospital-wide Infection Control and Prevention Audit and Template
- Ophthalmology O.R. Cluster Investigation and Procedure Assessment
- O.R. Audit
- Patient/Resident Service Units Audit
- Renal Unit Infection Control Audit
- Respiratory Outbreaks in Long Term Care Facilities Audit

Enhanced Teleclass Recordings on CD

Available exclusively from CHICA-Canada in partnership with Webber Training Inc. Topics include:

Disinfecting Patient Care Equipment;
Exploring CDC Hand Hygiene Guidelines;
Airborne Spread of Human Pathogens;
Disinfectants in Infection Control;
Hands and the Spread of Human Pathogens;
Current Best Practices in Hand Hygiene;
Hand Sanitizers and their Effect on Viruses;
Innovations in Hand Hygiene;
Influenza Pandemic on the Doorstep;
Controlling MRSA and VRE;
Scientific Solutions to the Norovirus Problem;
Strategies for Norovirus Infection Control on Cruise Ships;
Relative Impact of Hand Hygiene on Healthcare-Associated Infections;
Evidence Behind Control Measures for MRSA and VRE;
Environmental Infection Control in Healthcare Facilities;
Hand Hygiene – Different Approaches;
Antiseptic Practice and Procedure;
Glutaraldehyde Toxicology and Management of Risk;
New WHO Hand Hygiene Guidelines;
Respiratory and GI Outbreaks in LTC;
Biofilms in our Environment;
Infection Control in Day Care Facilities;
Disease Transmission in the Home;
Hands and Viral Infections;
Infection Control in Long Term Care;
Innovations in Hand Hygiene;
Preventing MRSA and VRE;
Advances in Global Infection Control;
Bedside Hand Hygiene Products;
C. difficile and Environmental Cleaning;
Infectious Diseases and Microbicide use in Infection Control;
Biocides in Healthcare Environment;
Surface disinfectants and Environmental Impact;
Methods for evaluation of Hand Disinfectants;
National Patient Safety Agency
Étiqueter les désinfectants: quoi, pourquoi et comment

ESBL TOOLKIT

Best Infection Control Practices for Patients with Extended Spectrum Beta Lactamase Enterobacteriaceae – An infection control toolkit developed by the International Infection Control Council (APIC, CHICA-Canada, ICNA (UK, Ireland)).

“Just Wash ‘Em” / “Lavez les”



A 7 minute video directed to Elementary School aged children.

Reaching today's kids with our all-important handwashing message is a major step in preventing the spread of infection. CHICA-Canada's very own Sudy makes his debut in a creative, fun-to-watch handwashing video aimed at school-aged children. Great for school projects, seminars and demonstrations. Sudy stickers also available.

The Infection Control Toolkit: Strategies for Pandemics and Disasters



The only disaster planning document that presents information specific to the key issues of infection control. Includes all the tools and materials necessary for surveillance, education, communication, laboratory, and management of personnel and patients are included. Handy forms, references, fact sheets, flowcharts, checklists, and samples provide the framework to interface with healthcare facilities and local public health preparedness plans. No other disaster planning document presents information specific to the key issues of infection control.

ARO VIDEO

A 15 minute educational video covering topics related to ARDs (epidemiology, surveillance and control). Produced in cooperation with Wyeth, with assistance from CHICA-Canada members.

Authors:

Laurie Doxtator, RN, MSc. CIC
Infection Control Practitioner
Kingston General Hospital
76 Stuart Street
Kingston, ON K7L 2L7

Dr. Dick Zoutman, MD, FRCPC
Medical Director, Infection Control Services
Kingston General Hospital

Correspondence to:
Laurie Doxtator
Infectious Diseases Prevention Program
KFL&A Public Health
221 Portsmouth Avenue
Kingston, Ontario K7M 1V5
ldoxtator@healthunit.on.ca

Management of breast pump kits: a review

ABSTRACT

Breast pumps are often used to initiate and maintain lactation when difficulties with breast feeding are encountered or there is separation of the mother-infant dyad. There is limited and conflicting information available surrounding the cleaning and reprocessing of breast pump kits. Ineffective cleaning, reprocessing and storage of breast pump kits could result in infection. The following article describes the literature surrounding recommendations for cleaning and reprocessing of breast pump kits and the infection risks associated with such devices. The results of a survey of current hospital practices completed through CHICA-Canada (Community and Hospital Infection Control Association) are also discussed. On the basis of the findings, recommendations for cleaning, reprocessing and storage of breast pump kits are outlined.

Key words: breast feeding, equipment, infection control, breast pumps

INTRODUCTION

The physiological benefits of breast feeding an infant are enumerable.¹ When difficulties with breast feeding arise, breast pumps are frequently used to establish and maintain lactation. The use of breast pumps is particularly common in the Neonatal Intensive Care Unit (NICU) environment because mothers are separated from their infants or the infants are unable to nurse at the breast because of their health status.² While expressed breast milk (EBM) is an important source of nutrition, it can also be a source of infection transmission. It is well documented that infectious agents have been transmitted through breast milk³ and contaminated breast pump supplies.^{4,5}

The management of infection prevention and control in Neonatal

Intensive Care Units and Special Care Nurseries is of vital importance. Outbreaks of nosocomial infection can be devastating in this population. Neonates are especially vulnerable hosts because of low birth weight, prematurity, and the use of invasive procedures and devices.^{6,7}

This article provides a review of the literature related to the risk associated with contaminated breast pump kits (accessories) and a discussion on the appropriate methods of reprocessing such devices. Clear consensus on cleaning and disinfection protocols for breast pump accessories are emerging. CHICA-Canada is in the process of finalizing their position statement on this issue. The purpose of this paper is to describe the results of a 'best practice' survey of current practices across Canada and to compare these with recommendations in the literature. Developing unambiguous recommendations was a key objective of this article in light of the limited and inconsistent information available.

METHODS

A review of the literature related to contamination of breast pump accessories and outbreaks associated with such supplies was completed using Medline and CINAHL with the following MeSH subject headings: cross infection; infant, premature; milk, human; disease outbreaks; neonatal intensive care and infection control. An electronic survey of practices at other Canadian hospitals was completed through CHICA-Canada. CHICA-Canada members at Canadian hospitals were asked to complete a short survey electronically. Table 1 outlines the survey questions related to the cleaning and reprocessing of breast pump kits.

FINDINGS

Medela Inc., a manufacturer of breast pump kits, recommends sterilization every 24 hours and between different patients⁸ as does the American Dietetic Association.⁹ Health Canada recommends high-level disinfection rather than sterilization.¹⁰ Ameda-Hollister Ltd., another breast pump manufacturer, advises that its kits can be autoclaved (sterilized).¹¹ Key issues identified during this review included: the appropriate level of disinfection required for this type of device and quality control concerns related to mothers being responsible for cleaning the kits between uses. Lastly, with mothers sharing accommodation and being responsible for the storage and cleaning of breast pump kits, there are opportunities for errors to occur. The potential risk of cross contamination due to the inadvertent mix-up of breast pump kits while mothers are sharing hospital rooms was identified as a possibility.

The electronic survey (Table 1) was conducted through CHICA-Canada members. Of the 14 hospitals that responded to the survey, three sterilized their breast pump kits once a week with cleaning occurring between uses, two used high-level disinfection for their breast pump kits after every 24 hours with cleaning occurring after every use, three sterilized their breast pump kits after every use and one used high level disinfection for their breast pump kits after every use. Three hospitals reported that kits are sold to mothers and are not reprocessed by the hospital and one hospital reported that kits are sterilized only between mothers. Of the hospitals that reported reprocessing every 24 hours, five reported that the mother was responsible for cleaning the equipment between uses and two reported that patient care staff was responsible for cleaning.

LITERATURE REVIEW

Breast milk is an ideal source of infant nutrition, which is known to provide protection against infectious disease caused by bacteria, viruses and para-

sites. The benefits of breast feeding infants are without question, however human milk is a body fluid also capable of transmitting pathogens.³

Human Immunodeficiency Virus (HIV) can be transmitted through human milk. The average rate of transmission is between 5-20%. It is difficult to estimate the risk from a single exposure since rates of transmission are based on risk over time.¹² Hepatitis B Virus (HBV) may also be transmitted through breast milk since HBV infected women may excrete hepatitis B surface antigen in the breast milk.³ The transmission of Hepatitis C Virus (HCV) from breast milk is believed to be theoretically possible but has not been clinically documented.³ Cytomegalovirus (CMV) is also excreted through breast milk during active infection and may be shed in the breast milk of women who have been exposed previously. Although transmission of CMV through breast milk has been documented, disease in the neonate is not common.^{3,13} Transmission of

methicillin-resistant staphylococcus aureus (MRSA) to preterm infants through breast milk has been documented in a colonized mother. Colonization and infection occurred in preterm triplets.¹⁴ Transmission of other viruses and bacteria through breast milk are also documented.^{4,5,15}

A review of the literature revealed that bacterial contamination of breast pump supplies is not uncommon. Bacterial outbreaks and fatal cases of necrotizing enterocolitis (NEC) have been documented.^{4,5,16} Donowitz and colleagues (1981)¹⁸ described five cases of neonatal bacteremia caused by *Klebsiella pneumoniae* after breast pump tubing became grossly contaminated. In this instance, the tubing and the safety filter had become contaminated with breast milk and had not been cleaned/disinfected between uses. Instituting improved cleaning and reprocessing of pumping equipment brought the outbreak under control. Another outbreak was documented in a special care baby unit as a

Beware the Enemy Within!

The single greatest negative impact to the use of ANY product to kill germs is that some of them will simply survive. If that trait is genetic, it will be passed on to subsequent generations. The AEGIS Microbe Shield technology does NOT promote genetic adaptation.

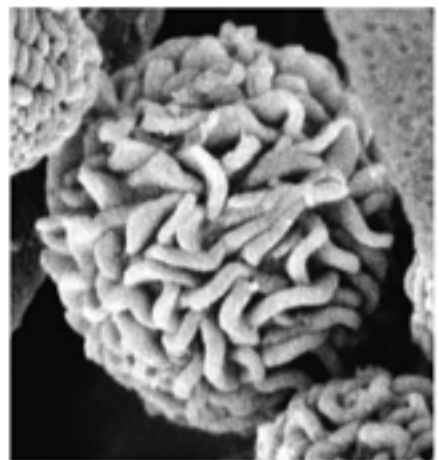
Treatment is applied by trained applicators to target surfaces. Treatment can take less than one minute – the protection will last and last.

Call for information on how to protect your environment from the spread of infectious microbes:



AEGIS Environmental (Canada) Limited

Dartmouth, NS • 902-468-5504 • www.aegis-in-canada.com



RELIABLE TECHNOLOGY
25
YEARS

TABLE 1: CHICA-Canada Hospitals

1. What is the name of your hospital?
2. Are breast pump kits reprocessed (sterilized or disinfected) by your hospital?
3. What is the method of reprocessing used by your hospital?
4. What is the frequency of reprocessing (sterilization or disinfection) at your hospital?
5. If breast pump kits are not reprocessed after every use, how are they cleaned between uses with the same mother?
6. Who is responsible at your hospital for cleaning breast pump kits between uses?

result of inadequately cleaned and disinfection of breast pump accessories. Cross infection and contamination of milk with *Serratia marscecens* occurred.⁵ Jones and colleagues (2000)⁴ also implicated contaminated breast pumps in an outbreak of *Serratia marscecens* in a NICU environment. In this instance, mothers were responsible for decontamination of their own breast pump equipment. One of the pumps did not have a filter that is required to prevent contamination of the inner components of the pump. Following this outbreak, the cleaning protocol was changed to steam sterilization of collection sets between every use.⁴

D'Amico et al. (2003)¹⁷ obtained cultures from breast pump attachments to identify if any components of the system could harbor bacteria after mothers had cleaned their breast pump kits with soap and water as directed. Cultures collected from the filter membrane area of the pump contained coagulase-negative staphylococci. It was postulated that contamination of the filter membrane might have occurred following handling of the filter membrane.¹⁷

DISCUSSION

Level of reprocessing for breast pump kits

Breast pumps used by multiple patients require a closed system to eliminate the possibility of pump contamination

from over flow.^{4,8} The entire circuit on the patient side of the filter membrane should be disassembled and reprocessed after each use. The filter membrane and pump tubing are not expected to come into contact with milk as they create the vacuum within the system. However, overflow of milk into the tubing to the filter membrane is possible.

Under the Spaulding Classification,¹⁹ breast pump kits are considered to be semi-critical devices meaning that the minimum level of reprocessing required is high-level disinfection. Since pasteurization is effective against the spectrum of microorganisms that would be of concern, it stands to reason that breast pump kits could be pasteurized (high-level disinfected). Pasteurization does not destroy bacterial spores but is active against all bacterial and viral pathogens. Pasteurization is considered to be a safe method of reprocessing semi-critical items.^{20,21} All components of the breast pump kit; except for the filter membrane should be washed with an enzymatic detergent and subjected to pasteurization (high-level disinfection). The filter, which cannot come in contact with detergent, should be rinsed well with water and air dried between uses. Mothers and health care providers should be educated not to touch the membrane on the attachment to avoid contamination. Breast pump

tubing and membrane filters that come into contact with breast milk should be discarded because they are difficult to clean effectively.

Bottles and lids

Single use sterile bottles and sterile lids should be used for every pumping session. Breast milk is stored for up to 48 hours in the refrigerator. Some bottles and lids are shipped from some manufacturers as 'non sterile' supplies and although clean containers are considered acceptable for healthy term infants, preterm infants or infants requiring intensive care require sterile bottles and lids.²²

Cleaning Between Uses

While it is recognized that mothers are responsible for cleaning their own breast pump supplies once they are discharged home, the hospital environment is unlike the home environment because it carries significantly more risk with regard to environmental contamination. In addition, the potential for cross-contamination exists in the hospital environment where it does not exist in the home. For these reasons, it is recommended that high-level disinfection be used for reprocessing after every use while in hospital to prevent inconsistencies in cleaning between uses and to limit the possibility of cross contamination related to the mix-up of kits in shared accommodation. Electric pump machines should be cleaned with a hospital grade disinfectant after every patient use.

CONCLUSION

Decisions surrounding the management of breast pump kits depend on many factors. Consideration needs to be given to the optimal way of supporting and encouraging breast feeding mothers while at the same time utilizing sound infection control principles. Health care facilities should review their reprocessing decisions with key stakeholders within their institutions taking into account the needs of the patient and staff,

resources available and the risks and consequences of infections transmitted by breast milk or contaminated equipment. All hospital procedures that involve the cleaning and reprocessing of equipment should be evidence based and reviewed by the Infection Control Service and Central Processing Services. ●

REFERENCES

- Canadian Pediatric Society, Dieticians of Canada & Health Canada (1998). Nutrition for healthy term infants. Ottawa: Ministry of Public Works and Government Services.
- Drolet, B, Esterly, N, In: Fanaroff, A, Martin, R, eds. Neonatal-perinatal medicine: Diseases of the fetus and infant. Volume 2. 7th edition. Philadelphia: Mosby: 2002: 1537-1538.
- American Academy of Pediatrics (2000). Red Book, Report of the committee of infectious diseases. 25th edition.
- Jones, BL, Gorman, LJ, & Simpson, J et al. (2000). An outbreak of *Serratia marcescens* in two neonatal intensive care units. *J Hosp Infect*, 46: 314-319.
- Gransden, WR, Webster, M, French, GL, & Phillips, I. (1986). An outbreak of *Serratia marcescens* transmitted by contaminated breast pumps in a special care baby unit. *J Hosp Infect*. 7: 149-154.
- Haas, JP, & Trezza, LA. (2002). Outbreak investigation in a neonatal intensive care unit. *Semin Perinatol*. 26(5): 367-378.
- Baltimore, RS. (1998). Neonatal nosocomial infections. *Semin Perinatol*. 22: 25-32.
- Medela Inc. Electric Breast Pump Manual.
- American Dietetic Association. (2004). Infant feedings: Guidelines for preparation of formula and breast milk in health care facilities.
- Health Canada (1998). Hand washing, cleaning, disinfection and sterilization in health care. *CCDR*. Vol24S8
- Hollister-Ameda. Cleaning instruction for Ameda hygienikits.
- Richardson, BA, John-Stewart, GC, & Hughes, JP, et al. (2003). Breast-milk infectivity in human immunodeficiency virus type-1 infected mothers. *J Infect Dis*. 187: 736-740.
- Doctor, S, Friedman, S, Dunn, MS, et al. (2005). Cytomegalovirus infection of extremely low-birth weight infants through breast milk. *Acta Paediatr*. 94(1): 53-8.
- Behari, P, Englund, J & Alcasid, G, et al. (2004). Transmission of methicillin-resistant staphylococcus aureus to preterm infants through breast milk. *Infect Control Hosp Epidemiol*. 25(9): 778-80.
- Maloney, AC, Quorashishi, AH, Parry, P, Hall, V. (1987). A bacteriological examination of breast pumps. *J Hosp Infect*. 9: 169-174.
- Ng, DK, Lee, SY, & Leung, LC, et al. (1995). Bacterial contaminated breast milk and necrotizing enterocolitis in preterm twins. *J Hosp Infect*. 31: 105-110.
- D'Amico, C, DiNardo, C, & Krystofiak, S. (2003). Preventing contamination of breast pump kit attachments in the NICU. *J Perinat Neonatal Nurs*. 17(2): 150-157.
- Donowitz, LG, Marsik, FJ, Fisher, KA, & Wenzel, RP. (1981). Contaminated breast milk: A source of *Klebsiella* bacteremia in a newborn intensive care unit. *Rev Infect Dis*. 3(4): 716-720.
- Spaulding, EH. (1968). Chemical disinfection of medical and surgical materials. In: Lawrence, C, Block, SS, eds. *Disinfection, Sterilization and Preservation*. Philadelphia: Lea & Febiger: 517-531.
- Bolding, B. (2004). Choosing a reprocessing method. *Can Oper Room Nurs J*. 22(2): 24, 35.
- Rutala, WA, & Weber, DJ. (2004). Disinfection and sterilization in health care facilities: What clinicians need to know. *Clin Infect Dis*. 4(39): 702-709.
- Health Canada (1996). *Family Centered Maternity and Newborn Care*.



imagine

—THE POSSIBILITIES!

Do you dream of a career and lifestyle beyond the ordinary?

Let Fraser Health show you how to get there.

Fraser Health, British Columbia's largest and fastest-growing health authority, is dedicated to creating a work environment that inspires individual and collective contributions, recognizes excellence and innovation in practice, and supports lifelong learning.

Regular full-time, part-time and on-call positions are available for experienced **Infection Control Practitioners**. You will be able to use your teaching and mentoring skills in this rapidly expanding department.

Dare to follow your dream! Come and join our 21,000 employees and 2,200 physicians and embark on a journey that will transform your dreams into reality.

- Relocation assistance is available

Please visit our Career Opportunities website at www.fraserhealth.ca for a detailed listing of these and other opportunities and to apply online; contact recruitment@fraserhealth.ca; or telephone toll-free at 1-866-837-7099.

Imagine the possibilities ... then live them.



www.fraserhealth.ca

Certification Board of Infection Control News

President's message: Linda Laxson

As I begin my term as CBIC president, I am humbled by those dedicated CBIC officers and board members that have guided and directed CBIC to its current position, awed by the many accomplishments CBIC has made and continues to make, and excited about the opportunities before us in 2006. Having been an ICP for 30 years, I became certified the second time CBIC offered the exam and have maintain my certification ever since. I believe certification through CBIC is the best way to show of my professional accomplishments and knowledge mastery of infection prevention and control as well as the best way to demonstrate professional competency. What I did not realize, prior to serving as a CBIC director, is the quality of the certification offered by CBIC and the untold dedication of the volunteers who make that possible.

Preparing a certification exam that meets the stringent criteria of the National Commission for Certifying Agencies requires the concerted effort of the whole CBIC Board of Directors. I would like to take this opportunity to thank the 2005 Board of Directors (BOD) for all they have done and introduce you to the 2006 BOD. Many of you may recognize the names of these board members.

Some of you may not realize that CBIC is a distinctly separate organization from the Community and Hospital Infection

Control Association – Canada (CHICA). While infection prevention and control is the foundation of both organizations, the missions are very different. CBIC's mission is certification and certification only. APIC was the 'founding mother' of CBIC but our bylaws require that the organizations remain separate entities and CHICA representation was added to the CBIC board to ensure that North American practice was represented. CBIC works hand-in-hand with APIC and CHICA-Canada to promote certification for all practicing infection prevention and control professionals and invites a liaison from both of those Boards to attend all CBIC board meetings.

The composition of the CBIC BOD is defined by our bylaws and is designed to reflect the professions involved in infection prevention and control. The BOD includes RNs, Medical Technologists/Microbiologist, an MD, and a consumer member. Representation includes acute care, extended/long term care, other non-acute care settings, and at least one member from Canada. The one essential criterion for serving on CBIC is that every board member must be certified.

CBIC is always looking for certified, infection prevention and control professionals who would like to invest some of their valuable time in our efforts to improve the quality of healthcare by increasing the number of professionals whose knowledge mastery in infection prevention and control and

MULTI-PURPOSE

EQUIPMENT WASHER

NO OBLIGATION Free Trial! Free Delivery

You too can reduce bacteria by 99.9%
As demonstrated in an independent laboratory study

5 Minutes Per Cycle • All Stainless Steel • Portable • Washes Two Wheelchairs At A Time • Direct from Factory • Customers in the U.S.A.

OVER 1300 WASHERS NOW IN USE!

Washes Two Wheelchairs At A Time • Direct from Factory • Customers in the U.S.A.

Canada and New Zealand • 5 Minutes Per Cycle • All Stainless Steel • Portable

CALL US TOLL FREE 800-717-3626

FREE NO OBLIGATION TRIAL!
www.medcoequipment.com

MEDCO EQUIPMENT, INC.
Made in U.S.A. Since 1976

2005 CBIC Board of Directors Thank You ALL!	2006 CBIC Board of Directors WELCOME!
President: Betty Dunaway, RN, BSN, MA, CIC	President: Linda Laxson, RN, BSN, CIC
President Elect: Linda Laxson, RN, BSN, CIC	President Elect: Shelia MacDonald, RN, BN, CIC
Past President: Darnell Dingle, RN, MPH, CIC	Past President: Betty Dunaway, RN, BSN, MA, CIC
Secretary: Shelia MacDonald, RN, BN, CIC	Secretary: Deanie Lancaster, RN, BSN, MHSA, CIC
Treasurer: Ruth Curchoe, RN, MSN, CIC	Treasurer: Jacqueline Butler, CIC
Margaret Gallagher, RNC, MS, CIC Angela Goetz, RN, MNED, CIC Jacqueline Butler, CIC Deanie Lancaster, RN, BSN, MHSA, CIC Sharon Krystofiak, MS, MT (ASCP), CIC Pam Vaccaro, RN, CIC Rita Tjoelker, MS, RN, CNS, CIC Ziad Memish, MD, CIC, FACP, FRCPC Matthew Wallace, MS, MT (ASCP), SM, CIC	Ruth Curchoe, RN, MSN, CIC Sharon Krystofiak, MS, MT (ASCP), CIC Pam Vaccaro, RN, CIC Rita Tjoelker, MS, RN, CNS, CIC Ziad Memish, MD, CIC, FACP, FRCPC Matthew Wallace, MS, MT (ASCP), SM, CIC Marie Kassai, RN, BSN, MPH, CIC Glenda L. Schuh, RN, BSN, CIC Frances M. Slater Feltovich, RN, MBA, CIC, CPHQ
Consumer Director: Robert Hotchkiss	Consumer Director: Robert Hotchkiss
APIC Liaison: Jeanne Pfeiffer, RN, MPH, CIC	APIC Liaison: Pat Rosenbaum, RN, CIC
CHICA-Canada Liaison: Richard Wray, RN, BA, CIC	CHICA-Canada Liaison: Karen Hope BSc MSc

applied epidemiology has been demonstrated by certification. CBIC Board of Directors is appointed by the APIC Board of Directors using the application process of the APIC Nominating and Awards Committee. If you are interested in or have questions about serving on the CBIC BOD, you may contact the CBIC Executive Office at (913) 599-4174.

CBIC Chapter of the year

Every year, CBIC awards one APIC chapter and one CHICA chapter an award for their activities in promoting the importance of certification. There are a number of different criteria upon which applications are judged. For example, chapters are awarded points based on the total percentage of chapter members that are currently certified as well as the total percent of increase in certified members that has occurred over the past year. Other criteria include points awarded for certification promotional activities as well as activities that promote the importance of certification within the community educational activities.

Applications are awarded a total number of points and winners are determined by the applications with the highest scores. Chapters who win this award receive a plaque recognizing excellence and a \$250 cheque.

Practice Analysis Survey....your input is invaluable

The CBIC BOD wishes to thank each and every one of you who completed a survey. More than 8,000 invitations to participate were sent out via email and the response was wonderful. We had nearly 2,000 surveys completed.

How will this data be used?

The survey instrument was used in order to determine the appropriate tasks and content reflected in today's practice. Responses will be compiled and the data will be analyzed to determine the most statistically significant tasks and knowledge bases required for an infection control and prevention practitioner with a minimum of two year's of experience in the field.

CBIC's testing and measurement agency will produce a report on the survey findings and make recommendations for new examination specifications. The Practice Analysis Committee, a diverse panel of content experts, will review the survey findings and the new examination specifications. In order for the content to be included, all committee members must unanimously agree on each task and content area of the examination specifications.

When will new examination specifications be implemented?

The BOD will review the initial data findings and reports at its February 2006 meeting and will most likely approve the new examination specifications/content. The Board hopes to announce the new examination specifications and provide a more in-depth presentation on the practice analysis process at the 2006 APIC Annual Conference.

Because CBIC uses a computerized administration format and questions have to have been previously analyzed and determined statistically sound, the new content examination

specifications will take some time to implement. Following the approval of the new specifications, the pool of questions will need to be re-classified to match the newly approved examination specifications. If there are areas where there are new tasks or knowledge bases identified wherein no statistically sound examination questions exist, the CBIC Test Committee will need to write new questions to these specifications. These new questions will then need to be 'pre-tested' – which means they are included on current forms, but not scored, to provide statistics on their performance as exam questions and if they perform according to acceptable measurement standards, then they can be added to the pool of questions to be used on an active form of the examination. Provided all new questions perform up to par, the new examination specifications should be implemented by mid-2007.

As you can see there is a great deal of work that goes into the examination development for the CIC examination. We truly appreciate your contribution by completion of the survey. If you would like to learn more about becoming involved with the BOD or Test Committee, please see the President's Message on the previous page.

CBIC Examination summary statistics for 2005

CBIC had a banner year in 2005. Thank you to every chapter and the national APIC and CHICA offices for helping to promote the value of certification and congratulations to all those who earned the CIC credential in 2005.

Summary of Candidates who took the computerized examination

	Total Tested	Pass	%	Fail	%	Absent	%	Total Number
First Time	420	295	70.2%	125	29.8	13	3.0	433
Recertifiers	196	183	93.4%	13	6.6	4	2.0	200
Repeaters	69	31	44.9%	38	55.1	2	2.8	71
Total	685	509	74.3%	176	25.7	19	2.7	704

In 2003, CBIC tested a total of 533 candidates. In 2004, CBIC tested a total of 578 candidates. As you can see, in 2005 there has been an increase in the total number of individuals attempting the computerized examination – close to an 18% increase over the previous year.

Summary of Candidates who took the SARE for recertification

	Total Tested	Pass	%	Fail	%
Recertifiers	646	538	83%	108	17%
Self Assessment	41	n/a	n/a	n/a	n/a
Total Sold	683				

In 2003, 527 individuals purchased the SARE for recertification and 18 for self assessment. In 2004, 439 individuals purchased the SARE for recertification and 27 for self assessment – close to a 20% increase in sales. ●

BD Diagnostics

identify • prevent • control



Can you afford to wait?



Helping all people
live healthy lives

Results within 2 hours versus 2 days

Infection control programs that use active targeted screening are **proven to** reduce MRSA transmission and infection in healthcare settings.¹ **GeneOhm's IDI-MRSA™** Test provides results in hours instead of days. Now you don't have to wait! Earlier intervention can significantly **improve patient outcomes**, prevent outbreaks, and control costs.²

IDI-MRSA™ Assay
IDI-Strep. B™ Assay
IDI-Lysis Kit
Combined MSSA/MRSA test (in development)
Vancomycin resistance test (in development)

Visit www.geneohm.com to see how other institutions are managing MRSA.
888-GeneOhm (888-436-3646)

¹ Boyce JM, et al. *Infect Control Hosp Epidemiol*. 2004;25:395-401.
² Karchmer TB, et al. *J Hosp Infect*. 2002;51:126-132.
³ Dekens DJ, et al. *J Clin Microbiol*. 2004;42:2879-2883.

GeneOhm Sciences, Inc. is a wholly-owned subsidiary of Becton, Dickinson and Company. BD, BD Logo, and all other trademarks are the property of Becton, Dickinson and Company. ©2006 BD.

BD Diagnostics
6146 Nancy Ridge Drive
San Diego, CA 92121
www.bd.com

2771 Bristol Circle
Oakville, ON L6H 6R5
Tel: 800.268.5430



2007 CONFERENCE

CHICA-Canada 2007 National Education Conference

Shaw Conference Centre • Edmonton, Alberta

June 9-14, 2007

Saturday, **JUNE 9**

Interest group and committee meetings - NEW!

Sunday, **JUNE 10**

Chapter Presidents' meeting

Sunday, **JUNE 10**

NOVICE ICP DAY

Monday, **JUNE 11**

PreConference day

Tuesday – Thursday, **JUNE 12 - 14**

Conference

INDUSTRY SHOWCASE

Sunday, June 10 (President's Reception) to Tuesday, June 12.

Watch for more information to come in the Summer of 2006

2007 Ecolab Poster Contest

Watch for the details of the 2007 Ecolab Poster Contest in the fall 2006 issue. The winning entry will win \$500 cash or a free registration to the 2007 Conference in Edmonton plus \$200 cash.

Deadlines for entries: January 31, 2007

Sharps Safety Has Never Been Easier



SurGuard™ Safety Insulin



SurGuard2™ Syringe with Safety Needle



SurGuard2™ Safety Needle



Surshield™ Safety Winged Blood Collection



Surshield™ Safety Winged Infusion



Terumo offers you a world of confidence.

With an 80 year tradition of quality and innovation, we are one of the leading medical device manufacturers worldwide.

Imitators come and go. Terumo delivers high quality, cost effective safety devices with the technical and customer support you expect now and into the future.



TERUMO MEDICAL CORPORATION

2101 Cottontail Lane, Somerset, New Jersey 08873

Tel: (732) 302-4900 Toll Free: 1-800-283-7866 Fax: (732) 302-3083

www.terumomedical.com/safety

SURGUARD and SURGUARD2 are trademarks of Terumo Medical Corporation, Elkton, MD.
SURSHIELD is a trademark of Terumo Corporation, Tokyo, Japan. 5/06

Award and prize winners:

EARLY BIRD DRAW

Complimentary 2007 Conference registration: *Joan Burton, Toronto, Ontario*

EXHIBIT PASSPORT WINNERS

Digital Camera: *Louise Venne, Sturgeon Falls, Ontario*

DVD Player: *Nila MacFarlane, Winnipeg, Manitoba*

MP3 Player: *Grace Forget, Tillsonburg, Ontario*

Hilton One Night Stay and Brunch: *Patti Powless, Ohsweken, Ontario*

STRUT YOUR STUFF! BREAKFAST

Complimentary 2007 Membership: *Lillian Kariko-Braithwaite, Toronto*

CONFERENCE EVALUATION DRAW

Complimentary 2007 Conference Registration: *Maja McGuire*

2006 ECOLAB POSTER CONTEST: *Esther Giesbrecht, Calgary*

3M RESEARCH GRANT

Victoria Williams, Toronto for her submission: Utility of VRE Environmental Sampling

3M CHAPTER ACHIEVEMENT AWARD

CHICA-Canada – Toronto Professionals in Infection Control

CBIC CHAPTER ACHIEVEMENT AWARD

CHICA-Canada – Toronto Professionals in Infection Control

2006 BEST FIRST TIME ABSTRACT SUBMISSION

Sylvana Perna, Montreal, co-author of the abstract: Important Risk Reduction In Nosocomial Clostridium Difficile With Institution Of Probiotic Prophylaxis

All Conference photographs by Yvonne Long, London



CHICA-Canada Chapter Presidents



CHICA-Canada Chapter Directors



Margie Foster, Conference Chair



Moira Walker (IFIC Scholarship Committee, Philip Pugh (ICNA), Ulrika Ransjo (IFIC), Kathy Arias (APIC), Karen Hope (CHICA), Linda Laxson (CBIC)



Virox Scholarship winners



Award of Merit Winners: Mary Vearncombe, Clare Barry, Elizabeth Henderson, Elizabeth Van Horne, Karen Hope (President of CHICA), Donna Moralejo. Not pictured: Diane Roscoe, Elizabeth Bryce



CHICA-Canada Board of Directors: (back) Alison Locker, Leesa Round, Margie Foster, Alice Newman; (middle) Joanne Dow, Kathy McGhie, Nora Boyd; (front) Yvonne Richardson, Debby Kenny. Not pictured: Michael John



Tim Richardson, 3M Healthcare (middle) with the 2006 3M Research Grant winner, Victoria Williams; and Zahir Hirji, President of TPIC, 2006 3M Chapter Achievement Award winners.

CHICA and IFIC in London, Ontario

CHICA and IFIC

The International Federation of Infection Control (IFIC) is a federation of mainly non-governmental infection control organizations from all around the globe. IFIC now has 67 member societies from 57 countries. CHICA-Canada was among the handful of societies that founded IFIC almost 20 years ago, and has remained a strong supporter of the organization ever since.

At the opening of the 2006 CHICA conference, Ulrika Ransjö brought greetings from IFIC, and presented key conference organizers with IFIC T-shirts. Later, she gave a lecture on the topic Antibiotic Resistant Organisms - an international perspective. In the Town Hall session, she spoke about IFIC - what it does and what it will do in the near future. CHICA-Canada promised to nominate a board member for IFIC in 2006. Discussions are under way concerning how CHICA-Canada and its member chapters may otherwise contribute to IFIC.

IFIC's Vision

Every nation has a functioning infection control organization.

IFIC's Mission

IFIC provides the essential tools, education materials and communications that unite the existing infection control societies, and fosters development of infection control organizations where they are needed.

IFIC run

The 2006 CHICA conference started for IFIC with a charity 5 km run/ 2.5 km walk in support of the IFIC Scholarship fund, organized by Alice Newman and Wendy Reason with a great crew. Twenty-five runners and walkers participated, all starting out on a bright Sunday morning with frost still on the ground, and all arrived

safely at the goal. Those running were presented with a CHICA Run for IFIC t-shirt. The run raised more than \$4,000 for the fund, including a gracious donation from CHICA-Canada in the amount of \$1,500.

IFIC teaching materials

IFIC's premier teaching tool is the basic infection control manual entitled *Infection Control: Basic Concepts and Training*. With the support of Shirley Paton, Chief of the Bureau of Nosocomial and Occupational Infections, Health Canada, the manual, already in English and Spanish, has been translated into French.

The IFIC board of directors is extremely grateful for this generous and very practical donation. In recognition of this generosity, Moira Walker presented Shirley with an IFIC Certificate of Appreciation at the CHICA-Canada conference.

The translation was reviewed and edited to ensure accuracy with medical and infection control terminology. This task was undertaken by Denise Ouellet of Moncton, NB. As Denise was unable to attend the conference, Murielle Pitre, NB-PEI chapter president, accepted the IFIC Certificate of Appreciation on her behalf.

Website, forum and journal

- The former IFIC Bulletin has been transformed into the *International Journal of Infection Control*, with Gertie van Knippenberg as chief editor. The first issue can be seen at the website www.theific.org.
- *Basic Concepts*, 2nd edition, has formed the basis for sets of teaching slides, one set per chapter, which can be downloaded from the website.
- The treasurer, Nizam Damani, has collected useful websites and key publications on infection control issues, into a book titled Information

Resources, which he updates yearly.

- An open Q&A and Discussion Forum has been set up at the website.

IFIC finances

Membership fees are the main source of income for IFIC. For member societies, the fee is deliberately kept low in order to avoid a heavy burden on member societies from any country. Unfortunately, IFIC has to rely on member societies to support their own board members as much as possible and this leads to a bias towards more affluent countries in board representation. It would be of great value if IFIC could establish a travel fund to support board members' travel and accommodation for board meetings, which are now held twice a year.

Additional sources of income are advertising in IFIC publications and patron membership fees, but companies do not always appreciate the value of a global network, and prefer to deal with societies operating in a certain region, thus adding to the difficulties of fund raising for IFIC activities.

Conferences

IFIC holds a yearly conference in cooperation with one of its member societies, the most recent in 2005 in Istanbul, Turkey. This year, the IFIC conference will be held in Cape Town, South Africa, July 3-6. In 2007, the conference is being planned for Budapest, Hungary, and in 2008 for Santiago, Chile.

CHICA-Canada provides an international conference calendar which is linked to the IFIC website. This support of IFIC's educational endeavours is much appreciated.

Moira and Ulrika are very grateful for CHICA's support to IFIC, and for the invitation extended by Karen Hope and Margie Foster to liaise and have fun in London with Canadian colleagues.

5 K run or 2.5 K walk for IFIC Fun and important

More than 25 runners and walkers participated in the first CHICA-Canada Run or Walk for IFIC during the London conference. A sunny, cool dawn greeted our athletes as they devoted the early morning hours to raising funds for the International Federation of Infection Control. More than \$4,000 has been raised to support IFIC's scholarship program for Infection Control Practitioners from under-resourced countries.

Many thanks to Alice Newman and Wendy Reason, and all their volunteers, for putting in so many hours to ensure that this event was a success!



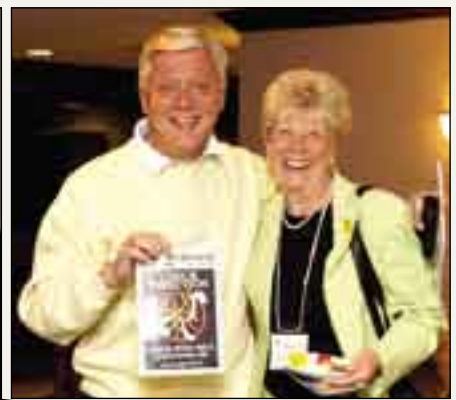
SOPIC Meet and Greet

RAFFLE WINNERS

LONDON PRINT BY MARTIN ZIMMER:
Susan Cooper

GIFT BASKET: *Nicole Kenny*

GIFT BASKET: *Brian Kelly*



President's reception



Sween
Coloplast



Isagel[®]

Ethyl Alcohol Antiseptic No-Rinse
Hand Cleansing Gel

Hand Hygiene Saves Lives

Hand Hygiene Saves Lives

Each year, nosocomial infections affect thousands of patients across Canada. The cost of treating this hidden epidemic is staggering.

It's in your hands to break the chain of infection.

Independent lab testing shows that with 70% alcohol, Isagel kills more than 99.9% of most micro-organism in 15 seconds.



For more information call 1-866-293-6349
www.coloplast.ca

Isagel and Sween are registered trademarks of Coloplast (Inc.), Marlow, GA, U.S.A., © 06/2004. All rights reserved Coloplast Corp., Marlow, GA U.S.A.



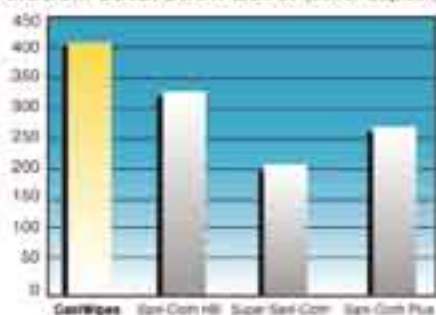
Lightweight vs. Heavyweight

An independent study proves CaviWipes thicker, wetter, and stronger than PDI's Sani-Cloth. Why use anything else.

In head-to-head competition, CaviWipes™ is the clear winner. First, CaviWipes have 8 times the surface area, so they're stronger and clean better than Sani-Cloth®. Then, our 7-layer design is 3 times thicker and releases 64% more solution to the surface. CaviWipes are latex-free and they're proven to kill TB in 5 minutes. For more information contact us at 800.841.1428 or visit us online at www.metrex.com.

"It is recommended to clean between patients using a one-step process and a hospital grade intermediate level disinfectant"
 — Dr. Sheila Dunn, Publisher, OSNA Watch

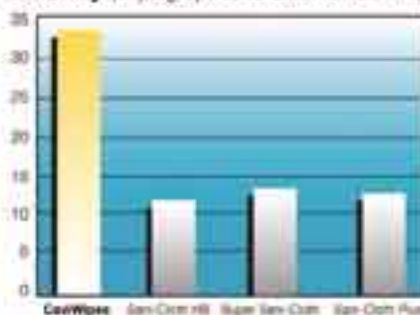
Solution Saturation Level (Level Capacity %)



CaviWipes towelettes are 20% more saturated than all 3 Sani-Cloth products.

Conclusion: CaviWipes are simply a wetter towel.

Durability (Wiping cycles to break a hole in fabric)



CaviWipes are over 40% more resistant to pilling and linting than all 3 Sani-Cloth products.

Conclusion: CaviWipes are stronger, more tear-resistant and will not leave lint behind.



Metrex
Protecting People

www.metrex.com



Percentages shown are W-weight percentages. These studies were performed by an independent source in October 2007. Sani-Cloth is a registered trademark of PDI. PDI is a registered trademark of New-Pac Products, Inc.

Achievement Awards

Toronto Professionals in Infection Control – Dual winners in London! TPIC Chapter has won two major chapter achievement awards. The 3M Chapter Achievement Award is a \$1,500 award for an educational project presented to the chapter which has best demonstrated significant chapter activities in education, membership recruitment and retention, and networking. The Certification Board of Infection Control presents an annual Chapter Achievement Award to a Canadian chapter of CHICA-Canada that promotes certification and demonstrates an increase in certification of members. The prize is a plaque from CBIC and a cash award. The members of TPIC have had an exciting year with many projects centred on education and promotion of infection prevention and control.



Linda Laxson (CBIC) presents the CBIC Chapter Achievement Award to Zahir Hirji, President of TPIC

Black and Silver Ball





The Right Solution for Best Practices in Endoscope Reprocessing

Sterilization of flexible endoscopes

SYSTEM 1™ Steam Processing System



Alternative to Diallylhydres

Standardized

Validated

Single Use PAA

Sporicidal*

High level disinfection of two flexible endoscopes

The Reliance™ Endoscope Processing System



Fast, Safe, Simple...Proven

For more information call 800.661.3937 or visit our website at www.steris.com
STERIS Canada, 6280 Northwest Drive, Mississauga, Ontario L4V 1J7

*Reliance EPS achieves sporicidal activity (AOAC method) within 90 minute exposure time.



2006 Ecolab Poster Contest winner

Esther Giesbrecht of Calgary, Alberta has won the 2006 Ecolab Poster Contest with her submission themed “Infection Prevention and Control: Planning for Tomorrow.” The winning poster was unveiled at the Opening Ceremonies of the 2006 National Education Conference in London. The 2006 contest was hosted by the Toronto Professionals in Infection Control and sponsored by Ecolab Healthcare.

The 2006 poster is available for downloading from www.chica.org (Members Only).



Bruce Gamage and Esther Giesbrecht, winner of the 2006 Ecolab Poster Contest.



PLENARY SESSIONS

- P1. Opening Address by: Sheela Basur
- P2. Influenza Pandemic Planning: Making inroads on a complex landscape - S. Tamblyn/M. Gardam/J. Sciberras
- P3. Impact of Outbreaks on Health Care Workers - Bonnie Henry/Robert Maunder/Barbara Switzer
- P4. Patient Safety - Canadian Patient Safety Institute Infection Control and Safer Health Care Now Initiatives - P. Hassen
- P5. C difficile - Every Which Way and Loose - Mark Miller
Surveillance for Clostridium difficile - associated Diarrhea with Acute Care Institutions Project, Canadian Nosocomial Infection Surveillance Program - J. Stegenga
Clinical Vignettes - A Multi-Drug Resistant Tuberculosis Care - The Impact Across the Continuum of Care
- P6. Infection Control Jeopardy! Game - Edwige DeSouza

NOVICE ICP SESSIONS

- N1. Fundamentals in Infection Prevention & Control for the Novice ICP - (Full Day Sessions) = \$60.00

PRECONFERENCE SESSIONS

- 1. Dialysis Education - (Half Day Sessions)
- 2. Issues in Long Term Care - (Half Day Sessions)
- 3. Current Issues in Sterilization and Disinfection - (Morning Session) = \$30.00
- 4. Current Issues in Sterilization and Disinfection - Cont'd - (Afternoon Session) = \$30.00
- 5. Sterilization Issues Across Canada - What to Do When Processes Fail - Panel Discussion

EDUCATION SESSIONS

- 6. Current Issues Within Public Health Agency of Canada - Shirley Paton
Approach du jour or Holy Grail - Is social marketing the solution to changing hand hygiene behaviour? - G. Teague
- 7. Peer influenza Vaccination Program for Staff - Wendy Reed/Heather Newman
- 8. Hepatitis A Outbreak in the Community - Is Post-Exposure Immunization Effective? - Bryna Warshawsky
- 9. Vaccination Programs in Long Term Care - Allison McGeer
- 10. Great Expectations: Increasing Effectiveness and Efficiency in IC Programs - Denise Murphy
International Perspective: Canadian Council on Antibiotics Resistance - Jim Hutchinson
- 11. Community Acquired MRSA - Jim Hutchinson
- 12. Antibiotic Resistance "From Farm to Fork" and the Canadian Integrated Program on Antimicrobial Resistance Surveillance - Katryn Dore
National Enhanced Surveillance for Salmonella Newport April - December 2004 - Nadia Ciampa
- 13. An Outbreak of MRSA in a Complex Continuing Care Hospital - Jim Gauthier
- 14. Managing Physicians and HCWs with Blood Borne Pathogens: "The London Experience" - Michael John
- 15. TB Outbreak in Homeless Shelters - Elizabeth Rea
- 16. The Changing Environment for Sharps Safety - Gavin Morcom
- 17. Finding the Balance When Applying Precautions in Long Term Care - Shirley Paton

ORAL PRESENTATIONS

- O1. (CA MRSA)/Where Did This MRSA Come From/MRSA Colonized/Methicillin Resistant Staphylococcus
- O2. The Play's the thing/Out of my confort zone/Staff Education & Training/A...Approach to (RP) Education
- O3. The Ontario Experience/Regional Infection Control Networks in Ontario/Medical Support Unit/Survey LTC in ON
- O4. Hand Hygiene - Interactive approach/Hand Hygiene Compliance/Hand Hygiene with (Gelfast)
- O5. Describe the Stool/Probiotic Prophylaxis/Evaluation of a Febrile Respiratory Illness Surveillance System
- O6. Sphingomonas Paucimobilis Respiratory Colonization/Flood Remediation/Up to My Ac...id Fast Bacillus in TB

**(FREE SHIPPING ON ALL ORDERS)
(PRICES INCLUDE GST)**

- **Individual Sessions on MP3** @ \$15.00 ea. x _____ = \$ _____
- **5 Sessions on MP3** @ \$12.00 each = \$60.00 \$ _____
- **10 Sessions on MP3** @ 10.00 each = \$100.00 \$ _____
- **SPECIAL: Complete Conference on MP3s** = \$250.00 \$ _____

Please print CARD No. Clearly VISA Mastercard AMEX

_____ Expiry Date _____

Name _____

Address _____

City _____ Prov./Postal code _____

Phone _____ Email _____

TOTAL \$ _____

SEND TO:

KENNEDY RECORDINGS
537 Lessard Dr.
Edmonton, AB, Canada T6M 1A9
Ph/Fax (toll free) 1-888-486-1335
E-mail: sales@kennedyrecordings.com
Website: www.kennedyrecordings.com



CHICA-Canada Past Presidents and Honourary Members:
 (f) Moira Walker, Genevieve Thompson, Sandra Callery, Pat Piaskowski, Betty Bannerman, Diane Thornley
 (b) Nora Boyd, Carol Goldman, Clare Barry, Adrienne Brown, Karen Hope, Rick Wray, Mary McNaughton, Carol Whyman, Pat Williams

CHICA-Canada 2006 Conference Sponsors

GOLD SPONSOR



SILVER SPONSORS



BRONZE SPONSORS



SPONSORS



Advanced Hard Surface Disinfection & Hand Hygiene is Just a Wipe Away!

*Désinfection perfectionnée des surfaces dures
et hygiène des mains grâce
à nos serviettes!*



- Bactericidal, tuberculocidal, and virucidal.
- Cleans, disinfects, and deodorizes non-porous hard surfaces.
- Low and high alcohol-based formulas for every situation.

SANI-CLOTH® – Serviettes jetables préhumidifiées

- *Bactéricide, tuberculocide, et virucide.*
- *Nettoie, désinfecte et désodorise les surfaces dures non poreuses.*
- *Formules à haute et à basse concentration d'alcool pour toutes les situations.*



- Effective against gram positive and gram negative bacteria (including MRSA and VRE) and fungi.
- Contains 0.5% PCMX for persistent kill.
- Wipe away debris and soil.
- Emollient enriched formula helps retain moisture on the skin.

SANI-DEX® – Essuie-mains antimicrobiens

- *Efficace contre les bactéries Gram positif et Gram négatif (y compris le SARM et l'ERV) et contre les champignons.*
- *Contient 0,5 % de chloroxylène pour une action désinfectante persistante.*
- *Enlève les débris et la saleté.*
- *La formule émollissante aide à garder la peau hydratée.*



Convenience, Compliance, Control

Commodité, Conformité, Contrôle

Call 1-800-263-7067 for more information on the Sani-System® Program, or visit us at www.pdipdi.com

Composez le 1 800 263-7067 pour de plus amples renseignements au sujet du programme Sani-SystemMD, ou consultez notre site Web www.pdipdi.com

MedPro Defense® Vira Shield™ P95 Respirator kills viruses

It has been estimated that an influenza pandemic could result in up to 10.6 million Canadians falling ill. In response to this and other biological threats, AMG Medical has recently



introduced MedPro Defense® Vira Shield™ P95 Respirator, a new disposable respirator that provides a superior level of antimicrobial protection.

In fact, MedPro Defense® Vira Shield™ P95 Respirator's filtration material traps and kills over 99.99% of viruses, bacteria, spores and fungi. Tested against live microorganisms by renowned independent laboratories, this respirator has been proven effective at devitalizing harmful viruses, including avian influenza and SARS, thus preventing them from being inhaled.

For more information about this product, visit www.amgmedical.com or contact AMG Customer service at 1-800-363-2381.

Correction notice to the Index of Advertisers in the annual Member and Source Guide

CHICA - CANADA 2006/2007 Member and Source Guide:

Page 28 - The listing for APIC should be:

Phone: 202-789-1890

E-mail: apicinfo@apic.org

Website: www.apic.org

Ecolab Healthcare - page 132

Contact: Angie Jeske

Phone: 651-293-2914

Toll Free: 800-352-5326

Fax: 651-204-7372

E-mail: Angie.jeske@ecolab.com

Website: www.ecolab.com

REACH OUR ADVERTISERS

COMPANY	PAGE	PHONE	WEBSITE
3M CANADA HEALTH CARE	86, Inside Back Cover	800-265-1840	www.3M.com/CA/IP
AEGIS ENVIRONMENTAL (CANADA) LIMITED	93	902-468-5504	www.aegis-in-canada.com
ARJO CANADA INC.	73	800-665-4831	www.arjo.com
BD (BECTON DICKINSON) CANADA	98	905-542-6956	www.bd.com
CAPITAL HEALTHCARE ASSOCIATION	79	780-413-5147	www.cha.ca
COLOPLAST CANADA CORPORATION	104	888-880-8605	www.coloplast.ca
ECOLAB HEALTHCARE	Outside Back Cover	800-352-5326	www.ecolab.com
FRASER HEALTH	95	866-837-7099	www.fraserhealth.ca
GLO GERM COMPANY	74, 76	800-842-6622	www.glogerm.com
JAYLAN MFG.	85	905-760-2171	
LAURA LINE SKIN CARE PRODUCTS	79	800-257-5592	www.lauralineskincare.com
MEDCO EQUIPMENT, INC.	96	800-717-3626	www.medcoequipment.com
MEDLINE CANADA INC.	71	800-396-6996	www.medline.com
METREX	105	800-841-1428	www.metrex.com
MINTIE TECHNOLOGIES	84	800-964-6843	www.mintietechnologies.com
PALL MEDICAL PRODUCTS	84	800-465-8555	www.pall.com
PATHWAYS BUSINESS SERVICES	80, 87	800-738-7483	www.pathwaysbusinessservices.com
PDI - PROFESSIONAL DISPOSABLES INTERNATIONAL	111	800-263-7067	www.pdipdi.com
REGENT MEDICAL LIMITED	82	800-805-0585	www.regentmedical.com
RETRACTABLE TECHNOLOGIES, INC.	89	888-806-2626	www.vanishpoint.com
SOMAGEN	75	800-661-9993	www.somagen.com
STERIS CANADA INC.	107	905-362-6240	www.steris.com
TERUMO MEDICAL CORPORATION	100	800-283-7866	www.terumomedical.com
THE STEVENS COMPANY LIMITED	83	800-268-0184	www.stevens.ca
TYCO HEALTHCARE CANADA	81	877-664-8926	www.tycohealthcare.com
VIROX TECHNOLOGIES INC.	Inside Front Cover	800-387-7578	www.viroxtech.com
VWR INTERNATIONAL	88	800-932-5000	www.vwr.com

We've polished the silver...



and made it affordable.

Depend on **3M™ Tegaderm™ Ag Mesh Dressing with Silver** to deliver proven, long-lasting results. When compared to other silver dressings, soft, non-cytotoxic and non-staining Tegaderm™ Ag Mesh dressing provides a fast and effective* reduction of a range of microbes, but at a lower cost.

Try Tegaderm™ Ag Mesh dressing and see the value of silver for yourself!

For more information, please contact your 3M Skin Health representative or call the 3M Health Care Customer Helpline at 1 800 364-3577.



3M™ Tegaderm™
Dressings

SIMPLE. DEPENDABLE. TRUSTED.

*Based on in vitro studies

3M and Tegaderm are trademarks of 3M. Used under license in Canada. ©2011 3M. 0184 0101

3M Health Care

Tegaderm™

The balancing act has never been easier.



Waterless Antimicrobial Hand Rinses.
Available in multiple sizes and dispensing options.
CHG, latex glove and lotion compatible.

Strike the perfect balance with Endure 320 Advanced Care. This new alcohol-based hand rinse is fast and effective at killing germs, plus contains advanced moisturizers and conditioners to protect and leave the skin feeling soft and smooth.

In fact, our proven antimicrobial hand rinses, along with our "Go Ahead, Rub It In" in-service training and on-line CEU program, are all part of a system that works together to improve hand-washing compliance and utilization.

Learn more today. Call your Ecolab/Huntington representative at 1-800-352-5326.

Huntington[®]
brand
Skin Care

Serious care for caring hands.

© 2004 Ecolab, Inc.

ECOLAB[®]