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### VISION

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

### MISSION

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

IPAC CANADA is now on  
FACEBOOK, TWITTER and LINKED IN

facebook twitter  LinkedIn 

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## A Time for Gratitude

It's that time of year again: when we start to reflect over the past months to consider where we've been, where we're going, and what we're thankful for along that path. As Gertrude Stein once said, "silent gratitude isn't very much use to anyone," so please indulge me for a minute or two.

I'm thankful for the opportunity to represent and give back to this organization, the same one that continues to help and support me on a daily basis. As a volunteer-driven, member-based group, we rely on members' passion in donating time and expertise to advance infection prevention and control. I'm thankful for the enthusiasm and dedication of our membership. The success of IPAC Canada is our joint success. The progress that has been made toward goals is a credit to all who participate and provides insight into the many ways we partner together and engage to ensure delivery of safe patient care. While we've made substantial progress, many opportunities remain. For the continued health of IPAC Canada, your active participation is essential. We have an important role to play in laying a course for the future of this specialty in Canada. Please be on the lookout for calls for nominations and volunteers.

Without the dedication of members and the efforts of our chapters, IPAC Canada would not grow and transform. Transformation is a constant part of life. It is why a small group of interested nurses working in infection control became a national multidisciplinary leader in the practice of infection prevention and control. It is why, over time, CHICA-Canada became IPAC Canada. It is why we'll continue to expand our influence to play an integral role in our country's healthcare system over the next decades.

I'm thankful for the support, assistance, and patience of professional colleagues, both within and outside of IPAC Canada. We've seen the world change, and not always for the best. We've laughed and cried together, walked and ran together, had a drink (or two) together, and even poked our eyes out together

– all out of the kindness within us – to support, comfort, and lift each other up. We need to build on this and more actively participate in mentorship. All IPAC Canada members should have the opportunity to mentor and be mentored; this is an opportunity for growth within IPAC Canada.

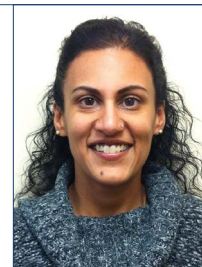
I'm thankful for my family and parents, who laid the path that took me to this point in my life. There are countless others who raised or supported me on this journey, including friendships across the country that never would have happened without the ability to first reach out electronically, then meet face-to-face at the national conference. The experiences and stories arising from transformation at the provincial level provide us with food for thought, insight, and considerations to apply in our own piece of the world.

I'm thankful to be doing a job that I love. I couldn't imagine spending hours at work – away from family – and not be "all in." This is a challenging yet immensely rewarding profession and I am grateful every day (yes, every day) I was blessed with this path. I'm thankful for good health and good friends. Anyone who's seen me knows I'm also thankful for good food. As a Winnipegger, I'm thankful for every day it doesn't snow.

I'm thankful that, 100 years after the Spanish Flu, we now have technologies, medications, and vaccines that weren't previously available. And we are no longer recommending obscene doses of Aspirin. On the other hand, we also still have job security – which I believe we'd give up happily if infection prevention and control was practiced regularly and appropriately to ensure safe care of patients, residents, and clients.

Finally, I'm so encouraged and excited by what can be. IPAC Canada and its members can fully meet their potential when all of our chapters are engaged. It is a privilege and honour to continue to serve our membership, my extended family, for the upcoming months and beyond. 🍁

"You have within you the strength, the patience, and the passion to reach for the stars to change the world."  
– Harriet Tubman



Molly Blake, BN, MHS, GNC(C), CIC

Présidente, PCI Canada

## Un moment de **gratitude**

**V**oici venue la période des bilans. Qu'avons-nous fait ces derniers mois ? Où voulons-nous aller ? De quoi sommes-nous reconnaissants ? Pour paraphraser Gertrude Stein, la gratitude silencieuse ne sert pas à grand-chose ; permettez-moi donc de prendre un moment pour exprimer ma reconnaissance.

Je suis reconnaissante d'avoir la chance de représenter et de soutenir notre association, qui continue de m'aider tous les jours. En tant qu'association bénévole qui représente ses membres, PCI Canada compte sur ceux-ci pour mettre leur passion, leur temps et leurs savoirs au service de la prévention et du contrôle des infections. Je suis donc reconnaissante envers nos membres pour leur enthousiasme et leur dévouement. Les succès de l'organisation, ce sont nos succès. Les progrès vers l'atteinte de nos objectifs sont l'affaire de plusieurs personnes et montrent les nombreuses façons dont nous agissons de concert pour assurer aux patients des soins sûrs. Or, si nous avons réalisé de grands progrès, il reste encore beaucoup à faire. Votre participation active est essentielle à la santé à long terme de PCI Canada, qui joue un rôle important dans le choix des orientations de notre spécialité partout au pays. Merci de surveiller les appels de candidatures et de bénévoles.

Sans le dévouement de ses membres et le travail des sections, PCI Canada ne pourrait ni grandir ni évoluer. Après tout, la vie est une longue série de changements. C'est pourquoi un petit groupe d'infirmières et d'infirmiers en contrôle des infections a donné naissance à un leader national multidisciplinaire en matière de prévention et de contrôle des infections. C'est aussi pourquoi, au fil du temps, CHICA-Canada est devenue PCI Canada. Enfin, c'est pourquoi nous continuerons d'accroître notre influence pour jouer un rôle primordial dans le réseau canadien de la santé au cours des prochaines décennies.

Je suis reconnaissante envers mes confrères et consœurs de PCI Canada et d'ailleurs pour leur patience et leur aide précieuse. Nous avons été témoins de nombreux changements,

pour le meilleur et pour le pire. Nous avons ri, pleuré, marché, couru, pris un verre (ou deux) et nous nous sommes arraché les cheveux, toujours dans le but de nous encourager et de nous reconforter mutuellement. Nous devons miser sur ces contacts humains en participant plus activement au mentorat. Chaque membre de PCI Canada devrait avoir l'occasion de donner ou de recevoir du mentorat ; c'est une belle façon de s'épanouir au sein de l'association.

Je suis reconnaissante envers ma famille et mes parents, d'avoir tracé le chemin qui m'a menée jusqu'ici. J'ai aussi été aidée par une quantité innombrable de gens, notamment des amis partout au pays que j'ai connus d'abord sur Internet avant de les rencontrer lors du congrès national. Les récits de transformations à l'échelle provinciale nous font réfléchir et nous donnent des idées à appliquer chez nous.

Je suis reconnaissante d'exercer un métier que j'aime. Je ne pourrais jamais passer des heures au travail, loin de ma famille, sans être passionnée. Notre profession est difficile, mais ô combien enrichissante ; chaque jour (oui, oui !), je remercie la vie de m'avoir mise sur ce chemin. Je suis reconnaissante d'être en santé, d'avoir de bons amis et – ceux qui me connaissent le savent – de bien manger. Et comme je vis à Winnipeg, chaque journée sans neige me rend heureuse.

Je suis reconnaissante de constater que, 100 ans après la grippe espagnole, nous avons accès à de nouveaux médicaments, vaccins et technologies. Et nous ne recommandons plus des doses aberrantes d'aspirine. Cela dit, nous avons toujours notre sécurité d'emploi, à laquelle je renoncerais volontiers – tout comme vous, sans doute – en échange d'une application systématique des pratiques de prévention et de contrôle des infections visant à assurer des soins sûrs aux patients, aux résidents et aux clients.

Enfin, je sens que l'avenir nous réserve de belles choses. Pour réaliser leur plein potentiel, PCI Canada et ses membres ont besoin de la participation de toutes les sections. Ce sera pour moi un privilège et un honneur de continuer à servir notre grande famille de membres dans les prochains mois. 🍁

« Vous avez en vous la force, la patience et la passion pour atteindre les étoiles et changer le monde. »

– Harriet Tubman

It is my pleasure to welcome our guest contributor, Suzanne Rhodenizer Rose, BN, BScN, MHS, CIC. Suzanne provides her perspective on the member value of IPAC Canada's advocacy efforts. Suzanne is Past President of IPAC Canada and is the organization's representative to a partnership advocating for pan-Canadian adoption of long-term care case definitions and federal support for a national surveillance data repository.



Gerry Hansen, BA

Executive Director, IPAC Canada

## A Word on **Advocacy**

**A**s defined by the *Oxford Dictionary*, advocacy is “public support for or the recommendation of a particular cause or policy.” And while advocacy can sometimes take on an off-putting connotation, IPAC Canada has embraced its stronger advocacy profile.

With a change in the Board's organization and by redefining national priorities through a more strategic lens, IPAC Canada has taken the initiative and, in many instances of late, has been asked to “step up to the plate” along with other heavy hitters in the infection prevention and control world. While IPAC Canada has been in existence since 1976 and represents over 1,600 professionals nationally and internationally, the organization has had minimal success, until recently, in moving the dots on a number of key issues on the larger stages, including the need for monitoring, measuring, and evaluating healthcare-associated infections (HAI) and tackling the clear and present danger of antimicrobial resistance (AMR).

IPAC Canada has been on The Hill for two years running, talking shop with parliamentarians about AMR. It has been co-leading strategies with the Canadian Patient Safety Institute and the Association for Medical Microbiologists and Infectious Diseases for a national repository for HAIs and the development and provincial/territorial adoption of standardized HAI case definitions in both acute and long-term care.

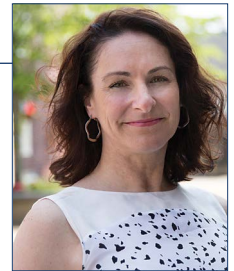
But what does all this high-level strategic work and push for increased visibility mean to the infection control professional (ICP) working solo, for example, in a rural hospital in northern Saskatchewan? It means that the ICP has access to case definitions for HAIs that allow for better benchmarking with like-sized organizations and facilities; it means that policymakers and healthcare administrators stand up for and take note of infection prevention and control issues that

directly impact both their patients and their bottom line and catalyze an investment in prevention; it means that patients and staff are better protected from communicable diseases that are becoming more difficult to treat due to antimicrobial resistance; it means there is a more preeminent push for accountability by those administering and providing healthcare (can anyone relate to poor hand hygiene compliance?); it means that in healthcare, where resources are often limited (particularly in IPAC), there is the ability to use surveillance data to target quality improvement strategies where the biggest risks exist. It should mean a lot!

By being an active member of IPAC Canada, an ICP has access to the latest and most relevant scientifically-based information available to facilitate the work they do in whatever setting they are in. It means they are demonstrating their commitment to professional development and are personally accountable for maintaining a high level of competency through knowledge exchange, networking, sharing lessons learned, and contributing to a strong national infection prevention and control culture.

With its renewed and stronger vision, IPAC Canada has moved from posters and position statements, seen primarily by its membership, to proposals and Parliament, serving as a key player in shaping how Canada responds to unyielding infection prevention and control issues!

IPAC Canada Government Relations  
See IPAC Canada advocacy activities at <https://ipac-canada.org/government-relations.php> 🍁



Guest contributor  
Suzanne Rhodenizer Rose,  
RN, BScN, MHS, CIC is Past  
President of IPAC Canada.

## 2019 Annual General Meeting

**N**OTICE IS HEREBY SERVED that the Annual General Meeting (AGM) of Infection Prevention and Control Canada (IPAC Canada) will be held on Wednesday, May 29, 2019 at the Québec City Convention Centre, Québec. Registration will open at 0630. IPAC Canada members must register and pick up a voting card before entering the AGM. The AGM will commence at 0730. Registration will close at 0730 and the doors will be closed. After the doors are closed, attendees may enter the AGM but

may not vote unless registered. Members may vote on business arising at the AGM by proxy using Form #15 2019, which must be submitted to the IPAC Canada Secretary at the IPAC Canada conference office no later than Monday, May 27, 2019. The AGM agenda, rules of Order, and Proxy Form #15 2019 will be posted to Headlines in early 2019 ([www.ipac-canada.org](http://www.ipac-canada.org)). The AGM proceedings will be held in English.

Jennifer Happe, BSc, MSc, Secretary, IPAC Canada 🍁



*Past President Suzanne Rhodenizer Rose with Board Director (Education) Kim Allain. Kim represented IPAC Canada at the 2018 conference of the Canadian Association of Medical Devices Reprocessing in Halifax.*

# Strategic Plan 2019-2021 – THE TRAILER!

## Starring:

IPAC Canada Board of Directors  
IPAC Canada Chapter Presidents  
Chairs of IPAC Canada Standing Committees  
IPAC Canada Key Leaders  
Staff and Administration

## Supported by:

IPAC Canada Key Informants

## Directed by:

Fire Inside Leadership

**Picture this:** The 2016-2018 Strategic Plan is coming to a close. There have been many successful initiatives; there are still some gaps. It is time to address IPAC Canada's future direction and develop the next Strategic Plan for 2019-2021.

**CASTING:** In late 2017, the Board of Directors interviewed a short list of candidates to facilitate the development of the new plan. Fire Inside Leadership (<https://fireinside.ca>) was appointed to do so. Jane Hustins and Julian Young of Fire Inside Leadership commenced their work with a face-to-face meeting with the Board of Directors in December 2017 to determine the current strengths, weaknesses, opportunities, and threats faced by both the profession and the Association. Interviews with Key Informants took place in early 2018. Key Informants included representatives from IPAC Canada chapters, interest groups, novice and advanced infection control professionals, industry, and staff.

Simultaneously, the 2018 Mega Survey was launched and the results were shared with Fire Inside to further gather the satisfaction and needs of membership in regards to several IPAC Canada outputs, including products, the journal, the website, social media, and so on.

**Writing the script:** Facilitated by Fire Inside Leadership, a two-day workshop was held in Banff (May 26-27, 2018) to brainstorm on the strategic directions, goals, and initiatives that



*Participants at the Banff Strategic Planning Retreat, May 26-27, 2018.*

would help move IPAC Canada forward in the next three years. Participants were the Board, Chapter Presidents, key Association leaders, and administration. Coming out of that workshop were five Strategic Directions: Communication, Raising Awareness of the Brand, Membership Engagement, Advocacy and Partnerships, and Knowledge Management.

Over the summer of 2018, five working groups were convened to discuss each of the directions and suggested key initiatives. Each working group included Board member(s), Chapter President(s), member(s) at-large, and administration/staff. Discussions were collated and the resulting work was sent to the Board for review at its September 28 special strategic planning meeting held in Toronto.

On September 28, the Board reviewed the proposed directions, goals, and key initiatives. Many of the working groups' initiatives crossed over each of the Strategic Directions – for instance, communication. Some were more administrative than strategic. Through an efficient process of review and discussion, the Strategic Directions were reduced to three: Inspire Brand Awareness, Nurture Member Value and Engagement, and Advance Advocacy and Partnerships.

During the Banff workshop, participants commented that the current Vision, Mission, and Values Statements were out of date and required review. In response, the Board reviewed those statements at the September 28 meeting although doing so was not part of its original meeting work plan. The statements were revised to contain concise, contemporary objectives.



**Finalizing production:** The IPAC Canada Board of Directors led a comprehensive strategic planning process to advance IPAC Canada through the next three years. At this point in our organization’s history, it felt important to step back, survey our members to fully understand their needs, and consider the complex, fast-changing external environment in which we operate to assess and set the future direction of the Association and maximize value to our members and communities.



*The Board of Directors and staff participating in the September 28 Strategic Planning meeting.*

The Board of Directors heard members clearly, resulting in an equally clear Strategic Plan that primarily focuses on inspiring brand awareness, nurturing member value and engagement, and advancing advocacy and partnership. At the heart of all of this is the primary opportunity to grow the value and impact of our work across this country, making a significant difference in preventing infections for Canadians.

Directors and staff cannot do this without your keen interest and commitment. We are making a difference and we will continue to do so together.

**Coming soon:** The 2019-2021 Strategic Plan, Vision, Mission, Values, and Value Proposition will be announced and posted in December 2018. 🍁



# IPAC Canada 2018 MEGA SURVEY RESULTS

Barbara Catt, RN, BScN; Victoria Williams, BSc, BASc, MPH, CIC; Gerry Hansen, BA

**Acknowledgements:** The Board of Directors thanks the following for their support in the development and analysis of the 2018 Mega Survey:

- IPAC Canada Board of Directors
- IPAC Canada Leaders of Standing Committees
- IPAC Canada Interest Group Chairs
- IPAC Canada Chapter Council
- Editor of the *Canadian Journal of Infection Control*
- Web Communications Manager
- Social Media Manager
- Webmaster, Staff and Administration

The Board is grateful to the dedicated work of the Mega Survey Committee and the authors of this analysis.

## PREAMBLE

Infection Prevention and Control Canada (IPAC Canada)/Prévention et contrôle des infections Canada (PCI Canada) is a national, multidisciplinary, voluntary professional association uniting those with an interest in infection prevention and control. IPAC Canada has over 1,500 members with 21 chapters across the country. There are 13 interest groups for members seeking specialized knowledge and networking. All our members and partners are dedicated to excellence in healthcare by promoting the practice of infection prevention and control.

## INTRODUCTION

Thank you to the 215 (14% of total membership) respondents who completed the IPAC Canada Mega Survey in January/February 2018. This was the first major IPAC Canada survey since 2003 and included data pertinent to the current state of IPAC Canada's membership, such as members' demographics, institution details, core activities, and competencies of IPAC professionals. Aspects of the survey that are relevant to the IPAC membership, products available and used by members, and their involvement with IPAC activities will be used to contribute to the development of IPAC Canada's 2019-2021 Strategic Plan and actions moving forward.

## PROCESS

A working group was developed in 2017. The survey development team members included: Barbara Catt, RN, BScN, CIC, MEd, Chair; Mandy Deeves, RN, BScN, MPH, CIC; Stephen Palmer, IPAC Canada Board of Directors; and Gerry Hansen, BA, Executive Director, IPAC Canada. With permission, the working group extrapolated information from the Association for Professionals in Infection Control and Epidemiology's 2015 Megasurvey and modified it to reflect Canadian healthcare organizations. In addition, topics and questions were developed to reflect specific IPAC Canada member needs. Once the working group was satisfied with the questions, the survey was reviewed by the following member groups: the IPAC Canada Board of Directors, IPAC Canada Key Leaders (Chairs of Membership, Standards & Guidelines, and Education Standing Committees; Editor of the *Canadian Journal of Infection Control*; Web Communications Manager; and Social

Media Manager), the IPAC Canada Chapter Council, and the IPAC Canada Interest Group Chairs. Based on these groups' feedback, the survey questions were modified as needed.

There were five sections to the survey: member demographics, compensation, practice and competencies, and organizational structure and staffing, as well as members' perception of the benefits of and products available through IPAC Canada.

The survey was blinded and personal information of members completing the survey or their organizational affiliation was not retained.

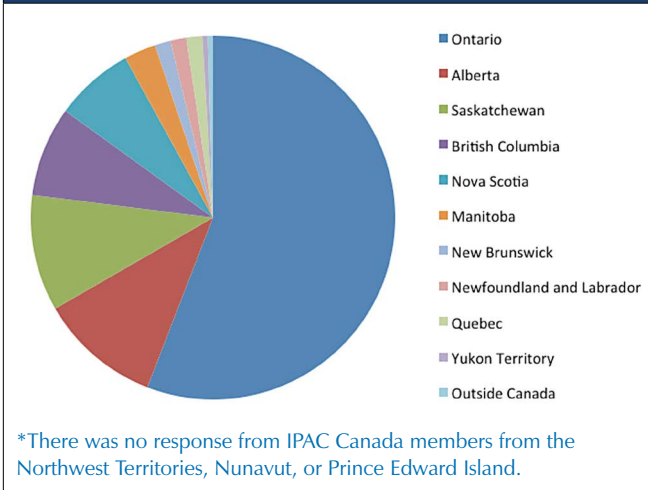
## RESULTS

### Demographics

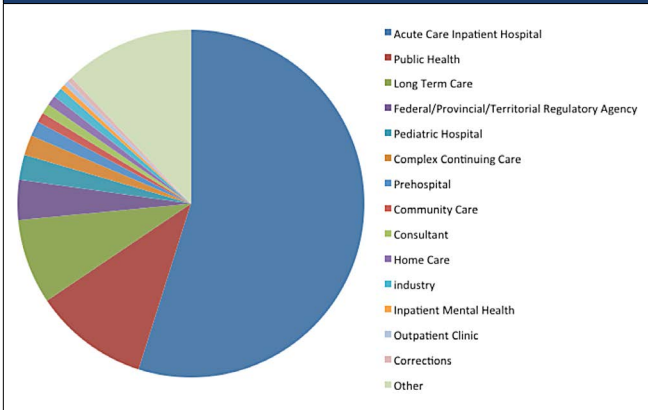
The demographics of survey respondents reflect the membership of IPAC Canada. Respondents were predominantly female (89%) and 56% reside in Ontario (Figure 1). Respondents were equally distributed by age (21% 26-35 years, 24% 36-45 years, 27% 46-55 years, and 28% 56-65 years) and years of experience in IPAC (15% 0 to 2 years, 18% 3 to 5 years, 27% 6 to 10 years, 18% 11 to 15 years, and 21% under 16 years). The majority of respondents see themselves as remaining in IPAC in five years' time (60%), while 21% expect to have retired. The remaining 19% had various responses such as career moves, private position, or left unspecified.

Of the 215 respondents who completed all or part of the survey, 55% were employed in an acute care inpatient facility (Figure 2). The majority held the title of either practitioner (54%) or coordinator (15%), and IPAC was the primary job function of 75% of respondents.

**FIGURE 1: Place of residence of IPAC Canada Mega Survey respondents.**



**FIGURE 2: Place of employment of IPAC Canada Mega Survey respondents.**



Respondents to the IPAC Canada Mega Survey are well-educated: 14% have a college diploma, 51% have a Bachelor's degree, 29% have a Master's degree, 2% have a Doctorate, and 4% have other educational backgrounds. CIC® certification is also valued by respondents: 59% are CIC®-certified (compared to an actual 36% of IPAC Canada's total membership) and, among those without current certification, 67% plan to obtain their CIC® certification in the future.

**Compensation**

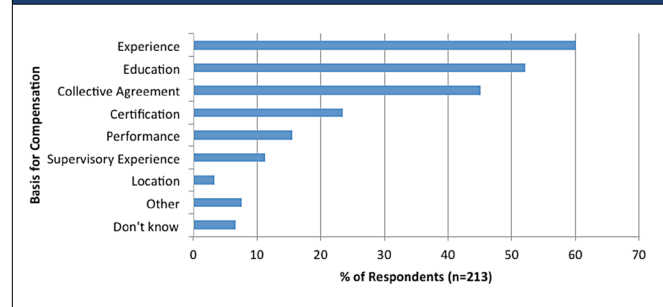
As reported, 66% of respondents earn a gross annual income between \$75,001 and \$100,000; an additional 20% report an income of \$100,001 to \$125,000 per year. 76% of respondents reported being either satisfied or very satisfied with their level of compensation.

The average wage by sector was similar in that \$75,001-\$100,000 was the most commonly reported salary, but ICPs in acute care were more likely to earn a salary in the \$100,001-\$125,000 range. The reported salaries of the 106 respondents from acute care were as follows: \$100,001-\$125,000 (15.1%); \$75,001-\$100,000 (71.6%); and \$60,001-\$75,000 (7.5%). In LTC, 13 respondents disclosed their salaries and the distribution

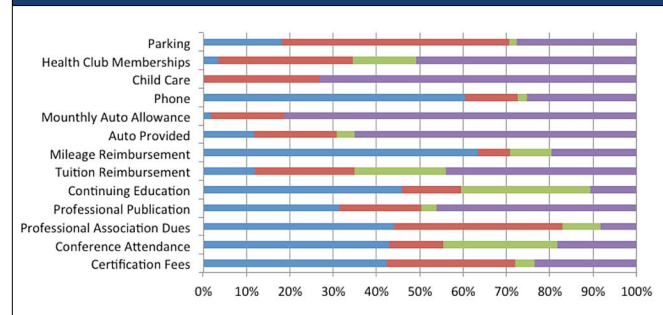
was as follows: \$75,001-\$100,000 (76.9%) and \$60,001-\$75,000 (15.4%).

Compensation was most commonly based on a combination of experience (60%), education (52%), collective agreement (45%), and certification (23%) (Figure 3). Respondents also reported receiving additional compensation that included a combination of any of the following: on-call coverage (26%) and fees earned as speakers (6%), honoraria (5%), educators (4%), or consulting (4%). Respondents were also offered a health benefit plan (90%), defined benefit plan (47%), defined contribution pension (45%), and education reimbursement (44%) by their employers. Additional benefits available and paid for by either the employer, employee, or jointly are outlined in Figure 4.

**FIGURE 3: Factors impacting compensation of IPAC Canada Mega Survey respondents.**



**FIGURE 4: Additional benefits available to IPAC Canada Mega Survey respondents through their employer and the method of payment.**

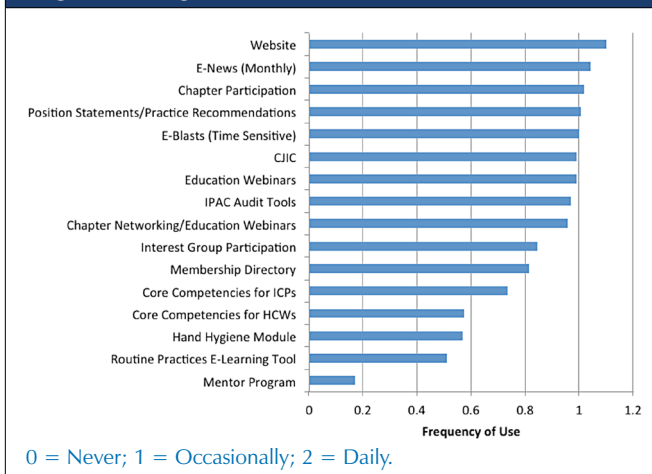


**Member Benefits and Products**

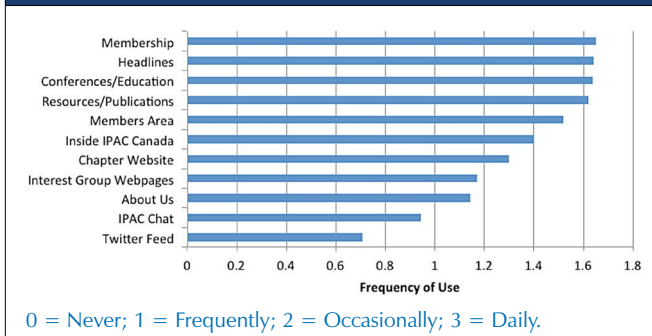
There are a number of perceived benefits to IPAC Canada membership and products available to members. The survey attempted to quantify their use and value while identifying areas for improvement. Respondents were asked to indicate the frequency of use of each IPAC Canada product as daily, occasionally, or never. The most frequently used product was the IPAC Canada website, while the majority of products were used occasionally (Figure 5). The audit tools generated the most comments from respondents. Participants requested that the tools be adapted for additional settings such as the community or clinics, be able to record and analyze data, and be made available in a format compatible with mobile devices, a request that will be realized with the upcoming launch of the IPAC Canada Audit Toolkit App.

The website was the most commonly used IPAC Canada product and the Membership, Headlines, Conference/Education,

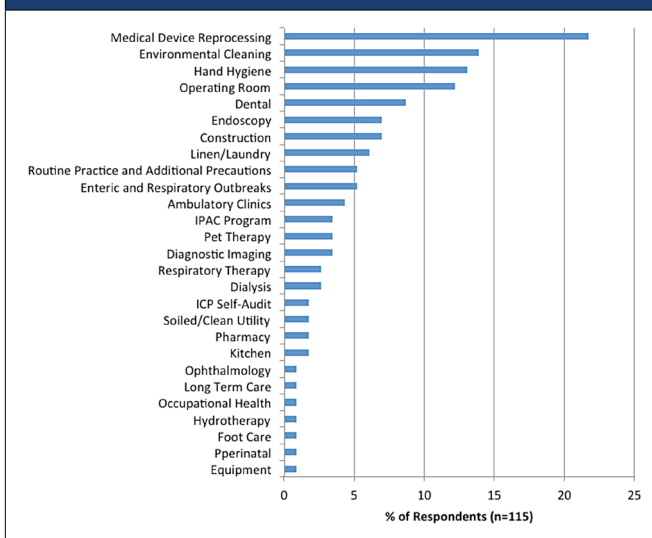
**FIGURE 5: Frequency of use of IPAC Canada products as a weighted average.**



**FIGURE 6: Frequency of use of IPAC Canada website areas as a weighted average.**



**FIGURE 7: Use of the IPAC Canada Audit Tools.**



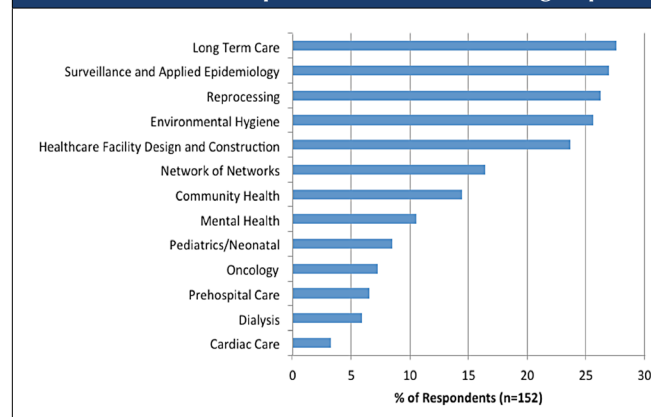
and Resources/Publications areas were the most often accessed (Figure 6). Although there was general satisfaction with the website's ease of navigation, user-friendly interface, and pleasing visuals, the most commonly cited concern was with the process of logging into member areas and Chapter websites and a desire for a more streamlined process.

The IPAC Canada Audit Toolkit is a well-used product: 71% of respondents report using the tools. The most frequently used tools were reprocessing (21%), environmental cleaning (14%), hand hygiene (13%), and operating room (12%) (Figure 7). Audit tools are used between one and three times per year by 71% of respondents and more frequently by the remaining 29%. 91% of respondents found the audit tools easy to use and 63% would use an audit toolkit app when available.

IPAC Canada Chapters were valued by respondents: 24% attend 100% of meetings and 23% attend 75% of meetings. 84% of respondents reported employer support for attendance. The most popular Chapter activities were networking (77%) and education sessions (46%). Recommendations for improving Chapter membership engagement included making attendance easier by offering remote access options and alternating locations. Respondents also requested an increase in educational offerings and improved educational topics.

73% of respondents reported belonging to one or more interest group. The most popular interest groups were long-term care (28%), surveillance and applied epidemiology (27%), reprocessing (26%), environmental hygiene (26%), and healthcare facility design and construction (24%) (Figure 8). Respondents indicated that participation in interest groups could be improved if changes were made to how meetings are scheduled. Suggested changes include: having a regular schedule, providing advanced notice, minimizing the length of meetings, optimizing time during the day, and providing options for remote access or delayed viewing of recordings. Respondents also indicated that additional publicity was required regarding the availability of interest groups and benefits to participants.

**FIGURE 8: Membership in IPAC Canada interest groups.**

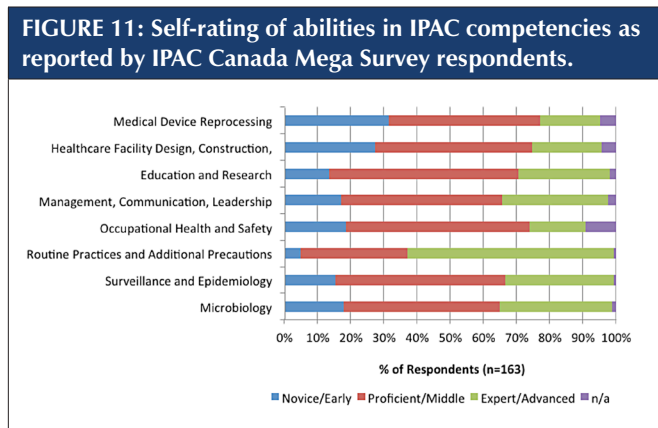
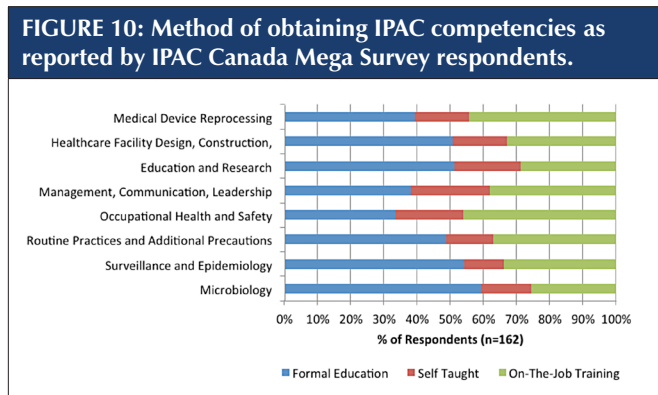
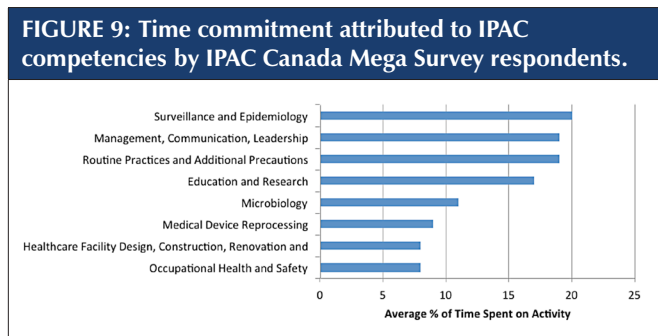


34% of survey respondents attended the 2017 Annual Conference and 74% reported attending a previous conference. The majority of respondents supported continuing to hold the conference in the spring (94%), the East-West-Central rotation (96%), and the Sunday-to-Wednesday schedule (92%). Barriers to attendance included additional costs like travel, hotel, and meals (45%), the conference fee (36%), lack of employer support (32%),

problems associated with being away from work such as leaving the facility short-staffed and needing to use vacation time (27%), recent budget cutbacks (22%), conference topics (13%), and concerns with the location, including the distance required to travel and lack of access to a major airport (7%).

29% of respondents reported having submitted their work for publication in a scientific journal; the *Canadian Journal of Infection Control (CJIC)* was the most common publication venue (81%). Respondents preferred reading the print (67%) versus the electronic (32%) version of the *CJIC* and, in general, read select articles of interest (78%).

Interest in using social media for work-related purposes was limited, with respondents most frequently reporting being uninterested or unsure about its use. Limited use of social media is likely related to employers blocking access to certain websites (52%) and its perception among respondents as not part of the IPAC job (43%).



## Practice and Competencies

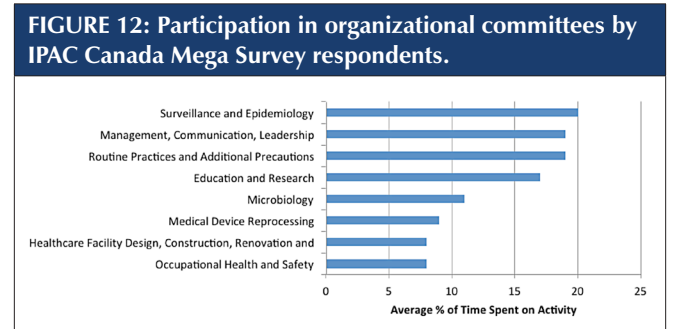
The IPAC competencies to which respondents commit the most amount of time include surveillance and epidemiology (20%); management, communication, and leadership (19%); routine practices and additional precautions (19%); education and research (17%); and other purposes (35%) like microbiology, occupational health and safety, reprocessing, and construction, renovation, and maintenance (Figure 9). How respondents obtained specific competencies and rated their own abilities in each competency are described in Figures 10 and 11.

## Organizational Structure and Staffing

55% of respondents are responsible for more than one healthcare facility and while the mean number of FTE per IPAC department was 10.4, the majority of respondents (52%) reported one to five employees in their department. Requirements for employment included CIC® certification (required 42% vs. preferred 51%), a Bachelor's degree as the minimum level of education (72%), and a primary discipline of nursing (82%), medical laboratory technology (43%), public health (27%), or epidemiology (26%).

Respondents most frequently reported that IPAC resides in their organizations' safety/quality/risk department (36%).

Respondents to the IPAC Canada Mega Survey are active members of many committees within their organizations in addition to their role with IPAC committees, which are present in 78% of facilities (Figure 12). IPAC committees are most frequently led by a member of the IPAC department (56%) or a staff physician (23%), report to the Medical Advisory Committee (35%) or quality/safety/risk (23%), and meet quarterly (47%) or monthly (30%).



## OUTCOME AND NEXT STEPS

The working group and the Board recognize the difficulty of realizing a fully comprehensive analysis of a full member needs assessment because of the low response rate (14% of IPAC membership). Responses were minimal despite a number of reminders to membership and a deadline extension. The size and length of the survey was likely the biggest deterrent to completion. The survey was 40 pages long and took participants approximately one hour to complete. What appeared to work for other organizations was not necessarily the path for IPAC Canada. In future, shorter yet regular surveys will be considered.

The Chairs or Leads of various IPAC Canada departments and committees (e.g., Administration, Membership, Website, Journal, Social Media, and Audit Tools) were provided with the survey

results in their area. These Leads have met with their committees to discuss survey results and resolve challenges in the short term. In preparation for the Strategic Planning Workshop held in Banff (May 26-27, 2018), a summary of survey results was distributed to the workshop's participants. Following review of the survey and other resources, participants identified five strategic directions for 2019-2021: membership engagement, communication, raising awareness of the IPAC Canada brand, knowledge management, and advocacy and partnership. In addition, workshop participants drafted key goals and associated initiatives. The goals and initiatives were then reviewed by five working groups (one for each strategic direction) and the results presented for Board review and finalization (September 28, 2018). 🍁

# IPAC Canada Statement on Medical Device Reprocessing Training and Technician Certification\*



In collaboration with the Canadian Association of Medical Device Reprocessing (CAMDR), IPAC Canada endorses mandatory training and ongoing competency assessment related to the reprocessing of existing and new medical devices/equipment in the workplace as a core requirement for those in settings where reprocessing is done. Achieving and maintaining the Certified Medical Device Reprocessing Technician (CMDRT®) certification in medical device reprocessing from the Canadian Standards Association (CSA) is strongly recommended for all reprocessing staff, including medical device reprocessing managers and supervisors.

The CMDRT® personnel certification was developed by the CSA in conjunction with Canadian medical device reprocessing experts to provide assurance that an individual possesses the

competencies deemed necessary to perform the job function of a Medical Device Reprocessing Technician (MDRT). The certification is designed to complement accreditation programs for verification bodies. It is recommended that personnel who perform reprocessing of medical devices complete an approved MDRT course.

The CSA's CMDRT® designation is the only certification designed and developed for personnel responsible for reprocessing reusable medical devices in Canada. This Canadian national certification conforms to Canadian Standards and Best Practices and complements certifications in infection prevention and control, nursing, and other related professions. Recertification is required every five years.

For more information, please visit [www.csa.ca](http://www.csa.ca). 🍁

\*2018, in collaboration with the IPAC Canada Reprocessing Interest Group and CAMDR (<http://camdr.ca>).

## Industry Innovations

IPAC Canada is pleased to announce the appointment of Madison Moon, MPH, CIC as Editor of *Industry Innovations*. *Industry Innovations*, a new semi-annual IPAC Canada publication, is expected to launch in the summer of 2019.

Content will be thematically organized into issues as submitted by industry partners. The material will be curated based on conformity with White Paper Guidelines and a literature review conducted by the Editor on the chosen subject. The first issue (Summer 2019) will focus on Electronic Monitoring of Hand Hygiene Compliance; the second issue (Winter 2019) will focus on UV Disinfection. Future topics will be determined by the newly appointed Editor.

Madison Moon is Infection Control Practitioner at the University Health Network's Princess Margaret Cancer Centre in Toronto. After completing a research practicum, Madison was appointed Infection Control Coordinator with Joseph Brant Hospital's IPAC department. He has held positions with various healthcare and not-for-profit organizations, maintaining a common career interest in implementation science and patient safety.

Madison received his Master of Public Health degree from Walden University's College of Health Sciences (online) and is currently pursuing a Doctor of Public Health degree from the same institution. He received a Bachelor of Health Studies from York University's School of Health Policy and Management. He also received a Certification in Infection Control (CIC®) and an Infection Control Certificate from Queen's University.



We look forward to working with Madison as he leads the development of this prestigious new publication.

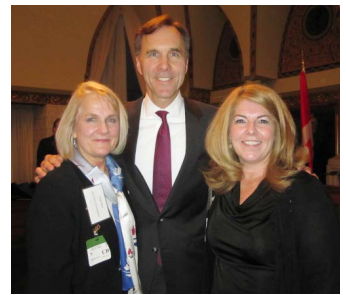
Additional information about the submission of White Papers to *Industry Innovations* is available from Al Whalen at [awhalen@kelman.ca](mailto:awhalen@kelman.ca). Madison Moon can be reached at [madison.moon@uhn.ca](mailto:madison.moon@uhn.ca). 🍁



# IPAC as a Nursing Specialty Practice – Looking Back and Moving Forward

Madeleine Ashcroft, RN, BScN, MHS, CIC  
IPAC Canada representative to the  
Canadian Nurses Association Network of Nursing Specialties

“Never doubt that a small group of thoughtful, committed people can change the world; indeed, it is the only thing that ever has.”  
– Margaret Mead



*Meeting the Federal Finance Minister on CNA Hill Day, November 2017. Left to right: Madeleine Ashcroft, The Honourable Bill Morneau, and Kate Zimmerman (Ontario Representative to the CNA Board).*

## BACKGROUND

IPAC Canada’s members come from a variety of professional backgrounds. Nurses, the largest group of health professionals, have traditionally comprised the majority of infection prevention and control professionals (ICPs) in Canada. Currently 59% of our IPAC Canada members are nurses. In 2002, IPAC Canada (then CHICA-Canada) began discussions with the Canadian Nurses Association (CNA), which represents close to 139,000 registered nurses, to seek recognition for nurses who work in the field of infection prevention and control and for those who become CIC®-certified. Let’s explore the progress we have made over the years since.

## THE NETWORK

In 2011, a call for interest went out to IPAC Canada members for interested nurses to represent IPAC Canada on the Canadian Network of Nursing Specialties – known affectionately as the Network. I leapt at this chance to tap into my extensive nursing background for IPAC purposes and was fortunate to be selected for this exciting role. In 2014, Vi Burton of Saskatchewan was chosen as a co-representative and held that role until 2017. The Network was then made up of 42 national associations – now 46 – in a variety of specialized areas of nursing. It contributes to CNA’s national nursing voice, influencing CNA’s health policy work through direct input and consultation and by having two members on the CNA Board. In 2016, I was elected to serve as one of those Network representatives to the Board!

## NETWORK ADVISORY COMMITTEE IMPROVEMENTS

The networking amongst member associations has grown exponentially in recent years, in part due to the creation of a Network Advisory Committee (NAC), which provided the

Network with greater structure and more effective processes.

I have had the pleasure of being involved from its inception and chaired this group through most of its first two years, as we simplified the membership criteria and voting categories, developed an orientation for new Network associations, and encouraged members to actively participate in the enhanced quarterly meetings, each of which now showcase two or three associations. Resources and experiences are shared. For example, IPAC Canada shared its processes related to implementing not-for-profit legislation and, more recently, selecting a Network representative. IPAC is progressively recognized as an integral part of nursing and healthcare. Currently, IPAC Canada is working to develop national best practices for intermittent urethral catheterization with three other member associations – the Nurses Specialized in Wound, Ostomy, and Continence Canada (previously the Canadian Association of Enterostomal Therapy), the Canadian Association of Nephrology Nurses and Technologists, and the Canadian Nurse Continence Advisors. We are also working on a joint position statement on operating room attire with the Association of Operating Room Nurses. We learn so much from these collaborations and we, and our outcomes, are definitely stronger when we work together.

A major achievement of the NAC has been the definition of a nursing practice specialty. Last year, with the help of Masters of Nursing student Lindsey Evans, ten criteria to be classified a specialty **practice** group were determined and later approved by the Board. If an association does not meet all ten criteria, it is classified as a specialty **interest** group. Each member association was assessed through a survey and telephone interview to clearly determine its category. IPAC Canada meets all the criteria for a specialty practice group! See the ten criteria on the next page:



## From the CNA Network Advisory Committee's Definition of Specialty Nursing Practice (revised March 21, 2018):

*“Specialty nursing practice is a branch of nursing that concentrates on a specific area of clinical nursing in which the focus of practice may be related to age (such as gerontology), an issue (such as infection prevention and control), a disease (such as cancer) or a practice setting (such as community health).*

**Note:** Nurses working in specialty practice areas must continue to adhere to the overall licensure, education and practice requirements of their respective provincial or territorial registered nursing regulatory body.

The following criteria must be met to be defined as a specialty nursing practice area:

1. **HEALTH-CARE SYSTEM NEED & DEMAND** – There is a significant and evidence-based Canadian population need and demand for the specialty practice, requiring nurses with specific knowledge and skills.
2. **SPECIALIZED FUNCTION** – The specialization represents an identifiable field of nursing practice that requires specific additional knowledge, skills and judgment that is distinct from other clinical nurse practice areas.
3. **SPECIALTY ASSOCIATION** – The specialty practice is organized and represented by a national specialty association (who are members of CNA's network or eligible to become members).
4. **NATIONAL REPRESENTATION** – Nurses from four or more provinces or territories are members of the specialty association.
5. **STANDARDS OF PRACTICE** – Standards define the specialty nursing practice and aim to foster continuing competence in the specialty as a prerequisite for the delivery of safe, ethical care. The standards aim to inspire excellence in practice and commitment to the ongoing development of that specialty. The standards are reviewed at a minimum of every five years to reflect current practice and revised as needed.
6. **SPECIALTY CORE COMPETENCIES** – The specialty association has defined specialty nursing competencies, within a Canadian context, associated with the practice standards that are beyond the expectations of general nursing practice.
7. **CORE KNOWLEDGE** – The specialty has a well derived nursing knowledge base, specific to the practice of the specialty, beyond what is learned in general nursing education and training.
8. **EDUCATION** – Advanced knowledge and skills in the specialty nursing practice are gained through a Canadian-accredited educational program (where available). This program is based on specialty core competencies and knowledge and provides education beyond what is obtained through general nursing education. Likewise, specialized nurses in a practice area are expected to engage in specific continuous learning to maintain their specialty practice competence.<sup>1</sup>
9. **ADVANCEMENT OF THE NURSING SPECIALTY** – Specialty practice associations strive to advance nursing practice and promote nursing excellence through leadership, advocacy,

research and knowledge translation in their respective field.

There are formal mechanisms in place to support, review and disseminate research.

10. **CERTIFICATION** – A credential objectively and reliably affirms that a nurse has demonstrated the specialized skills, knowledge and ability to meet the designated Canadian standards and competencies of a given nursing specialty.

<sup>1</sup> Please note: there is an important distinction between nurses working in specialty practice versus a clinical nurse specialist. A clinical nurse specialist is an advanced practice nurse, with a master's or doctoral degree in nursing and has expertise in a clinical specialty. Please see CNA's Clinical Nurse Specialist position statement for more details.”

### NEXT STEPS

Apart from IPAC Canada, all the other nursing specialty practice associations have a certification exam that is run through CNA. Our current goal is to have CIC® fully accredited by CNA, to have it be recognized as the Canadian nursing certification in IPAC, and to have it listed on the CNA website with the other CNA-based certifications. We continue to collaborate to reach this goal.

### REFLECTIONS

Our influence is strong in CNA. We are regularly asked to review national documents on IPAC-related issues, including antimicrobial stewardship and influenza policies, and we rose to the occasion when asked to create the first specialty nursing Choosing Wisely list. I am indebted to the excellent staff and leaders at CNA who have taught me so much in the process of working together.

Serving as your representative on the Network has been truly a privilege. I have met some amazing nurses and learned a great deal about the current state of healthcare and policy through a national nursing lens. These are historic times for CNA. Under the leadership of new CEO Mike Villeneuve, the CNA Board once again includes representation from all provinces and territories and CNA has moved to embrace all Canadian nurses (Registered Nurses, Licenced/Registered Practical Nurses, and Registered Psychiatric Nurses). The most rewarding experience of my professional life (after 44 years as a nurse – and 18 as an ICP) has been the last two amazing years on the CNA Board, where I have been warmly welcomed, my (mostly IPAC-based) opinion actively has been sought and valued, and I have felt fellowship and inspiration. Thank you sincerely for this tremendous opportunity.

### REFERENCES

1. Canadian Nurses Association. (2018). Current members. Retrieved from <https://www.cna-aiic.ca/en/professional-development/canadian-network-of-nursing-specialties/current-members#sthash.9enGR3Jf.dpuf>
2. Canadian Nurses Association, & Infection Prevention and Control Canada. (2017). Seven things nurses and patients should question. Retrieved from <https://cna-aiic.ca/-/media/cna/page-content/pdf-en/seven-things-nurses-and-patients-should-question.pdf>
3. The Choosing Wisely Canada Nursing List (English and French) can be found at <https://ipac-canada.org/other-ipac-resource-links.php> \*

# IPAC Canada Chapter News



## IPAC Manitoba

IPAC Manitoba continues to hold in-person meetings every other month and has been quite busy over the past six months.

IPAC Manitoba held a general meeting on May 14, 2018. The meeting's education session was the presentation "TB IP&C – What's it All About?" by Rhea Shymko. IPAC Manitoba members were also privileged to welcome Gerry Hansen's presentation on the IPAC Canada 2020 annual conference. The conference will be held in Winnipeg, so the Manitoba chapter will be more involved – exciting times ahead!

The IPAC Manitoba Annual Education Conference was held on June 22, 2018. The day was a great success: there were 86 attendees and 16 vendors. Our speakers were awesome and provided great information on the following topics:

- "Risk assessment for IPAC: A new perspective (Things are not always as they seem)" and "IPAC challenges in EMS: A day in the life"  
– Greg Bruce
- "Antimicrobial stewardship"  
– Dr. Richard Rusk and Dr. Sergio Fanella
- "Shingles"  
– Dr. Tim Hilderman
- "New medical device reprocessing standards"  
– Gale Schultz

Membership recruitment was one of the Manitoba chapter's goals for 2018. A decision was made at the end of 2017: randomly selected new or returning members from October 2017 to June 2018 would receive a complimentary second year of IPAC membership. IPAC Manitoba was pleased to award four new memberships and two returning memberships at the conference!

IPAC Manitoba held another general meeting on September 10, 2018. The meeting's education session was the presentation "Surveillance definitions for infections in Canadian LTC facilities" by Jennifer Happe. Gerry Hansen, Executive Director of IPAC Canada, presented an update on Board and association activities. A farewell luncheon was also held for long-standing IPAC Manitoba member and founder Brenda Dyck. She has been a wealth of infection prevention and control knowledge to many of us and we will miss her! We wish her all the best in retirement!



## IPAC Northern Alberta

IPAC Northern Alberta hosted a paint night during its June 13, 2018 meeting. The theme was "microbes" and all had a great time being creative and networking.



On March 6, 2018, Northern Alberta Chapter member Susan Jacka, RN, MN, CIC presented on the CHEEP & CHEER project during a Chapter meeting. In the audience was a member of the College of Registered Nurses of Alberta, who was impressed with this project and felt it should be shared more broadly with all Alberta nurses. She contacted Susan and encouraged her to submit an article to *Alberta RN* magazine; the article was accepted for publication in the Summer 2018 issue. Our congratulations go out to Susan for her work with this inventive project and for highlighting IPAC in Alberta.





### IPAC Southwestern Ontario

IPAC Southwestern Ontario is a busy chapter focused on offering relevant education and activities. Starting in 2018, IPAC Southwestern Ontario has been using a wider healthcare lens when planning all education. All speakers are chosen to ensure their presentations speak to all healthcare sectors.

All chapter meetings have an educational component. Utilizing Adobe Connect, provided by IPAC Canada, we offer two webinars in addition to two face-to-face meetings. 29 non-members attended our last Education Day. These attendees received a follow-up email promoting the benefits of IPAC Canada membership. We continue to invite vendors to meetings and use all revenue to support chapter member attendance at the national conference.

We also held a day-long educational workshop entitled “Cracking the IPAC Code” for 200 attendees and 23 vendors.



The grand prize of a paid registration to the 2019 Conjoint Conference in Québec City was won by a non-member, who has also been invited to our November

chapter meeting!

This year we are offering education sessions entitled “IPAC 101 for Clinical Office Settings.” This was our first attempt at this type of targeted education to non-traditional healthcare sector groups, as most attendees are non-members.



We continue to benefit from a strong partnership with Public Health Ontario. Our second collaboration allows us to offer a six-session CIC® Prep Series. Chapter members facilitate the sessions, offering support and guidance to those preparing for the exam. \*





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# CIC® Graduates

New and certified CICs® from a variety of healthcare settings have spent hours studying, digesting facts, and reading current literature. This information and life experience, along with a successful completion of the CIC® examination, ensure infection prevention and control professionals deserve to place a CIC® after their names. Congratulations to the following October-December 2017 and January-March 2018 graduates:

## October - December 2017

### New Certificants

Kwadwo A. Asubonteng, MLT, CIC  
Cheryl Bertrand, RN, CIC  
Amanda Brizard, CIC  
Simone Guenette, CPHI(C), CIC  
Robin M. Johnson, MLT, BMLS, CIC  
Amanda Lachowitz, RD, CIC  
Nimo F. Mohamoud, RN, BScN, CIC  
Madison T. Moon, MPH, CIC

### Renewed Certificants

Doreen N. Alexander, RN, BScN, CIC  
Dana K. Anderson, RN, CIC  
Madeleine J. Ashcroft, BScN, MHS, CIC  
Melisa Avanes, CIC  
Maria Louise Azzara, BAsC, MSc, CPHI(C), CIC  
Florentina Belu, RN, BScN, CIC  
Alice P. Brink, CIC  
Mary Cameron-Lane, RN, CIC  
Barbara S. Catt, CIC  
Christine Chambers, RN, CIC  
Sonja A. Cobham, RN, CIC  
Kornelija Delibasic, CIC  
Charmaine M. D'Souza, CIC  
Sarah C. Eden, CIC  
Jenn Fitzpatrick, RN, CIC  
Laura M. Fraser, RN, MN, CIC  
Jessica Fullerton, CIC  
Jo-Anne L. Janigan, RN, BScN, CIC  
Marian Kabatoff, RN, BSN, MSc, CIC  
Samira Kermanchi, RN, CIC  
Elaine A. Langille, CIC

Michele Larocque-Levac, RN, CIC  
Lorraine Maze Dit Mieusement, RN, MN, CIC  
Liz McCreight, CIC  
Susan J. McMaster, CIC  
Christine A. Moussa, RN, CIC  
Jessica C. Ng, MSc, CIC  
Colette D. Ouellet, CIC  
Suzanne Pelletier, CIC  
Diana Petrusic, CIC, BHA, RRT  
Cynthia J. Plante-Jenkins, CIC  
Kathleen Poole, RN, CIC  
Patricia Rawding, RN, BScN, CIC  
Elaine F. Reddick, CIC  
Suzanne E. Rowland, RN, CIC  
Jodie W. Russell, R.R.T, CIC  
Elaine Steinsland, RN, CIC  
Nancy Todd-Giordano, CIC  
Marilyn H. Weinmaster, CIC  
Colleen M. Weir, CIC  
Mary Katherine Wight, RN, CIC

## January - March 2018

### New Certificants

Joanne K. Andrew, CIC  
Alyssa T. Baade, BSc, MLT, CIC  
Kaethel Decker, BHSc, CIC  
Nana Hutchins, CIC  
Amber L. Linkenheld-Struk, CIC  
Ahmed H. Mohamed, CIC  
Jennifer L. Parsonage, BScN, RN, CIC  
Olawale M. Salaam, CIC  
Alice Silva, BSc, MPH, CIC  
Tiberius L. Stanescu, RN, CIC  
Michelle Vadori-Cina, RN, CIC

### Renewed Certificants

Linda Borycheski, MLT, CIC  
Debora Giese, RN, CIC, BSc, MScPH  
Stacey Guthrie, CIC, RN, BScN, MN  
Kathryn M. Linton, MSc, CIC  
Jane E. Stafford, RN, BN, CIC 🍁



WIN

## Bring in a New Member Contest

You and a new member could WIN a free 2019 membership!

If you encourage a new member to join IPAC Canada by March 15, 2019, both you and the new member will be eligible for free 2019 or 2020 membership, a value of \$214 each! See details and application at [www.ipac-canada.org/new-member-contest.php](http://www.ipac-canada.org/new-member-contest.php).

# Distance Education Graduates

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IPAC Canada congratulates the graduates of the 2017-2018 Distance Education Online Novice Infection Prevention and Control Course. This course also provides IPAC Canada members with the opportunity to share their expertise in their role as coordinators, instructors, and discussion facilitators. Many thanks go to the course's faculty and to the students' families and colleagues. They make it possible for students to strengthen their knowledge and skills. We know that they are ready and eager to apply them to practice.

The following group of graduates has successfully completed the course. Congratulations and best wishes to:

Sayyed Samina Bashir Ahmed, Riyadh, Saudi Arabia  
Diana Aikens, Stonewall, MB  
Roberta Barron, Kamloops, BC  
Lisa Barton, Stratford, ON  
Carolyn Bennett, Toronto, ON  
Shannon Blake, Thunder Bay, ON  
Lori Buchanan, Comox, BC  
Stacey Cornect, Stephenville, NL  
Pataches Desrochers, Bridgetown, NS  
Tammy Deutsch, Ingersoll, ON  
Nichola Downey, Quispamsis, NB  
Janine Duquette, Midland, ON  
Jennifer Edwards, Simcoe, ON  
Nahida El Warry, Mississauga, ON  
Shelly Faye, Foam Lake, SK  
Lyn Garnett, Kitchener, ON  
Vanessa Gill, Brockville, ON  
Stephanie Grayer-Denard, Harrow, ON  
Audrey Michelle Groulx, Portage la Prairie, MB  
Jennifer Hart, Nipigon, ON  
Kirsten Hughes, Brantford, ON  
Kirsten Hull, Sooke, BC  
Cindy Marie Isaak-Ploegman, Winnipeg, MB  
Miri Jang, Seodaemun, Seoul, South Korea  
Bridget Kaley, Oshawa, ON  
Linda Kilian, St. Catharines, ON  
Stephanie Lai, Vancouver, BC  
Clasina MacKinnon, Porters Lake, NS  
Erin MacPhee, Lincoln, NB  
Jennifer McMullen, Red Deer, AB  
Whitney Moncrieff, Victoria, BC  
Nancy Moore, Richibucto Road, NB  
Eliot Moreno, Edmonton, AB  
Omid Nouri, Scarborough, ON  
Pamela Oertel, Hillsdale, ON  
Laura Ott, Hanover, ON  
Kaitlyn Puklicz, Paris, ON  
Joseph Raab, Ancaster, ON  
Kelly Sellwood, Penetanguishene, ON  
Stefanie Siau, Richmond Hill, ON  
Liza Townshend, Souris, PEI  
Shana Vidito, Port Williams, NS

## 2017-2018 Faculty

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

For more information on upcoming course offerings, see Education Resources on the IPAC website ([www.ipac-canada.org](http://www.ipac-canada.org)). Applications for the 2019-2020 session will be accepted from January 1 to March 15, 2019. 🍁

# IPAC Canada and IFIC announce the 2019 CONJOINT CONFERENCE in Québec City, Canada



2019 CONJOINT CONFERENCE

CONFÉRENCE CONJOINTE DE 2019

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and more topics under consideration

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 Toronto, Ontario

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Nagwa Khamis MD Clin Path ASU  
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Ramona Rodrigues RN B.Sc MSc(A)  
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 Ottawa, Ontario

**CONFERENCE ADMINISTRATION**

Gerry Hansen BA  
 IPAC Canada

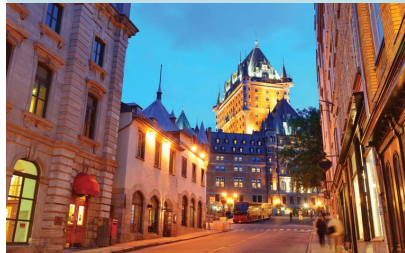
*IPAC Canada Registration*  
 Kelli Wagner

*IFIC Registration*  
 Máté Lukács

*Conference Coordinator*  
 Pascale Daigneault  
 BUKSA Strategic Conference Services



2019 CONJOINT CONFERENCE | CONFÉRENCE CONJOINTE DE 2019  
 Québec City, Canada | Ville de Québec, Canada  
 May 26–29, 2019 | Du 26 au 29 mai 2019



FOR MORE INFORMATION | IPAC Canada: [info@ipac-canada.org](mailto:info@ipac-canada.org) | IFIC: [info@theific.org](mailto:info@theific.org)

# 2019 ECOLAB Poster Contest



An annual poster contest is sponsored by ECOLAB and supported by an IPAC Canada chapter to give infection prevention and control professionals an opportunity to put their creative talents to work by developing a poster that visualizes the Infection Prevention and Control Week theme. The 2019 National Infection Prevention and Control Week is October 21-25.

**THEME:** Infection Prevention and Control in Every Season

**DESCRIPTION OF THEME:** Even though seasons change, infection prevention and control should always be at the forefront. Our focus may change depending on the season, but our infection prevention and control best practices need to be maintained year-round. It reminds us that nothing is forever, seasons are always changing, and that infection prevention and control practice is always evolving.

**PRIZE:** Waived registration to the 2019 IPAC Canada/IFIC Conjoint Conference (not including Preconference Day or special events), or CAD \$500.

**REMINDER:** Posters should have meaning for the public as well as all levels of staff across the continuum of care. The poster should be simple and uncluttered, with strong visual attraction and minimal text.

Judging will be based on overall content. Artistic talent is helpful but not necessary. The winning entry will be submitted to a graphic designer for final production. Your entry will become the property of IPAC Canada.

**HOST CHAPTER:** IPAC Northeastern Ontario.

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

**Subject line:** 2019 ECOLAB Poster Contest

**Submission format:**

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

**DEADLINE:** January 31, 2019 \*

## Vaccines... Now is the Time to Give and Receive

With the fall (and flu) season upon us, now is the time for everyone to start thinking about infection prevention and control and the importance of immunization. This is particularly important for healthcare workers who are themselves at risk of exposure to vaccine-preventable diseases but who can also be a source of infection for their patients and clients in the healthcare setting. While annual vaccination to protect against seasonal influenza is always

important, so is taking the time to make sure that you are up-to-date with all of your routine vaccinations.

Besides being vaccinated themselves, healthcare providers can also positively influence vaccine acceptance among their patients and clients. Immunize Canada has some great resources that can assist them in their counselling efforts: <https://immunize.ca/counselling-public>. #GetImmunized

Protect yourself and others by making sure everyone is up-to-date with their vaccinations.

