



ABOUT



THE ASSOCIATION

VISION STATEMENT

No preventable infections for Canadians. Ever.

MISSION STATEMENT

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

VALUES STATEMENT

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

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


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

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

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

Leadership – Effective and accountable in proactively pursuing our mission.

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



Infection Prevention and Control Canada (IPAC Canada)/Prévention et contrôle des infections Canada (PCI Canada) is a national, multi-disciplinary, voluntary professional association uniting those with an interest in infection prevention and control in Canada. IPAC Canada has over 1500 members in 19 chapters across the country. All our members and partners are dedicated to the health of Canadians by promoting excellence in the practice of infection prevention and control.

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

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

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

- Education
- Communication and Networking
- Practice Support
- Advocacy and Collaboration

EDUCATION

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



COMMUNICATION AND NETWORKING

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

PRACTICE SUPPORT

- Infection Control Audit Tools
- Program-Wide Standard and Audit
- Core Competencies for HCWs
- Core Competencies for ICPs
- National Infection Control Week Posters
- Routine Practices e-Learning Tool
- Hand Hygiene e-Learning Tool
- Brochures and Infographics

COLLABORATION

IPAC Canada works closely with external stakeholders to further the practice of infection prevention and control. See the full list of our external stakeholders on page 15.

BIOGRAPHIES

PRESIDENT AND ASSOCIATION SPOKESPERSON

BARBARA CATT RN BScN CIC MED

BARBARA CATT RN BScN CIC Med has worked in the field of IPAC for many years. Her nursing experiences include emergency room, operating room, ICU, medical-surgical, long-term care, and professor of nursing at college and university levels. She has worked in a variety of health care settings including public health, a small community hospital and a large tertiary healthcare center and now is currently working with Public Health Ontario and teaching faculty members at Centennial College with their IPAC Basic and Practicum Courses.

Barbara is a registered nurse and holds a Master in Education where her research focus was adult learner principles. She has been involved in research and publications regarding disease transmission and education such as IPAC Core Competencies.

She has been working at Public Health Ontario since 2017 as the IPAC Manager of Response and System Support Unit. She continues to be an active member with IPAC Canada, APIC, and CNA.

Barbara is a past member of IPAC Canada Standards and Guidelines, HealthPro Clinical Advisory Committee and past President for IPAC Greater Toronto and Area Chapter. She continues to be an active participant on committees such as IPAC Canada's Prehospital Care Interest Group, Core Education Committee and Basic IPAC Course Advisory Committee. Since 2014, Barbara has served as a Board Member for IPAC Canada and is currently the IPAC Canada President.



EXECUTIVE DIRECTOR

GERRY HANSEN BA

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



BOARD OF DIRECTORS 2020-2021

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RN BScN CIC MEd



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BSc MSc



Treasurer
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BScN MHSc CIC CHE



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Zahir Hirji
RN BScN MHSc CIC



Past President
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BN MHS CIC

BOARD OF DIRECTORS



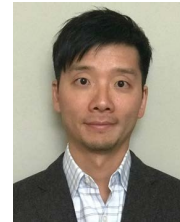
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BScN RN MHS

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Administrative Assistant

Kelli Wagner

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Terrance Carter/Theresa Man
Carters Professional Corporation

Auditor

Philip Romaniuk CPA CA
Grant Thornton LLC

OTHER POSITIONS

Editor-in-Chief, Canadian Journal of Infection Control

Victoria Williams BSc BASc MPH CIC

Associate Editor

Devon Metcalf MSc PHD CIC

Industry Innovations Editor

Madison Moon BHS MPH CIC

Web Communications Manager

Tanya Denich MSc CIC

Webmaster

Pamela Chalmers

Social Media

Kelsey Houston BScH MPH

Distance Education Course Coordinator

Heather Candon BSc MSc CIC

Distance Education Course Coordinator

Jane Van Toen MLT BSc CIC



HISTORY



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

The letters patent incorporating the Association listed the following objectives:

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

MILESTONES

1976

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

1978

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

HISTORY

1979

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

1980

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

1982

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

1983

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

1985

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

1988

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

1993

- Official liaison with the APIC Guidelines Committee established.

1994

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

1998

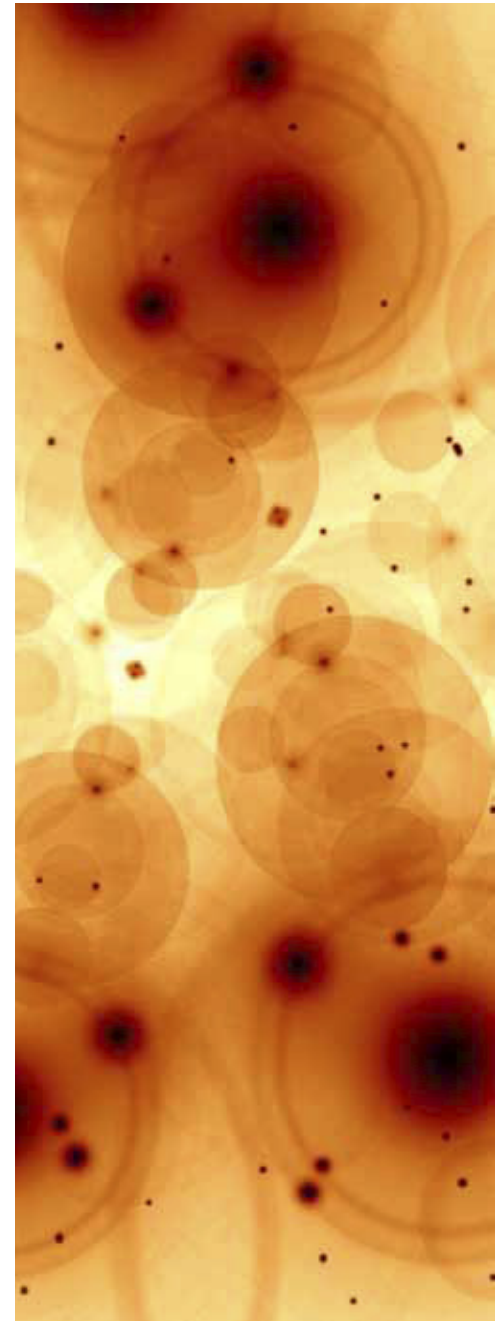
- Association website established: www.chica.org.

1999

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

2000

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



HISTORY



2001

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

2002

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

2004

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

2005

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

2006

- First Run for IFIC held at 2006 conference.

2007

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

2009

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

2010

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

HISTORY

2011

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

2012

- CHICA-Canada membership climbs to 1,675.

2013

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

2014

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

2015

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

2016

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

2017

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



HISTORY



STRATEGIC PLAN 2019-2021



2018

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

2019

- The Canadian Journal of Infection Control was referenced in CrossRef. Work ongoing to index the journal in PubMed.
- New publication, Industry Innovations, launched May 2019.
- Several Position Statements and Practice Recommendations were reviewed and revised. Of note is the development of the Foot Care Position Statement and Practice Recommendations.
- IPAC Canada participates in several discussion and working group tables, including Chief Public Health Officer Health Professions Forum, the Public Health Agency AMR committee, Indigenous Health, Discovery Day (partnering with CPSI, AMMI, PHAC, and CIHI).
- Pan Canadian Surveillance Advisory Committee formed, co-chaired by IPAC Canada and Canadian Patient Safety Institute.
- A conjoint conference with the International Federation of Infection Control was held in Quebec in May 2019.
- IPAC Canada is the first professional association to partner with the biomedical industry to establish a multi-sector Working Group to pursue joint goals under the Pan-Canadian AMR strategy and strengthen Canada's end-to-end research capacity in AMR.

CHAPTERS



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



OUTREACH



Public Health Agency of Canada **CORONAVIRUS HOTLINE 1-833-784-4397**

MEMBERS AREA RESOURCES A-Z SITE MAP CHAPTERS

ipac pci
Infection Prevention and Control Canada

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INDUSTRY INNOVATIONS

Electronic Monitoring of Hand Hygiene Compliance

0.02% CAPTURED

99.98% COMPLIANCE

INDUSTRY INNOVATIONS

UV DISINFECTION

Where Product Innovation Meets Best Practice

MORE INFORMATION

SEARCH Search our site...

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

Welcome to IPAC Canada*

*Google Translate provides 'IPAC Canada' as the acronym which is used throughout this French website. The true acronym is PCI Canada; however, the website translation cannot be changed.

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.

2020 Annual General Meeting and Elections

Coronavirus

Certification

ARO Resources

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Infection Prevention and Control Canada
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SPRING 2020

CJIC

The Canadian Journal of Infection Control
Revue canadienne de prévention des infections

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COVID-19: Are you prepared for the next emerging disease?

EXTERNAL STAKEHOLDERS

Accreditation Canada

Association des infirmières en prévention des infections

Association for Professionals in Infection Control and Epidemiology (US)

Association for Medical Microbiology and Infectious Diseases

AustralAsia College for Infection Prevention and Control

Canadian Association for Clinical Microbiology and Infectious Diseases

Canadian Association for Drugs and Technology in Healthcare

Canadian Association for Enterostomal Therapy

Canadian Association for Environmental Managers

Canadian Association of Foot Care Nurses

Canadian Association for Medical Device Reprocessing

Canadian Association of Nursing Schools

Canadian Dental Association

Canadian Education and Training in Antibiotic Resistance

Canadian Foundation for Infectious Diseases

Canadian Healthcare Engineering Society

Canadian Hospital Epidemiology Committee

Canadian Institute for Health Information

Canadian Nurses Association

Canadian Nurse Continence Advisors

Canadian Nosocomial Infection Surveillance Program

Canadian Patient Safety Institute

Canadian Standards Association

Canadian Vascular Access Association

Certification Board of Infection Control and Epidemiology

Chief Public Health Officer of Canada Health Professions Forum

Doctors Without Borders/Medecins sans bordieres

Health Canada

Health Standards Organization

Immunize Canada

Infection Prevention Society (UK)

International Council for Infectious Diseases

International Federation of Infection Control

Medical Device Reprocessing Association of Ontario

National Patient Safety Roundtable

National Collaborating Centre for Infectious Diseases

Nurses Specialized in Wound, Ostomy and Continence Canada

Ontario Health Association

Operating Room Nurses Association of Canada

Public Health Agency of Canada

Provincial and Regional Infection Control Networks

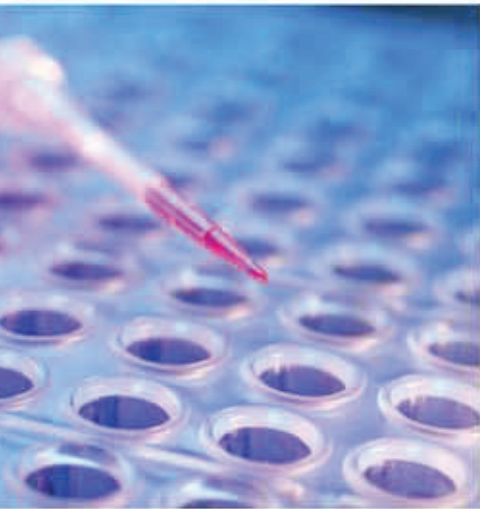
Registered Nurses Foundation of Ontario

Urology Nurses of Canada

World Health Organization



MEDIA RELEASE



Clean Hands Have Never Mattered More:

May 5th 2020, is STOP! Clean Your Hands Day. Cleaning your hands helps flatten the curve.

May 4, 2020 (Winnipeg, MB)

Infection Prevention and Control Canada is supporting the Canadian Patient Safety Institute in their “STOP! Clean Your Hands” campaign, launching today. Infection prevention and control professionals are on the frontline of hospital and long-term care settings preventing the spread of infections and COVID-19 to patients, healthcare workers and the public.

It has been estimated that over the next 30 years in Canada, infections will be the biggest driver of acute care patient safety incidents, accounting for roughly 70,000 patient safety incidents per year on average – generating an additional \$480 million per year on average in healthcare costs. Cleaning your hands is one of the best ways to avoid the spread of infections.

“Simple hand hygiene can go a long way to preventing the spread of infections in all settings. When emergency orders are lifted, washing your hands will be a key method to stop the spread of COVID-19 and protect those around you,” says Infection Prevention and Control Canada President, Barbara Catt. “We want to encourage everyone to work together. We’re saying spread the message, not the disease.”

These outbreak control measures can slow spread, reduce peak impact on health systems, and give hospitals, long-term care facilities and our communities time to manage the healthcare needs of the country. It will take everyone working together to flatten the curve.

“Wash your hands often,” says Gerry Hansen, Executive Director of Infection Prevention and Control Canada. “Avoid touching your face. Cough or sneeze into your elbow and stay home as much as possible. Now is the time to act, but we must act together.”

Thousands of healthcare providers in hundreds of healthcare sites across Canada will participate in the 2020 campaign, led by the Canadian Patient Safety Institute in conjunction with the World Health Organization’s SAVE LIVES: Clean Your Hands campaign. Go to <https://ipac-canada.org/hand-hygiene.php.ca> to access tools, information & resources to keep yourself and others safe.

IPAC Canada is the national, professional organization for those professionally or occupationally interested in the prevention and control of infections in all healthcare settings.

For further information and media inquiries, please contact:

Richard Mullin

Richard@impactcanada.com

647-317-9057

MEDIA RELEASE



Infection Prevention and Control Canada

Recommendations for the 2020 Federal Budget

Reducing Health Sector Burdens To Improve Outcomes In The Face Of Climate Change

August 2nd, 2019

RECOMMENDATION:

1. Infection Prevention and Control Canada recommends that the federal government provide funding of \$12 million to integrate and expand Canada's national antimicrobial surveillance systems over the next five years.

BACKGROUND

The climate emergency knows no boundary.

Governments, corporations, associations and individuals rightly focus on the mitigation effects of greenhouse gas emissions, agricultural effects, natural resources implications and sovereignty issues that we expect to encounter over the coming years. Infection Prevention and Control Canada (IPAC Canada) is urging the federal government not to overlook health issues resulting from climate change that need to be addressed proactively to ensure health outcomes remain strong in Canada.

In particular, we are drawing attention to the effects climate change has on infectious diseases, including the transmission and spread of infections previously foreign to Canada. 'Superbugs,' as they are commonly known, are a global threat that needs to be taken seriously and that all governments must address proactively. Recent evidence suggests that their prevalence could be spurred by global warming. It is more important than ever to give front-line health workers the tools and training to prevent and contain infections, which already put tremendous strain on our health care system.

Infection Prevention and Control Canada (IPAC Canada) represents a Canada-wide membership of Infection Control Professionals (ICPs) who are at the forefront of a losing battle against antimicrobial resistance (AMR). "Resistance occurs when microorganisms such as bacteria, viruses, fungi and parasites change in ways that render the medications used to cure the infections they cause ineffective."¹ AMR killed a considerable 700,000 people worldwide in 2014, and it has been estimated that AMR could kill as many as 10 million people per year by 2050.² As a developed country, Canada's advanced healthcare system presents great benefits, but also expands the potential for exposure to antibiotic-resistant organisms (AROs).³ Canada, in particular, could be at a greater risk for AMR deaths due to the fact that our population is aging.⁴

MEDIA RELEASE

This fate is not inevitable. Health professionals are doing all they can to prevent the spread of Antibiotic Resistant Organisms (AROs) and the proliferation of AMR in Canada, but the systems in place to assist them are outdated and underfunded. Our healthcare system is a point of pride for Canadians; however, the prominence of infections with AROs has the potential to undermine the effectiveness of this world class system. The climate emergency will only exacerbate this concern.

¹ World Health Organization, "What is antimicrobial resistance?," July 2017.

² O'Neill, J. "Antimicrobial Resistance: Tackling a crisis for the health and wealth of nations." The Review on Antimicrobial Resistance. Review on Antimicrobial Resistance: Tackling drug-resistant infections globally. 2014.

³ HESA, Evidence. 7 November 2017, 1600 (Dr. Neil Rau, Infectious Disease Specialist and Medical Microbiologist, Halton Healthcare).

⁴ Ibid.

RECENT DEVELOPMENTS

Candida auris has emerged as a fast-spreading fungal infection that has shown the potential to kill over one-third of patients who carry the disease. *C. auris* has been routinely found to resist anti-fungal medications and its relatively recent rise has been linked to climate change. The American Society for Microbiology has highlighted that:

*"C. auris, which is often multi-drug resistant and is a serious public health threat, may be the first example of a new fungal disease emerging from climate change."*⁵

Fungal infections usually cannot withstand the 37-degree Celsius body temperature of humans. However, pathogens that adapt to higher temperatures over time may already be likely to infect humans and spread. The risk increases over time and will put further pressure on infection prevention and control resources that are already at capacity in Canada's hospitals and other care settings.

Climate change will create myriad new challenges for health care in Canada. Taking pressure off the system by adding efficiencies should be a priority for governments as they seek to adapt to the climate emergency.

The House of Commons Standing Committee on Health (HESA) undertook a thorough study of the issue of AMR in Canada. IPAC Canada was grateful to be included along with other leading national organizations in HESA's selection of expert witnesses. That study provided exceptional recommendations that would, if taken together, have a profoundly beneficial effect on the spread of AMR in our country.



MEDIA RELEASE



Four years ago, in 2015, the Public Health Agency of Canada established the *Federal Action Plan on Antimicrobial Resistance and Use*. This action plan has so far succeeded in bringing together F/P/T partners and stakeholders to develop “*Tackling Antimicrobial Resistance and Antimicrobial Use: A Pan-Canadian Framework for Action*.” Both initiatives were well received by infection control professionals but amount only to a good first step. The government has also worked with international partners, having notably endorsed the World Health Organization’s Global Action Plan on AMR in 2015, and endorsing the Leaders’ Declarations of the G7 and G20 supporting action on AMR.

Welcome changes that we acknowledge, stemming from the 2017 report of the Canadian Antimicrobial Resistance Surveillance System (CARSS), include the decline in antimicrobials distributed for sale for use in animals on a total kilogram basis and that our rates of AMR are similar to or lower than rates reported by other developed countries.⁶

The same report also found deeply concerning facts, particularly that, in 2016, hospitals purchased more of certain antimicrobials of “last resort” (e.g., daptomycin) than in previous years.

⁵ CITATION (Press release with quote: <https://www.asm.org/Press-Releases/2019/July/Rise-of-Candida-Auris-May-be-Blamed-on-Global-Warm>; OR Study link: https://mbio.asm.org/content/10/4/e01397-19?_ga=2.207622929.2070180947.1564501373-1348778904.1564501373)

⁶ Public Health Agency of Canada (PHAC), Canadian Antimicrobial Resistance Surveillance System – Report 2017, July, 2018

For professionals working in these settings, these findings are very troubling, yet unsurprising. While there is considerable understanding of what causes AMR and what practices exacerbate its spread, there has been little action to accompany the regular dialogue and planning from government. The 2019 federal budget is an important opportunity for the government to deliver on a key support that will pay long-term dividends for our healthcare system, particularly as our population ages in lock-step with the global ascendance of AMR to one of the most prominent healthcare issues.

FACTS

- Just one ‘superbug,’ Methicillin-resistant *Staphylococcus aureus* (MRSA), has been estimated to **cost hospitals between \$42 million and \$59 million annually**.
- People with MRSA are estimated to be **64% more likely to die** than people with a non-resistant form of the infection.
- Resistance increases the cost of healthcare with **lengthier stays in hospital and more intensive care required**.
- Some bacteria (e.g. carbapenemase-producing Enterobacteriaceae or CPE) **have become resistant to almost all, and in some cases, all known antibiotics**—these bacteria are increasing in Canada.

MEDIA RELEASE

SURVEILLANCE

A national surveillance system will help Canadian healthcare professionals combat AMR proactively. Right now, it is increasingly difficult for even highly trained professionals to prevent or limit the spread of superbugs before they are established in places like hospitals and long-term care facilities—places where they can spread rapidly. AMR is taking a massive toll on healthcare systems across the country. As the climate changes, and pressures on the healthcare system increase, Canada needs to give Infection Control Professionals better tools to do their work.

Establishing a truly national, integrated surveillance system is the single most effective step the government could take to make sure the problem does not get worse.

Understanding the pan-Canadian incidence of AMR and regional patterns of resistance will allow governments and healthcare providers to better understand the national breadth of AMR.

For instance, *Candida auris* doesn't have a 'typical' presentation and has caused invasive infections and outbreaks in healthcare settings worldwide. Lack of awareness of it can lead to unnoticed transmission and outbreaks in healthcare settings. It also seems to be more inclined to patient-to-patient transmission in healthcare settings (unlike other *Candida*).

Better surveillance will allow for earlier identification of regional patterns of resistance which will assist in understanding risk factors and support development of prevention and risk mitigation strategies. Such an advancement will take substantial pressure off the healthcare system and, more importantly, save lives.

POWERFUL EVIDENCE OF SURVEILLANCE EFFECTIVENESS

In the United States, the National Healthcare Safety Network, which provides over 17,000 healthcare facilities with data needed to treat and prevent healthcare-associated infections shows that there has been a drastic decrease in the number of infections.

From 2008 to 2014 a **50% decline** in central line-associated bloodstream infections was observed, along with an 8% decrease in hospital onset *C. difficile* and a 13% decrease in hospital onset MRSA between 2011-2014. (Centers for Disease Control and Prevention: <https://www.cdc.gov/hai/surveillance/index.html>)



MEDIA RELEASE



CARSS was the focus of the Standing Committee on Health's recommendations for surveillance. However, in the opinion of leading infection control professionals, the Canadian Nosocomial Infection Surveillance Program (CNISP) can provide even better data. CNISP is a collaborative effort of the Canadian Hospital Epidemiology Committee, a subcommittee of the Association of Medical Microbiology and Infectious Disease (AMMI) Canada and the Centre for Communicable Diseases and Infection Control of the Public Health Agency of Canada (PHAC).

The objectives of CNISP are to provide rates and trends of HAIs in Canadian healthcare facilities, thus enabling comparison of rates (benchmarking), and providing data that can be used in the development of national guidelines and to drive practice improvement initiatives. CNISP gathers data that is considered highly reliable yet covers only a very small fraction of the many healthcare facilities in Canada; most hospitals and all long-term care facilities are not currently able to participate in CNISP surveillance. CNISP lacks the human resources support and technical infrastructure it needs to reach its full potential, but the government has an opportunity in Budget 2020 to invest in valuable improvements.

THE GOVERNMENT RESPONSE

Following the Report tabled by the Standing Committee on Health, the government agreed with the committee's recommendations to:

- Accelerate development of the pan-Canadian Action Plan with the Action Plan to include concrete goals for timelines;
- Scale up best practices in antimicrobial stewardship across Canada; and
- Expand the Canadian Antimicrobial Resistance Surveillance System to integrate and expand existing data systems.

The government acknowledges that:

*"Antimicrobial-resistant infections are becoming more frequent and more difficult to treat."*⁷

And that:

*"Coordinated and sustained action is necessary to preserve the effectiveness of the antimicrobials we rely on to treat infectious diseases."*⁸

⁷ MacAulay, L. (P.C., M.P.) and Petitpas Taylor, G. (P.C., M.P.). Letter to Mr. Bill Casey, Chair of the House of Commons Standing Committee on Health. Undated. Published July 18, 2018. http://www.ourcommons.ca/content/Committee/421/HESA/GovResponse/RP10003524/421_HESA_Rpt16_GR/421_HESA_Rpt16_GR-e.pdf

⁸ Ibid.

MEDIA RELEASE

IPAC CANADA RECOMMENDS

Infection Prevention and Control Canada recommends that **the federal government act on its previous findings and provide funding of \$12 million to integrate and expand Canada's national antimicrobial surveillance systems over the next five years.** These investments will help Infection Control Professionals better cope with the pressures brought on by the climate emergency, while improving overall health outcomes.

An initial investment of \$6 million in year one will facilitate needed work in system integration, data harmonization and partnerships between CARSS and the Canadian Nosocomial Infection Surveillance Program. That funding will also establish supports to hospitals and other care facilities not currently involved in data collection. A commitment of \$1.5 million in each of the following four years will facilitate needed upkeep and continuing education for healthcare professionals using the surveillance network.



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FOR IMMEDIATE RELEASE

Infection Prevention and Control Canada Calls on Canadians to #StartWithVaccines in Wake of Recent Measles Outbreaks

Emergency Resolution of the Board of Directors requests that all provincial Ministers of Health and Ministers of Education work collaboratively to ensure school-aged children have records of vaccination.

April 4, 2019 (Winnipeg, MB) The association representing infection prevention and control professionals is encouraging all Canadians to get vaccinated and have their children vaccinated to prevent more outbreaks. The recent outbreak of measles in Western Canada is a stern reminder that technically eliminated diseases remain a serious threat if not actively prevented through vaccines. Receiving a vaccine is not just a personal health choice, it's a public health matter.

Infection Prevention and Control Canada (IPAC) endorses the decision by B.C. Health Minister, Adrian Dix, to require mandatory registration of vaccinations for all students in public and private schools starting in September. "Children are not the ones deciding if they get vaccinated or not, and they are often the most vulnerable to health risks," says Molly Blake, President of IPAC Canada. "Requiring parents and guardians to prove that their child has received necessary vaccinations is a simple step to increase herd immunity to a disease. Herd immunity works when a significant proportion of the community has been vaccinated which protects children who are not immune or unable to receive vaccinations." Centralized mandatory vaccine reporting supports local, regional and national infection prevention and control and public health professionals in managing outbreaks and developing policies and procedures for public safety.

Canadians have successfully reduced preventable infectious diseases in the general population with strong vaccination practices over the past several decades. "We risk losing the safety and cost savings attributed to eliminated diseases if we let unfounded fears about vaccines proliferate," says Blake. "Canada has come far in the pursuit of improved healthcare and child wellbeing and vaccines have been essential in that progress." Lower rates of vaccination may lead to re-emergence and propagation of serious infectious diseases.

IPAC Canada will be writing to all Provincial Ministers of Health and Ministers of Education asking for their support of the #StartWithVaccines campaign.

IPAC Canada is the national, professional organization for those interested in the prevention and control of infections in all healthcare settings.

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Infection Prevention and Control Canada Recommendations for the 2018 Federal Budget

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

RECOMMENDATIONS

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

BACKGROUND

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

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

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

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

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



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

November 2nd, 2017

Good afternoon. My name is Suzanne Rhodenizer-Rose.

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

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

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

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



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

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

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

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

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

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

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



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

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

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

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

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

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

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

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