



ABOUT



THE ASSOCIATION

VALUE PROPOSITION

IPAC Canada – the smart way to advance infection prevention and control.

MISSION

To advance infection prevention and control by advocating for our members and providing access to evidence-based resources, education and networking opportunities.

VISION

A world without preventable infections.

VALUES STATEMENTS

To act with Integrity	To be principled, ethical and respectful in all our activities.
To be Inclusive	To be active in promoting positive and diverse healthcare environments that are free from bias and discrimination.
To be an Advocate	To champion member needs and advance evidence-based infection prevention and control practices to all stakeholders.
To be Accountable	To be an effective and responsible leader while achieving IPAC Canada's strategic goals.

IPAC Canada – The smart way to advance infection prevention and control.



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 2000 members in 17 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 - Essentials in 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
- Semi-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
- Diversity, Equity and Inclusion in Healthcare Resources

COLLABORATION

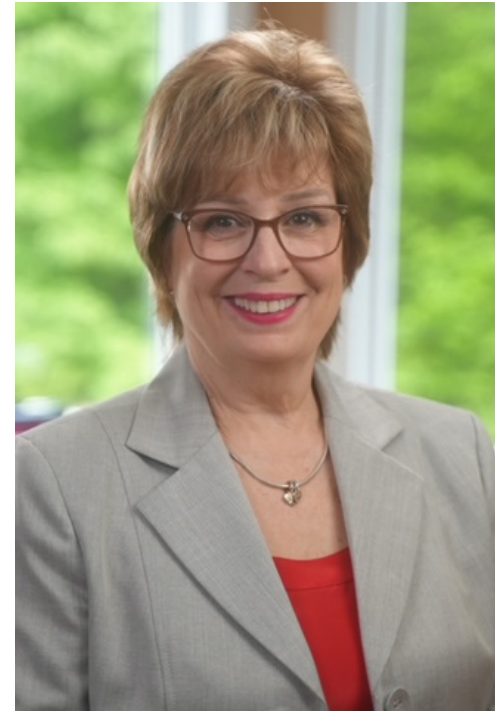
IPAC Canada works closely with external stakeholders to further the practice of infection prevention and control. See the full list of our external stakeholders on page 19.

BIOGRAPHIES

PRESIDENT AND ASSOCIATION SPOKESPERSON

COLETTE OUELLET RN BN MHA CIC

COLETTE OUELLET is the Director of Infection Prevention and Control (IPAC), Quality, Patient Safety, Patient Relations and Risk Management at the Queensway Carleton Hospital in Ottawa. Prior to this, she was the founding Coordinator of the Champlain Infection Control Network, and Manager of the IPAC Program at the Civic campus of the Ottawa Hospital. She is a proud veteran nursing officer in the Canadian Armed Forces. Colette has had a practicing specialty in Infection Control and has held CIC status through the Certification Board of Infection Control and Epidemiology (CBIC) for over 25 years. She has led IPAC teams through SARS, H1N1, Ebola preparations, and COVID-19, among other major events. Colette is a passionate advocate of people-centered care. She has a baccalaureate degree in nursing from the University of Manitoba and a master's degree in healthcare administration from University of Ottawa. She has completed a professional certification program in Risk Management at Carleton University. Colette is serving as the 2023-2025 President of IPAC Canada.



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 2023-2024

EXECUTIVE OFFICERS



President
Colette Ouellet
RN BN MHA CIC



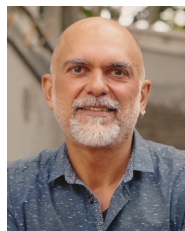
**Secretary/
Membership Director**
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MSc BSc CIC



Treasurer
Sonalben Shah
MSc CIC



President-Elect
Julie Weir
RN BN MN GNC(c) LTC-CIP



Past-President
Zahir Hirji
RN BScN MHSc CIC

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Director
Natalie Bruce
RN BScN MScN CIC FAPIC

BOARD SUPPORT 2023-2024

MEMBERSHIP SERVICES OFFICE

Executive Director

Gerry Hansen

Administrative Assistant

Kelli Wagner

PROFESSIONAL AGENTS

Legal Counsel

Terrance Carter/Theresa Man
Carters Professional Corporation

Auditor

Marin Brown CPA CA
Grant Thornton LLC

OTHER POSITIONS

Editor-in-Chief, Canadian Journal of Infection Control

James Ayukekbong BMLS PhD CIC

Associate Editor

Devon Metcalf MSc PHD CIC

Industry Innovations Editor

Gerry Hansen

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

Distance Education Course Coordinator

Angela Thomas BScN RN 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 and 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

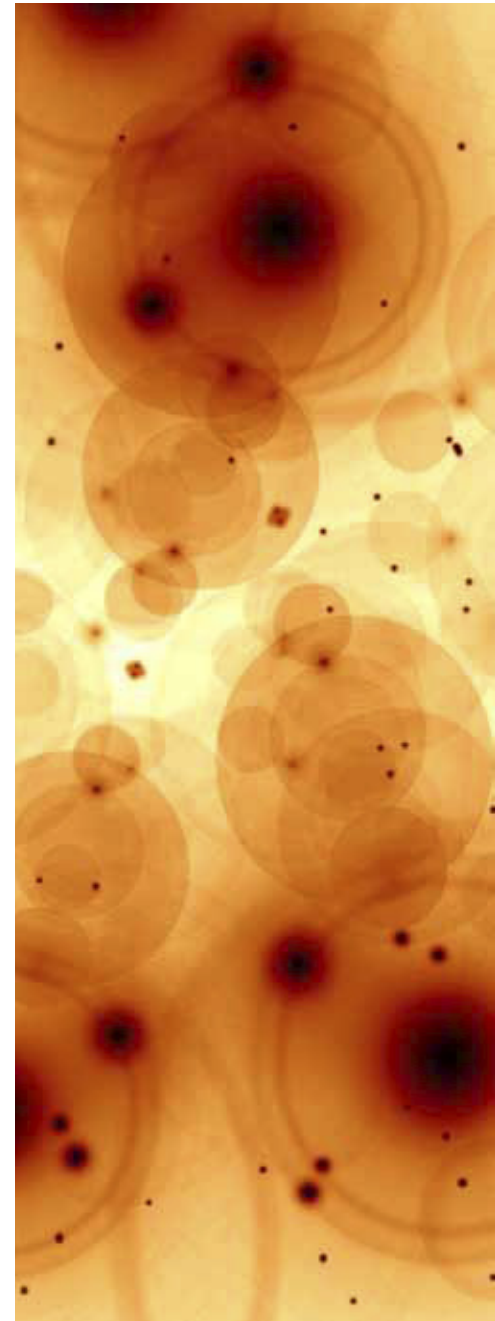
- Association website established: www.chica.org.

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 reached 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

HISTORY

2020

- COVID-19 PANDEMIC - From the WHO declaration of a pandemic (March 11, 2020), IPAC Canada received a great many calls and emails from the public inquiring about COVID-19. At the start, the public was generally confused and scared. Most of the questions were around the protocols of social distancing, travel, self-isolation and quarantine. Later, as masks were recommended, questions arose about the wearing of masks, the availability of masks, and the use of N95 and other PPE by the public. IPAC Canada was called upon to assist various professions with their return to work guidelines, including Event Planners, Sports Teams, Massage Therapists, Dental Clinics, Long Term Care, and alternate personal care providers (tattoo parlor, spa, estheticians, transport, etc.)
- 2021 Pre Federal Budget Submission – A submission was sent to the Federal Department of Finance on August 7th recommending the following:
 - Increase federal health transfers to provinces and territories with a dedicated stream of funding set aside for infection prevention and control activities, including human resources and unified standards for all healthcare settings.
 - Invest in a national, integrated surveillance system to respond quickly to all healthcare-associated infections and emerging pathogens.
 - Further invest in a national stockpile of personal protective equipment that is adequately resourced and maintained, with collaborative management of assets including integration with provincial, territorial and regional health authorities.
 - Invest in a national program to combat the rise of vaccine hesitancy and promote the importance of vaccination for the SARS-CoV-2 virus in a proactive manner.
- Diversity – A Board committee will be struck to develop plans to hear the voices of our members around their diversity experience with IPAC Canada – what are we doing right; how can we do things better. As a result, a working group would be appointed to develop a Diversity, Equity, Inclusion (DEI) webpage, provide education opportunities for members, and recommend other action to the Board.



2021

- With the pandemic in its second year, IPAC Canada celebrated its 45th anniversary. Despite the burden faced by IPAC professionals during the pandemic, IPAC Canada was able to report an increase in membership from 1400 to over 1800. The increase is a result of interest from those responsible for IPAC in Long Term Care, Dental settings, and other non-traditional settings.

HISTORY



STRATEGIC PLAN 2019-2021



- Chapters and Interest Groups maintained communication with their members as best they could in the first year of the pandemic. In 2021, these groups revitalized, increasing networking and education for their members. Many continue to face succession problems and IPAC Canada is working with these groups to move the chapter or interest group forward. Unfortunately, IPAC PANA disbanded after several years of efforts to keep the chapter vital. Additional support was provided to the chapters and interest groups by enabling their meetings and education to be held on the IPAC Canada Zoom platform at no charge.
- Education opportunities were increased in order to provide IPAC basics for those entering the profession. A successful pilot program in the Northwest Territories resulted in a new Accelerated Program directed to those already in IPAC. The accelerated course was held from April-August and supported 70 students. The regular session of Essentials in Infection Prevention and Control was held from September 2021-June 2022, also with 70 students. Both courses will continue in 2022. An Associate Course Coordinator has been appointed to assist the Course coordinators in the administration of the courses.
- Collaboration with Queen's University continued to develop an IPAC stream in the Master's in Public Health program. The new electives are expected to launch in January 2022.
- The 2021 National Education Conference was held on a virtual platform. It was a major success in terms of education, attendance, and financial results. Due to the ongoing pandemic, it was decided the 2022 conference would also be virtual.
- The PreHospital Care Cleaning & Disinfection Roadshows, scheduled for 2020-2022, were cancelled due to the lack of opportunity due to the pandemic. Sani Marc/Wood Wyant showed their ongoing support of the initiative by producing a Cleaning & Disinfection of Emergency Vehicles video, made available to members at no cost.
- IPAC Canada embarked on a process to introduce the concepts of Diversity, Equity and Inclusion in healthcare to its members, and to incorporate DEI principles into IPAC Canada documents. In the first year of the DEI Working Group, committee members assisted with incorporating DEI into the curriculum of the online courses, core competencies, and the new strategic plan. A website was launched which will feature resources to assist members with understanding and implementing DEI into their workplace.
- The Hand Hygiene E-Learning Module and the Routine Practices E-Learning Module continued to be successful with over 6,000 participants in each program. COVID-19 was addressed through slides added to the Routine Practices modules.

HISTORY

- On the federal stage, IPAC Canada hosted Hill Day 2021, traditionally the Board of Directors spend one day in Ottawa meeting with various ministers and staff to inform and promote our recommendations. In 2021, Hill Day was held as a virtual forum, and meetings were actually held several times over the months of February and March.
- As part of its Federal 2022 pre-budget submission, and the focus of Hill Day discussions, IPAC Canada recommended the development of a robust HAI surveillance platform, standardized pan-Canadian case definitions, and encouraged the allocation of Federal health transfers and the Safe Long Term Care Fund to IPAC resources, including staffing, education and training.
- IPAC Canada became an advisory to the Canadian Antimicrobial Innovation Coalition (CAIC), an external consultative body comprised of members from Canada's biomedical innovation sector to work jointly and openly with federal and provincial government representatives and identify opportunities to accelerate the development, commercialization and health care system adoption of biomedical innovation for AMR in Canada.
- Internationally, IPAC Canada was accepted into membership with the Global Infection Prevention and Control Network (GIPCN) of the World Health Organization. Barbara Catt, Past President of IPAC Canada, was elected the Region B representative for the International Federation of Infection Control (IFIC).
- IPAC Canada was included in local and national publications and through media interviews. Work continued to assist both public and private organizations in preparing return-to-work guidelines.
- IPAC Canada collaborated with the Health Standards Organization in the development of an IPAC Recognition Program for Long Term Care (LTC) and an IPAC Simulation Training program, both expected to be launched in 2022.
- Discussion was held with health authorities and Ministers of Parliament around the value of a multi-disciplinary team and the inclusion of non-regulated professions on those teams. The IPAC Canada Position Statement "ICPs with Multidisciplinary 'Backgrounds in IPAC Programs' was published.
- On a lighter note, the Programs & Projects Committee published a cookbook "Our Go-To Recipes for 2020", the contents of which were provided by members of each of the chapters. This successful and useful publication is still available at <https://ipac-canada.org/ipac-canada-recipe-book>.
- IPAC Canada is supported by 27 Corporate Members, industry partners who manufacture products to assist IPAC practices or provide guidelines or education. We especially thank 2021 major contributors: Sani Marc/Wood Wyant (Roadshows), Diversey Inc. (Scholarships and Conference support), GOJO (Scholarships and Conference Support), Clorox (Scholarships and Webinar support), Ecolab (Poster Contest), Vernacare (Conference Support), SC Johnson (Fundraising for IFIC event), and HandyMetrics (Audit Tool App). We are grateful to the ongoing support of all our industry partners.
- Finally, IPAC Canada, its Board and staff, thank our members and colleagues for their incredible support during these historic times.



HISTORY



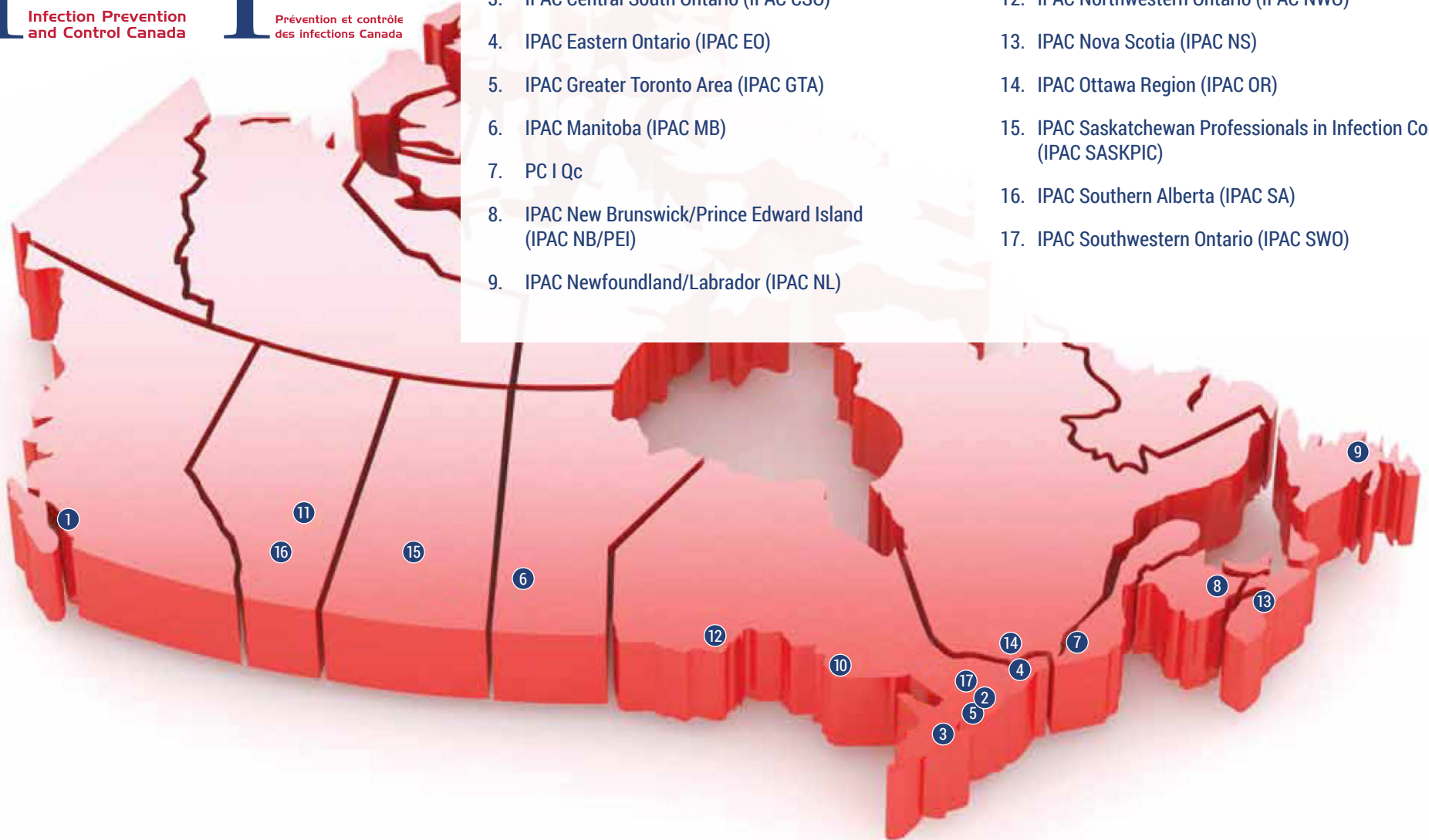
2022

- The first intakes for the CIC Certification Award were in April and October 2022.
- Assistance was provided to chapters and interest groups who were revitalizing and seeking more member engagement and succession. Chapters and Interest Groups are congratulated for their efforts to maintain communication with members during the pandemic and revitalize moving forward.
- The Masters in Public Health (IPAC Specialization) through Queen's University continues grow in registration.
- The Routine Practices E-Learning Tool and the Hand Hygiene E-Learning Modules have had significantly increased registration. Both the Long Term Care and Dental setting registration increased, due to promotion and return-to-work criteria.
- The documents 'Core Competencies for ICPs' and 'Core Competencies for Healthcare Providers were revised, translated and posted. A review of the Program Wide Standard is currently underway.
- The document 'Emergencies and Disasters Toolkit' has been revised and has been posted.
- Monthly e-news went from a monthly to a bi-monthly publication with the support of our publisher, Craig Kelman & Associates and our sponsors. Association News is a bi-annual digital publication and Industry Innovations is a bi-annual print publication.
- IPAC Canada is collaborating with the Health Standards Organization on a pilot program, IPAC by Simulation Training. The pilot program ends in March 2023.
- Hill Day 2022 was held on a virtual platform with Board members meeting with several ministers and staff to discuss the need for a robust surveillance system, standardized case definitions, and support for IPAC in Long Term Care. The Federal 2022 budget invested \$438M into a surveillance system to be managed by Public Health Agency of Canada. IPAC Canada co-chairs the Pan Canadian Advisory Committee on Surveillance in partnership with Healthcare Excellence Canada.
- IPAC Canada is now a member of the Global Infection Prevention and Control Network (GIPCN). Representatives attended a meeting of the GIPCN in Geneva in August.

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 Manitoba (IPAC MB)
7. PC I Qc
8. IPAC New Brunswick/Prince Edward Island (IPAC NB/PEI)
9. IPAC Newfoundland/Labrador (IPAC NL)
10. IPAC Northeastern Ontario (IPAC NEO)
11. IPAC Northern Alberta (IPAC NA)
12. IPAC Northwestern Ontario (IPAC NWO)
13. IPAC Nova Scotia (IPAC NS)
14. IPAC Ottawa Region (IPAC OR)
15. IPAC Saskatchewan Professionals in Infection Control (IPAC SASKPIC)
16. IPAC Southern Alberta (IPAC SA)
17. 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

0.02% CAPTURED

Electronic Monitoring of Hand Hygiene Compliance

99.98% COMPLIANCE

RELATING THE COMPLIANCE SOLUTION TO THE COMPLIANCE GOAL

ipac

INDUSTRY INNOVATIONS

Where Product Innovation Meets Best Practice

MORE INFORMATION

INDUSTRY INNOVATIONS

UV DISINFECTION

ipac

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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CJIC

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

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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 Antimicrobial Innovation Coalition

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 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

Foot Canada Training

Global Prevention and Control Network of the World Health Organization

Healthcare Excellence Canada

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

Ontario Occupational Health Nurses 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

Infection Prevention and Control Practitioners Applaud Federal Investments in Antimicrobial Resistance

May 2, 2023

OTTAWA (May 12, 2023) – Infection Prevention and Control Canada (IPAC Canada) is pleased to recognize Health Minister Duclos' investment of \$6.3 million in fighting antimicrobial resistance (AMR) in Canada. This investment will be dedicated to the Combatting Antibiotic Resistant Bacteria Biopharmaceutical Accelerator (CARB X) in support of global and domestic antimicrobial innovation. The CARB X accelerator is focused on developing new diagnostics, vaccines, antibiotics, and other products to fight antibiotic resistant infections.

"IPAC Canada welcomes this timely investment in both Canada's and the global fight against AMR," said Gerry Hansen, Executive Director of IPAC Canada. "Just a few weeks ago, infection prevention and control practitioners were in Ottawa meeting with officials to discuss the threat of AMR; both the cost to health and the toll on our medical systems. Building on several years of advocacy on this topic, it's a great step by the government to recognize and take action to tackle AMR."

AMR costs Canada's healthcare system \$1.8 billion per year. This cost is the reality when 26% of infections are resistant to the drugs that are commonly used to treat them. That rate is expected to grow to 40% of infections by 2050, which would cost the healthcare system \$7.6 billion if that threshold is reached.

Each year, 5,400 Canadians die as a result of AMR, and that number could grow to 13,700 if the 40% threshold is reached. The current rate of deaths directly attributable to AMR is comparable to Alzheimer's disease, which has been addressed by the federal government with a national strategy and \$50 million in funding.

"Collaboration and innovation will be key to adopting new tools in the fight against AMR," concluded Hansen. "We have seen in the US that a National Healthcare Safety Network has led to a drastic decrease in healthcare associated infections. Through investments in new tools and Federal Provincial collaboration on data, we can save lives and make our healthcare system more efficient."

For further information and media inquiries, please contact:

(Ms.) Gerry Hansen, Executive Director

IPAC Canada

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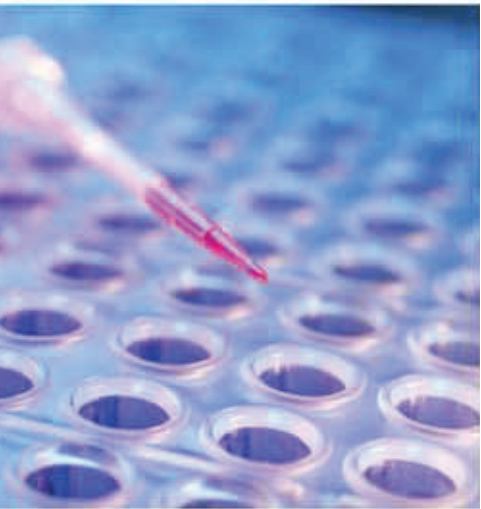
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MEDIA RELEASE



IPAC Canada applauds federal government's significant budget investment in public health surveillance

April 13, 2022

Infection Prevention and Control Canada (IPAC Canada) applauds the federal government on a historic five-year, \$436.2 million dollar investment in public health surveillance and risk assessment capacities at the Public Health Agency of Canada (PHAC).

IPAC Canada is a multidisciplinary member-based association committed to public wellness and safety by advocating for best practices in infection prevention and control (IPAC) in all settings. For several years, IPAC Canada members have advocated for a strengthened and integrated public health surveillance system. Investments in surveillance will improve our ability to identify and respond to the spread of infections within and across our healthcare systems.

"This investment is an important step towards providing our healthcare workers with the tools needed to protect the integrity of our health systems," says Zahir Hirji, President of IPAC Canada.

Each year, it is estimated that 220,000 Canadian patients (approximately one in nine) will acquire a healthcare-associated infection (HAI) during their stay in hospital. Many HAIs are caused by antimicrobial-resistant organisms (AROs), which make them difficult to treat.

Investments in data collection and reporting across the country are the first step in reducing the number of infections acquired in healthcare settings. However, local jurisdictions collect data using different HAI definitions, input data into different tracking systems, and often do not share data outside their jurisdiction.

"It is vital that these investments are paired with efforts to increase integration and uniformity within and across local, provincial and territorial jurisdictions," says Jennifer Happe, Chair of the IPAC Canada Surveillance and Epidemiology Interest Group. "COVID-19 has shown us that infections do not respect jurisdictional borders."

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MEDIA RELEASE

IPAC Canada encourages recognition of various backgrounds of Infection Prevention and Control Professionals

February 3, 2021

In response to recurring issues around the recognition of various educational backgrounds and opportunities available to Infection Prevention and Control Professionals (ICPs), Infection Prevention and Control Canada (IPAC Canada) is encouraging all governments and employers to offer the same opportunities to ICPs as those in regulated professions.

A key strength of ICPs, particularly in the current context of the pandemic, is the various disciplines and educational backgrounds our members come from, such as epidemiology, nursing and microbiology. They also possess critical knowledge about infectious diseases and how to take precautions, educate the public and use developing and available research effectively. This diversity of experience coupled with their specialization in infection prevention and control makes them qualified for equal consideration of opportunities as those in regulated professions.

Despite this, many ICPs are ineligible or are not prioritized for certain roles where they would otherwise be well-placed to support efforts in combatting the pandemic because they do not come from a regulated profession. This distinction is particularly disappointing at a time when the specialized knowledge that ICPs bring to their work in all healthcare settings, workplaces and communities is needed more than ever.

IPAC Canada members are ready and willing to fill critical roles in Canada's response to the pandemic but their ability to do so is being limited by this distinction and certain provincial mandates. For these reasons, IPAC Canada is urging all governments to acknowledge the various backgrounds ICPs come from and the critical specialized knowledge they provide by ensuring they are given full access and consideration for employment opportunities as those in regulated professions.

IPAC Canada welcomes the opportunity provide more information to governments, unions and employers on this issue and the qualifications of IPAC Canada members.

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

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MEDIA RELEASE

Hill Day 2023

April 18, 2023

About Us:

IPAC CANADA (Infection Prevention and Control Canada) is a multidisciplinary, professional organization for those engaged in the prevention and control of infections across the continuum of care. IPAC Canada was incorporated in 1976 and is a registered non-profit organization. IPAC Canada has over 2000 members in Canada and from across the globe.

IPAC Canada provides resources and education to those involved in infection prevention and control activities. Its goal is to prevent infections and as a result make health care safer in hospitals, long term care, and the community by:

- initiating and coordinating effective communication and cooperation among all disciplines united by infection prevention and control activities
- supporting and/or developing effective and evidence-based infection prevention and control recommendations
- standardizing infection prevention and control practices
- promoting research in areas related to infection prevention and control
- promoting and facilitating education for both infection prevention and control practitioners and other personnel working in hospitals, long term care and other healthcare settings

Our Members:

Infection Prevention and Control Professionals (ICPs) come from many different disciplines within the healthcare field. These include disciplines, but not limited to, nursing, microbiology, epidemiology, environmental hygiene and prehospital care. Certification in Infection Prevention and Control (CIC®) or Long Term Care Certification (LTC-CIP®) is also available by passing an examination set by the Certification Board of Infection Control (CBIC). IPAC Canada supports this certification. Accreditation Canada requires all accredited healthcare facilities to have systems in place to ensure provision of infection prevention and control activities. Sufficient numbers of trained and dedicated infection control professionals are integral to the success of these programs.



MEDIA RELEASE

Key Issues:

1. Pandemic Preparedness:

Despite some long-forgotten plans that were put in place after our 2003 encounter with SARS to prepare for the next inevitable pandemic, Canada was unprepared for COVID-19. PPE stocks were expired and not renewed. Infrastructure in terms of surge space, and available emergency and resuscitation equipment were insufficient.

Health Human Resources (HHR) were lacking and additional support such as the military and Canadian Red Cross were immediately depleted when extra human resources were sought. There was an embarrassing paucity of manufacturing companies to develop/replace PPE. Canada was late to secure vaccines and paid much higher costs than if Canada had had our own resources available. **All this resulted in excessive and unnecessary anxiety in healthcare providers** who felt unprotected. And that anxiety has now resulted in numerous healthcare workers leaving the industry which is currently failing to meet the needs of the patients it is valiantly attempting to serve. Among these casualties of the pandemic are trained and experienced infection control professionals who were a key support to the entire health system during the pandemic. These were the individuals interpreting the multitude of guidelines to provide clear instruction on how the healthcare worker could stay safe in a highly volatile situation and how they could keep their vulnerable patients and residents safe. There was no strategy to support the infection control professionals, many of whom carried the unrelenting stress of managing the fears and anxieties of their colleagues while trying to build the necessary trust and confidence in the system and the PPE provided to ensure that patients had healthcare workers who would show up to care for them.

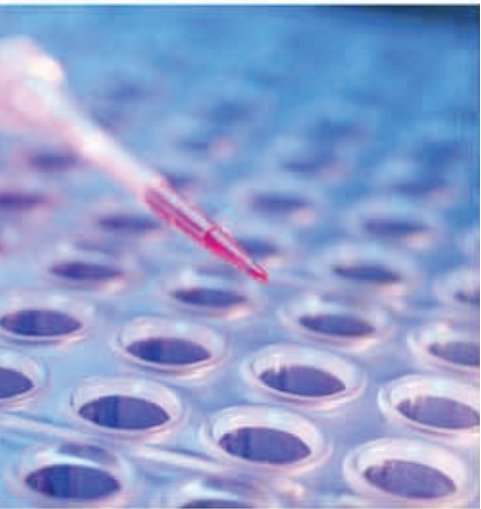
The lack of preparedness resulted in chaos and confusion at the outset of the pandemic which lingered for many, many months as our healthcare system and our society tried to navigate the assault.

To complicate the response efforts, there were pockets of Canadians both in remote communities and in distinct areas of cities across the country who lacked access to care and access to vaccination. Whether the epidemiology will demonstrate that there were specific inherent risks in certain defined populations such as our indigenous peoples or that we simply failed in supporting their health needs and their health information needs remains to be seen.

There were certainly many other barriers to care that Canada needs to confront and overcome to avoid propagation of communicable disease. Besides our experience with COVID, we need only look to our close neighbours in the United States to see what happens when specific groups of people have misinformation and poorly designed decisions about the benefits of preventive measures such as vaccination.



MEDIA RELEASE



In New York, it was polio, in the broader USA, there were more than 20 outbreaks and 603 individual cases of measles in 22 states last year. These are both vaccine-preventable or at minimum, vaccine-modifiable illnesses, as is COVID. We are watching with growing concern the impact of avian influenza in Canada. Experts are suggesting that it is a short list of mutations that could make this virus capable of infecting humans. Were that to happen, it would very likely ignite another pandemic.

Our Recommendation:

Canada cannot remain unprepared for the next pandemic. Early preparedness is a very cost-efficient and time-efficient way to take control of a pandemic. **The Federal government should work now to prepare Canadians for the next communicable disease challenge.** How can we modify our manufacturing sector to have access to the necessary resources to develop life-saving vaccines and personal protective equipment such as masks. How can we address the inequalities in our current health system? What will we do to protect and support the under-resourced such as the indigenous population?

We cannot afford to go through another pandemic when so many of the impacts can be modified through planning and preparation.

2. Antimicrobial Resistance (AMR) and Surveillance

The World Health Organization (WHO) has recently declared AMR to be one of the greatest threats to global health in this decade. The Council of Canadian Academies has recently measured the economic and social effects of AMR and found that the impact is profound and expected to grow tremendously over the next three decades if urgent action is not taken.

AMR costs Canada's healthcare system \$1.8 billion per year. This cost is the reality when 26% of infections are resistant to the drugs that are commonly used to treat them. That rate is expected to grow to 40% of infections by 2050, which would cost the healthcare system \$7.6 billion if that threshold is reached.

Each year, 5,400 Canadians die as a result of AMR, and that number could grow to 13,700 if the 40% threshold is reached. The current rate of deaths directly attributable to AMR is comparable to Alzheimer's disease, which has been addressed by the federal government with a national strategy and \$50 million in funding.

Despite being a developed country and having been listed as one of the advanced economies by International monetary funds (IMF), Canada continues to have 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 certain drugs, the factors that led to resistance and how best to combat them is leaving our healthcare professionals at a disadvantage to help Canadian patients.

MEDIA RELEASE

The problem of AMR must be solved proactively. The development of antimicrobial agents is not keeping pace with the spread of AMR and we may not be able to mobilize a sufficient response in an emergency.

Surveillance: 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. While the Canadian context is likely similar, we don't have national data to describe our current state, past state, or the impact of any interventions. IPAC Canada has been advocating the federal government to support a national surveillance system for nosocomial infection for several years.

Hospital infections are a major patient safety challenge. Canadian patients deserve every effort being made to keep them safe and to minimize harms that can arise directly from health care, including exposure to antibiotic resistant bacteria. Understanding the size and scope of antimicrobial resistance and nosocomial infections across our country is an important piece of the puzzle to allow us to control healthcare associated infection.

It is imperative that the federal government play a role in **Canada-wide surveillance of antimicrobial resistance and hospital infections to ensure that all Canadians, regardless of jurisdiction, are protected against the spread of infectious diseases.** We need a national solution.

Our Recommendation:

We recommend that Health Canada collaborate with provincial health ministries to develop a National Surveillance System for Antibiotic Resistant Organisms, with consistent case definitions across the country. Canada can't afford to leave healthcare providers, their patients, and the public at a disadvantage in the fight against antimicrobial resistance.





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