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VISION
No preventable infections for Canadians. Ever.

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

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CALL FOR PAPERS

The Canadian Journal of Infection Control is a leading international peer-reviewed journal providing a platform for knowledge transfer and academic discourse in the field of infection prevention and control and hospital epidemiology. The journal invites submission of manuscripts outlining original research that examines, informs, and advances this professional field.

Authors should follow the content and format recommendations as outlined in the journal’s Guidelines for Authors (https://ipac-canada.org/canadian-journal-of-infection-control-3.php). Manuscripts are accepted in English and French and should be submitted electronically by emailing all materials to the attention of:

Victoria Williams, Editor-in-Chief
Canadian Journal of Infection Control
dereditor-in-chief@ipac-canada.org

A signed copy of IPAC Canada’s Publisher-Author agreement must be received before a manuscript will be published. The agreement is available at https://ipac-canada.org/canadian-journal-of-infection-control-3.php. Please note that there is an approximate three- to four-month timeline between receipt of manuscript, peer review, editing, and publication. The Canadian Journal of Infection Control is a quarterly publication indexed by the Cumulative Index to Nursing and Allied Health Literature (CINAHL)/EBSCO, SilverPlatter Information, Inc. and CrossRef.
Bracing for the Second Wave

So much has happened this past six months since the Spring Association News was published. Globally, the pandemic with COVID-19 case count is approaching 30 million from one million in the spring.

There is still so much we do not know about the transmission of SARS-CoV-2, the virus that causes COVID-19 infection. We do know that it can spread from an infected person’s sneeze or cough. What about transmission via speech or exhaled breath? What is an infectious dose? How long do infectious particles linger in the air, and how far can they travel? To understand transmission of SARS-CoV-2, there are additional challenges, such as what is the role with pre-symptomatic, asymptomatic and super-spreader individuals? What is the role in transmission with other body fluids which may contain SARS-CoV-2? What about superspreading events? These many unanswered questions cause decisionmakers to find a balance. The balance being that precautionary principal prevail.

Infection Prevention and Control Professionals are continually challenged as their provinces and territories move into various phases of opening schools, gyms, and hair salons, to name a few. With continued openings come increases in Canadian COVID-19 case counts, which our scientists and experts have stated will happen; and is happening.

There is no one solution to prevent transmission of COVID-19 infection. It is a layered approach to the interventions. As we know, the Public Health Agency of Canada and other sources have identified good hand hygiene practice and respiratory etiquette, social distancing, cleaning and disinfection, as well as staying home if one is sick. We must continue to promote and practice these recommendations as we brace for the second wave.

Importantly, do not forget about your own physical and mental health. During these “quieter” times, it is important to make time for yourself. 🍁

“There is still so much we do not know about the transmission of SARS-CoV-2... What is an infectious dose? How long do infectious particles linger in the air, and how far can they travel? ...what is the role with pre-symptomatic, asymptomatic and super-spreader individuals? What is the role in transmission with other body fluids which may contain SARS-CoV-2? What about superspreading events?”
Se préparer pour la deuxième vague

Ils ont passé tant de choses en six mois, depuis la sortie du numéro du printemps de notre publication Association News. À l'échelle mondiale, le nombre de cas de COVID-19 est passé d'un million au printemps à près de 30 millions cet automne.

Une foule d'éléments nous échappent encore au sujet de la transmission du SRAS-CoV-2, le virus responsable de la maladie COVID-19. Nous savons qu'il peut se transmettre par l'éternuement ou la toux d'une personne infectée. Qu'en est-il de la transmission par la parole ou la respiration? Qu'est-ce qu'une dose infectieuse? Combien de temps les particules infectieuses restent-elles dans l'air et quelle distance peuvent-elles parcourir? Pour comprendre la transmission du SRAS-CoV-2, il faut relever d'autres défis, comme déterminer le rôle des personnes présymptomatiques, asymptomatiques et super-propagatrices. Et quel est le rôle de la transmission par d'autres liquides corporels susceptibles de contenir le virus? Et celui des événements ayant causé une super-propagation? Ces nombreuses questions sans réponse poussent les décideurs à trouver un équilibre, soit la prévalence du principe de précaution.

Les professionnels de la prévention et du contrôle des infections sont continuellement mis au défi, avec les provinces et territoires qui orchestrent différentes phases d’ouverture : écoles, centres d’entraînement et salons de coiffure, pour ne nommer que quelques secteurs d’activités. Ces vagues de réouverture font gonfler le nombre de cas de COVID-19 au Canada, une hausse qu’avaient prédite nos scientifiques et experts.

Il n’existe pas de solution unique pour prévenir la propagation de la COVID-19, une approche multimesures est plutôt privilégiée. Comme nous le savons, l’Agence de la santé publique du Canada et d’autres intervenants ont mis en avant plusieurs consignes : les bonnes pratiques d’hygiène des mains et l’étiquette respiratoire, la distanciation sociale, le nettoyage et la désinfection, ainsi que le fait de rester à la maison si l’on est malade. Nous devons continuer à promouvoir et à mettre en pratique ces recommandations en vue de la deuxième vague de la pandémie.

“Une foule d’éléments nous échappent encore au sujet de la transmission du SRAS-CoV-2, le virus responsable de la maladie COVID-19. Nous savons qu’il peut se transmettre par l’éternuement ou la toux d’une personne infectée. Qu’en est-il de la transmission par la parole ou la respiration? Qu’est-ce qu’une dose infectieuse?”

A flurry of activity…

I write this from sunny but white Winnipeg on a fall afternoon. It seems spring was never ending, summer was too short, and now fall is threatening to turn into winter. This is much too soon and unexpected – kind of what our lives and work have been like since March.

With the W.H.O. proclamation of a global pandemic, our Association had a new focus. While continuing to manage Association affairs on a day-to-day basis, we were also dealing with a new-found national profile. In the eyes of the public, we became the go-to for information and advice on the new pandemic and its concerns. 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.

We were asked to be consultants in the development of return-to-work guidelines, or to undertake IPAC audits in various community settings. Among the professions we assisted were Massage Therapy, Dental, Personal settings (tattoo parlours, spas, hair salons, nail salons, etc.), and of course, our colleagues in Long-Term Care. We became involved in the search for inventory of PPE that could be donated to Health Canada Provincial Supply Chains.

IPAC Canada representatives continued to work with federal, provincial and territorial agencies in the development of guidelines, constantly changing as more scientific data and evidence was received. A very short list would identify the Royal College of Physicians and Surgeons, the Canadian Association of Exposition Management, the Vancouver Canucks, Correctional Services Canada, and the Building Owners and Managers Association of Canada.

Our President or her delegate responded to many media queries and increased our profile through interviews, articles, webinars, and podcasts.

Because of the implications of the pandemic and its restrictions, we were forced to cancel our 2020 conference. Our Annual General Meeting was a carefully crafted virtual event. Elections were held online and announced at the AGM. Through it all, we were well aware of the loss of networking and human contact that are so inherent to our events. It was a very sad time.

As the months went on, we turned our attention to advocacy for infection prevention and control resources and the wellbeing of our members. Briefs were sent to all federal and provincial ministers of health advocating for pandemic pay for all ICPs. Although pandemic pay funding has already been allocated by the provinces, we are continuing to support this initiative as the federal government considers additional funding because of the second wave. This is combined with providing background information on the education, experience and composition of an IPAC team. Our 2021 Pre-Budget Federal Submission recommended an increase in federal health transfers with a dedicated stream of funding set aside for IPAC; investment in a national, integrated surveillance system; further investment in a national stockpile of PPE that is adequately resourced and maintained; and investment in a national program to combat the rise of vaccine hesitancy and promotion of the importance of vaccination for the SARS-CoV-2 virus in a proactive manner.

In no way can we compare the work of IPAC Canada with your own selfless dedication to the protection of patients, residents, families and staff. We are very proud of the bravery with which our members of all disciplines have faced so many unexpected challenges. We pray you are well and safe.
2021 AGM and Elections

NOTICE IS HEREBY SERVED that the Annual General Meeting (AGM) of Infection Prevention and Control Canada will be held on Thursday, May 20, 2021 at 1330 Eastern Standard Time. The AGM will be held by webinar. More information will follow regarding proxy voting, elections and the AGM agenda.

Jennifer Happe  BSc  MSc
Secretary to the Board of Directors
info@ipac-canada.org

Sani Marc Environmental Research and Innovation Stewardship Scholarship - $10,000 Project Funding plus attendance at 2021 and 2022 IPAC Canada conferences

PAC Canada and Sani Marc have finalized collaboration on a new scholarship which will focus on members who have demonstrated leadership, creativity and sustainability in leading a research or stewardship project. Guidelines and application information are available at https://ipac-canada.org/sani-marc-scholarship.php. The deadline date for applications is February 19, 2021.

International Year of the Nurse and the Midwife

It could not be more timely that the World Health Organization designated 2020 as the International Year of the Nurse and the Midwife. The courageous work of nurses and other healthcare workers in face of coronavirus does honour to the YONM 2020.

It’s time to recognize the critical contribution nurses and midwives make to global health!
SAVE THE DATE!
WE ARE GOING
VIRTUAL!

2021 NATIONAL EDUCATION CONFERENCE
MAY 3-5, 2021
EDUCATION HIGHLIGHTS
COVID 19 – Lessons Learned and Moving Forward
COVID and TB in Vulnerable Populations
Clinical Practice in Long Term Care
Disaster Management
Communication Conundrums
Diagnostic Stewardship
Statistics Driving Policy
Disinfection Symposium
HOT TOPICS!

ORAL PRESENTATIONS!
POSTER PRESENTATIONS!

GUEST SPEAKERS

Defying Limits: Lessons from the Edge of the Universe
Keynote Address: Dr. Dave Williams
Record-breaking Astronaut, Aquanaut and Leadership Expert

Burnout/Mental Health in Healthcare Workers
Speaker: Dr. Linda Duxbury
Canada’s most accomplished researcher, writer and speaker on work-life balance, has influenced policy and attitudes to help create supportive work environments in both the private and public sectors.

The COVID-19 Experience
Speaker: Dr. Bonnie Henry
Provincial Health Officer
Province of British Columbia

VIRTUAL INDUSTRY SHOWCASE!
SPECIAL EVENTS! FUN EVENTS!

WHO SHOULD ATTEND?
Infection Prevention and Control Professionals and healthcare providers interested in the prevention and control of infections in all healthcare settings.

REGISTRATION

SUBMIT ABSTRACTS
Deadline: January 8, 2021
Watch for guidelines to be posted and announced, November 2020.

FOR MORE INFORMATION:
IPAC Canada
info@ipac-canada.org
www.ipac-canada.org
Abstracts for presentation at the 2021 Virtual National Education Conference of IPAC Canada will be accepted until 2400 hours (Eastern Time), January 8, 2021.

The Abstracts Selection Committee reserves the right to select abstracts for presentation on the basis of relevance and interest, and to choose the types of presentation (Oral or Poster).

- Oral paper presenters will be provided with a 13-minute session (10-minute presentation; three-minute Q&A). Schedule of presentation to be announced.
- Poster session presenters will be provided with an opportunity to answer questions while at their poster. The actual process will be announced at a later time.

Presenters will be notified of acceptance by the end of February 2021, and will be advised of the date and time of their presentation. Oral and poster presentations will be presented in the language of the presenter. Registration discounts are not provided for oral or poster presenters.

Abstract Preparation and Guidelines for Acceptance

A. Content
1. Abstracts must be submitted online at www.ipac-canada.org. Make sure all sections are completed and check that files have completely posted in the text area and downloaded from a browser where required.
2. Abstracts must adhere to the guidelines of either Format 1 or Format 2. See Section C below. Abstracts must follow all submission guidelines in order to be considered for review.
3. Oral or poster presentations of abstracts that have been previously published or presented must not duplicate the previous publication or presentation. Presentation content must be altered for this specific audience.
4. The potential significance of the observations, as well as the scientific and/or educational quality of the work will influence which abstracts are accepted. Where possible, the author(s) should emphasize the features of the project that are new or different.
5. Abstracts must not contain a direct promotion of a specific product(s). Products used in the research or findings must not be named by company or brand name.
6. All concepts and abbreviations must be defined at first use in the body of the abstract.
7. Sources of funding must be acknowledged.
8. Text must not exceed 3,000 characters (including spaces) and must be in a minimum of a 10-pt. Times New Roman font. Abstracts may be rejected if they go over the 3,000-character (including spaces) maximum.
9. Submitting author must ensure that spelling and grammar are correct throughout the abstract. The Committee will not make spelling or grammatical corrections. If accepted, abstracts will be published as presented.
10. Submitting author must ensure that title and full abstract text are fully captured in downloads.
11. Submitting author must ensure that abstract text is fully captured in downloads.
12. Graphs and charts must not be included with the abstract submission.

Please read the selection criteria under C (Guidelines for Abstract Selection).

B. Authorship
1. If the person submitting the abstract is an author, their author information must also be added to the Author section as well as the submitter section. Authors are listed by their contribution to the work, with the first author being the person who took the leading role.
2. Authors and presenting author will be listed in a specific location on the submission page. Do not include author names in the abstract. The application platform has an area to list authors and affiliations. This is to ensure that abstracts are blinded during review.

3. One of the authors must be designated as an Author and Presenter. All others are Authors.
4. All authors should have contributed significantly to the work and be able to defend it.

C. Format
Abstract MUST be submitted in one of the following formats with clear headings for each section. Abstracts must follow all submission guidelines in order to be considered for review. This format is intended for abstracts involving the presentation of scientific research findings, such as randomized clinical trials, case-control, observational or descriptive studies, or outbreak investigations where appropriate comparisons or analyses of data have been performed.

Note: The abstract should disclose primary findings and not include statements such as “experiment in progress” or “results will be discussed.”

Format 1
Following are the format criteria and headings that submitters MUST follow for Format 1.

Abstracts must follow all submission guidelines in order to be considered for review.

Abstract Title: Initial Caps and Bold
Background/Objectives: Outline study objectives, the hypothesis to be tested, or description of the problem.
Methods: Report methods used or approach taken.
Results: Indicate essential results obtained in summary form with appropriate statistical analysis (p value, confidence intervals, odds ratio, etc.)
Conclusion: Provide a summary of findings as supported by results with implications and conclusions.

This format is intended for abstracts involving the description of educational or quality/process improvement programs, observations, or other infection prevention and control...
activities, including descriptions of facility or community-based programs or interventions, discussion of infection prevention policy, and descriptions of a particular prevention model or method.

**Format 2**

Following are the format criteria and headings that submitters MUST follow for Format 2.

Abstracts must follow all submission guidelines in order to be considered for review.

**Abstract Title:** Initial Caps and Bold

**Issue:** Identify the specific problems (or needs) addressed. Provide brief introduction of the proposed topic. Include important background and current information on issues.

**Project:** Describe the intervention/program.

**Results:** Summarize specific results.

**Lesson Learned:** Summarize lessons learned and implications.

**D. Setting (choose one)**

- Acute Care
- Long-Term Care/Continuing Care
- Community/Public Health
- Occupational Health
- PreHospital Care
- Educational Institution
- Industry
- Other

**E. Subject Categories (select only one)**

The author(s) should select the one subject category that best categorizes the submission(s). This will assist the abstracts committee in organizing the program.

- Antimicrobial Resistance/Antimicrobial Stewardship
- Cleaning, Disinfection, Sterilization
- COVID-19
- Education
- Emerging Pathogens
- Outbreak Investigation
- Pediatrics/Neonatal Care
- Practice Standards/Guidelines
- PreHospital Care
- Program Evaluation
- Public Health Implications
- Quality/Process Improvement
- Site Specific Infections
- Surveillance
- Other

**F. Preferred method of presentation if abstract selected (choose one only)**

- Poster
- Oral
- No preference

Oral presentations will be chosen to the maximum of allotted space available at the conference, usually 32. If not chosen for one of the spaces, submitters preferring an oral presentation may be requested to present a poster.

**G. Overview of Abstract Review and Selection**

Each abstract is reviewed by three independent reviewers. All abstracts are blinded (see B2 above). Each reviewer will use the criteria noted below using a 5-point scale scoring system. Abstracts must follow all submission guidelines in order to be considered for review.

The criteria used to evaluate abstracts for selection are:

1. **Content Relevance for Conference Audience:** The degree of relevance to infection prevention and control and the number of people of groups potentially interested or affected, transferable to learning, and potential to stimulate interactive discussion.

2. **Description and Quality of Writing:** Overall clarity of project/study, including grammar, and adherence to submission guidance structure.

3. **Methodology:** Intervention/project/case study/research applies appropriate methodology and measurement of change/improvement grounded in science.

4. **Conclusion and Lesson Learned:** Provides new information/new thinking/innovation/originality, and can be applied to practice.

**H. Submission of Abstracts**

1. Abstracts must be submitted online at www.ipac-canada.org.

2. Make sure all sections are completed and prescribed format is followed. Double check spelling and grammar.

3. Make sure author names are not included with the abstract but are complete in the submission platform dedicated to author name and affiliation.

4. Do not include graphs or charts with the abstract submission.

5. Abstracts must be submitted by 2400 hours (Eastern Time), January 8, 2021. No further revisions to the submission can be made after that time.

6. Indicate “First Time Abstract Submitter” if the lead author has never submitted an abstract to IPAC Canada (or CHICA Canada).

7. Indicate if the author(s) is/are interested in authoring an article for publication in the Canadian Journal of Infection Control (CJIC).

8. Abstracts will be posted to the 2021 Conference page of www.ipac-canada.org prior to the conference.

**IPAC Canada Awards**

1. The Abstracts Committee will determine one of the abstracts submitted by a First Time Abstract Submitter to receive an award of $500 CAD at the Closing Ceremonies (one of the authors must be a member of IPAC Canada).

2. Conference attendees will vote for: The Best Oral Presentation to receive an award of $500 CAD and The Best Poster to receive an award of $500 CAD. The awards will be presented at the Closing Ceremonies (one of the authors must be a member of IPAC Canada).

Awards sponsored by 3M
Every year, World Antimicrobial Awareness Week aims to increase awareness of global antimicrobial resistance (AMR) and to encourage best practices among the general public, health workers and policy makers to stop the further emergence and spread of drug-resistant infections. As resistance grows to a wider range of drugs, we have broadened the focus of this campaign from antibiotics to all antimicrobials. The theme for World Antimicrobial Awareness Week 2020 for the human health sector is “United to preserve antimicrobials.”

For more information on Antimicrobial Awareness Week, [click here](#).

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### 2021 ECOLAB Poster Contest

**ECOLAB**

An annual poster contest is sponsored by ECOLAB and supported by an IPAC Canada chapter to give infection prevention and control professionals an opportunity to put their creative talents to work by developing a poster that visualizes the Infection Prevention and Control Week theme. The 2021 National Infection Control Week is October 18-22.

**THEME:** Infection Prevention and Control: Unite and Conquer!

**DESCRIPTION OF THEME:** The COVID-19 pandemic has had a profound impact on the lives of millions around the world, forcing us to adapt to the “new normal”. We have been left with the incredible task to UNITE AND CONQUER this pandemic. Healthcare workers have been doing an outstanding job working around the clock to ensure people affected by the virus are supported and society is doing their best to try “flatten the curve”. We can accomplish anything if we UNITE AND CONQUER!

**PRIZE:** The winner will receive a waived registration to the 2021 Virtual National Conference (May 3-5, 2021).

**REMINDER:** Posters should have meaning for the public as well as all levels of staff across the continuum of care. The poster should be simple and uncluttered, with strong visual attraction and minimal text. Judging will be based on overall content. Artistic talent is helpful but not necessary. The winning entry will be submitted to a graphic designer for final production. Your entry will become the property of IPAC Canada.

**HOST CHAPTER:** IPAC SASKPIC

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

**Subject line:** 2021 ECOLAB Poster Contest

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

**DEADLINE:** January 31, 2021
Membership has its benefits – education, collaboration and representation. Tell another Infection Prevention and Control Professional (ICP), tell an infection control or ID physician, tell your Medical Laboratory Technologist, tell Environmental Services, tell EMS, tell your designate, and tell your director about the benefits of joining our national organization.

The winners of the 2019-20 contest were Lee Hanna and Jaclyn Ellik, Good Samaritan Society, Alberta. Congratulations!

ENTER THE 2020-21 CONTEST! Click here for entry form.

Deadline for submissions is March 15, 2021.

Prenatal Infection Prevention –
Help protect your baby from infection during pregnancy!

Many types of infections can be prevented with healthy pregnancy behaviours. Use the word “HYGIENE” to help you make these behaviours routine!

Handwashing helps
Yes to prenatal care
Good food prepared safely
Immunizations
Evade others’ bodily fluids
No to unnecessary invasive procedures
Environmental precautions

For more information and resources on how to help protect your baby from prenatal infections, click here.

World Aids Day –
#ROCKTHERIBBON

For more information on World Aids Day, click here.
Human Rights Day is observed every year on December 10 — the day the United Nations General Assembly adopted, in 1948, the Universal Declaration of Human Rights (UDHR): a milestone document proclaiming the inalienable rights that everyone is inherently entitled to as a human being regardless of race, colour, religion, sex, language, political or other opinion, national or social origin, property, birth or other status.

Available in more than 500 languages, it is the most translated document in the world.

Human Rights Day – December 10

**Universal Declaration of Human Rights**

National Infection Control Week 2020

Send us your write-up and photos of 2020 NICW activities for inclusion in the spring 2021 Association News. Send to info@ipac-canada.org by February 1, 2021.

Lower your flu risk.
Get immunized.
Dr. Geoffrey Taylor

On July 17, 2020 our community suffered the loss of Dr. Geoffrey Taylor. During his four-decade-long career, Dr. Taylor had a profound impact on infection prevention and control (IPAC) in Alberta, Canada, and globally. Dr. Taylor received his medical degree from the University of Saskatchewan and eventually settled in Alberta where he worked to establish the first modern Infection Prevention and Control program in Alberta Health Services (AHS). Dr. Taylor was the Medical Director of Infection Control at the University of Alberta Hospital, Stollery Children’s Hospital, Mazankowski Alberta Heart Institute, and the AHS provincial IPC program. Dr. Taylor also co-founded the Northern Alberta HIV program. His impact was equally great at a national level. Dr. Taylor was a founding member of the Public Health Agency of Canada’s (PHAC) Canadian Nosocomial Infection Surveillance Program and Canadian Antimicrobial Resistance Surveillance System, was a longstanding member of PHAC’s National Advisory Committee on Infection Prevention and Control Guidelines, and chaired development of PHAC’s Routine Practices and Additional Precautions and Hand Hygiene Guidelines. These guidelines are the cornerstone of IPAC practices in Canada and continue to inform other national, provincial and territorial guidelines and policies. Dr. Taylor provided leadership and direction to national organizations including the Examination Board for Infectious Diseases with the Royal College of Physicians and Surgeons of Canada, the Association for Medical Microbiology and Infectious Diseases Canada and, of course, IPAC Canada. At IPAC Canada, Dr. Taylor was Physician Director on the Board from 1994-1996 and Chair of the 2006 IPAC Canada conference. Dr. Taylor’s work also had a global focus and he worked in Fiji, New Zealand, Singapore, Hong Kong, and Uganda. Dr. Taylor had a longstanding relationship with Makerere University in Kampala, Uganda as an external examiner and trainer in the AIDS Training Program. Dr. Taylor co-authored over 150 peer-reviewed publications, book chapters, and guidelines. Dr. Taylor was celebrated with numerous teaching and leadership awards, including an Outstanding Lifetime Achievement Award from the University of Regina. Although highly accomplished in his work, Dr. Taylor was modest, kind and humorous. He was a mentor to many. Dr. Taylor left a priceless legacy for the Alberta, Canadian and global IPAC community. He will be missed dearly.

Eileen Stamp

With great sadness, Eileen’s family shares the peaceful passing of a beloved sister and aunt on the evening of July 1, 2020. She fought well an illness of over three years and lived hopefully, fully enjoying life.

Eileen leaves to miss her dearly; her sister Rosemary (Bob) McLeod, her niece Heather (Ty) Gillis, her children Alyssa and Parker, all of Okotoks area, and her niece Kate Lynn McLeod in Manitoba. In England, she leaves Adrienne (Stamp) and Keith Motion, their children Grant and Alice of Walmer, Kent and her cousin Robert (Mary) Lenzini of Sheffield. She is predeceased by her beloved husband, Dale John Stamp (2000), her parents Peter and Mary Rice and her nephew Adam.

Eileen was born July 25, 1951, in Kingston, Ontario and named for the Royal Princess on tour. Eileen graduated from Brockville General Hospital School of Nursing ’72 and later earned her Bachelor of Science from the University of Waterloo. She worked as an RN and later, as an Infection Control Practitioner for AHS in Red Deer with colleagues who became good friends. Researching, understanding and applying the everchanging science of infection control was her passion. In Red Deer, she discovered her second passion in The Hot Diggity Dogs Agility Club with her Georgie Girl. Eileen supported animal welfare and rescue, SPCA, Backpacks for Children, numerous school and sports fundraisers and food banks. Eileen always had a kind word and generous offering to those she met in need.

Eileen enjoyed family activities, attending Alyssa and Parker’s school concerts, sports, hockey games, music recitals and horse shows. She was their favourite auntie and cheerleader. In her spare time, she enjoyed the theatre, golfing, cooking, painting, card making and Tai Chi.

A private family observance, as was Eileen’s wish, took place with internment with her late husband Dale in Okotoks Cemetery. ✝️
ew and certified CICs® from a variety of healthcare settings have spent hours studying, digesting facts, and reading current literature. This information and life experience, along with a successful completion of the CIC® examination, ensure infection prevention and control professionals deserve to place a CIC® after their names. Congratulations to the following IPAC Canada April 2020-September 2020 graduates. We also congratulate the recipient of the new a-IPC designation, wishing them much future success.

April – June 2020
New Certificants
Robin DJ Harry, RN CIC
Nicole D. Haslam, RN, MHST, BScN, CIC
Jody C. Ross MacDonald, RN BSN CIC

Renewed Certificants
Sheila L. Lee, RN, CIC
Sarah McBride, RN, BScN, CIC
Victoria L. Willet, RN, CIC

July – September 2020
New Certificants
Bhakti S. Amin, CIC
Cristina E. Arends, RN BScN CIC
Karbet Djedouboum, MD, MPH, PMP-CIC
Meghan Engbreton, CIC
Tanzima Hossain, CIC
Cheryl A. Saunders, MLT, CIC
Kevin J. Stinson, PhD, CIC
Zuwang Tang, CIC

Renewed Certificants
Laurie J. Conway, CIC
Kasey A. Gambeta, RN, MN, CIC
Rohit Garg, MBBS, MPH, CIC
Bernice J. Heinrichs, RN, BN, MN, CIC
Angeli Mitra, CIC
Manish M. Patel, MSc (Med. Micro), CIC
Corrinne L. Pidhorney, CIC
Rachael M.R. Welch, RN, CIC

New Certificant - a-IPC
Amanda L. Gutkowski, A-IPC

BIC has made great strides despite the rather tumultuous turn of events. Recertification by Continuing Education (IPUs) launched this year. We look forward to exploring the possibilities that this new recertification pathway presents.

The Associate—Infection Prevention and Control (a-IPC) entry-level examination launched this year. The CBIC board and staff are thrilled to witness the expansion of certification and bring in a new audience with this entry-level certification. As with any new initiative, we understand the importance to hear from those that completed this exam to use your feedback to make any necessary improvements.

This year CBIC conducted a Practice Analysis to review the content of the CIC® certification exam. A Practice Analysis is the foundation on which the exam is built and ensures that the exam content stays relevant to those practicing in the field of infection prevention and control. We look forward to sharing the results.

To those that have been in the field for years, just starting out, or somewhere in the middle, I want to say thank you. We know the challenges from 2020 will carry over into 2021 and to that end, CBIC will be here to support those already certified and those who are working toward that goal.

With appreciation and much gratitude.

Linda Goss, DNP, BS, APRN, ANP-BC, COHN-S, CIC, FAPIC
2020 CBIC President
PAC Canada congratulates the graduates of the 2019-2020 Distance Education Online Novice Infection Prevention and Control Course. The following group of graduates has successfully completed the course. This course also provides IPAC Canada members with the opportunity to share their expertise in the roles of coordinators, instructors, and discussion facilitators. Many thanks go to the faculty of the course and to the families and colleagues of the students for making it all possible for students to strengthen their knowledge and skills. We know that they are ready and eager to apply them to practice.

Congratulations and best wishes to:

Calypse Agborsangaya
Ummaima Ali
Vanessa Amy
Lauree Andrews
Cristina Arends
Lindsay Armstrong
Maria Cecilia Baccay
Katherine Bell
Wendy Benn-Abrams
Jeanette Bourne
Barbara Brookins
Megan Bulicki
Danielle Cane
Lisa Carr
Alicia Champagne
Joel David
Angela Dayman

Maureen Dennis-Leblanc
Ashifa Dhanji
Jenelle DiMarco
Angelina Elford
Carrie Emberley
Jennifer Figueroa
Kim Fossum
Michelle Fowlere
Mina Gill
Darci Greer
Krystal Hennerbichler
Kelsey Herman
Lyndsay Hodgson
Aybaniz Ibrahimova
Ugochinyere Ikechukwu
Maxine Johnson
Shereen Khan
Lana King
Chelsea Kirkpatrick
Breanne Larrett
Tuan Le
Regina Leung
Jennifer Lindsay
Emma Linton
James Lopaschuk
Jaclyn Lozanski
Karlene May
Danielle Munroe
Courtney Myers-Taylor
Suzette Nascimento
Sylvia Ohene-Bekoe
Mandy Paradis-Juba
Philip Pelletier
Crystal Pigozzo
Amanda Preachuk

Piragas Puveendran
Stephanie Rodgers
Natalie Ross
Samantha Schneider
Sahana Srinivas-Nayak
Desiree Stark
Amoy Thompson
Kate Underwood
Angele Vaters
Lisa Wong
Andrew Woodall
Kevin Yoo

2019-2020 FACULTY
Florentina Belu, Instructor/Facilitator
Heather Candon, Course Coordinator/Instructor/Facilitator
Laura Fraser, Instructor
Leila Kipke, Instructor/Facilitator
Lesley McLean, Instructor
Julie Mori, Instructor
Jill Richmond, Practical Application Project Facilitator
Tina Stacey-Works, Facilitator
Angela Thomas, Facilitator
Jane Van Toen, Course Coordinator/Instructor/Facilitator
Elizabeth Watson, Facilitator

For more information on upcoming course offerings, see IPAC Educational Opportunities on the website. Applications for the 2021-2022 distance education session will be accepted from January 11 to March 12, 2021.
At the request of membership, the Board of Directors reviewed the current Institutional Membership. As a result, effective January 1, 2021, the current Institutional Membership option will be replaced by a new GROUP MEMBERSHIP option.

Group Members must:
1. work at the same physical location, OR
2. report to the same direct supervisor. A direct supervisor is the person to which the employee directly reports and who supervises the employee’s work on a day-to-day basis. The direct supervisor must sign off in attestation that they are the direct supervisor of each member of the Group.

Group members receive benefits under the Active/Professional membership category. Individual representatives are members, not the institution or facility. Membership stays with the individual for the remainder of the membership year unless they otherwise agree to transfer membership to another representative of the Group.

Those with current Institutional Membership should select Group Membership when they renew their membership in 2021.

Membership fees, effective January 1, 2021, will be:

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual, First time</td>
<td>$135</td>
</tr>
<tr>
<td>Individual, Regular</td>
<td>$223</td>
</tr>
<tr>
<td>Group Membership, 1st Representative</td>
<td>$296</td>
</tr>
<tr>
<td>Group Membership, Additional Representative</td>
<td>$150</td>
</tr>
<tr>
<td>Student (Non-voting)*</td>
<td>$135</td>
</tr>
<tr>
<td>Retired (Non-voting)**</td>
<td>$135</td>
</tr>
</tbody>
</table>

*Applications for Student Membership must be accompanied by a Letter of Attestation from your teaching facility that you are enrolled in a full time Infection Control related curriculum, and a letter from your employer you are working to a maximum of half time equivalent (.5FTE). If you were a Student Member last year and have completed your course, renew at the Individual Rate or in a Group Membership. Student members are non-voting. They may participate on committees but may not hold office.

**Retired membership is for those who are retired and not seeking full time employment in infection prevention and control. Retired members are non-voting. They may participate on committees but may not hold office.

FIRST-TIME MEMBER DISCOUNT
Tell your colleagues about our one-time discounted rate for First-Time Individual Members ($135). This offer is for persons who have never been a member of IPAC Canada in the past, and who take out Individual Membership. Regular membership fees will apply upon renewal the following year.

CIC*/a-IPC DISCOUNT
Any IPAC Canada member who became newly CIC® certified or newly a-IPC certified during the 2020 calendar year is entitled to receive a $50 CAD discount on their 2021 membership fees. (If your employer remits your membership fees, the credit will be issued to them). ✨
IPAC Inspired!

IPAC Canada is pleased to announce the launch of a new Association News feature – IPAC Inspired! Stefania Cloutier, IPAC Canada Director (Chapters and Interest Groups) will highlight the work of our chapters. Stefania starts off with a salute to IPAC Central South Ontario.

**Stefania Cloutier**
BES BASc CIPHI(C) CIC,
IPAC Canada Director
(Chapters and Interest Groups)

The COVID-19 pandemic has kept our members busy! ICPs across the country have been springing into action to lead the way. From across all sectors ICPs have been working long hours supporting our colleagues by keeping them informed on ever-changing workplace policies and procedures, and new information coming from a variety of resources from around the globe. It’s a fulltime job just piecing together information on the newest virus on the scene – COVID-19!

Behind the scenes our chapters and interest groups are finding creative ways to stay engaged and support one another through this challenging time. Big kudos to all IPAC Canada Chapters and Interest Groups for working so hard on continuing your collaboration and knowledge sharing.

**IPAC Inspiration – Central South Ontario Chapter**

This issue of ‘IPAC Inspired’ will highlight the IPAC Central South Ontario Chapter (IPAC CSO) who have been doing a phenomenal job utilizing virtual space to keep members engaged.

IPAC CSO Executive leaped into action in March after a state of emergency was called prohibiting gatherings. They made the decision to continue Chapter communications and meetings virtually. The executive subscribed to GSuite – a cloud-based software program that bundles Google tools providing networking, sharing, collaboration and more. Included in the subscription is many of the familiar Google applications such as Gmail addresses, Docs, Sheets, Slides, Calendar, Drive, Sites which make it easier for members to work with and identify. See Tricia Hutton’s report on the technical transition during COVID-19 (page 20).

The goal of going virtual was to ensure meetings were interactive, engaging and meaningful. IPAC CSO’s first virtual meeting in June had 25 attendees and was a great success. A follow up survey reported all positive reviews. IPAC CSO also organized a virtual education event which can be accessed by all google and non-google users. In September a webinar “Questions about COVID-19 you were afraid to ask” was presented by Dr. Sumontra Chakrabarti using the Google Meet application. Moving forward IPAC CSO plans on including an educational speaker session for each virtual chapter meetings in lieu of the cancelled annual education day.

In addition to keeping members engaged IPAC CSO is looking at ways they can provide services within the community. IPAC CSO is currently seeking interest from members to provide support to local shelters and support centers in the form of IPAC education. The initiative includes sessions sharing IPAC expertise including hand hygiene and a donation from the Chapter in the form of mini hand hygiene pumps. They will update the greater membership on the success of this exciting volunteer initiative in the next issue of IPAC Inspired!

**Other News and Information**

Make sure to share the amazing accomplishments of your Chapter by submitting to the Chapter Achievement Awards below!

- **3M Chapter Achievement Award** – Deadline March 1, 2021 – [https://ipac-canada.org/3m-chapter-achievement-award.php](https://ipac-canada.org/3m-chapter-achievement-award.php)
- **CIC® Chapter Achievement Award** – Deadline March 31, 2021 – [https://ipac-canada.org/cic-chapter-achievement-award.php](https://ipac-canada.org/cic-chapter-achievement-award.php)

Have some inspiration to share? If so please contact Stefania Cloutier at scloutier@haltonhealthcare.com or Gerry Hansen at executivedirector@ipac-canada.org to have your work shared in the next issues of IPAC Inspired! 🍀
**Situation**
On March 17, 2020 a State of Emergency was called for the province of Ontario prohibiting events and gatherings in order to support frontline health care workers and protect vulnerable populations from COVID-19.

**Background**
IPAC CSO like all IPAC CANADA chapters was no longer able to meet in person for chapter or executive meetings due to COVID-19 pandemic.

**Assessment**
IPAC CSO Executive cancelled the April chapter meeting and the Annual Education Day. The decision was made to proceed with the scheduled executive meeting via teleconference and this is where the brainstorming commenced.

Until further notice all IPAC CSO Chapter meetings will be held virtually!

Moving forward how best to accommodate this new format? The questions were raised as to; what, how and when?

**What:** Changing the format of the meetings current “Chapter Business” section allowing us to conduct it prior to the meeting date. Members will be sent all updates via email and a request with firm deadlines for responses in regard to journal sharing, updates on CIC and or SARE achievements, position changes, retirements and opportunities, approval of previous meeting minutes, and voting on changes if required for any reason. We will change our “Executive Meeting Report” to a “Discussion and Action” format so it is clear in the agenda what was discussed and what actions were taken based on the discussion. We will ask folks to submit any questions they would like answers to. These questions will be shared with the membership and the answers received will collated and shared at the actual meeting.

**How:** Various options were entertained, but the final decision was to pursue GSuite for the simplicity, easy to use and a variety of amazing options to function effortlessly as a small and/or large group for the future. The decision will ensure the meetings are interactive, engaging and meaningful. GSuite did the trick! This will all be accomplished using GSuite which has numerous applications available that permit safe, secure and easy interaction!

i) Gmail – all communication related to Chapter business is conducted using account designated to a specific role, rather than a person.

ii) Meet – meetings of any size regarding any matter can now be quickly and easily scheduled and sent to users and non-users of Google products.

iii) Calendar – all activities of the Chapter and Chapter Executive are now easily viewable to all individuals to ensure complete transparency.

iv) Drive – all Chapter documents are now available on the Drive so as to permit access by authorized users, centralize storage, ensure document security/control, and permit access at any time.

v) Sheets/Slides – these tools allow Executive and duly authorized individuals to not only look at documents, but to also edit them and ensure control to prevent different versions. Sheets also allows for questions to be posed on a single sheet so that everyone is able to see questions that are posed and their responses.

vi) Forms – one of the main reasons why GSuite was selected. Forms allows for formal votes on any topic and is easily elicit feedback and opinions from membership.

A handout was distributed to the membership.

A link was created and sent to all members for one simple click, sign on.

**When:** The meetings will be shortened in duration to one hour and frequency increased moving forward; (lunch hour meetings, to mainly focus on Q&A’s and education).

**Reaction**
Our first meeting in June had approximately 25 attendees and went very smoothly and was a success! We are looking forward to our second meeting in September. This meeting will include an education session led by an ID Physician, speaking on what the future holds with COVID 19.

A follow up survey was sent out after the first meeting WITH a 20% response rate, with all positive feedback.
The Vancouver Canucks Return to Play

Late May 2020 the National Hockey League (NHL) announced its Return to Play Plan with 24 teams in competition for the Stanley Cup. While this was exciting news for both players and fans, the health of Player and Club personnel was the League’s top priority. This necessitated the adoption of preventative measures to help protect against contraction of COVID-19. In Phase 2, the first step in resumption of League activities allowed Clubs to reopen each of their training facilities in the Club’s home city, and to permit gatherings of small groups of Players. In Phase 3 of the return, training camps opened as of July 13th and in Phase 4 the Stanley Cup games were held in Edmonton and Toronto, starting Aug 1st.

In order for any training to begin, each Club was required to appoint a Club Facility Hygiene Officer. I had the wonderful opportunity to work with the Vancouver Canucks in this capacity. I was responsible for overseeing, implementing and ensuring compliance with all aspects of the Phase 2 Protocol. I started very quickly by reviewing current conditions and preparing for the local players to come to the training facility to start their training! I worked closely with Jon Sanderson; Director of Medical Services, Head Medical Therapist for the Vancouver Canucks.

I consulted and provided guidance on the cleaning and disinfection of areas before and after use by players. Setup of the dressing room, physio room and the strength and conditioning rooms had to ensure physical distancing and one way work flow was practiced at all times. Hand Hygiene stations were set up to be accessed upon entry to the training facility. All team personal and players had to wear a mask upon entering the training facility and when they could not maintain 6 feet. The snack and computer

Set up for players to view video from practice with coach.

Strength and conditioning room.

Labeled hydration when on ice.

Meal fridge. Individually packed. They even had one for me!

Change room set up. Toiletry bags with individual items. No sharing (previously toothpaste, mouth wash etc, was all shared).

Testing room in hotel. All players had testing at the same time. Stickers on the floor to maintain distance (reminders).
rooms were closed. We even went as far as providing individual packaged lunches—but no utensils! Players were asked to go back to their designated hotel to eat to avoid gathering in a crowd. Instead of having the usual communal location to collect toiletries, Players had individual toiletry kits per day to use. Hydration bottles were labeled and even physically distanced on the ice!

The challenging part was having the players in separate groups depending on where they were coming from. Players returning from outside of Canada were assigned alternative training times than the players returning from within Canada. Some players did not come during scheduled times and therefore their training times were further segregated from the other two groups. Players were not considered a “bubble” until they got on the plane to Edmonton for the playoffs.

For me, this was an amazing experience. I enjoyed my daily visits to the training center. The Vancouver Club was very welcoming, and kind. What impressed me most was how seriously all the players and team members took the recommendations. Everyone was compliant with the infection control protocols that I set in place. The team was off to a safe start for the 2020 Stanley Cup playoffs.

Protect yourself from pneumococcal disease.
Get immunized.