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2006 Conference reflections

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

MISSION
CHICA-Canada is a national, multidisciplinary, voluntary association of professionals. CHICA-Canada is committed to improving the health of Canadians by promoting excellence in the practice of infection prevention and control by employing evidence-based practice and application of epidemiological principles. This is accomplished through education, communication, standards, research and consumer awareness.

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Executive Officers

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

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

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

Secretary/Membership Director
Pearl Orenstein RN BA DIA CIC
Infection Control Coordinator
SMRB Jewish General Hospital
3755 Cote St. Catherine
Montreal QC H3T 1E2
Phone: 514-340-8222 Ext. 5778
Fax: 514-340-7578
porente@lab.jgh.mcgill.ca

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

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

Director, Standards & Guidelines
Bonnie Henry MD MPH FRCP
Physician Epidemiologist
BC Centre for Disease Control
655 West 12th Ave
Vancouver BC V5Z 4R4
Phone: (613) 549-6666 Ext. 4015
Fax: (613) 548-2513
bonnie.henry@bccdc.ca

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

Other Positions

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

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Auditor
Philip Romanuk CA
Stefanson & Lee
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1485 Portage Avenue
Winnipeg MB R3G 0W4
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promaniuk@slrca.ca

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

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

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

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

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

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

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

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

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We are a society drowning in information but lacking in knowledge. As the world anxiously awaits the possibility of an influenza pandemic while simultaneously trying to cope with other established and emerging infectious disease threats, infection control has become ‘sexy’ and everyone is an expert, adding to the general confusion. Infection prevention and control professionals have the privilege of being genuine experts in the field and nowhere was that better demonstrated than at the recent annual conference, Bridging Global Partnerships, held in London and skillfully led by Conference Chair, Margie Foster, Scientific Chair Debby Kenny and committee members from SOPIC chapter. The program offered something for everyone, from novice to the more seasoned practitioner.

The high quality of the program drew more than 600 attendees from across the globe and was supported by 70 exhibitors, CHICA-Canada’s best-attended stand-alone conference ever. And as we celebrated CHICA-Canada’s 30th anniversary and SOPIC’s 25th, there was also ample time to have fun, dress up, and trip down memory lane at the various social events, including the Black & Silver gala. Many thanks to Mary Lou Card for coordinating such a memorable event.

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

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

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

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

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Nous sommes une société submergée d’information et pourtant marquée par le manque de connaissances. À l’heure où le monde vit avec anxiété dans l’attente d’une éventuelle pandémie de grippe en essayant simultanément de lutter contre d’autres menaces de maladies infectieuses, déjà présentes ou nouvelles, la prévention des infections est devenue une discipline « à la mode » et tout chacun se prétend expert en la matière, ce qui ne fait qu’ajouter à la confusion générale. Les professionnels de la prévention et de la lutte contre les infections ont le privilège d’être de véritables experts dans le domaine et cela a été démontré de façon très éloquente au récent congrès annuel, Bridging Global Partnerships (Établir des partenariats mondiaux), tenu à London et dirigé de main de maître par la présidente de ce congrès, Margie Foster, la présidente du volet scientifique, Debby Kenny, et les membres du comité provenant de la section des professionnels en prévention des infections sud-ouest de l’Ontario (Southwestern Ontario Professionals in Infection Control, SOPIC).

Le programme avait quelque chose à offrir à chacun, qu’il soit novice ou praticien chevronné. La grande qualité du programme a attiré plus de 600 participants de toutes les régions du globe et a intéressé plus de 70 exposants. De toute l’histoire de l’Association pour la prévention des infections à l’hôpital et dans la communauté-Canada (CHICA-Canada), c’est le congrès autonome qui a connu le plus grand succès de foule. Comme nous avons aussi souligné le 30e anniversaire de CHICA-Canada et le 25e anniversaire de SOPIC, nous avons largement eu le temps de nous amuser, de nous vêtir de nos plus beaux atours et de nous remémorer de bons souvenirs aux diverses activités à caractère social, y compris au gala Noir et argent. Tous nos remerciements à Mary Lou Card pour avoir coordonné une soirée aussi mémorable!

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

L’objectif du congrès était d’élargir les besoins d’apprentissage en « jetant des ponts » vers des partenaires et des collègues internationaux du milieu de la santé, et cela s’est certainement reflété dans l’ensemble du programme, puisque les domaines d’intérêt commun dans les secteurs de la santé au travail et de la santé publique ont été mis en valeur. Nous avons eu l’occasion d’entendre nos collègues internationaux dans le cadre de présentations et de discussions libres, ce qui a confirmé de nouveau que, même si la législation, la structure et la culture sont différentes d’un pays à l’autre, les thèmes sont très familiers et seule la collaboration permettra de résoudre des problèmes complexes tels quel la résistance aux antimicrobiens. Des présentations sur des sujets d’actualité ont porté sur le marketing social et la planification d’activités, et ont souligné à quel point il est important pour les professionnels de la prévention et de la lutte contre les infections d’élargir sans cesse leurs paramètres de connaissances afin d’agir comme des professionnels de la santé mondialement reconnus.
agents de changement novateurs. La présentation la plus frappante fut sans doute celle de Stephen Lewis, ancien ambassadeur aux Nations Unies et envoyé spécial pour le SIDA/VIH en Afrique, qui a piqué notre conscience collective et nous a lancé le défi d’assumer nos responsabilités à l’échelle mondiale à l’égard de ceux qui vivent dans le plus grand besoin.

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

Bien sûr, en plus du vaste éventail de présentations scientifiques, il y a aussi une foule de rencontres de comités et de groupes d’intérêts, dont les sujets contribueront au progrès de l’Association pendant l’année à venir. Grâce au travail de ces groupes, des prises de position sur les jouets, le traitement du lait maternel exprimé ainsi que la déclaration obligatoire d’infections seront très bientôt versées dans notre site Web. Les travaux du Comité des relations gouvernementales (GaPac) se poursuivent afin de nous situer plus favorablement auprès d’autres organismes et de nos partenaires de l’industrie afin d’exercer une influence positive sur la santé de tous les Canadiens grâce au partage de connaissances. Nous sommes à planifier la concretisation du document sur les compétences essentielles et l’offre de séances de formation supplémentaires pour les professionnels plus avancés. À l’occasion d’une assemblée publique locale, des membres ont assisté avec ravissement au dévoilement, par Shirley McDonald, de la prochaine version du site Web de CHICA-Canada et Jim Gauthier nous a renseignés sur le nouveau babillard électronique. Le site Web est le porte-étendard de notre organisation en ce qu’il véhicule l’information crédible et pertinente sur les maladies infectieuses, ce qui, à mon avis, a contribué à la réputation de CHICA-Canada : c’est un leader dans son domaine. La nouvelle version du site Web promet de poursuivre la tradition.

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

PRESIDENT’S MESSAGE
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also a myriad of committee and interest group meetings, which fuel the progress of the organization for the year to come. Through the work of these groups, position statements on Toys, Handling of Expressed Breast Milk, and Mandatory Reporting of Healthcare Associated Infections will be available on our website very soon. Work continues through GaPAC and Programs & Projects to better position our organization with other agencies and our industry partners to positively impact the health of all Canadians through sharing of knowledge. Plans are being made to operationalize the core competency document and provide additional educational opportunities for more advanced ICPs. At the Town Hall meeting, members avidly watched as Shirley McDonald unveiled the next version of the CHICA-Canada website and Jim Gauthier apprised us of the new discussion board. The website is our organization’s acclaimed flagship of credible and relevant infection control information, which I believe has contributed to CHICA-Canada’s reputation as a leader in the field. The new version promises to continue that tradition.

Finally, I want to recognize my fellow Board members who worked so diligently during the conference and throughout the year to guide the organization through the rapid changes, and most particularly Gerry Hansen, Conference Planner/Office Administrator extraordinaire, whose exceptional talents provide us with the infrastructure and opportunity to come together each year and expand our knowledge base. Next year’s conference will be held in Edmonton, Alberta from June 9-14 and will be planned by a National Scientific Program Committee for the first time. You will note that the conference will end on Thursday, giving us one extra day to schedule interest group and committee meetings that provide vital information and networking for our members. While the theme is still being finalized, I promise that the final program will just as innovative and thought provoking as each successive conference held to date. So hold a spot in your June calendar and start developing those abstracts.!
Lighting the Fire: novel perspectives in healthcare education

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

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

The speakers presented a broad range of topics. Peggy Patterson spoke about how different generations of health professionals learn differently. John Parboosingh explained how Communities of Practice allow learners to share successes and challenges encountered in daily practice. Brenda Paton and Roxie Thompson-Isherwood taught about the power of story telling for learning. François Lagarde, from the University of Montreal, inspired the audience to consider the steps of social marketing to address barriers and to increase benefits for behaviour change.

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

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

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

Other helpful tips emerged from the speakers and the participants. Incorporate multiple perspectives in learning activities by including different generations on projects. Have learners create questions and answers on a particular topic and use those to create games for other learners. Keep a digital camera that shoots video with you to film video clips, which can be archived until a need is discovered.

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

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

For our July meeting we plan to be ‘off-site.’ One of our dedicated members, Tamara Johnson, has kindly offered her home for our meeting. This was the video ‘Outbreak Investigation’ presented by Dr. William Jarvis.

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

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

For our July meeting we plan to be ‘off-site.’ One of our dedicated members, Tamara Johnson, has kindly offered her home for our meeting. This is our yearly chance to sit back, enjoy the sun and each other’s company, as well as do a little business.

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

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

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

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

We continue to look forward to another productive year working with our partners in the community, across healthcare sectors and at the local Regional Infection Control Networks.
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The ISRP Conference, held every two years in one of the 32 member countries, draws technical experts and regulatory professionals (NIOSH, CDC, WHO, BSI, DIN, etc.) from all around the world for networking and stimulating discussions of global respiratory protection topics. Those interested in respiratory protection can join the ISRP for reduced Conference rates as well as access to the world-renowned Journal of International Society of Respiratory Protection. Visit www.isrp.com.au for more information about joining the American, Asian, Australia-Pacific, or European sections of the Society, as well as registering for the Conference.
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### Membership fee formula changed

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

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<th>Membership Type</th>
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<td><em>for each representative thereafter</em></td>
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All fees include membership in one chapter of CHICA-Canada. The choice of chapter will be designated at time of renewal or new membership. Additional chapters may be added for $25.00 each.
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Nominations are invited for the following positions:

- **President Elect** *(1-year term)*
- **Director, Standards & Guidelines** *(3-year term)*
- **Director, Programs & Projects** *(3-year term)*

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

Signatures of two active members are needed for each nomination. If you know someone who would be qualified and interested in one of the above positions, send a completed nomination form to:

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

**Deadline for nominations is August 15, 2006.**

**NEW CHICA-CANADA WEBSITE LAUNCHED!**

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

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

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

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

www.chica.org
Be an author for the Journal

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

Pat Piaskowski
807-683-1747
piaskowp@tbh.net

Future Conferences

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

7th Annual Congress of the International Federation of Infection Control (IFIC)
July 3-5, 2006
Speir Estate, Stellenbosch, South Africa
www.theific.org/southafrica2006/default2.asp

Pandemic Preparedness and Infection Control 2006
July 13-14, 2006
Bangkok, Thailand
www.ibc-asia.com

International AIDS Society
XVI International AIDS Conference
August 13-18, 2006
Toronto, Ontario
www.iasociety.org

Infection Control Unmasked
25th NZNO National Division of Infection Control Nurses
August 16-18, 2006
Christchurch, New Zealand
www.nzno.org.nz

36th Annual Infection Control Conference (ICNA)
September 25-27, 2006
Brighton, England
www.comtec-presentations.com/icna
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<table>
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<tr>
<th>PRODUCT</th>
<th>QUANTITY</th>
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<td>Just Wash ‘Em VHS Video© – no workbook</td>
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<td>ARO Video© – Across the Spectrum of Care</td>
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<td>Le MRA© – Dans tout le spectre des soins</td>
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<td>Webber Training Teleclass CD</td>
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<td><strong>30th Anniversary Wearables!</strong></td>
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- High Level Disinfection - Outside SPD Audit
- Infection Prevention and Control Risk Assessment Guide
- Hospital-wide Infection Control and Prevention Audit and Template
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- National Patient Safety Agency
- Étiqueter les désinfectants: quoi, pourquoi et comment

ESBL TOOLKIT

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

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

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

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

INTRODUCTION

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

The management of infection prevention and control in Neonatal Intensive Care Units and Special Care Nurseries is of vital importance. Outbreaks of nosocomial infection can be devastating in this population. Neonates are especially vulnerable hosts because of low birth weight, prematurity, and the use of invasive procedures and devices.

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

METHODS

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

Medela Inc., a manufacturer of breast pump kits, recommends sterilization every 24 hours and between different patients as does the American Dietetic Association. Health Canada recommends high-level disinfection rather than sterilization. Ameda-Hollister Ltd., another breast pump manufacturer, advises that its kits can be autoclaved (sterilized).

Key issues identified during this review included: the appropriate level of disinfection required for this type of device and quality control concerns related to mothers being responsible for cleaning the kits between uses. Lastly, with mothers sharing accommodation and being responsible for the storage and cleaning of breast pump kits, there are opportunities for errors to occur. The potential risk of cross contamination due to the inadvertent mix-up of breast pump kits while mothers are sharing hospital rooms was identified as a possibility.

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

**LITERATURE REVIEW**

Breast milk is an ideal source of infant nutrition, which is known to provide protection against infectious disease caused by bacteria, viruses and parasites. The benefits of breast feeding infants are without question, however human milk is a body fluid also capable of transmitting pathogens.

Human Immunodeficiency Virus (HIV) can be transmitted through human milk. The average rate of transmission is between 5-20%. It is difficult to estimate the risk from a single exposure since rates of transmission are based on risk over time. Hepatitis B Virus (HBV) may also be transmitted through breast milk since HBV infected women may excrete hepatitis B surface antigen in the breast milk. The transmission of Hepatitis C Virus (HCV) from breast milk is believed to be theoretically possible but has not been clinically documented. Cytomegalovirus (CMV) is also excreted through breast milk during active infection and may be shed in the breast milk of women who have been exposed previously. Although transmission of CMV through breast milk has been documented, disease in the neonate is not common. Transmission of methicillin-resistant staphylococcus aureus (MRSA) to preterm infants through breast milk has been documented in a colonized mother. Colonization and infection occurred in preterm triplets. Transmission of other viruses and bacteria through breast milk are also documented.

A review of the literature revealed that bacterial contamination of breast pump supplies is not uncommon. Bacterial outbreaks and fatal cases of necrotizing enterocolitis (NEC) have been documented. Donowitz and colleagues (1981) described five cases of neonatal bacteremia caused by *Klebsiella pneumoniae* after breast pump tubing became grossly contaminated. In this instance, the tubing and the safety filter had become contaminated with breast milk and had not been cleaned/disinfected between uses. Instituting improved cleaning and reprocessing of pumping equipment brought the outbreak under control. Another outbreak was documented in a special care baby unit as a...
result of inadequately cleaned and disinfection of breast pump accessories. Cross infection and contamination of milk with *Serratia marcescens* occurred. Jones and colleagues (2000) also implicated contaminated breast pumps in an outbreak of *Serratia marcescens* in a NICU environment. In this instance, mothers were responsible for decontamination of their own breast pump equipment. One of the pumps did not have a filter that is required to prevent contamination of the inner components of the pump. Following this outbreak, the cleaning protocol was changed to steam sterilization of collection sets between every use. 

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

**DISCUSSION**

**Level of reprocessing for breast pump kits**

Breast pumps used by multiple patients require a closed system to eliminate the possibility of pump contamination from over flow. The entire circuit on the patient side of the filter membrane should be disassembled and reprocessed after each use. The filter membrane and pump tubing are not expected to come into contact with milk as they create the vacuum within the system. However, overflow of milk into the tubing to the filter membrane is possible.

Under the Spaulding Classification, breast pump kits are considered to be semi-critical devices meaning that the minimum level of reprocessing required is high-level disinfection. Since pasteurization is effective against the spectrum of microorganisms that would be of concern, it stands to reason that breast pump kits could be pasteurized (high-level disinfected). Pasteurization does not destroy bacterial spores but is active against all bacterial and viral pathogens. Pasteurization is considered to be a safe method of reprocessing semi-critical items.

All components of the breast pump kit; except for the filter membrane should be washed with an enzymatic detergent and subjected to pasteurization (high-level disinfection). The filter, which cannot come in contact with detergent, should be rinsed well with water and air dried between uses.

Mothers and health care providers should be educated not to touch the membrane on the attachment to avoid contamination. Breast pump tubing and membrane filters that come into contact with breast milk should be discarded because they are difficult to clean effectively.

**Bottles and lids**

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

**Cleaning Between Uses**

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

**CONCLUSION**

Decisions surrounding the management of breast pump kits depend on many factors. Consideration needs to be given to the optimal way of supporting and encouraging breast feeding mothers while at the same time utilizing sound infection control principles. Health care facilities should review their reprocessing decisions with key stakeholders within their institutions taking into account the needs of the patient and staff.
resources available and the risks and consequences of infections transmitted by breast milk or contaminated equipment. All hospital procedures that involve the cleaning and reprocessing of equipment should be evidence based and reviewed by the Infection Control Service and Central Processing Services.

REFERENCES


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

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

Some of you may not realize that CBIC is a distinctly separate organization from the Community and Hospital Infection Control Association – Canada (CHICA). While infection prevention and control is the foundation of both organizations, the missions are very different. CBIC’s mission is certification and certification only. APIC was the ‘founding mother’ of CBIC but our bylaws require that the organizations remain separate entities and CHICA representation was added to the CBIC board to ensure that North American practice was represented. CBIC works hand-in-hand with APIC and CHICA-Canada to promote certification for all practicing infection prevention and control professionals and invites a liaison from both of those Boards to attend all CBIC board meetings.

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

CBIC is always looking for certified, infection prevention and control professionals who would like to invest some of their valuable time in our efforts to improve the quality of healthcare by increasing the number of professionals whose knowledge mastery in infection prevention and control and...
applied epidemiology has been demonstrated by certification. CBIC Board of Directors is appointed by the APIC Board of Directors using the application process of the APIC Nominating and Awards Committee. If you are interested in or have questions about serving on the CBIC BOD, you may contact the CBIC Executive Office at (913) 599-4174.

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

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

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

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

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

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

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

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

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

Summary of Candidates
who took the computerized examination

<table>
<thead>
<tr>
<th></th>
<th>Total Tested</th>
<th>Pass %</th>
<th>Fail %</th>
<th>Absent %</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Time</td>
<td>420</td>
<td>295</td>
<td>70.2%</td>
<td>125</td>
<td>29.8%</td>
</tr>
<tr>
<td>Recertifiers</td>
<td>196</td>
<td>183</td>
<td>93.4%</td>
<td>13</td>
<td>6.6%</td>
</tr>
<tr>
<td>Repeaters</td>
<td>69</td>
<td>31</td>
<td>44.9%</td>
<td>38</td>
<td>55.1%</td>
</tr>
<tr>
<td>Total</td>
<td>685</td>
<td>509</td>
<td>74.3%</td>
<td>176</td>
<td>25.7%</td>
</tr>
</tbody>
</table>

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

Summary of Candidates
who took the SARE for recertification

<table>
<thead>
<tr>
<th></th>
<th>Total Tested</th>
<th>Pass %</th>
<th>Fail %</th>
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<tbody>
<tr>
<td>Recertifiers</td>
<td>646</td>
<td>538</td>
<td>83%</td>
</tr>
<tr>
<td>Self Assessment</td>
<td>41</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Total Sold</td>
<td>683</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In 2003, 527 individuals purchased the SARE for recertification and 18 for self assessment. In 2004, 439 individuals purchased the SARE for recertification and 27 for self assessment – close to a 20% increase in sales.
Results within 2 hours versus 2 days

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

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

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2007 CONFERENCE

CHICA-Canada 2007 National Education Conference
Shaw Conference Centre • Edmonton, Alberta
June 9-14, 2007

Saturday, JUNE 9
Interest group and committee meetings - NEW!

Sunday, JUNE 10
Chapter Presidents’ meeting

Sunday, JUNE 10
NOVICE ICP DAY

Monday, JUNE 11
PreConference day

Tuesday – Thursday, JUNE 12 - 14
Conference

INDUSTRY SHOWCASE
Sunday, June 10 (President’s Reception) to Tuesday, June 12.
Watch for more information to come in the Summer of 2006

2007 Ecolab Poster Contest

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

Deadlines for entries: January 31, 2007
Sharps Safety Has Never Been Easier

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SurGuard2® Safety Needle

Surshield™ Safety Winged Blood Collection

Surshield™ Safety Winged Infusion

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www.terumomedical.com/safety
Award and prize winners:

EARLY BIRD DRAW
Complimentary 2007 Conference registration: Joan Burton, Toronto, Ontario

EXHIBIT PASSPORT WINNERS
Digital Camera: Louise Venne, Sturgeon Falls, Ontario
DVD Player: Nila MacFarlane, Winnipeg, Manitoba
MP3 Player: Grace Forget, Tillsonburg, Ontario
Hilton One Night Stay and Brunch: Patti Poutess, Ohsweken, Ontario

STRUT YOUR STUFF! BREAKFAST
Complimentary 2007 Membership: Lillian Kariko-Braithwaite, Toronto

CONFERENCE EVALUATION DRAW
Complimentary 2007 Conference Registration: Maja McGuire

2006 ECOLAB POSTER CONTEST: Esther Giesbrecht, Calgary

3M RESEARCH GRANT
Victoria Williams, Toronto for her submission: Utility of VRE Environmental Sampling

3M CHAPTER ACHIEVEMENT AWARD
CHICA-Canada – Toronto Professionals in Infection Control

CBIC CHAPTER ACHIEVEMENT AWARD
CHICA-Canada – Toronto Professionals in Infection Control

2006 BEST FIRST TIME ABSTRACT SUBMISSION
Sylvana Perna, Montreal, co-author of the abstract: Important Risk Reduction In Nosocomial Clostridium Difficile With Institution Of Probiotic Prophylaxis

All Conference photographs by Yvonne Long, London
CHICA and IFIC in London, Ontario

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

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

IFIC’s Vision
Every nation has a functioning infection control organization.

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

IFIC run
The 2006 CHICA conference started for IFIC with a charity 5 km run/2.5 km walk in support of the IFIC Scholarship fund, organized by Alice Newman and Wendy Reason with a great crew. Twenty-five runners and walkers participated, all starting out on a bright Sunday morning with frost still on the ground, and all arrived safely at the goal. Those running were presented with a CHICA Run for IFIC t-shirt. The run raised more than $4,000 for the fund, including a gracious donation from CHICA-Canada in the amount of $1,500.

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

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

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

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

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

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

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

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

Moira and Ulrika are very grateful for CHICA’s support to IFIC, and for the invitation extended by Karen Hope and Margie Foster to liaise and have fun in London with Canadian colleagues.
5 K run or 2.5 K walk for IFIC
Fun and important

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

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

SOPIC Meet and Greet

RAFFLE WINNERS
LONDON PRINT BY MARTIN ZIMMER:
Susan Cooper
GIFT BASKET: Nicole Kenny
GIFT BASKET: Brian Kelly
President's reception
An independent study proves CaviWipes thicker, wetter, and stronger than PDI’s Sani-Cloth. Why use anything else.

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

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

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Solution Saturation Level (Level Capacity %)

<table>
<thead>
<tr>
<th>CaviWipes</th>
<th>Sani-Cloth HB</th>
<th>Super Sani-Cloth</th>
<th>Sani-Cloth Plus</th>
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<tbody>
<tr>
<td>450</td>
<td>300</td>
<td>200</td>
<td>100</td>
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CaviWipes towelettes are 20% more saturated than all 3 Sani-Cloth products.
Conclusion: CaviWipes are simply a wetter towel.

Durability (Wiping cycles to break a hole in fabric)

<table>
<thead>
<tr>
<th>CaviWipes</th>
<th>Sani-Cloth HB</th>
<th>Super Sani-Cloth</th>
<th>Sani-Cloth Plus</th>
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<tbody>
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<tr>
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<td>5</td>
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</tr>
</tbody>
</table>

CaviWipes are over 40% more resistant to pilling and linting than all 3 Sani-Cloth products.
Conclusion: CaviWipes are stronger, more tear-resistant and will not leave lint behind.

www.metrex.com
Achievement Awards

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

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2006 Ecolab Poster Contest winner

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

The 2006 poster is available for downloading from www.chica.org (Members Only).
PLENARY SESSIONS
P1. Opening Address by: Sheela Basrur
P2. Influenza Pandemic Planning: Making inroads on a complex landscape - S. Tamblyn/M. Gardam/J. Sciberras
P3. Impact of Outbreaks on Health Care Workers - Bonnie Henry/Robert Maunder/Barbara Switzer
P4. Patient Safety - Canadian Patient Safety Institute Infection Control and Safer Health Care Now Initiatives - P. Hassen
P5. C difficile - Every Which Way and Loose - Mark Miller
Surveillance for Clostridium difficile - associated Diarrhea with Acute Care Institutions Project, Canadian Nosocomial Infection Surveillance Program - J. Stegenga
Clinical Vignettes - A Multi-Drug Resistant Tuberculosis Care - The Impact Across the Continuum of Care
P6. Infection Control Jeopardy! Game - Edwige DeSouza

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

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

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

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

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• 10 Sessions on MP3 @ 10.00 each = $100.00
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(b) Nora Boyd, Carol Goldman, Clare Barry, Adrienne Brown, Karen Hope, Rick Wray, Mary McNaughton, Carol Whyman, Pat Williams

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- Contient 0,5 % de chloroxylène pour une action désinfectante persistante.
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In fact, MedPro Defense® Vira Shield™ P95 Respirator’s filtration material traps and kills over 99.99% of viruses, bacteria, spores and fungi. Tested against live microorganisms by renowned independent laboratories, this respirator has been proven effective at devitalizing harmful viruses, including avian influenza and SARS, thus preventing them from being inhaled.

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

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

CHICA - CANADA 2006/2007 Member and Source Guide:
Page 28 - The listing for APIC should be:
Phone: 202-789-1890
E-mail: apicinfo@apic.org
Website: www.apic.org

Ecolab Healthcare - page 132
Contact: Angie Jeske
Phone: 651-293-2914
Toll Free: 800-352-5326
Fax: 651-204-7372
E-mail: Angie.jeske@ecolab.com
Website: www.ecolab.com

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<td>METREX</td>
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