INSIDE:

APIC/CHICA-Canada/ CBIC infection prevention, control and epidemiology: professional and practice standards

CHICA/AIPI 2008 Education Conference review
Norwalk Nightmare!

STRONG ENOUGH to fight an OUTBREAK!

SAFE ENOUGH for EVERY DAY USE!

ACCELERATED HYDROGEN PEROXIDE

Disinfectants and Disinfectant Cleaners

SAYS WHO?

Environmental Choice Program, the gold standard for selection and certification of environmentally preferable products has approved Accelerated Hydrogen Peroxide as the first EcoLogo approved disinfectant cleaner.

Infection Control with Confidence!

Virox Technologies Inc.

Engineering Revolutionary Disinfectants for the War Against Microbes.

www.virox.com
The Future is Clear

Introducing the First and Only
Clear Positive Displacement Connector

Angus
MEDICAL
1 (866) 418-1689 angusmedical.com

Max Plus
Clear

Connect with Confidence.
MaxPlus Clear provides complete visualization of the fluid path providing a clear reminder to prime & purge all air, disinfect better and flush completely. Clarity enhances practice, reducing the occurrence of bloodstream infections and occlusions. Thus, enhancing patient care.

930 Wanamaker Ave, Ontario, CA 91761-8151
Phone (909) 390-9060 Toll Free (800) 780-0012 Fax (909) 605-5894 www.maximusmedical.com

MaxPlus® and MaxPlus Clear™ are trademarks of Medegen, Inc. ML-3066
Source control for prevention of hospital-acquired infections

Decolonize skin with Sage Antiseptic Body Cleanser 2% Chlorhexidine Gluconate (CHG) in a premoistened washcloth!

Bathing with Sage Antiseptic Body Cleanser resulted in a 50% reduction in the rate of blood stream infections. The same study also reported a significant reduction of inguinal colonization with all gram-positives, MRSA, VRE, yeast and gram-negatives.

Each disposable washcloth rapidly reduces bacteria on the skin that can cause infection. Unlike other CHG solutions, it’s designed to stay on the skin. So it provides maximum antimicrobial persistence against a wide variety of microorganisms. Sage Antiseptic Body Cleanser makes it easier to address skin decolonization.

Enhance your infection-prevention efforts today. Call your Sage Products representative at 1-800-323-2220.

For more information about Sage Antiseptic Body Cleanser visit: www.sageproducts.com/canada/chg
APIC/CHICA-Canada/CBIC infection prevention, control and epidemiology: Professional and practice standards 104
International Infection Control Council: Global consensus conference on *Clostridium difficile* associated disease 110
Hand hygiene position statement 114
CHICA/AIPI Education Conference review 118

DEPARTMENTS:
Editor's Message 98
President's Message 100
Message de la Présidente 102
Association News 127
Reach Our Advertisers 144

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.

The Canadian Journal of Infection Control is the official publication of the Community and Hospital Infection Control Association (CHICA)-Canada. The Journal is published four times a year by Craig Kelman & Associates, Ltd. and is printed in Canada on recycled paper. Circulation 3000.

©2008 Craig Kelman & Associates Ltd. All rights reserved. The contents of this publication, which does not necessarily reflect the opinion of the publisher or the association, may not be reproduced by any means, in whole or in part, without the written consent of the publisher.

ISSN - 1183 - 5702
Indexed/abstracted by the Cumulative Index to Nursing and Allied Health Literature, SilverPlatter Information Inc. and the International Nursing Index (available on MEDLINE through NLM MEDLARS system).

The Canadian Journal of Infection Control is a “Canadian periodical” as defined by section 19 of the Canadian Income Tax Act. The deduction of advertising costs for advertising in this periodical is therefore not restricted.

SUBSCRIPTIONS
Subscriptions are available from the publisher at the following rates:
All Canadian prices include GST. Prices are listed as personal/institutional.
Canada: $30/$38 (GST # 100761253); USA (in US funds): $28/$36;
Other countries: $45/$60.
CHICA–CANADA
2008 Board of Directors

Executive Officers

President
Marion Yetman, RN, BN, MN, CIC
Provincial IC Nurse Specialist
Government of Newfoundland Labrador
Dept. of Health & Community Services
1410 West Block, Confederation Bldg
PO Box 8700
St John’s NL A1B 4J6
Tel: 709-729-3427
Fax: 709-729-7743
MarionYetman@gov.nl.ca

President-elect
Cathy Munford, RN, CIC
Infection Control Practitioner
Victoria General Hospital
1 Hospital Way
Victoria BC V8Z 6R5
Tel: 250-727-4021
Fax: 250-727-4003
cathy-munford@shaw.ca

Past President
Joanne Laalo, RN, BScN, CIC
Infection Control Consultant
Central South Infection Control Network
56 Governor’s Road
Dundas ON L9H 5G7
Phone: 905-627-3541 x 2484
Fax: 905-627-6474
jaalo@cmh.org

Secretary/Membership Director
Bern Hankinson, RN, BN, CIC
Infection Prevention & Control Pract
Wetaskiwin Hospital
6910 47th Street
Wetaskiwin AB T9A 3N3
Tel: 780-361-4398
Fax: 403-361-4107
bhankinson@dthr.ab.ca

Director of Finance
Cynthia Plante-Jenkins, MLT,
BScMLS(C), CIC
Clinical Informatics Specialist - Lab
Trillium Health Centre
100 Queensway W
Mississauga ON L5B 1B8
Phone: 905-848-7580 ext.2927
Fax: 905-894-7772
cplante-jenkins@thc.on.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: 604-660-1823
Fax: 604-660-1917
bonnie.henry@bccdc.ca

Director, Programs & Projects
Karen Clinker, Med, BScN, CCOHN, CIC
Infection Control Consultant
Northwestern Ontario IC Network
100 Casimir Ave, Suite 217, Box 116
Dryden ON P8N 3L4
Tel: 807-223-4408
Fax: 807-223-4139
clinkerk@thb.net

Director
Dick Zoutman, MD, FRCP
Medical Director, IC Service
Kingston General Hospital
76 Stuart Street
Kingston ON K7L 2V7
Phone: (613) 549-6666 Ext. 4015
Fax: (613) 548-2513
zoutmand@kgh.kari.net

Other Positions

Archivist
Mary LeBlanc, RN, BN, CIC
Memorial University School of Nursing
300 Prince Philip Drive
St. John’s NL A1B 3V6
Tel: 709-777-6527
Fax: 709-777-7037
moraljeo@mun.ca

Clinical Editor
Canadian Journal of Infection Control
Pat Piaskowski, RN, HBScN, CIC
Regional Coordinator
Northwestern Ontario IC Network
289 Munro Street
Thunder Bay ON
P7A 2N3
Tel: 807-683-1747
Fax: 807-683-1745
piaskowp@thb.net

Web Master
Shirley McDonald, ART, CIC
RR 3, 4759 Taylor-Kidd Blvd
Bath ON K0H 1G0
Tel: 613-389-9810
Fax: 613-389-8468
chicawebmaster@mts.net

Distance Education Coordinator
Karen Dobbin-Williams, RN, BN
28 Dalhousie Crescent
Mount Pearl NL A1N 2Y4
Tel: 709-745-7341
kdobbin@mun.ca

Auditor
Philip Romanuk CA
Stefansson Lee Romanuk
1151 Portage Avenue
Winnipeg MB R3G 0S9
Phone: (204) 775-8975
promaniuk@elrica.ca

Legal Counsel
Sidney Troister/S. Fay Salley
Torkin, Manes and Cohen
151 Yonge Street, Suite 1500
Toronto ON M5C 2W7
Phone: (416) 777-5419
Fax: (416) 863-0305

Membership Services Office
MEMBERSHIP SERVICES OFFICE
Executive Administrator/
Conference Planner
Gerry Hansen, BA
PO Box 46125 RPO Westdale
Winnipeg MB R3R 3S3
Phone: 204-897-5990/866-999-7111
Fax: 204-895-9595
chicacanada@mts.net

Deliveries only:
67 Bergman Crescent
Winnipeg MB R3R 1Y9

Administrative Assistant
Kelli Wagner
kelli_wagner@mts.net

Professional Agents

Executive Administrator/
Conference Planner
Gerry Hansen, BA
PO Box 46125 RPO Westdale
Winnipeg MB R3R 3S3
Phone: 204-897-5990/866-999-7111
Fax: 204-895-9595
chicacanada@mts.net

Deliveries only:
67 Bergman Crescent
Winnipeg MB R3R 1Y9

Administrative Assistant
Kelli Wagner
kelli_wagner@mts.net
Try Sterillium® Rub
and your hands will love you for it.

A treat for tender hands
Unlike other surgical hand antiseptics, Sterillium Rub leaves hands feeling soft and smooth, not greasy or sticky. It dries quickly and leaves no buildup—allowing quicker, easier gloving—and it won’t irritate or dry out your skin.

Convenient, hygienic delivery system
Sterillium Rub is available in a state-of-the-art touchless dispenser—a good choice if you’re tired of foot pedals that break easily, get dirty, or are hard to reach. A two-minute application of this FDA-compliant antiseptic provides immediate and persistent bactericidal activity.

Feel the difference. Try Sterillium Rub in your OR.
Not too long ago a question was asked about why CJIC articles were not located in a more public location on the web site. Currently abstracts and articles are listed only on the members side of the site. This question was brought forward to the Board of CHICA-Canada and CJIC for further thought and deliberation.

As a result and in response to this enquiry, all past issues of CJIC will be moved to the public side of the website. The latest issue will be on the members-only side of the website.

The rationales for this move are to:
• provide easier access for those doing research into infection prevention and control.
• provide added value to advertisers.
• encourage potential members through the quality of the publication.

We now live in an era where the health care community and public demand greater transparency and access to information. Sharing our journal with the world through our website is part of this greater transparency. It allows viewers to see the quality of the journal articles and gives them easy access to this information.

CJIC is the official publication of CHICA-Canada and the vision of CHICA is to “lead in the promotion of excellence in the practice of infection prevention and control”. The decision to share our journal on the public side of the website also achieves some of our key values such as “Accessibility and Responsiveness” and “Excellence in Quality and Service.”

We anticipate a positive response to this change on many fronts.
One Solution for Multiple Threats

The FlexAir™ powered air system guards against infectious aerosols and features low flow and low battery alarms for added safety. Developed by SafetyTech International, this lightweight FlexAir™ powered air system provides vital protection for the eyes, as well as, the respiratory tract and also:

- prevents fogging
- reduces pulmonary stress
- is patient friendly
- eliminates fit testing

Powered air products, manufactured by SafetyTech International, are now available for guarding you and your staff against pathogens in Canada.

SafetyTech, International
5703 Industry Lane
Frederick, MD 21704 USA

Toll free: 1-888-744-6462
Direct: 301-624-5600

sales@safetytechint.com
www.safetytechint.com
“Education is the most powerful weapon which you can use to change the world.” –Nelson Mandela

The 2008 conjoint conference of CHICA-Canada and AIPI provided a unique opportunity for professionals in infection prevention and control to obtain the knowledge to help change the infection control world. This conference provided ample occasion to network with peers, to interact with experts, to learn from successes, to develop strengths, and to build vibrant infection prevention and control communities. This year’s registration surpassed 725 attendees with representatives from eight countries. There were 106 exhibiting companies and not-for-profit organizations taking 110 booths and adding 250 exhibitor representatives to the total. We sincerely thank them and our sponsors for their support. The 24 oral and 58 poster presentations showed the commitment of our members to evidence-based practices and their willingness to share their IP&C stories with their colleagues. The Chapter Presidents meeting and the Special Interest Group meetings were valued by members as venues to learn from each others’ experiences and to collaborate on complex issues. There was an inaugural meeting of the newest group, the Surveillance and Applied Epidemiology Interest Group (members who are epidemiologists working with infection prevention and control divisions).

Congratulations to the conjoint conference committee on meeting the theme’s challenge of indeed creating a “mosaic” which consisted of a unique profession composed of varying disciplines, across different settings and based on various knowledge and skill sets, all of which came together in Montreal to enhance infection prevention and control in Canada.

It was exciting to be a member of the Network of Networks committee. This committee, consisting of representatives from each provincial infection control network, has been established to explore commonalities and differences existing in infection control programs in Canada. Ms. Shirley Paton and Dr. Tom Wong from the recently established division of “Communicable Disease and Infection Control” represented the Public Health Agency of Canada at this meeting.

Following the CHICA-Canada Conference, I had the honor of presenting a report from CHICA-Canada at the CBIC and APIC board meetings held prior to the APIC conference. The CBIC board will have three Canadian members in January 2009: Dr. Kathryn Suh, CBIC 2009 physician director, Cathy Munford, CHICA 2009 president, and a CHICA ICP/CIC representative to be announced. According to the CBIC president, Deanie Lancaster, “The distinction of being certified in your specialty practice places you on the level of the best and brightest who choose to go a step beyond the ordinary.”

I would like to take this opportunity to say a special thank-you to the CHICA Newfoundland Labrador Chapter which has given me tremendous guidance, friendship, and support during my term as the first CHICA-Canada president from Newfoundland Labrador.
The Evolution of Plasma Sterilization

Our sterilization time has been cut in half with our new HMTS Plasma Sterilizer.

This innovative series of low-temperature, hydrogen peroxide plasma sterilizers is available in a variety of sizes to suit a range of applications. Central Sterilization Departments and O.R.’s will appreciate the rapid turnaround time and cost-effective, validated, sterilization of moisture and/or heat sensitive devices.

Plasma Technology
Industry-leading 35-40 minute cycle times, allowing the Central Sterilization Department to process more loads per day.

Easy to Use
The colour touchscreen interface clearly displays cycle progress. At the end of the cycle, packs are ready for use or storage, with no aeration, cooling or drying required.

Earth Friendly
The by-products of the sterilization process are water and oxygen. Safe for the staff. Safe for the environment.

SciCan
Find out which HMTS Plasma Sterilizer is the right solution for your hospital. Call 1 800-667-7733 or visit scican.com

1440 Don Mills Road, Toronto, Ontario M3B 3P9 Canada • 416.445.1600 • 1.800.667.7733

www.scican.com
MESSAGE DE LA PRÉSIDENTE

Une véritable mosaïque

“L’éducation est l’arme la plus puissante que nous puissions utiliser pour changer le monde.” – Nelson Mandela

Le congrès de formation 2008, organisé conjointement par CHICA-Canada et l’AIPI, a fourni aux professionnels de la prévention et du contrôle des infections une chance unique d’acquérir des connaissances afin de contribuer à changer le monde de la lutte contre les infections. Ce congrès a fourni d’innombrables occasions d’échanger entre collègues, d’interagir avec des experts, de tirer des appren-
tissages de cas de réussites, de développer des forces et de bâtir des communautés de gens dynamiques voués à la prévention et au contrôle des infections. Cette année, nous avons reçu quelque 725 participants provenant de huit pays. En tout, 106 entreprises ont participé au salon des exposants, occupant 110 stands et ajoutant 250 représentants au nombre de personnes présentes. Nous remercions sincèrement les exposants et nos commanditaires pour leur appui. Les 24 présentations orales et 58 présentations par affiche ont bien témoigné de l’engagement de nos membres à exercer selon des pratiques fondées sur des faits. La réunion des présidents de section et les réunions des divers groupes d’intérêt spéciaux ont été fort appréciées par les membres; ils y voient des lieux de rencontre où ils peuvent tirer profit de l’expérience d’autrui et collaborer à des dossiers complexes. Il y a eu une réunion de lancement du tout nouveau groupe d’intérêt sur la surveillance et l’épidémiologie appliquée (membres qui sont des épidémiologistes dans des divisions de prévention et de contrôle des infections).

Félicitations au comité organisateur conjoint, qui a su concrétiser le thème retenu et a créé une véritable « mosaïque » illustrant une profession unique qui réunit des disciplines variées, dans différents milieux et s’appuie sur des connaissances et des compétences diverses; tous ces éléments se sont emboités à Montréal dans le but d’enrichir le milieu de la prévention et du contrôle des infections au Canada. Ce fut un plaisir d’être membre du comité du réseau des réseaux. Ce comité, qui regroupe des représentants de chaque réseau provincial de lutte contre les infections, a été instauré afin d’explorer les points communs et les différences entre les divers programmes dans ce domaine au Canada. Mme Shirley Paton et le Dr Tom Wong, de la division de la lutte contre les maladies transmissibles et les infections, récemment créée, ont représenté l’Agence de la santé publique du Canada à cette réunion. Après le congrès de formation de CHICA-Canada, j’ai eu l’honneur de présenter un rapport de CHICA-Canada aux réunions du conseil d’administration du CBIC et de l’APIC, qui ont eu lieu avant le congrès de l’APIC. Trois Canadiens siègeront au conseil d’administration du CBIC dès janvier 2009 : Dr Kathryn Suh, médecin-chef du CBIC, Cathy Munford, présidente 2009 de CHICA, ainsi qu’un représentant PCI/CIC de CHICA, qu’il reste à déterminer. Selon la présidente du CBIC, Deanie Lancaster, « la distinction que donne au professionnel la certification dans son domaine d’exercice lui permet de se hisser parmi les meilleurs et les plus talentueux, parmi ceux qui choisissent d’être au-dessus de l’ordinaire ».

J’aimerais profiter de cette occasion pour remercier tout spécialement la section de Terre-Neuve-et-Labrador de CHICA, qui m’a généreusement guidée, témoigné de l’amitié et appuyée tout au long de mon mandat à titre de première présidente de CHICA-Canada provenant de Terre-Neuve-et-Labrador.
Smarter Cleaning.

RUBBERMAID PULSE™ FLOOR CLEANING SYSTEM

- High-capacity reservoir holds enough solution to clean up to 850 sq ft of floor space
- Refill and clean up to 10,000 sq ft with the optional Rubbermaid Pulse™ Caddy
- Pulse™ Caddy utilizes Clean-Connect technology to reduce exposure to chemicals

Press the ergonomic trigger handle to deliver three streams of cleaning solution (non-atomizing for greener cleaning).

Clean floors faster and more easily: Rubbermaid Pulse™ combines industry-best microfibre and the time-saving portability of an on-board cleaning reservoir.

Learn more about Rubbermaid Pulse™ at www.rcpworksmarter.com or call 1-800-998-7004

Work Smarter.
The following Professional Practice Standards have been revised by a committee appointed by CHICA-Canada, APIC, and CBIC. Your observations and comments on the new standards are welcome.

The Association for Professionals in Infection Control and Epidemiology, Inc (APIC) and the Community and Hospital Infection Control Association-Canada (CHICA-Canada) collaborated to craft this document, infection prevention, control and epidemiology: Professional and Practice Standards. Both professional organizations affirm their responsibility to their memberships and the public they serve to provide professional and practice standards. This document replaces the 1999 edition.

Standards are authoritative statements that reflect the expectations, values, and priorities of the profession. While voluntary, these standards provide direction and a dynamic framework for the evaluation of practice to address the needs of the customers served. Standards also define the profession’s accountability in terms of desired outcomes for which infection prevention and control professionals (ICPs) are responsible. These standards are designed to be used in identifying areas for professional growth, developing job descriptions, and providing criteria for performance evaluations.

These standards encompass a broad spectrum of practice settings and professional backgrounds and include key indicators that are designed to be used in evaluating both the competency of the individual and their practice. The key indicators represent multiple skills considered necessary to meet the demands of the evolving health care environment. It is expected that the ICP will meet or exceed the indicators associated with both the Professional and Practice Standards.

In general, the standards will remain stable over time as they reflect each organization’s philosophy and values; however, the indicators will be reviewed periodically to ensure that they incorporate and address current scientific knowledge, clinical practice, global issues, and technology.

I. PROFESSIONAL STANDARDS

Professional Standards describe a level of individual competence in the professional role. ICPs strive to maintain integrity and a high degree of competency through education, training, and certification. Professionals are expected to incorporate these
standards appropriate to their role and practice setting. Key indicators for each standard are designed for use in professional performance evaluation.

1. Qualifications
Meets recommended qualifications to practice in the profession.

INDICATORS
• Experienced healthcare professional with a health sciences background.
• Becomes certified in infection prevention and control when eligible through the Certification Board of Infection Control and Epidemiology.
• Maintains certification.

2. Professional development
Acquires and maintains current knowledge and skills in the area of infection prevention, control and epidemiology.

INDICATORS
• Completes a basic infection prevention and control training course within the first six months of entering the profession.
• Demonstrates basic knowledge and advances his/her education, knowledge and skills as it relates to infection prevention and control in the following areas:
  o Epidemiology, including outbreak management
  o Infectious diseases
  o Microbiology
  o Patient care practices
  o Asepsis
  o Disinfection/sterilization
  o Occupational health
  o Facility planning/construction
  o Emergency preparedness
  o Learning/education principles
  o Communication
  o Information technology
  o Program administration
  o Legislative issues/policy making
  o Research
• Incorporates and disseminates research findings into practice, education, and/or consultation.
• Collaborates with other professional organizations and academic entities to further the prevention of infection.
• Participates in professional organizations and networking opportunities.
• Maintains current knowledge and functions well with electronic media, e.g., computers and handheld devices, with which to communicate in the IPC environment.

3. Ethics
Makes decisions and performs activities in an ethical manner.

INDICATORS
• Complies with laws and regulations.
• Holds paramount the confidentiality, safety, health and welfare of all persons in the performance of professional duties.
• Practices in a nonjudgmental, nondiscriminatory manner with
sensitivity to diversity.

- Acts in such a manner as to uphold and enhance personal and professional honor, integrity, and dignity.
- Engages in infection prevention and control research in a professional manner.
- Collaborates with and supports others to improve competency in the science of infection prevention, control, and epidemiology.
- Ensures transparency and disclosure in performing research or applying for grants.
- Builds professional reputation on personal merit.
- Refrains from competing unfairly with others.
- Refuses gratuities, gifts, or favors that might impair or appear to impair professional judgment, or offer any favor, service, or thing of value to obtain special advantage.

4. Professional accountability
Responsible for the development, evaluation, and improvement of his/her own practice in relation to the Practice Standards.

INDICATORS
- Establishes and works toward professional goals and objectives.
- Performs regular self-evaluations to identify strengths and areas for improvement.
- Seeks constructive feedback regarding professional practice.
- Keeps current on best practices through evidence-based research, consensus and guidelines.
- Participates in professional organizations.
- Acknowledges the commitment to protect clients through the support of safe practices and policies.

5. Leadership
Serves as a leader, mentor, and role model.

INDICATORS
- Provides direction and works collaboratively with others.
- Shares knowledge and expertise.
- Mentors less experienced health care providers/ancillary personnel.
- Recognizes and supports the importance of research in shaping the practice of infection prevention, control, and epidemiology.

II. PRACTICE STANDARDS
ICPs strive to incorporate relevant components of these standards in their own practice. Key indicators for each standard are designed to be used in personal and program development, evaluation, and enhancement.

1. Infection prevention and control practice
Incorporates into practice effective activities that are specific to the practice setting, the population served, and the continuum of care.

INDICATORS
- Integrates surveillance findings into formal plans for improvement of practice and patient outcomes in various health care settings.
- Reviews, analyzes, and implements regulations, standards and/or guidelines of applicable governmental agencies and professional organizations.
- Integrates relevant local, national and global public health issues into practice.
- Analyzes and applies pertinent information from current scientific literature and publications.
- Develops and implements policies and procedures based on currently accepted infection prevention and control best practices.
- Ensures that findings, recommendations, and policies of the program are disseminated to appropriate groups or individuals.
- Provides knowledge on the function, role, and value of the program to customers.

2. Surveillance
Uses a systematic approach to monitor the effectiveness of prevention...
and control strategies that are consistent with the organization’s goals and objectives.

**INDICATORS**
- Develops a surveillance plan based on the population(s) served, services provided, and previous surveillance data.
- Selects indicators and designs surveillance based on the projected use of the data.
- Integrates pertinent regulatory requirements.
- Uses standardized definitions for the identification and classification of events, indicators, or outcomes.
- Utilizes information technology and systems applications.
- Reports epidemiologically significant findings to appropriate customers.
- Ensures requirements for communicable disease reporting are met.
- Periodically evaluates the effectiveness of the surveillance plan and modifies as necessary.

3. **Epidemiology**
Applies epidemiologic principles and statistical methods, including risk stratification and benchmarking, to identify target populations, determine risk factors, design prevention and control strategies, analyze trends, and evaluate processes.

**INDICATORS**
- Uses epidemiologic principles to conduct surveillance and investigations.
- Employs statistical techniques to describe the data, calculate risk-adjusted rates, and benchmark.
- Incorporates information technology and systems applications in the analysis and dissemination of data.
- Critically evaluates significance of findings and makes recommendations for improvement based on those findings.

4. **Education**
Serves as an educator and educational resource for health care providers, ancillary staff, patients, families and the general public.

**INDICATORS**
- Assesses the needs of customers and develops educational objectives and strategies to meet those needs.
- Utilizes learning principles appropriate to the target audience.
- Utilizes appropriate information technology in educational design and delivery.
- Collaborates in the development and delivery of educational programs and/or tools that relate to infection prevention, control, and epidemiology.
- Evaluates the effectiveness of educational programs and learner outcomes.

5. **Consultation**
Provides expert knowledge and guidance in infection prevention, control, and epidemiology.

**INDICATORS**
- Stays current with developments in infection prevention, control, and epidemiology.
- Integrates into practice, policies, and procedures:
  - Pertinent regulatory requirements
  - Accreditation standards
  - Guidelines
- Supports patients/families, administration, committees, health care providers, and ancillary staff in infection prevention, control, and epidemiology issues.
- Provides input into patient safety and healthcare quality initiatives.
- Collaborates with community health organizations.

6. **Occupational health**
Collaborates with occupational health in the development of strategies that address the risk of disease transmission to health care providers and ancillary staff.

**INDICATORS**
- Participates in development/review of occupational health policies and procedures related to infection prevention and control.
- Assists in the development of an immunization program.
- Consults on post-exposure protocols and activities related to communicable diseases.
7. Program administration and evaluation
Systematically evaluates the effectiveness of the program appropriate to the practice setting.

INDICATORS
• Develops and reviews the effectiveness of the program goals and objectives.
• Assures that customer needs/expectations are considered in the development and continuous improvement of processes, products and services.
• Determines resource needs to accomplish the proposed goals and objectives.
• Communicates resource needs to administration based on goals and objectives.

8. Fiscal responsibility
Practices in a fiscally responsible and accountable manner.

INDICATORS
• Considers financial implications, safety and clinical outcomes when:
  o Making recommendations
  o Evaluating technology and products
  o Developing policies and procedures
• Incorporates fiscal assessments into program evaluation and/or reports, as applicable.
• Develops and maintains a departmental budget, as appropriate.

9. Performance improvement
Functions as an integral part of performance improvement initiatives to promote positive patient and employee outcomes.

INDICATORS
• Identifies opportunities for improvement based on observations, process and outcome indicators, and other findings.
• Acts as an agent of change and participates in the change process.
• Directs the organization’s infection prevention and control improvement activities.
• Participates in the organization’s multidisciplinary improvement strategies.
• Utilizes established measurement tools and techniques, e.g., outbreak investigation, root cause analysis, brainstorming, etc.
• Contributes epidemiologic skills to improvement processes.

10. Research
Conducts, participates, evaluates and/or applies relevant research findings to infection prevention, control, and epidemiology practice. Research includes informal epidemiologic studies, e.g., outbreak/cluster investigations, surveillance findings, etc.

INDICATORS
• Critically evaluates published research and incorporates appropriate findings.
• Disseminates relevant research findings through practice, education, and/or consultation.
• Participates in infection prevention and control related research independently or collaboratively.
• Organizes and shares findings from surveillance activities and/or outbreak investigations.
• Publishes or presents research findings to assist in advancing the field of infection prevention, control and epidemiology.
• Incorporates cost analysis into infection prevention and control research when possible.

RESOURCES
Close the Loop of Infection Control

Maximize Post-Operative Protection with Covidien AMD Antimicrobial Dressings

Ordinary sterile dressings may not always provide sufficient protection from infection.

That’s why Covidien AMD Antimicrobial Dressings contain a bacteria-killing polymer to attack bacteria on and within the dressing fabric, helping to keep bacteria out of the wound, limiting cross-contamination, and promoting a healing environment. In fact, they are proven to virtually eliminate bacterial penetration and growth within the dressing. And that means fewer infections, improved clinical outcomes, and significant cost savings to your facility. Finally, a product to help close the loop on your surgical site infection control protocol...after the surgery is complete.

Proven effective against MRSA, VRE, and other common gram+ and gram- bacteria.
BACKGROUND
The International Infection Control Council is comprised of three infection prevention and control organizations headquartered in the United States, Canada and the United Kingdom: The Association for Professionals in Infection Control and Epidemiology, Inc. (APIC), the Community and Hospital Infection Control Association – Canada (CHICA-Canada), and The Infection Control Nurses Association (ICNA now known as the Infection Prevention Society).

The International Infection Control Council was established in 1997. The concept for its inception was to add to the expert resources available to members of the three organizations through collaborative development of projects of mutual interest. The first project was a consensus conference on infection control issues and antimicrobial resistance. It was held in Toronto in 1999.

The recommendations from that consensus conference can be found on the associations’ websites. In addition to the planning of this conference, the Council undertook the development and publication of three toolkits: The Infection Control Toolkit for Pandemics and Disasters (2004), The Infection Control Toolkit for Emergencies and Disasters (revised 2007) and the Toolkit for Best Infection Control Practices for Patients with Extended Spectrum beta Lactamase Enterobacteriaceae (ESBL).

The purpose of the current consensus conference was to bring experts from the three countries together to discuss issues surrounding Clostridium difficile associated disease. There were three plenary sessions that framed the issues for each country (US, Canada and UK). Then each invited expert was assigned to two of four workshops: Surveillance and Epidemiology; Environment and Equipment; Treatment Measures/Antimicrobials; and Control Measures.

EXECUTIVE SUMMARY OF CONFERENCE
With the increase in C. difficile disease in the 21st century, the International Infection Control Council recognized the need to address various infection prevention and control questions. This
conference brought together experts from the United States, Canada and the United Kingdom to discuss these questions and propose consensus recommendations. Areas for further research were also outlined. The discussions focused on four areas: Surveillance and Epidemiology; Environment and Equipment; Treatment; and Control Measures. Questions were posed by facilitators and scribes outlined the recommendations.

All groups determined that practices should be consistent regardless of healthcare setting. Key points made include the following:

1. Surveillance is important for healthcare facilities. However, there is little value in nominal reporting to public health.
2. Consistent case definitions and rate denominators will assist in making comparisons.
3. Use of contact precautions is important to control spread of disease. Hand hygiene using soap and water or alcohol-based hand rub is a critical part of the precautions.
4. Environmental cleaning must occur using a sporicidal agent.
5. A major equipment issue is the use and management of bedpans.
6. Antibiotic stewardship is as important as any other control measure.

**INVITED EXPERTS**

Michelle Alfa, PhD, FCCM
Daryl DePestel, PharmD
Erik Dubberke, MD
Rosemary Gallagher, RN
Michael Gardam, MSc, MD, MSc, FRCP
Caroly Gould, MD, MSc
Dinah Gould, BSc, MPhil, PhD, RN
Jim Hutchinson, MD, FRCP
Tom Louie, MD, FRCP
Jennie Mayfield, BSN, MPH, CIC
Mark Miller, MD
G. Gopal Rao, MBBS, MD, FRCP
Mike Rollins
Mary Vearncombe, MD, FRCP

**ORGANIZING COMMITTEE**

Sandra Callery, RN, MHSc, CIC
Teri Lee Dyke, RN, BSN, CIC
Candace Friedman, MPH, CIC
Sarah Hahn
Gerry Hansen, BA
Annette Jeanes, RN, Dip.N, Dip IC MSC
Sweetsy Joseph, BSc
Cassandra Lofranco
Pat Piaskowski, RN, HBCn, CIC
Mary Schantz, BA
Sue Sebazco, RN, BS, CIC

**FUNDING**

This conference was sponsored by the Ontario Ministry of Health and Long Term Care, the Ontario Provincial Infectious Diseases Advisory Committee, Public Health Agency of Canada, and Wyeth Pharmaceuticals. Experts were invited and all of their travel and accommodation costs were met from the sponsorship funds. In addition, the Centers for Disease Control and Prevention, Division of Healthcare Quality Promotion, provided speaker support.

More information can be found at www.chica.org
NOW you hold the power to fight for your patients

INTRODUCING

V·Link™
Luer Activated Device

The first antimicrobial IV connector

Kills on average 99.9% or more of specific common pathogens known to cause catheter-related bloodstream infections (CR-BSIs)†

*These in vitro test results of typical devices have not been shown to correlate with a reduction in infections.

Visit www.baxter.com

The antimicrobial agent is not intended to be used as a treatment for existing infections. Rx Only.
For safe and proper use of this device, please refer to the complete instructions for use.


Baxter Healthcare Corporation. 4 Robert Speck Parkway, Suite 700, Mississauga, ON L4Z 3Y4  www.baxter.com  213236C 03/08
Resolution

The following resolution was approved by CHICA-Canada members at the 2008 Annual General Meeting. Information on the Research Grant Application will be posted on www.chica.org and broadcast to CHICA members.

BE IT RESOLVED THAT:
Due to the widespread infections caused by the bacterium Clostridium difficile that are occurring in hospitals across Canada; due to the terrible suffering this infection inflicts upon those most vulnerable in our nation’s health care facilities; and due to the significant gaps in our knowledge on the prevention and control of this growing infectious disease threat; the members of the Community and Hospital Infection Control Association Canada (CHICA-Canada) are allocating the sum of $50,000, entirely derived from its 1,500 members, to the development of a research fund for CHICA-Canada members dedicated to increasing our knowledge of the prevention, control and eradication of Clostridium difficile.

“The Power of One.”

Signed this 5th day of June, 2008.

(original signed by)

Marion Yetman,
President

Dick Zoutman, MD, FRCPC
Physician Director

2009 CHICA-Canada Education Conference

Delta St. John’s/St. John’s Convention Centre
St. John’s, Newfoundland Labrador
May 9-14, 2009

Mark your calendars for the 2009 CHICA-Canada Education Conference.
For more information, visit www.chica.org

Multi-Purpose Equipment Washer

You too can reduce bacteria by 99.9%
As demonstrated in an independent laboratory study

- 5 Minutes Per Cycle • All Stainless Steel • Portable • Washes Two Wheelchairs at a Time

MEDCO

Call us Toll Free 800-717-3626

Solid Foundations

CALL US TOLL FREE 800-717-3626
FREE NO OBLIGATION TRIAL!
Hand hygiene is the cornerstone of preventing the spread of infection. Hand hygiene decreases the number of disease-causing organisms on the surface of your skin, and can be achieved by either traditional handwashing, or by using an alcohol-based hand rub (ABHR) on the hands (1).

Recent evidence has demonstrated the superiority of ABHR for decontaminating hands in healthcare settings (2). CHICA-Canada recommends ABHR as the preferred method of hand hygiene unless hands are visibly soiled. If hands are visibly soiled, wash hands with soap and warm, running water.

To be effective, perform hand hygiene:
- Before entering and on exiting the room or bedspace of a patient*.
- After removing gloves.
- After care involving the risk of or exposure to body fluids of a patient (e.g. toileting a patient or providing wound care).
- After contact with items in the patient’s environment or contact with their body substances.
- Between different procedures on the same patient.
- Before and after performing invasive procedures.
- After performing personal functions such as blowing your nose or using the toilet.
- Before eating, preparing or serving food, feeding a patient.
- Any time hands are visibly soiled.

*patient in this position statement refers to all patients, residents or clients in the healthcare setting.

To wash your hands, use warm, running water, soap, and friction for at least 15 seconds. Wet hands, then lather and clean all surfaces of the hands concentrating on fingertips, between fingers, nail beds, back of hands and base of thumbs and thoroughly rinse after lathering and rubbing. Ideally, use individual paper towels to dry.
Bio-Safe Skin Shield® because health is in your hands.

Bio-Safe Skin Shield use helps INCREASE HAND WASHING COMPLIANCE and PREVENTS contamination from MRSA & VRE.

Bio-Safe Skin Shield PROTECTS against damage from frequent use of alcohol sanitizers, hand washing and glove use. This patented lotion provides an 8 hr barrier effect that prevents occupational dermatitis as it relates to the health and food-service industries. The result keeps staffs’ hands from getting red, chapped and sore which therefore helps increase handwashing compliance.

Clinical trials at a Canadian Acute Care Hospital showed that patients whose nurses used the Control lotion were 9.0 times more likely to develop MRSA, versus the ward where nurses wore Bio-Safe Skin Shield lotion.

BioSafe Skin Shield is a patented polymer lotion that is registered with a DIN and has CFIA approval for food handlers.

For pennies per day join the war against the spread of MRSA/VRE.
towels to pat hands dry. Turn off the taps with the paper towel to avoid recontaminating your hands.

Bar soaps are not acceptable in healthcare settings except for single patient use. If used in this context ensure the soap is able to drain when not in use.

Use liquid soap containers until empty and then discard; topping up has been associated with contamination.

Plain soap is appropriate in most areas. Alcohol-based hand rub or antimicrobial soap may be used in critical care areas or in other areas where invasive procedures are regularly performed.

**Alcohol-based Hand Rub**

Ensure hands are visibly clean; apply the amount of product recommended by the manufacturer into one palm. This is often between 1-2 full pumps of the product or a ‘loonie’ sized amount. Spread the product over all surfaces of hands, concentrating on finger tips, between fingers, back of hands and base of thumbs. Rub hands until the product is completely dry; this will take at least 15-20 seconds if sufficient product is used.

ABHRs available for, and widely used in, health care settings range in concentration from 60% to 90% alcohol (4). Concentrations higher than 90% are less effective because proteins are not denatured easily in the absence of water. A recent study suggests that norovirus is inactivated by alcohol concentrations ranging from 70% to 90% (5). Norovirus and other non-enveloped viruses (e.g. rotavirus, enterovirus) cause acute gastroenteritis in humans and are a frequent cause of outbreaks in health care facilities. Since norovirus is a concern in all health care settings, this should be taken into consideration when choosing an ABHR product. It is preferable that a minimum concentration of 70% alcohol be chosen in healthcare settings. The active concentration of alcohol in products may be checked by searching on the DIN number in the Health Canada Drugs and Health Products Database, located at:


When dealing with spore-forming bacteria (e.g. Clostridium difficile) handwashing is preferred as ABHRs have limited effectiveness in killing spores; therefore physical removal of spores by handwashing is required.

However, when providing patient care where handwashing facilities are not immediately available, hands should be decontaminated with ABHR which is effective against the vegetative forms of the bacteria and then hands washed as soon as possible.

Care should be taken to ensure hands are completely dry after use of ABHR to reduce the fire risk from vapours. While this is a rare event there has been at least one recorded instance of a fire related to use of ABHR in oxygen rich environments. In this case hands of the healthcare worker were still ‘wet’ with the ABHR when the fire ignited (6).

Ideally ABHR should be available to all healthcare workers (HCWs) at the point-of-care. An institutional risk assessment should be completed to determine the most appropriate areas for placement of ABHR in every facility. Locked, tamper proof containers should be used.

**Skin Care**

Hand lotions or creams should be available to minimize any skin irritation or breakdown caused by hand hygiene. To be effective HCWs must use the skin care products regularly. Healthcare facilities should develop a proactive program to keep hands healthy so hand hygiene can be optimal. Engaging HCWs and occupational health experts in design of a program has been shown to increase its effectiveness. Key parts of a skincare program include:

- Provision of efficacious skin care products and barrier creams that do not interfere with the persistent antimicrobial effect of the hand
hygiene agent being used.

• Positioning of skin care products as close as possible to areas where hand hygiene is performed.
• Use of dispensers that are of sufficient quality that they will not clog or leak.
• Use of dispensers that can be easily flagged for disposal when empty.
• Use of products that do not have adverse effects on gloves.
• Use of warm but not hot water for handwashing.
• Placement of dispensers to minimize splashing or dripping onto adjacent wall and floor surfaces.

Effective hand hygiene must be an individual and an institutional priority. Literature has shown multifaceted hand hygiene programs developed by multidisciplinary groups within healthcare settings are the most effective; Infection Control Professionals have and continue to play a key role in these programs.

REFERENCES


Thank you to the members of CHICA Montreal who gave great support to the planning and facilitation of the 2008 CHICA/AIPI Education Conference. Without their help, the conference would not have been as successful.

Whether they participated as a speaker, moderator, monitor, coordinating the Run for IFIC, or organizing the CHICA Montreal table, all chapter members gave freely of their time and expertise. Certainly their hospitality was warm and welcoming.

Thank you especially to the following CHICA Montreal members: Chapter President Silvana Perna; Frédérica Gaspard for organizing the Run for IFIC; Frédérica Gaspard and Ramona Rodrigues for representing CHICA Montreal on the 2008 Core Committee; those who coordinated and assisted at the Silent Auction and craft table; and those who ran out for fresh bagels!

Our sincerest thanks to all.

CHICA-Canada board of directors (l to r): Cynthia Plante-Jenkins, Karen Clinker, Donna Moralejo, Bern Hankinson, Cathy Munford, Marion Yetman, Bonnie Henry, Dick Zoutman, Joanne Laalo.

CHICA-Canada 2008 Chapter Presidents

AIPI Executive (l to r): Lucie Bellehumeur, Luce Landry, Lyne St-Martin, Joanne Lavoie, Julie Vigneault, Danielle Goulet. Missing: Luce Chretien.

CHICA Montreal – Merci! Merci!

Thank you to the members of CHICA Montreal who gave great support to the planning and facilitation of the 2008 CHICA/AIPI Education Conference. Without their help, the conference would not have been as successful.

Whether they participated as a speaker, moderator, monitor, coordinating the Run for IFIC, or organizing the CHICA Montreal table, all chapter members gave freely of their time and expertise. Certainly their hospitality was warm and welcoming.

Thank you especially to the following CHICA Montreal members: Chapter President Silvana Perna; Frédérica Gaspard for organizing the Run for IFIC; Frédérica Gaspard and Ramona Rodrigues for representing CHICA Montreal on the 2008 Core Committee; those who coordinated and assisted at the Silent Auction and craft table; and those who ran out for fresh bagels!

Our sincerest thanks to all.
We acknowledge the financial support of the Government of Canada through the Department of Canadian Heritage.
AWARD WINNERS

3M Chapter Achievement Award
Toronto Professionals in Infection Control (TPIC)

2008 Ecolab Poster Contest Ellen Otterbein, Waterloo Wellington Infection Control Network


2008 Best First-Time Abstract Submission Julie Carbonneau, Ste-Anne-de-Bellevue, Quebec, for her abstract: Le triage informatisé : une approche proactive d’endiguement d’une éventuelle pandémie


2008 Solumed Best Oral Presentation #2 Lina Moisan, Laval, Quebec, for her presentation: Do you know what’s on your hands and pagers? Or, how to sensitize Healthcare Workers to the Importance of Hand Hygiene

Best Poster Presentation #1 Jennifer Grant, Vancouver, BC, for her presentation: Antibiotic Use and Susceptibility Patterns in one Rehabilitation and Two Long Term Care Institutions.

Best Poster Presentation #2 Johanne Gagne, Montreal, Quebec for her presentation: Pratiques de Base et Precautions Additionelles; Testez vos Connaissances par le Bingo

Best six abstracts chosen by the Abstracts Committee:
• Clare Barry, Learning’s from Ontario Just Clean Your Hands Program Pilot Phase
• Marie-Andrée Bruneau, A Success Story: Personal Protective Equipment (PPE) Training
• Christine Chambers, The Effects Of Inadequate Facilities On Methicillin-Resistant Staphylococcus Aureus (MRSA) And Vancomycin-Resistant Enterococcus (VRE) Rates In Vascular Surgery Patients
• Victoria Williams, Utility Of Environmental Sampling For The Prevention Of Vancomycin Resistant Enterococci (VRE) Transmission

• Krista Cardamone, Evaluation Of Microbial Contamination Of Bone Marrow Harvest At A Paediatric Hospital
• Deborah Hobbs, The Use Of Chlorhexidine Gluconate Disposible Washcloths To Reduce Transmission Of Vancomycin Resistant Enterococci On Two Nephrology Units

Questions that Caused a Pause – Best submission Complimentary 2009 conference registration: Suzanne Leroux, Verdun, Quebec

PRIZE WINNERS

Early Bird Draw Complimentary 2009 Conference Registration: Joy Pyett, Vernon BC (CHICA), Marie-Paule Parent, Romuald, Quebec (AIPI)

Annual General Meeting Attendance Complimentary 2009 Membership: Betty Taylor, Winnipeg, Manitoba

Exhibit Passport Winners:
GPS – May Griffiths-Turner, Hamilton, Ontario
GPS – Andrée Bouchard, Roberval, Quebec
Digital Camera – Carolyn Doroschuk, Edmonton, Alberta
iPod – Michelle Lapointe, Montreal, Quebec

Two books: Hopelessly Human Nurse series – Connie Gittens Webber, Hamilton, Ontario

Portable DVD Player – Cécile Plouffe, Lachute, Quebec

Cardinal Health
Pedometer Contest:
Level 1 – Cathy Munford, Victoria, BC
Level 2 – Abimbola Forde, Toronto, Ontario
Level 3 – Kathy Bush, Calgary, Alberta

2007 Virox Scholarship winners.
IN THE WAR AGAINST INFECTION, CONSIDER YOURSELF ARMED
For Surface Care, Trust Sani-Cloth® Plus Germicidal Disposable Cloth

Sani-Cloth® Plus is a hospital-grade disinfectant specifically formulated for use on hard non-porous environmental surfaces found throughout healthcare.

- Kills Mycobacterium bovis BCG (Tuberculosis), Methicillin resistant Staphylococcus aureus (MRSA), Escherichia coli (E. coli) O157:H7 and HCV (Hepatitis C Virus)
- Cleans and disinfects
- Unique Deep Well Lid provides ample space to store and access next wipe
- Convenient quick pull canister and individual pocket options

For information on Sani-Cloth® Plus contact your distributor, visit www.pdipdi.com or call 800-999-6423.
The 3rd annual Run for IFIC was held in beautiful Old Montreal on Monday, June 2. Despite an early morning mist, 26 hardy 5K runners and 2.5K walkers laced up to raise funds for the scholarship program of the International Federation of Infection Control.

In 2007, 11 persons from developing countries received scholarship fund support to attend the annual IFIC conference in Hungary. In order to qualify for support from the IFIC Scholarship Fund, aspiring candidates must submit a poster or oral presentation to be reviewed for potential acceptance by a highly qualified panel. An oral presentation is preferred. Scholarship winners in Budapest were from Algeria, Egypt, Georgia, Iran, Israel, Malta, Pakistan, and Vietnam. (Some countries had more than one winner.) In recognition of her work for IFIC, the scholarship program has been re-named the Patricia Lynch Scholarship Fund.

Through the annual Run for IFIC, CHICA-Canada has been able to add to this support while providing a fun and memorable event for participants.

The 2008 contribution to IFIC will surpass $5800 with approximately $3300 coming from pledges and $2500 from CHICA-Canada.

The Run for IFIC prize winners were:
Fastest Runners: Jim Gauthier and Marion Yetman
Fastest MD: Bonnie Henry
Fastest Walker: Kathy Bush
Most Pledges: Nicole Gartner

CHICA-Canada joins with IFIC in thanking CHICA Montreal for their support of the Run for IFIC. We thank Les enterprises Solumed for their financial support of the run, and we especially thank Frédérica Gaspard of CHICA Montreal and JPdL Ltd. for the organization of the 2008 Run for IFIC.
Ellen Otterbein of the Waterloo Wellington Regional Infection Control Network is the winning artist for the 2008 Ecolab Poster Contest. With the theme “Antibiotic Resistant Organisms – A Call to Action!” the graphic represents the germbuster SuperHero, whose simple but effective message is that routine practices stop the spread of AROs and save lives. The 2008 poster was launched in Montreal with the assistance of Germbuster Jim! The 2008 contest was hosted by CHICA SOPIC and sponsored by Ecolab Healthcare.
### CHICA/AIPI 2008 - CD/MP3 ORDER FORM

**Novice Practitioner Day**
- NP1 (F) The ABC’s of Infection Control
- NP2 - Core Competencies For ICPs
- NP3 - Core Competencies For Healthcare Workers
- NP4 - Critical Thinking - Moving From Black to White to Grey
- NP5 - Internet Resources 101
- NP6 (F) - Overview of the Audit Process
- NP7 (F) - Audit Tools
- NP8 (F) - Sharing Results to Implement Changes

**Plenary Sessions**
- P1 - Keynote - Dr. Samantha Nutt
- P2 - MRSA - International Lessons Learned
- P3 - C. difficile Consensus Conference Recommendations
- P4 - Leadership Moving From Attitude To Implementation
- P5 - Professional Practice Standards - Newly Revised
- P6 - The Challenge of the New IP&C Accreditation Standard
- P7 - Efforts in Dealing With Hospital Cross-Infection
- P8 - Team Building
- P9 - IP&C Vignettes - Questions That Caused a Pause

**Pre-Conference Day**
- PC1 - The Role of the Environment in Transmission
- PC2 - ...From Conference Room to Bedside
- PC3 (F) - Hygiene and Sanitation - Towards New Horizons
- PC4 - Quebec Reference Centre for Sterilization
- PC5 - Mini-Symposium
- PC6 - Benchmarking
- PC7 - Real Time Surveillance
- PC8 - Surveillance Programs Across Canada
- PC9 - Who Are We?
- PC10 - What Are The Challenges?
- PC11 - Providing Patient Care With Optimal IP&C Practices
- PC12 - PreHospital...Important Pt. Healthcare Mosaic/ Q & A

**Concurrent Sessions**
- C1 - Third Party Reprocessing
- C2 - Jurisdiction and Authority...First Nations Reserves
- C3 - Meeting The Challenge Of Implementing IP&C

**Long Term Care**
- C4 - Guidelines for Pet Therapy
- C5 - How Do You Spell Help? ORIENTATION!

**Clinical Microbiology**
- C6 (F) - From Lab to Clinic
- C7 - Specimen Procurement and Handling

**Advanced Practitioner Day**
- AP1 (F) - Communication Strategies: Getting...Point Across
- AP2 - Costing and Preparation of a Business Case
- AP3 - Project Evaluation in Infection Prevention and Control
- AP4 (F) - The ABCs of Infection Control
- AP5 - Empowering and Advancing Your Career

**Preparing for the Pandemic**
- C8 - Risky Business: Risk Assessment In Routinne Practices

**Pediatrics**
- C10 - Evolution Of IP&C in Pediatrics
- C11 - Toy Management - It’s Not Child’s Play!
- C12 (F) MRSA Outbreak Management in Neonatal ICU

**Oral Presentations**
- O1 - Space and Design
- O2 - Risk Factors For Infection
- O3 - Education Strategies For ICPs
- O4 - Planning and Teamwork
- O5 - Education Across The Continuum
- O6 - Hand Hygiene
- O7 - Surveillance and Screening
- O8 - Environment in IP&C

*All Sessions are in English Unless Marked “F” for French*

---

**Name**

**Address**

**City & Prov/State**

**Zip or Postal Code**

**Phone**

**Email**

Please Print CARD No. Clearly  Visa • MasterCard • AMEX

**GST Incl. 100% Warranty**

**Postage**

**Click here to return to table of contents**

---

**Order Online, Mail or Fax to:**

KENNEDY RECORDINGS
537 LESSARD DR., EDMONTON, AB, CANADA T6M 1A9
PH./FAX (TOLL FREE) 1-888-486-1335/1-866-247-1335

E-MAIL: SALES@KENNEDYRECORDINGS.COM
WEB SITE: WWW.KENNEDYRECORDINGS.COM
INTRODUCING !!!
A COMPACT LOW TEMPERATURE STERILIZER

MEETING THE UNIQUE NEEDS OF HOSPITALS AND CLINICS

STERRAD® NX™ Sterilization System

With over 230 STERRAD® sterilizers installed across Canada, ADVANCED STERILIZATION PRODUCTS, a unit of Johnson & Johnson Medical Products is pleased to present the STERRAD® NX™.

Equipped with the same patented low temperature sterilization technology for heat and moisture sensitive items such as flexible endoscopes and rigid telescopes, the compact STERRAD® NX™ also allows for portability at a fraction of the price. The STERRAD® NX™ is fast and delivers wrapped, sterilized product in less than 40 minutes with no health risk to your staff or harmful emissions into the environment.

The Time Has Come. Low temperature sterilization can be FAST, EASY, SAFE, PORTABLE and AFFORDABLE, all at the same time.

FOR MORE INFORMATION ON THE STERRAD® NX™ PLEASE CONTACT YOUR ASP REPRESENTATIVE

ASP ADVANCED STERILIZATION PRODUCTS
Western/Atlantic Provinces: 1-800-668-9045
Ontario: 1-800-268-5577
Quebec: 1-800-668-9067
Toronto: 905-946-9501
STERRAD® NX™ is a registered trademark

PRODUITS MÉDICAUX
Johnson & Johnson
MEDICAL PRODUCTS
A DIVISION OF johnsonjohnson, INC.
CHICA MEMBER WINS HEROES OF INFECTION PREVENTION AWARD

Denise Sorel, BScN, RN, CIC of East Central Health, Camrose, Alberta was named one of APIC’s Heroes of Prevention at APIC’s 2008 conference in Denver. Denise was hired as program lead for East Central Health Infection Prevention Control in 1999. She was the only infection prevention control professional for the region. In April 2000 the program received a mediocre amount of clerical assistance. The enterostomal therapy nurse also reported to her.

With great passion and eagerness Denise developed and implemented the infection control program. At that time the region consisted of approximately 1200 continuing care beds and 400 acute beds. One of the first things she implemented was an Infection Prevention Control (IPC) Policy and Procedure (P&P) manual. Denise also performed numerous site training sessions on antibiotic-resistant organisms, influenza preventive measures, standard & transmission-based precautions, just to name a few. Denise also in-serviced specialty programs (community living, disability associations) in several communities within the region on hand hygiene and standard precautions. Her interactive abilities to share her knowledge and educate the staff are exemplary.

In January 2001, the region identified the need to have site-specific liaisons in each community. In June 2007 the IPC program began the site investigator training days. Each site investigator received a manual, samples of personal protective equipment (PPE), waterless hand gel, hand hygiene resources and other informative products/materials. Follow-up workshops were held for all site investigators in June 2005 for two days and June 2007 for a one-day session.

In 2003 a restructure of the region occurred in East Central Health. The region currently consists of 21 health centres, 9 acute sites and 12 continuing care sites.

Denise has based her program on evidence-based practices and based on best practices advocated and implemented policies, education sessions, and promoted new products. Denise held a trial study for urinary tract infections (UTI) related to urinary catheterizations. She has introduced products such as waterless hand gel to the region. She developed a self-study manual in 2003 and revised it again in 2006, developed an outbreak management P&P in acute care and in continuing care, self-study modules on respiratory and gastrointestinal outbreaks, and shared these with staff development for ongoing education sessions. In 2003, East Central Health experienced a Methicillin Resistant Staphylococcus Aureus (MRSA) outbreak and once again Denise developed a P&P, forms for consistent data collection, education for staff, families, patients and management.

In addition, Denise has been an active member of the Alberta Health & Wellness, Pandemic Planning and MRSA working groups. In 2005-06 she was the president of the Northern Alberta CHICA chapter. Denise has presented at the East Central Health Board Members retreat. In June 2007, Denise presented at the international CHICA conference held in Edmonton, Alberta on outbreak management. Denise interfaces with provincial quality councils and the college of physicians. She has been participative in numerous external and internal committees because of her expertise in infection control.

Denise has attended courses and successfully completed her CIC recertification in the fall of 2006. The IPC program in East Central Health has now granted approval for a full-time IPC practitioner who will report directly to her. As of July 1, 2007 the clerical support for the IPC program increased to a full-time position.

In summary, Denise won this prestigious award because of her passion for infection prevention control, advocacy for patient/staff safety, skills, mentorship role, and leadership in the field of IPC. CHICA-Canada proudly congratulates Denise for her achievements.
Gerry Hansen, Karen Clinker and Sandra Callery at CHICA-Canada booth at the 2008 APIC conference. Thanks also to Ellen Otterbein, Marion Yetman, and Paul Webber for helping at the booth.

Canadians and friends at APIC!
Where Will You Put Your CaviWipes™ Flat Pack?

New adhesive-backed CaviWipes Flat Pack makes surface disinfection more convenient.*

- **Unique Design.** Resealable soft pack offers infection prevention at your finger tips.
- **Fast Action.** Kills TB, MRSA, HIV-1 and HCV in 3 minutes.
- **More Value.** A cleaner and disinfectant in one.
- **Fully Saturated Wipes.** 7-layer design that drenches surfaces with the power of CaviCide®
- **Space Saver.** Minimize storage space and unclutter counter space.
- **Non-abrasive.** For use on hard, non-porous surfaces.
- **Durable.** Non-woven towelettes that won’t bunch up during use.

Visit metrex.com or call 800.841.1428 for more information!
Mark your calendar for October 23, 2008, Canada’s second National Infectious Diseases Day (NIDD).

On October 18, 2007 Canada’s infectious diseases sector launched a call for a National Infectious Diseases Strategy (NIDS) in meetings with members of Parliament, a press conference and luncheon in Ottawa. The event showed a strong support and interest from media and public in our members’ work. You can see the NIDS position paper at www.nidd.ca

In November, 2007 the federal government established a working group led by the Public Health Agency of Canada to begin work on a national strategy. CHICA-Canada and our NIDD partners have committed to work cooperatively to achieve an effective and comprehensive national strategy to help prevent and treat infectious diseases.

At the same time, the sector partners (CHICA-Canada, AMMI Canada, Canadian Foundation of Infectious Diseases (CFID), Canadian Association for Clinical Microbiology and Infectious Diseases (CACMID), and industry) were developing a three-year campaign to educate Canadians and keep up the pressure to ensure Canada has a NIDS. This spring they approved a business plan, memorandum of understanding and campaign themes for 2008.

While the three-year campaign has an overriding goal of a national strategy, each year will focus on a specific goal that gets us much closer to our target.

2008’s campaign is ambitious: To secure by June 2009, a national commitment to a 50 per cent reduction in healthcare-associated MRSA and Clostridium difficile.

2008 objectives include:
1. Health, health system, and financial benefits which the public can understand and providers get behind.
2. Observable measurable positive results relative to MRSA and C.difficile.
3. Infrastructure and system capacity building:
   - Surveillance capability
   - Diagnostic capability including rapid diagnostics and universal screening
   - Education (including appropriate use of antimicrobials)
   - Research capability (including enhanced information/data)
   - Infection prevention & control expertise and local operational supports.

An executive committee led by Dr. Ray Saginur, president of CFID and representing member associations and industry is currently developing a position paper on HAI, working committees are developing other annual campaign activities.

The lobbying committee plan for this year’s campaign includes visits with members of Parliament, press conference and luncheon for government officials and leaders of other national healthcare associations. A speaker on Europe’s successful approaches to HAI will challenge Canadians to improve our performance. The afternoon will be an internal discussion on ID sector priorities in our engagement with governments in the next year.

The communications committee is preparing for various public education activities including media outreach, campaign kits, website content, and workshops on ID. Our members are organizing media training sessions to help our spokespersons deliver our strategy’s key messages and respond to the increased interest from national and health targeted media in ID health-related issues.

Please watch www.nidd.ca for additional information.
When it comes to patient well being, Hollister brings more innovation to healthcare.

The Zassi® Bowel Management System diverts and contains potentially infectious stool. It is the only indwelling rectal catheter that provides access for rectally administered medications.

C. the difference

See how the Zassi® Bowel Management System can help your patients. Call 1.800.263.7400 or email bowel.management@hollister.com and discover why …

There’s more to Hollister than ever before.

Caution: This device is restricted to sale by or on the order of a physician.

Prior to use of the Zassi® Bowel Management System, be sure to read (a) the entire Zassi® Bowel Management System Instructions for Use package insert supplied with the product for device intended use, (b) any other package inserts and literature supplied with the product and accessories. Date of issuance: October, 2007

Hollister and logo, and “Attention to Detail. Attention to Life,” are trademarks of Hollister Incorporated.

Zassi is a trademark of Zassi Medical Evolutions, Inc. licensed to Hollister Incorporated.

Covered under one or more of the following patents: US Patent 5,950,216, 7,147,627 and Australian Patent 290,225,763 and other patents pending.

©2007 Hollister Incorporated.

www.hollister.com
CHICA-CANADA REPRESENTATIVE TO NATIONAL ADVISORY COMMITTEE ON IMMUNIZATION (NACI)

NACI is a national committee of recognized experts in the fields of pediatrics, infection prevention and control, infectious diseases, immunology, medical microbiology, internal medicine and public health. The Committee reports to the Chief Public Health Officer of Canada, and works with departmental staff of the Centre for Infectious Disease Prevention and Control (CIDPC) of the Public Health Agency of Canada to provide ongoing and timely medical, scientific and public health advice.

NACI makes recommendations for the use of vaccines currently or newly approved for use in humans in Canada, including the identification of groups at risk for vaccine-preventable disease for whom vaccine programs should be targeted. All NACI recommendations on vaccine use in Canada are published every four years in the Canadian Immunization Guide. Additional statements and updates are published in the Canada Communicable Disease Report (CCDR). NACI also advises on the need for national vaccination strategies and makes recommendations for vaccine development research.

Terms of Reference for NACI can be found at http://www.phac-aspc.gc.ca/naci-ccni/tor-eng.php

CHICA-Canada is a liaison member of NACI. Liaison representatives may participate in all discussions; however, the final votes are for members only. CHICA-Canada is seeking a representative to NACI for a three-year term effective September 15, 2008. The next meeting of NACI is scheduled for October 15-16, 2008 in Ottawa. Travel expenses will be paid by CHICA-Canada (Travel Expense Form 7). Meetings are held three times per year for two-three days with reading preparation of approximately one day prior to each meeting (documents for review are sent by email approximately 10 days before each meeting).

Applicants must possess the following qualifications and agree to the following terms:

• A current (2008) member of CHICA-Canada, having held membership for at least five years.
• Must have a Certification in Infection Control & Epidemiology (CIC) or specialty training in epidemiology, infectious diseases or community medicine.
• Master’s preparedness is helpful but not mandatory.
• A minimum of five years’ experience in Infection Prevention and Control and/or Infectious Diseases with specialized knowledge of Infection Prevention and Control in the topic.
• Skills in critically appraising literature and a good understanding of research designs and methodology.
• Sound knowledge of all vaccine preventable diseases.
• Has the time, personal commitment, and support of their institution to serve CHICA-Canada and NACI through this position.

APPLICATION MUST INCLUDE:

• A letter from applicant expressing interest in the position and demonstrating suitability for the position.
• A curriculum vitae that includes details as to expertise in Infection Prevention and Control with specifics relating to the topic.
• Professional education, specialty training and expertise, and CHICA-Canada involvement such as service as a CHICA-Canada Board Member, as a chapter executive, or on a CHICA-Canada Standing Committee.

Applications must be received no later than September 5, 2008.

Applications should be forwarded to:

Executive Administrator,
CHICA-Canada
PO Box 46125 RPO Westdale
Winnipeg MB R3R 3S3

Or by fax: 204-895-9595
Or by email: chicacanada@mts.net
Or by courier to:
67 Bergman Crescent
Winnipeg MB R3R 1Y9

CHICA-Canada is a liaison member of NACI. Liaison representatives may participate in all discussions; however, the final votes are for members only. CHICA-Canada is seeking a representative to NACI for a three-year term effective September 15, 2008. The next meeting of NACI is scheduled for October 15-16, 2008 in Ottawa. Travel expenses will be paid by CHICA-Canada (Travel Expense Form 7). Meetings are held three times per year for two-three days with reading preparation of approximately one day prior to each meeting (documents for review are sent by email approximately 10 days before each meeting).

Applicants must possess the following qualifications and agree to the following terms:

• A current (2008) member of CHICA-Canada, having held membership for at least five years.
• Must have a Certification in Infection Control & Epidemiology (CIC) or specialty training in epidemiology, infectious diseases or community medicine.
• Master’s preparedness is helpful but not mandatory.
• A minimum of five years’ experience in Infection Prevention and Control and/or Infectious Diseases with specialized knowledge of Infection Prevention and Control in the topic.
• Skills in critically appraising literature and a good understanding of research designs and methodology.
• Sound knowledge of all vaccine preventable diseases.
• Has the time, personal commitment, and support of their institution to serve CHICA-Canada and NACI through this position.

APPLICATION MUST INCLUDE:

• A letter from applicant expressing interest in the position and demonstrating suitability for the position.
• A curriculum vitae that includes details as to expertise in Infection Prevention and Control with specifics relating to the topic.
• Professional education, specialty training and expertise, and CHICA-Canada involvement such as service as a CHICA-Canada Board Member, as a chapter executive, or on a CHICA-Canada Standing Committee.

Applications must be received no later than September 5, 2008.

Applications should be forwarded to:

Executive Administrator,
CHICA-Canada
PO Box 46125 RPO Westdale
Winnipeg MB R3R 3S3

Or by fax: 204-895-9595
Or by email: chicacanada@mts.net
Or by courier to:
67 Bergman Crescent
Winnipeg MB R3R 1Y9
Today I learned...
it's time to go passive.


Universal Bevel, a cut above the rest.
- Make insertion more comfortable for you and your patients.
- New needle geometry creates a flexible pathway designed for easier catheter insertion, less tearing and faster healing.

Approach with confidence.
- Universal Bevel allows a wider choice of insertion angles.
- Choose the approach that helps achieve the best results for you and your patient.

Passive is preferred.
You need the best when it comes to safety, so get the high activation rate of our passive system¹ and its proven performance in reducing needlestick injuries. ²,³

Take action. Go passive.
Contact your B. Braun representative today to schedule a demonstration. Call 1-877-949-9529 or visit us at www.bpassive.bbraunusa.com.

B. Protected.

Universal Bevel for enhanced comfort and flexibility.

Passive Safety to help ensure activation.
Background
The CHICA-Canada 2010 Scientific Program Committee is a national committee whose mandate is to plan, develop and ensure completion of the scientific program committee for the 2010 National Education Conference. The 2010 National Education Conference will take place at the Sheraton Wall Centre, Vancouver (May 29-June 3, 2010).

The 2010 committee is comprised of the following geographically diverse representatives of various practice settings:

2010 Conference Chair – Cathy Munford RN CIC, Victoria BC
2010 Scientific Program Chair – Jim Gauthier MLT CIC, Kingston ON
2010 Scientific Program Co-Chair – Vacant
2009/2010 Acute Care Representative – Molly Blake BN MHS GNC(C) CIC, Winnipeg MB
2009/2010 Long Term Care Representative – Lee Hanna RN CIC, Edmonton AB
2010/2011 Community/Public Health Representative – Vacant
2010/2011 Medical Microbiology/Infectious Disease Physician – Vacant

Call for Applications
CHICA-Canada is seeking three candidates to fill the positions of:

- Scientific Program Co-Chair (will become Scientific Program Chair for 2011 conference)
- Community/Public Health Representative (for 2010 and 2011 conferences)
- Medical Microbiology/Infectious Disease Physician (for 2010 and 2011 conferences)
- A minimum of 5 years experience in Infection Prevention and Control and/or Infectious Diseases with specific expertise in the setting for which a representative is sought.
- Good interpersonal and communication skills.
- Professional involvement with CHICA-Canada in a Chapter Executive role, as Chair of an Interest Group or CHICA-Canada Committee.
- Experience in the planning of scientific programs for professional conferences (local, regional or national) would be an asset.
- Has the time, personal commitment and support of their institution to serve CHICA-Canada through this position.

Meeting Schedule and Expenses
The Scientific Program Committee meets twice in-person (for each conference) and then communicates through email or conference calls. The first meeting of the 2010 Scientific Program Committee is scheduled for October 4/5 in Vancouver. The first meeting of the 2011 Scientific Program Committee will be scheduled for the fall of 2009 (location TBA).

CHICA-Canada pays the expenses for committee members to attend the conferences they have planned. CHICA-Canada pays the expenses of committee members to attend the 2010 and 2011 conferences.

Qualifications
Applicants must possess the following qualifications and agree to the following terms:

- A current (2008) member of CHICA-Canada, having held membership for at least 5 years.
- Must have a Certification in Infection Control & Epidemiology (CIC) or specialty training in epidemiology, infectious diseases or community medicine.

APPLICATION MUST INCLUDE:

- A letter from applicant indicating the position of interest, and demonstrating suitability for the position.
- A curriculum vitae that includes details as to the candidate’s background in Infection Prevention and Control/Infectious Diseases.
- Professional education, specialty training and expertise, and CHICA-Canada involvement such as service as a CHICA-Canada Board Member, as a chapter executive, or on a CHICA-Canada Standing Committee, Interest Group or Conference Planning Committee.

Applications must be received no later than September 5, 2008.

Applications should be forwarded to:

Executive Administrator,
CHICA-Canada
PO Box 46125 RPO Westdale
Winnipeg MB R3R 3S3

Or by fax: 204-895-9595
Or by email: chicacanada@mts.net
Or by courier to: 67 Bergman Crescent
Winnipeg MB R3R 1Y9
3M™ Avagard™ CHG Surgical and Healthcare Personnel Hand Antiseptic with Moisturizers
(Chlorhexidine Gluconate 1% Solution and Ethyl Alcohol 61% w/w)
DIN 02246888

Can other Surgical Scrubs Say as much?

Persistence
I am made to last

Chlorhexidine
I contain two active ingredients

Alcohol
I’m not just another alcohol

Evidence Based
I’m clinically proven

PIDAC states “Perform surgical hand antisepsis using … an alcohol-based hand rub, with a product ensuring sustained activity…” AORN agrees that for surgical hand antisepsis “… the antiseptic agent should be broad spectrum, fast acting, and have a persistent effect.”

According to WHO and CDC guidelines, “Chlorhexidine has substantial residual activity. Addition of low concentrations (0.5% - 1.0%) of chlorhexidine to alcohol-based preparations results in greater residual activity than alcohol alone.”

It is well established that alcohol alone has no persistent effect. Both the WHO and the CDC state: “Alcohols are rapidly germicidal when applied to the skin, but they have no appreciable persistent (i.e., residual) activity.”

3M™ Avagard™ CHG has clinical studies demonstrating its fast, effective, persistent, and cumulative activity. This product has been issued the Drug Identification Number (DIN: 02246888) for the use as a Waterless Surgical Scrub.

How does your surgical scrub compare?
Brenda Dyck got her start in infection prevention and control in 1980, just as Seven Oaks General Hospital in Winnipeg opened. She had been working as a public health nurse and was looking for a change when an Infection Prevention and Control position opened up in the new hospital.

Infection prevention and control was in its early days, and starting a brand new position in a brand new hospital turned out to be good way to enter the profession, says Brenda.

“It was great to be there on the ground floor to develop and tailor the program to the hospital. I had supportive management and the staff were all new and learning. There wasn’t a lot of resistance to change because it was new to everyone.”

Seven Oaks is a community hospital in Winnipeg with 300-plus beds. It was an ideal location to start on the path of infection prevention and control, because everyone knew everyone else, and the environment fostered a strong teamwork ethic.

In 1987, she moved to Health Sciences Centre. This hospital is a teaching hospital with multiple areas and disciplines to be responsible for. There was a team of four infection control practitioners (ICPs) plus an infection prevention and control medical director. Each of the ICPs covered certain parts of the hospital. Brenda was responsible for the medicine dialysis and rehab programs.

“It was difficult at first to go from working independently as a lone ICP to working in a team where you meet once a week and have to discuss issues with the team. Your decision might not be what everyone else agrees with,” says Brenda. “But they were all great to work with.”

Working with an infection prevention and control medical director was also new, since at Seven Oaks she reported to the director of nursing. Brenda was very fortunate to work for two medical directors for the years she was at HSC and they provided her with a strong basis of infection prevention and control for the development of her career.

She worked at HSC for 17 years and found it a very fulfilling place to work. It was much busier than Seven Oaks and that was an adjustment at first. She found that her years at HSC were a great learn-
They have a specialty – infectious disease, microbiology, epidemiology – that enhances the practice of infection prevention and control.

They should be part of CHICA-Canada.

If you have a ‘Doc’ in your department who is not yet a CHICA-Canada member, encourage your ‘Doc’ to join CHICA. Their immediate benefit is an expansion of their professional resources and networking opportunities. Go to our website and see the many benefits available to membership so you will have the information on hand when the discussion comes up!

Send us the name of your ‘Doc’ when he or she joins CHICA. You and your Doc could each win a free 2009 membership (value $125).

“Bug a Doc!” contest closes March 1, 2009.

CHICA-Canada Member _____________________________________
Address ___________________________________________________
Telephone _________________________________________________
Email ______________________________________________________

New ‘Doc’ Member _________________________________________
Address ___________________________________________________
Telephone _________________________________________________
Email ______________________________________________________

Forward to CHICA-Canada, Fax 1-204-895-9595 or email chicacanada@mts.net

Brenda believes in a team approach for infection prevention and control and other health care individuals; to collaborate to achieve common goals. “Everyone has ownership in infection prevention and control.”

“One of the reasons I’ve stayed in this profession is because it is always changing. Every day presents new challenges and opportunities to learn which is why I am so passionate about infection prevention and control.”

the VANISHPOINT® ADVANTAGE
Designed for Clinician and Patient Safety

- Clear, unobstructed calibrations allow for accurate dosing
- Triple beveled, lubricated needle provides patient comfort
- Easy, one-handed activation
- No contaminated sharp exposed
- Pre-removal activation prevents exposure to contaminated sharp
- Reduced syringe deadspace
- Activated VanishPoint® Syringes require less disposal space than other syringes and prevent disposal-related injuries

VanishPoint® syringes are available in a variety of needle sizes and gauges.
VanishPoint® tube holders are used with standard blood collection needles and vacuum tubes for safe blood collection.

Studies show that most needlestick injuries occur within seconds after needles are removed from patients.

VanishPoint® Allergy Syringe Tray
VanishPoint® IV Catheter

Retractable Technologies, Inc. 511 Lobo Lane • Little Elm, Texas 75068-0009 • USA
Tel: (972) 221-6644 • Fax: (972) 294-4400
Toll Free: 1-888-703-1000
rti@vanishpoint.com • rti_intl@vanishpoint.com

VANISHPoint®
The New Standard for Safety™
This message will reach you after your annual CHICA-Canada Conference and I hope you enjoyed the variety of topics presented as well as the many opportunities the conference planners provided for networking with your peers. Somehow it is always comforting and reassuring to find that others understand the day-to-day stressors and are confronting the same issues you are dealing with. Additionally, the annual conference presenters and posters showcase the latest studies and share information and give you great ideas for incorporating into your work-places. The conference also allows you time to absorb the latest changes to guidelines and rules that impact the way you do your jobs. My Canadian friends always anticipate the annual conference and although the week is hectic, they go home invigorated with their batteries recharged and ready for any new challenge that comes along.

Hopefully, you were also challenged during conference week to consider taking the certification exam. The percentage of certified CHICA members is greater than the percentage of APIC’s membership, a fact that should make you very proud if you are among that group. APIC and CBIC, however, are working collaboratively to reach the goal of 50% of the APIC members being certified by the end of calendar year 2010. Like CHICA-Canada, we feel certification enhances the professional and the profession and having at least 50% of the APIC membership certified speaks volumes to everyone about our collective and individual commitments to safe patient care.

The value of certification in infection control (CIC) continues to receive recognition not only from accrediting and regulatory agencies in the US, attention is now coming from hospital associations and legislators throughout the United States. While the value of infection prevention and control may not be on the tip of everyone’s tongue in Canada, the American public and the American media continue to demand a higher level of accountability for hospitals and healthcare related to infection prevention. One piece of the accountability issue is the evolving realization by the public that certification of infection prevention and control professionals can be an indication of advanced knowledge of the concepts needed to promote safe care in all sorts of healthcare settings in the US.

West Virginia became the 26th state in the US to enact legislation on mandatory reporting of health-
care-associated infections in March of this year. Thanks to the continued emphasis on infection prevention and control by APIC at the national, state and local levels, several certified infection prevention and control specialists worked closely with the West Virginia Hospital Association to craft the language of the law before it was presented to the bill’s sponsors for consideration. They were also instrumental in ensuring the data are collected consistently using the National Healthcare Safety Network (NHSN) definitions for infections. The West Virginia law also created an Infection Control Advisory Panel with a designation of special characteristics for membership on the panel. Along with the infectious disease physicians and public health authorities, the law specifies the inclusion of three certified ICPs on the panel. One of the panel’s most important duties will be to advise the West Virginia Health Care Authority on the manner in which reporting is made available to the public to assure understanding of the meaning of reports. The value of the certified ICPs in West Virginia to this process may serve as a model for the remaining states considering mandatory reporting. During APIC’s 35th Annual Educational Conference and International Meeting in Denver, CBIC honored many members of the fledgling group of ICPs who took the first certification exam back in 1983. Many who took the exam are still actively involved in the field after 25 years and have maintained their certification. Several of this group became APIC members soon after the organization was established and have attended every annual conference since that time. We were proud to recognize their dedication and commitment to our profession and are deeply honored that so many accepted our invitation to the celebration. The CBIC Test Committee began working in March to develop a web-based form of the recertification examination (previously SARE) for 2009. So if you are due to recertify, watch for additional details about this exciting new testing option in upcoming publications and on the CBIC website. CBIC members staffing the booth in the exhibit hall in Denver will also have some information about the practice test, so be sure to stop by and see firsthand how the test may be able to help you prepare to take your certification examination. Discount coupons for the practice test will also be distributed at the booth. As I close this message, I encourage all of you to promote certification within your chapters and among your co-workers. The distinction of being certified in your specialty practice places you on the level of the best and brightest who choose to go a step beyond the ordinary. It elevates you and elevates our profession. Always remember that according to the great American football coach Vince Lombardi, the quality of a person’s life is in direct proportion to their commitment to excellence, regardless of their chosen field of endeavor. ●

2009 CHICA-Canada Board positions available for nomination

The Board of Directors of CHICA-Canada is seeking nominations for board positions that will be open in 2009. Being on the board of CHICA-Canada is an excellent way to participate at the national level. Personally and professionally, it offers the opportunity to meet a wide range of CHICA-Canada members, network with allied professional groups, and work with other motivated and experienced board members.

Nominations are invited for the following positions:

- President Elect (1-year term)
- Director, Finance (3-year term)
- Physician Director (3-year term)

These terms commence January 1, 2009. Position descriptions and nomination forms are found in the CHICA-Canada Policy and Procedure Manual, or may be obtained from the Membership Service Office or downloaded from www.chica.org (Members Login).

Signatures of two active members are required 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:

Bern Hankinson, RN, BN, CIC
CHICA-Canada Secretary/Membership Director
c/o Membership Service Office
PO Box 46125 RPO Westdale
Winnipeg MB R3R 3S3

Or by courier to:
Bern Hankinson, RN, BN, CIC
CHICA-Canada Secretary/Membership Director
c/o Membership Service Office
67 Bergman Crescent
Winnipeg MB R3R 1Y9

WAVE GOOD-BYE TO GERMS!

Win the fight against germs with advanced sensor technology from Kruger Products. The HandsFresh® touchless soap dispenser by Kruger helps reduce the risk of cross-contamination and the spread of germs. Thanks to the HandsFresh touchless soap dispenser you can wave good-bye to germs and say hello to a new science in hand washing.

CROSS-CONTAMINATION
Encourages hand washing among staff and guests to reduce risk of cross-contamination.

GREEN TO THE CORE
Boxless soaps, extended battery life and Green Seal® certified Luxury Foam Soap.

GERMS ARE EVERYWHERE
Proper hand hygiene is considered the primary method of reducing the risk of spreading germs.

RICH FOAM SOAP
Available in Luxury and Anti-Bac formulas with moisturizers to help soothe and maintain healthy skin.

CONTROLLED DISPENSING
Excellent cost-in-use performance with controlled soap dispensing.

Kruger Products
Hands Fresh
To order call toll-free: 1-800-665-5610. For more information visit www.krugerproducts.com/afh

© 2008 ® Registered and ™ Trademark of Kruger Products.
At the opening ceremonies held that evening, Dr. Bonnie Henry gave a moving tribute to her friend and colleague.

“She was one of those people who can take the information and understand the implications of it and be able to convey that to people in a way that they understand. To me, her greatest skill was being a passionate and very good communicator with people.”

Dr. Henry shared the humour of Dr. Basrur’s interesting turns of phrase. Describing the fight to contain SARS with antiquated disease surveillance tools, Basrur called it “We’re fighting the fire while we’re building the bucket.”

It was her skilful leadership and communication expertise that helped guide Canada through Toronto’s SARS crisis in 2003.

In an issued statement Federal Health Minister Tony Clement said, “Her unique ability to distill complex medical issues at a time of distress brought much needed reassurance to the Canadian and international communities.”

In April 2008, the Ontario provincial government announced it would name Ontario’s new arms-length public health agency the Sheela Basrur Centre.

Divorced, she had one child, a daughter, Simone Koves, who is now 17. She is also survived by her father and mother.
Choose PURELL® 70
Instant Hand Sanitizer
for effective germ kill.

New 70% Ethyl Alcohol,
fragrance free formulation

From a brand
you can trust.

Antiseptic Cleanser. Kills harmful bacteria or germs. Use as part of the daily cleansing routine. Place enough product in your palm to thoroughly cover your hands. Rub hands together briskly until dry.

CAUTIONS: Flammable. Keep away from fire or other heat sources. This product is intended for external use only. When using this product do not use in or near the eyes. In case of contact, rinse eyes thoroughly with water. Discontinue use and consult a doctor if irritation or redness develops. Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away.

GOJO, inventors of PURELL® Instant Hand Sanitizer, is committed to providing well being solutions for hygiene and healthy skin.
<table>
<thead>
<tr>
<th>COMPANY</th>
<th>PAGE</th>
<th>PHONE</th>
<th>E-MAIL ADDRESS</th>
<th>WEB SITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3M Canada Health Care</td>
<td>135</td>
<td>800-265-1840</td>
<td><a href="mailto:kililico@mmm.com">kililico@mmm.com</a></td>
<td><a href="http://www.3M.ca">www.3M.ca</a></td>
</tr>
<tr>
<td>AMG Medical Inc.</td>
<td>IBC</td>
<td>800-361-2381</td>
<td><a href="mailto:medprodefense@amgmedical.com">medprodefense@amgmedical.com</a></td>
<td><a href="http://www.amgmedical.com">www.amgmedical.com</a></td>
</tr>
<tr>
<td>Angus Medical, Inc.</td>
<td>93</td>
<td>866-418-1689</td>
<td><a href="mailto:Bruce@angusmedical.com">Bruce@angusmedical.com</a></td>
<td><a href="http://www.angusmedical.com">www.angusmedical.com</a></td>
</tr>
<tr>
<td>Arjo Canada Inc.</td>
<td>136</td>
<td>800-665-4831</td>
<td><a href="mailto:info@arlo.ca">info@arlo.ca</a></td>
<td><a href="http://www.arjo.com">www.arjo.com</a></td>
</tr>
<tr>
<td>B. Braun Medical Inc.</td>
<td>133</td>
<td>877-949-9529</td>
<td><a href="mailto:Jonathan.Braid@bbraun.com">Jonathan.Braid@bbraun.com</a></td>
<td><a href="http://www.bpactive.bbraunusa.com">www.bpactive.bbraunusa.com</a></td>
</tr>
<tr>
<td>Baxter Corporation</td>
<td>112</td>
<td>905-281-6505</td>
<td><a href="mailto:Alanna_harrison@baxter.com">Alanna_harrison@baxter.com</a></td>
<td><a href="http://www.baxter.com">www.baxter.com</a></td>
</tr>
<tr>
<td>Bio-Safe Skin Products Inc.</td>
<td>115</td>
<td>800-667-0520</td>
<td><a href="mailto:john@biosafe.ca">john@biosafe.ca</a></td>
<td><a href="http://www.biosafe.ca">www.biosafe.ca</a></td>
</tr>
<tr>
<td>Capital Health Authority</td>
<td>106</td>
<td>780-735-3435</td>
<td><a href="mailto:Jennifer.Osinchuk@capitalhealth.ca">Jennifer.Osinchuk@capitalhealth.ca</a></td>
<td><a href="http://www.capitalhealth.ca">www.capitalhealth.ca</a></td>
</tr>
<tr>
<td>Covidien Ltd.</td>
<td>109</td>
<td>877-664-8926</td>
<td><a href="mailto:customerservice.canada@covidien.com">customerservice.canada@covidien.com</a></td>
<td><a href="http://www.covidien.com">www.covidien.com</a></td>
</tr>
<tr>
<td>ECOLAB Healthcare</td>
<td>OBC</td>
<td>800-352-5326</td>
<td><a href="mailto:Angie.jeske@ecolab.com">Angie.jeske@ecolab.com</a></td>
<td><a href="http://www.ecolab.com">www.ecolab.com</a></td>
</tr>
<tr>
<td>Glo Germ Company</td>
<td>100,102</td>
<td>800-842-6622</td>
<td><a href="mailto:info@glogerm.com">info@glogerm.com</a></td>
<td><a href="http://www.glogerm.com">www.glogerm.com</a></td>
</tr>
<tr>
<td>GOJO Industries Inc.</td>
<td>143</td>
<td>800-321-9647</td>
<td><a href="mailto:customerservice@GOJO.com">customerservice@GOJO.com</a></td>
<td><a href="http://www.healthcare.GOJO.com">www.healthcare.GOJO.com</a></td>
</tr>
<tr>
<td>Hollister Limited</td>
<td>131</td>
<td>800-263-7400</td>
<td><a href="mailto:Shelly.Lendt@Hollister.com">Shelly.Lendt@Hollister.com</a></td>
<td><a href="http://www.hollister.com">www.hollister.com</a></td>
</tr>
<tr>
<td>ICPA, Inc.</td>
<td>105</td>
<td>512-892-4594</td>
<td><a href="mailto:JananH@icpa.net">JananH@icpa.net</a></td>
<td><a href="http://www.icpa.net">www.icpa.net</a></td>
</tr>
<tr>
<td>Johnson &amp; Johnson Medical Products</td>
<td>126</td>
<td>800-268-5577</td>
<td><a href="mailto:jhite@medca.jnj.com">jhite@medca.jnj.com</a></td>
<td><a href="http://www.sterrad.com">www.sterrad.com</a></td>
</tr>
<tr>
<td>Kruger Products</td>
<td>141</td>
<td>800-665-5610</td>
<td><a href="mailto:Jay.Candido@krugerproducts.ca">Jay.Candido@krugerproducts.ca</a></td>
<td><a href="http://www.krugerproducts.ca/afh">www.krugerproducts.ca/afh</a></td>
</tr>
<tr>
<td>Maxill Inc.</td>
<td>117</td>
<td>800-268-8633</td>
<td><a href="mailto:lawrencem@maxill.com">lawrencem@maxill.com</a></td>
<td><a href="http://www.maxill.com">www.maxill.com</a></td>
</tr>
<tr>
<td>Medco Equipment, Inc.</td>
<td>113</td>
<td>800-717-3626</td>
<td><a href="mailto:medcoequipment@email.msn.com">medcoequipment@email.msn.com</a></td>
<td><a href="http://www.medcoequipment.com">www.medcoequipment.com</a></td>
</tr>
<tr>
<td>Medic Acces Inc.</td>
<td>111</td>
<td>450-602-1556</td>
<td><a href="mailto:info@medicacces.com">info@medicacces.com</a></td>
<td><a href="http://www.medicacces.com">www.medicacces.com</a></td>
</tr>
<tr>
<td>Medline Canada Corporation</td>
<td>97</td>
<td>800-396-6996</td>
<td><a href="mailto:canada@medline.com">canada@medline.com</a></td>
<td><a href="http://www.medline.com">www.medline.com</a></td>
</tr>
<tr>
<td>Metrex Corp.</td>
<td>129</td>
<td>800-841-1428</td>
<td><a href="mailto:Deborah.Alder@metrex.com">Deborah.Alder@metrex.com</a></td>
<td><a href="http://www.metrex.com">www.metrex.com</a></td>
</tr>
<tr>
<td>PDI - Professional Disposables Interna</td>
<td>122</td>
<td>800-283-7067</td>
<td><a href="mailto:Bnewman@pdpdi.com">Bnewman@pdpdi.com</a></td>
<td><a href="http://www.pdpdi.com">www.pdpdi.com</a></td>
</tr>
<tr>
<td>Queen’s University, Faculty of Health Sciences</td>
<td>107</td>
<td>613-533-6000</td>
<td><a href="mailto:Manganc@queensu.ca">Manganc@queensu.ca</a></td>
<td><a href="http://meds.queensu.ca/cpd/che/">http://meds.queensu.ca/cpd/che/</a></td>
</tr>
<tr>
<td>Retractable Technologies, Inc.</td>
<td>138</td>
<td>888-703-1010</td>
<td><a href="mailto:Rtsales@vanishpoint.com">Rtsales@vanishpoint.com</a></td>
<td><a href="http://www.vanishpoint.com">www.vanishpoint.com</a></td>
</tr>
<tr>
<td>Rubbermaid Canada</td>
<td>103</td>
<td>800-998-7004</td>
<td><a href="mailto:tim.spence@rubbermaid.com">tim.spence@rubbermaid.com</a></td>
<td><a href="http://www.rubbermaid.com">www.rubbermaid.com</a></td>
</tr>
<tr>
<td>Safety Tech International, Inc.</td>
<td>99</td>
<td>800-598-9711</td>
<td><a href="mailto:bschorer@tvicorp.com">bschorer@tvicorp.com</a></td>
<td><a href="http://www.tvicorp.com">www.tvicorp.com</a></td>
</tr>
<tr>
<td>Sage Products Inc.</td>
<td>94</td>
<td>800-323-2220</td>
<td><a href="mailto:mnygren@sageproducts.com">mnygren@sageproducts.com</a></td>
<td><a href="http://www.sageproducts.com">www.sageproducts.com</a></td>
</tr>
<tr>
<td>Scican Ltd.</td>
<td>101</td>
<td>416-445-1600</td>
<td><a href="mailto:lnorris@scican.com">lnorris@scican.com</a></td>
<td><a href="http://www.scican.com">www.scican.com</a></td>
</tr>
<tr>
<td>The Stevens Company Limited</td>
<td>128</td>
<td>800-268-0184</td>
<td><a href="mailto:stevens@stevens.ca">stevens@stevens.ca</a></td>
<td><a href="http://www.stevens.ca">www.stevens.ca</a></td>
</tr>
<tr>
<td>Virox Technologies Inc.</td>
<td>IFC</td>
<td>800-387-7578</td>
<td><a href="mailto:info@virox.com">info@virox.com</a></td>
<td><a href="http://www.viroxtech.com">www.viroxtech.com</a></td>
</tr>
</tbody>
</table>
You protect our health, we’ll protect your hands.

MedPro Defense

To learn more about MedPro Defense gloves, contact your AMG representative, or call our customer service at 1-866-518-6099 or visit us at www.amgmedical.com
COMPREHENSIVE SOLUTIONS
AT EVERY POINT OF CONTACT

In a healthcare environment, where cleanliness is critical to providing quality care, a comprehensive solution is required to reduce healthcare associated infections. Ecolab’s Infection Prevention programs help ensure cleanliness is never compromised by providing the products, education and service you need to help reduce infections, improve patient satisfaction and protect your brand.

It’s protection where you need it. Call 1-800-352-5326 or visit www.ecolab.com/healthcare.

Hand & Skin Care

For hand and skin care, Quik-Care™ Antimicrobial Foaming Hand Rub is formulated to provide effective kill at every application.

Antimicrobial Foaming Hand Rub

- Mild emollients promote skin health
- Fragrance free, dye-free formula absorbs quickly into skin
- No-rinse formula promotes use frequency

©2008 Ecolab Inc. All rights reserved.