INSIDE:

Doctors Without Borders | Médecins sans frontières
Elections to Board of Directors
IPAC Canada Chapter News
Summary of ICHE Publication
2019 IFIC/IPAC Conjoint Conference
INSIDE:

3 President’s Message
4 Mot de la présidente
5 From the Executive Desk
7 Doctors Without Borders | Médecins sans frontières
8 2019 Sage Products LLC (now part of Stryker) International Attendee Scholarship
8 2019 Diversey Scholarship Winners
9 Winners of the Prescient® (formerly Class 1) Scholarship for Patients and Patient Families/Caregivers
9 2019 GOJO Scholarship Winners
10 3M Champion of Infection Prevention and Control
11 2019 Moira Walker Memorial Award for International Service
12 Elections to Board of Directors
15 CIC® Graduates
16 IPAC Canada Chapter News
17 Summary of ICHE Publication
18 Call for Papers
19 2019 IFIC/IPAC Conjoint Conference
26 Conference Survival Skills

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“And now, the end is near
And so I face the final curtain…”

And so it is that I am reaching the end of my term as President of IPAC Canada. I want to start by thanking each of you for the opportunity to serve you and this organization. It has been my true honour.

I still clearly recall the AGM where I was elected to the position. I recall then-President Bruce Gamage making the introductions of the new Board members; I remember saying a few words about how proud I was to follow in the footsteps of esteemed colleagues... and then somehow, I got sidetracked. I don't know how it happened, but I found myself speaking about the branding custom in my husband’s (among others) fraternity. I also recall the look of terror on Gerry Hansen's face as she questioned if this would be a new Board requirement (you know, to show commitment). Apparently mandating someone to seriously burn their skin isn’t allowed. Whatever ;)

IPAC Canada has been faced with – and has successfully overcome – numerous challenges over the years. As I look back at the past two years, many initiatives were undertaken with the goal of improving services and enhancing the value of IPAC Canada to you, our members. These continue to be worked on with the relentless efforts and teamwork of the Board of Directors, IPAC Canada staff (Gerry Hansen and Kelli Wagner), as well as many other dedicated volunteers and professional service providers. Yet we still have work to do to further build on the foundations set by our predecessors. For success in this, support, commitment, and active contribution of members (YOU) is crucial. Action is for everyone.

I’ve heard the best way to take full advantage of membership benefits is to volunteer and I completely agree. Becoming involved in the activities of IPAC Canada helps bring awareness of all the resources that are available to you, whether human or other, through this organization. It brings a sense of community, comradery, and shared purpose. I would strongly encourage members to participate in opportunities provided through IPAC Canada. Some of these recent roles include review of education modules, representing IPAC Canada at Canadian Nosocomial Infection Surveillance Program Working Groups and Immunize Canada, and participating in various short- and long-term committees. Many of us begin by volunteering in Chapter and committee activities, perhaps then participating on a committee in a leadership role, and then volunteering for the Board. The connections I’ve made, the opportunities I’ve had, and the friendships I’ve developed will endure, and have all been blessed upon me through work in the organization.

I believe IPAC Canada is well-positioned to reach even greater heights in the future, building upon our past accomplishments. Over the past year, the Board of Directors, Chapter Presidents, and other volunteers have been engaged in a strategic planning process that will culminate in the publication of the IPAC Canada 2019-2021 Strategic Plan. Once the strategic plan is published, work will continue within its context. As an organization and as individual members, we need to stay committed to our identity and our purpose, but we also need to remain flexible in our approach and actions. This is our time to step up, meet the demand, and raise our voices; our time to own our square footage.

I must stop to express my deep gratitude to Gerry Hansen, Kelli Wagner, and Suzanne Rhodenizer Rose for their encouragement and support during my term as President. Without their continuous energy and commitment, I have no doubt I would have faltered in the completion of several of my endeavours.

Even as my term as President comes to a close, my commitment to and active involvement in IPAC Canada will carry on. I look forward to the 2019 Conjoint Conference in Quebec City. The quality of presenters and presentations, as always, appears stellar.

I thank the Lord who gave me the wisdom to carry out my leadership duties; I thank all others who have shown me the way to accomplish my plans. I look forward to the years to come.

Finally, I close this message with a warm welcome to our incoming President, Barbara Catt. I know that she will continue to work with the Board and other volunteers, persevering to improve the quality of services and commitment to our members. ★

“I believe IPAC Canada is well-positioned to reach even greater heights in the future, building upon our past accomplishments.”
Un début et non une fin

Mon mandat en tant que Présidente de PCI Canada se termine déjà. Je veux remercier chacun(e) de vous de m’avoir permis d’œuvrer au sein de cette organisation. Cela aura été un honneur.

Je me souviens encore vivement de l’Assemblée générale annuelle au cours de laquelle j’ai été élue. Le président de l’époque, Bruce Gamage, a présenté les nouveaux membres du Conseil d’administration. Je me rappelle d’avoir exprimé à quel point j’étais fière de suivre les traces de collègues que je respecte énormément... et puis tout à coup ma pensée a bifurquée. Sans trop savoir pourquoi, je me suis mise à parler des traditions qu’ont les fraternités universitaires, dont celle de mon conjoint, de marquer leurs membres. Je revois encore le visage inquiet de Gerry Hansen, qui se demandait sans doute si cela deviendrait un nouveau prérequis de l’association. Apparemment il est interdit de demander aux membres d’une organisation professionnelle de marquer leur engagement en marquant leur peau. Peu importe ;)

PCI Canada a fait face à plusieurs obstacles au fil des ans – et nous les avons tous surmontés. Au cours de mon mandat de deux ans, nous avons entrepris plusieurs initiatives afin d’améliorer la valeur et la pertinence des services et de l’information que nous offrons à nos membres. Les membres du conseil, les employés de PCI Canada (Gerry Hansen et Kelli Wagner), nos bénévoles et nos fournisseurs de service professionnels travaillent tous avec acharnement et énergie à atteindre cet objectif. Cependant, nous avons encore du pain sur la planche. Nous avons besoin du soutien et de la contribution active de nos membres : VOUS. Tout le monde doit participer.

J’ai déjà entendu dire que le meilleur moyen de profiter pleinement des avantages qui accompagnent l’adhésion à une association professionnelle est d’y œuvrer en tant que bénévole. Je suis complètement d’accord avec cette affirmation. En participant aux activités de PCI Canada, vous allez découvrir toutes les ressources qui vous sont offertes. Cela vous donnera aussi un sentiment de solidarité et d’appartenir à une communauté. Je vous encourage fortement à vous engager. Cela peut inclure, par exemple, revoir les modules de formation, représenter PCI Canada au sein des groupes de travail du Programme canadien de surveillance des infections nosocomiales ou d’Immunisation Canada ou de siéger sur un comité. Plusieurs d’entre nous avons commencé par participer aux activités des sections provinciales. Ensuite, nous avons accédé à un rôle de leadership auprès d’un comité ou avons siégé sur le Conseil. J’ai fait de belles rencontres, j’ai développé des liens d’amitié et j’ai eu accès à plusieurs opportunités uniques grâce à PCI Canada.

Je crois que notre association peut continuer de croître et d’atteindre des objectifs encore plus grands. Cette année le Conseil, les présidents(es) de section et plusieurs bénévoles se sont affairés à développer le Plan stratégique de PCI Canada pour 2019-2021. Une fois publié et distribué, le plan continuera à guider nos travaux et nos efforts. En tant qu’organisation et membres individuels, nous ne devons pas perdre de vue nos objectifs ni notre identité première, mais nous devons aussi demeurer flexibles. Le temps est venu de nous assumer et de prendre notre place en tant que professionnels(les) de prévention et contrôle des infections.

Je me dois de prendre une pause ici et de remercier du fond du cœur Gerry Hansen, Kelli Wagner et Suzanne Rhodenizer Rose pour leur encouragement et leur soutien au cours de mon mandat. Je n’aurais tout simplement pas pu accomplir toutes mes tâches en tant que présidente sans leur énergie et leur dévouement.

Bien que mon mandat se termine, je demeure active au sein de PCI Canada. J’ai hâte de participer à la Conférence conjointe de 2019. Comme d’habitude, le programme m’a l’air très riche.

Je remercie Dieu, qui m’a donné la sagesse nécessaire au leadership. Je remercie tous ceux et celles qui m’ont aidé à atteindre mes objectifs et je me tourne maintenant vers l’avenir avec bonheur.

Je termine ce message en accueillant chaleureusement votre nouvelle Présidente Barbara Catt. Elle continuera sans doute à travailler avec le Conseil et tous(tes) les bénévoles de PCI Canada afin d’améliorer la qualité des services que nous offrons à nos membres. 🌟
Patient Rights, Patient Commitment

A decade-old injury came back to haunt me over the past couple of years. As a result, I had a total right knee replacement in January. Healing is slow but I know I will be back in kicking-action very soon.

During pre-surgery consultations, I met with the anaesthesiologist, the orthopedic nurse, the medical aide, and the occupational health therapist. All were extremely professional, experienced, and comforting. They had done this type of interview at least a thousand times but treated me like I was their very special patient.

After taking the usual blood tests and blood pressure, the medical aide began her description of the Four Moments of Hygiene and the importance of hand hygiene. I should stop here to say that she did not know at the time that I am associated with infection prevention and control. The aide perfectly described the important moments in terms a layperson would understand and put a personal spin on them as to how they affect patient safety and care. Of course, her words were fairly academic to me, as I have often studied the same information from several sources. But then she proceeded to make the most impactful moment of my day.

When she finished with her instruction, she turned to me and said, “Never hesitate to question whether a healthcare professional has used hand hygiene. That is your right as a patient.” Although her words were straightforward, I definitely felt assured that this also clearly demonstrated my caregivers’ commitment to their patients.

During my hospital stay, I experienced only the most professional and proactive care. Despite the challenges of the unknown in healthcare and its many pressures, the nursing teams always seemed to be focused on my recovery, taking the time to encourage me to move as much as possible but anticipating when I might need to just relax and enjoy being the centre of attention!

I was also situated right beside the ward’s hand hygiene station and could watch when care professionals took the time to use the product. On my watch, I would say that about 80% or more of the staff did pay attention to those four moments and used hand hygiene as promised. I was impressed and my thoughts kept going back to the pre-surgery consultation sentiments of “right” and “commitment.”

Although I know for sure my care would have been as excellent in any of our wonderful healthcare institutions, I would like to give a shout-out to Davenna Conrod and her IPAC team, the OR and nursing staff, physiotherapy, and occupational therapy at Concordia Hospital in Winnipeg. Thank you!

(The foregoing are my personal observations and did not result in any extra jello rations.)

2019 Annual General Meeting

NOTICE IS HEREBY SERVED that the Annual General Meeting (AGM) of Infection Prevention and Control Canada (IPAC Canada) will be held on Wednesday, May 29, 2019 at the Québec City Convention Centre, Québec. Registration will open at 0630. IPAC Canada members must register and pick up a voting card before entering the AGM. The AGM will commence at 0730. Registration will close at 0730 and the doors will be closed. After the doors are closed, attendees may enter the AGM but may not vote unless registered. Members may vote on business arising at the AGM by proxy using Form #15 2019, which must be submitted to the IPAC Canada Secretary at the IPAC Canada conference office no later than Monday, May 27, 2019. The AGM agenda, rules of Order, and Proxy Form #15 2019 have been posted to Headlines (www.ipac-canada.org). The AGM proceedings will be held in English.

Jennifer Happe, BSc, MSc
Secretary
IPAC Canada
ANNOUNCING
IPAC CANADA’S NEW PROFILE

Vision
No preventable infections for Canadians. Ever.

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

Values Statements
Integrity: Principled, ethical, and respectful in all our activities.
Collaboration: Open and inclusive in dealing with our partners and stakeholders.
Advocacy: Advancement of evidence informed practices to protect our consumers.
Innovation: Creative and responsive in meeting the membership’s needs.
Leadership: Effective and accountable in proactively pursuing our mission.

Value Proposition
IPAC Canada – the smart way to advance infection prevention and control best practice every day.
Doctors Without Borders/Médecins Sans Frontières (MSF) is the largest medical and humanitarian aid organization in the world. We implement and manage medical projects in nearly 70 countries and we have national offices in 21 countries. MSF’s worldwide workforce is composed of nearly 45,000 employees dedicated to our humanitarian medical programs.

Infection Prevention and Control (IPC) is the foundation of providing safe and effective medical care. The World Health Organization (WHO) estimates that 10% of hospitalized patients in developing countries will acquire at least one healthcare-associated infection (WHO, 2011). MSF supports over 100 hospitals in challenging contexts, making IPC leadership even more important to patient and staff safety.

What does an MSF hospital look like? Imagine being an IPC Manager of a 50- to 250-plus-bed hospital in Africa, Asia, or the Middle East. Consider the IPC challenges in a low- or middle-income facility with activities ranging neonatal, paediatric acute malnutrition treatment, internal medicine, and outpatient department. How would you help the team prevent surgical site infections for a hospital providing acute and scheduled surgical services, including caesarean sections or internal fixation (for bone fractures)? These are a few examples of the high-risk departments and activities in an MSF-supported hospital.

To implement IPC improvement activities, MSF needs IPC Managers in its hospital leadership teams to lead the IPC committee, mentor staff to be leaders in IPC activities, teach staff IPC principles, monitor compliance (standard precautions, hand hygiene, cleaning and disinfection, transmission-based precautions), and track the IPC improvement plan.

What does MSF look for in an IPC Manager?

- Clinical background (nursing, medicine, pharmacy, hospital epidemiology).
- An IPC diploma, degree, or certification.
- Two years of hospital IPC experience.

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- An IPC diploma, degree, or certification.
- Two years of hospital IPC experience.

- Strong skills in mentoring, teaching, communication, leadership, and program management.
- Flexibility, ability to live and work in stressful environments with a good team attitude, ability to live in basic conditions.
- Availability to work in the field for six- to 12-month assignments.
- English, French, Arabic, and other language skills.

“Previously, recruiting health professionals dedicated to IPC was not a priority in MSF but now this has changed, IPC being recognized as a crucial component of our medical activities and being also one of the main pillars in the fight for antibiotic resistance. We have more and more IPC supervisors who are helping pave the way to improving quality of care and patient safety, but we need more IPC experienced professionals to guide them in their task,” says Isabelle Lessard, IPC advisor, MSF – Geneva.

Kaci Hickox, IPC Advisor, MSF – Amsterdam, says, “It is an exciting time to be an infection prevention specialist with MSF! We are focusing on improving infection prevention activities so that we can provide safe patient care.”

For more information on working with MSF in the field, please visit our website (www.doctorswithoutborders.ca) or write to the MSF Canada team (applications@msf.ca) for more information.

REFERENCES

2019 Sage Products LLC (now part of Stryker) 
International Attendee Scholarship

PAC Canada and Sage Products LLC are very pleased to announce that the 2019 winners of the Sage International Attendee Scholarship are Sumawadee Skantoniyom of Bangkok, Thailand and Iman Ibrahim Heweidy of Cairo, Egypt.

Iman Ibrahim Heweidy, MD, PhD is an infection control consultant at Ain Shams University Hospital, one of the oldest, biggest, and first accredited tertiary care hospital in Egypt. She was head of the infection control team in the surgery, pediatric, and obstetrics and gynecology hospital, and was subsequently promoted to Deputy Manager of the unit and Director of the environmental laboratory. Dr. Heweidy was main contributor to the infection control policies and shared in surveillance, training, and other activities. She has participated in the review of National Egyptian Infection Control and the antimicrobial resistance national action plan. At the international level, she has participated in reviewing the Interim Practical Manual Supporting Implementation of WHO Guidelines. Dr. Heweidy looks forward to meeting many international colleagues at the 2019 IFIC/IPAC Canada Conjoint Conference and sharing her experiences with her Egyptian colleagues and younger infection prevention and control practitioners. 

Sumawadee Skantoniyom is a registered infection control nurse from Thailand. The committee was impressed with her description of her projects and the many front-line activities included in her role. She described how the most successful project in which she was fully involved is the establishment of a hand hygiene campaign under the theme “Hand Cleaning…. Moving Together” since 2008, which continues to this day. This project won her team the Asia-Pacific Society of Infection Control Hand Hygiene Excellency Award in 2017. Her intention in attending the 2019 IFIC/IPAC Canada Conjoint Conference is to enhance the ICN certification training course at Ramathibodi Hospital, where she has worked as an instructor since 2015. This certification program is intended not only for Ramathibodi staff, but is also available for all nurses across Thailand who are willing to be a specialist in infection prevention and control. She feels that not only nurses would benefit from her sharing of lessons learned, but also doctors, medical students, and all personnel who are involved in preventing infections. IPAC Canada congratulates both recipients on their prestigious win and looks forward to sharing ideas at the 2019 conference.

2019 Diversey Scholarship Winners

Through the generous support of Diversey, Inc., 17 IPAC Canada members received support to attend the 2019 IFIC/IPAC Canada Conjoint Conference in Québec City on May 26-29. Recipients include members with novice, intermediate, and advanced expertise. IPAC Canada thanks Diversey, Inc. for granting selected candidates the opportunity to attend the conference. 2020 scholarship guidelines and the online application will be posted in the summer of 2019. Deadline for 2020 scholarship application: January 31, 2020.

2019 Scholarship Winners

Amber Burton, Saskatoon, SK
Gail Busto, Vancouver, BC
Augustina Charles-Okoli, Swift Current, SK
Cara-Lee Coghill, Woodstock, ON
Meghan Davis, Rockwood, ON
Myrna Dyck, Winnipeg, MB
Mary Ann Head, St. John’s, NL
Brenda Jones, Carbonear, NL
Lisa Krueckl, Vancouver, BC
Jenna Leamon, Grand Bay, NL
Amanda Peterson, Saskatoon, SK
Suzanne Rhodenizer Rose, St. Margaret’s Bay, NS
Kelly Smith, Mount Pearl, NL
Liza Townshend, Souris, PEI
Cheryl Tung, London, ON
Elizabeth Watson, Bridgewater, NS
Marilyn Weinmaster, Regina, SK
Lovie Spicer became involved with the Saskatchewan Health Authority’s Patient and Family Advisor Program in 2015. Her primary role as a Patient Family Advisor is as a caregiver; she herself has been the primary caregiver and source of support for several close family members with diverse medical needs. During all her loved ones’ various hospital stays, one of Lovie’s chief concerns was always that, with their already weakened and compromised immune functions, they did not contract any other infections.

Each of Lovie’s experiences as Patient Family Advisor exposes her to different opportunities to bring to the forefront ways to improve the patient experience. Her current project, Bridge to Home Collaborative, helps improve all aspects of the patient and caregiver experience by giving them a voice. Infection prevention and control affects patients, staff, and caregivers alike. Lovie’s experiences are an asset to understanding the concerns of both staff and patients.

Attending the conference will be an opportunity for Lovie to represent staff, patients, family, and caregivers by voicing their concerns and sharing their ideas for solutions.

Candace Shewchuk of Warman, SK has patient experience in the Saskatchewan healthcare system. From a patient safety perspective, Candace feels it is important to be involved in conversations as to how we can improve the knowledge base relative to other patients and family members who are involved with antibiotic-resistant organisms, immunosuppression, and so on; how to handle these procedures properly when placed in isolation, and how healthcare workers should be handling these precautions. Her vision is to create shared education that can help shape the future of infection control knowledge for patients and families.

Candace intends to bring the knowledge acquired from the conference back to her client- and family-centred care group and to her work as a patient advisor for the Saskatchewan Health Authority. This will help create an education plan that can be practiced among patients and family members. In addition, she intends to raise awareness of current practical issues and ensure patients are aware of correct processes so that they can feel comfortable to speak up if their safety is compromised.

2019 GOJO Scholarship Winners

In 2019, IPAC Canada and GOJO Industries launched the GOJO Scholarship. Intended to provide financial assistance to four IPAC Canada members in the form of a scholarship to attend the IFIC/IPAC 2019 Conjoint Conference, the scholarship’s criteria focused on applicants who demonstrated their dedication to hand hygiene and infection prevention and control education through leading a hand hygiene project. The scholarship garnered great interest from IPAC Canada members. The four winning applicants are:

Ewelina Dziak, Prince Albert, SK
Loretta Erhardt, Yorkton, SK
Craig Pearce, Calgary, AB
Azra Sharma, Vancouver, BC

We are grateful to GOJO Industries for providing this much-needed support. 2020 scholarship guidelines and online application will be launched in the summer of 2019. Deadline date for 2020 applications: February 15, 2020.
In 2003, Merlee formally joined the Infection Prevention and Control Department at Eastern Health as an Infection Control Practitioner. Through her work auditing reprocessing practices, Eastern Health executives realized that medical devise reprocessing (MDR) should be a standalone department. In 2009, Merlee was recruited as the first Regional Director of MDR and held this position until 2017. For the period 2009-2013 she added Interim Director of Infection Prevention and Control to her role.

Merlee recognizes the importance of infection prevention and control in the area of construction and renovation in healthcare facilities and has been a member of that IPAC Canada special interest group. In 2008, she was a member of the committee that developed the 2008 IPAC Canada position statement on Health Care Facility and Design. As former Director of Infection Prevention and Control at Eastern Health, Merlee was instrumental in creating an Infection Control Practitioner position devoted to the area of construction and renovation. In 2016 she partnered with the Canadian Healthcare Engineering Society to present “Healthcare Facility Design and Collaboration with IPAC” at the IPAC Canada conference.

Merlee was a member of the Canadian Standards Association (CSA) committee that developed the first MDR Technician Certification in Canada. In 2016 she was one of the co-developers responsible for developing and approving the curriculum for Academy Canada’s Newfoundland and Labrador MDR Technician Program. Merlee is also the IPAC Canada representative on the CSA MDR/Sterilization Technical Committee.

Other national activities include her role as President of the Canadian Association for Medical Device Reprocessing (CAMDR). CAMDR was established in 2013; as a co-founder, Merlee was instrumental in the development and recognition of this organization. Through her activities she continues to ensure a partnership and open relationships between CAMDR and IPAC Canada.

Merlee’s long-standing involvement in IPAC Canada as well as her drive to ensure infection prevention and control branches into what were once non-traditional areas such as construction and renovation and MDR make her a deserving recipient of the 2019 3M Champion of Infection Prevention and Control Award.
The winner of the 2019 Moira Walker Memorial Award for International Service is Mandy Deeves, BScN, RN, MPH, CIC. The award honours Moira Walker, Past President of IPAC Canada (then CHICA-Canada) and Honorary Secretary of the International Federation of Infection Control. Moira encouraged and engaged infection prevention and control professionals to support their international colleagues through education and facilitation of infection prevention and control projects.

Following work in Sierra Leone on the Ebola response, Mandy made contacts with infection control professionals (ICPs) looking for support to build infection prevention and control capacity on specific issues in developing countries. After receiving invitations from specialists in developing countries, Mandy used vacation time and took a leave of absence to support assessments and education requests, primarily in Caribbean countries.

Mandy’s approach when taking on this work is to build capacity with ICPs as well as understanding and setting priorities related to strengths and weaknesses within existing infection control programs. Activities during her tour included:

- Completion of an assessment based on local guidelines for infection prevention and control best practice, which have considered minimum requirements based on context and resources.
- An education component, with target audience and content developed based on priority needs identified during the assessment.
- Time is built in to meet with leadership at the end of the tour. At this time, it is important to highlight key messages and allow time for discussion.

The most important component of this work for Mandy is to ensure involvement of the ICP in all activities in order to build capacity. Mandy connects in with the ICP at the end of the tour to ensure they have achieved many of their individual objectives during the visit. She also stays connected with the ICP via email to allow for ongoing mentoring.

Mandy is a Registered Nurse and holds a Bachelor of Science degree in Nursing, a Master of Public Health degree with a nursing specialization, and certification in Infection Control and Epidemiology. For the past 13 years, she has worked in infection prevention and control and has experience in acute care and public health. She is currently employed as an IPAC Specialist at Public Health Ontario. In this position, Mandy works with a variety of healthcare providers in all sectors to support and promote infection prevention and control best practices. She also has an interest in advancing infection prevention and control practice and capacity building in underdeveloped and developing countries. Mandy is a member of the IPAC Canada Board of Directors and is responsible for the Programs and Projects portfolio.

Mandy will be acknowledged for the work that has resulted in this award at the Breakfast of Champions on Tuesday, May 28 (0730-0830) at the 2019 Conjoint Conference.

IPAC Canada thanks Sage Products LLC (now part of Stryker) for their generous support of this award.
Elections to Board of Directors

The Nominating Committee of the Board of Directors of IPAC Canada is charged with the responsibility of ensuring continuity by nominating a slate of officers for positions open in 2019 (Policy 12.10). These are nominations only. Additionally, nominations for any of the available Board positions are welcomed from members of IPAC Canada. Serving on the Board of IPAC Canada is an excellent way to participate at the national level. This offers the opportunity to meet a wide range of IPAC Canada members, network with allied professional groups, and work with other motivated and experienced Board members.

The Nominating Committee of the Board of Directors of IPAC Canada and members of IPAC Canada put forth the following candidates for positions open as of May 29, 2019.

President-elect (two-year term followed by two years as President and one year as Past President)
Zahir Hirji, BScN, MHSc, RN, CIC
Toronto, ON

Director (Programs & Projects) (three-year term)
Anne Augustin, MLT, CIC
Cambridge, ON

Baljinder (Bal) Sidhu, RN, BScN, MPH(c), CIC
Vancouver, BC

Director (Standards & Guidelines) (three-year term)
Madeleine Ashcroft, RN, BScN, MHS, CIC
Toronto, ON

Lola Gushue, BN, RN, CIC
Gander, NL

Public Representative (three-year term)
Stephen Palmer
Keswick, ON

Candidate Profiles

ZAHIR HIRJI, BScN, MHSc, RN, CIC has worked in infection prevention and control and patient safety for nearly two decades, during which time he has actively participated in a number of projects and initiatives. Highlights have included being a member of the Scientific Program Committee for the IPAC Canada national conference in 2010, 2017, and 2018 and the Chair of the Committee in 2011; representing IPAC Canada on the National Point Prevalence Surveys; and being a current member of the Canadian Journal of Infection Control Editorial Board, the Provincial Infection Disease Advisory Committee, and the Certification Board of Infection Control test committee. He is a recent recipient of the Moira Walker Memorial Award for International Service and enjoys being an active member of IPAC GTA. Zahir is a Registered Nurse with a Master’s in Community Health and Epidemiology, a certified trainer for the Patient Safety Education Program with the Canadian Patient Safety Institute, and a Lean Green Belt. His newest role is driving him to invest in new ways to collaborate with areas of risk management and patient safety to improve the infection prevention and control perspective.

Philosophy: As an experienced infection control professional, I renew my passion for the work I do from the opportunities that have been given to me. I believe there are no coincidences in life and this has driven me to look for new experiences to grow, develop, and learn. As a leader, I will continue to look for opportunities to grow IPAC Canada as a national and international expert in infection prevention and control. I will also look for opportunities to develop infection prevention and control so we can all continue to learn new ways to enrich the lives of patients and families when they are at their most vulnerable. Healthcare continues to change at an unprecedented pace and it will be our collective humanity that will ensure better patient experiences. I look forward to the opportunity to advance infection prevention and control practice through the tremendous work of our membership and their passion to keep all Canadians safe.

ANNE AUGUSTIN, MLT, CIC is an IPAC Specialist at Public Health Ontario (PHO). She provides scientific and technical support to stakeholders (provincial ministry of health, regulatory colleges, health professional associations, public health units, healthcare organizations, and healthcare providers) on infection prevention and control matters. She has fostered strong working relationships with various regulated health professional associations and regulatory colleges (e.g., Association of Ontario Midwives, the Royal College of Dental Surgeons of Ontario, and the College of Dental Hygienists of Ontario), encouraging and supporting members of these organizations to further their
knowledge and deepen their involvement in infection prevention and control; to become members of IPAC Canada; and to attend IPAC Canada conferences as delegates and presenters. Anne is the PHO internal lead on two subjects, reprocessing and perinatology. She led the collaborative development of PHO checklists for Reprocessing and Core IPAC in the Dental Practice Setting with the Royal College of Dental Surgeons of Ontario and the College of Dental Hygienists of Ontario. She is co-lead on the development of an implementation science project to reduce the unnecessary treatment of residents in long-term care with antibiotics for asymptomatic bacteriuria. She leads the production of resources and tools for the PHO website and participated as a member of the Phase II Evaluation Team. In addition to her responsibilities with PHO, Anne is a lead faculty member in the infection prevention and control course at Centennial College. Anne has held executive positions in her chapter, IPAC PANA, and has been a member of the Scientific Program Committee for the IPAC Canada 2000 and 2018 national conferences.

**Philosophy:** Infection prevention and control is an amazing, ever-changing field of study. The constant change and evolution makes infection prevention and control interesting and challenging – and that is where I want to exert my energy! Over the years I have watched the scope and relevance of infection prevention and control in healthcare increase. Infection prevention and control as a profession has become more influential with respect to patient care and the delivery of safer care across all healthcare settings, including one’s own home! IPAC Canada has moved to the larger stage (e.g., visits to Parliament Hill) to advance the infection prevention and control agenda. As an IPAC Canada Board member, I would work to continue and expand on the achievements of IPAC Canada to support healthcare providers across Canada as they increase their understanding of infection prevention and control and improve infection prevention and control in their practice – all to provide safer patient care.

**MADELEINE ASHCROFT, RN, BScN, MHS, CIC,** a Nightingale nurse (from the Nightingale School, London, England) for more than 40 years, worked in many specialty areas, including critical care, operating rooms, midwifery, renal, intravenous therapy, community care, and as a college educator before getting into infection prevention and control shortly before SARS hit Toronto. Witnessing the impact of an infectious disease on the entire healthcare system inspired Madeleine to serve as Toronto Chapter president the following year and to pursue progressive infection prevention and control opportunities in acute, chronic, and rehab hospitals, long-term care, and regional networks. Her experience with the World Health Organization Ebola relief mission in Sierra Leone in 2015 and active involvement on the Standards and Guidelines Committee for 15 years (the last five as Chair), serving as IPAC Canada’s representative to the Canadian Network of Nursing Specialties, and recent appointment as a Canadian Nurses Association Board member, as well as her input on core competency and related working groups, have brought new perspectives and life-enhancing relationships.

**Philosophy:** An African proverb says, “If you want to go fast, go alone. If you want to go far, go with others.” IPAC Canada is uniquely positioned to go far with others and to influence policymakers and decision makers. Infection prevention and control is part of all healthcare and we are all in this together for healthcare and safety. I believe that we can best address the strategic directions we recently identified: enhancing brand awareness, communication, member value and engagement, knowledge management, and advocacy and partnership through building on existing collaborations and seeking new ones. As we know, the only constant is change – which offers us both challenges and opportunities. Being open to change, prepared to nimbly address the issues, and focusing on solutions and successes will continue to move us forward as professionals and as an organization.
Our organization is where it is today because of passionate, dedicated members and leaders who have built a strong foundation and inspired others to strive to prevent and control infections and, in turn, help others to do so. Our members are our strength and I am committed to keeping that flame of inspiration burning bright – and going far together.

LOLA GUSHUE, BN, RN, CIC is the IPAC Coordinator with Central Health and has held the position for six years. Prior to this role, she was an infection control professional with responsibility for ambulatory care endoscopy, hemodialysis, acute medicine, sterilization/reprocessing, and as a consultant for long-term care. She has been an active and supportive member of IPAC Canada, having held various positions in her Chapter and participating on the 2016 and 2017 national conference Scientific Program Committees and on the Routine Practices E-Learning tool review. She is currently on the Hand Hygiene E-Learning Modules review committee. Lola is a dedicated individual and IPAC Canada member who has vast knowledge related to infection prevention and control standards. She is committed to the profession and has a passion for advancing it on a local and national level. Lola has experience with creating and critiquing infection prevention and control standards and guidelines as well as reviewing abstracts and research proposals. Lola is an advocate for all aspects of infection prevention and control. She is known locally, provincially, and nationally for her work in infection prevention and control education. She plays a vital role in the organization of IPAC NL education days. Lola excels in creating a culture of safety. Her initiatives always include quality improvement based on rational risk assessments. She engages other disciplines into a culture of patient safety through implementation of best practices based on evidence. Lola always has the patient at the heart of her work.

Philosophy: Andrew Carnegie once said, “Teamwork is the ability to work together toward a common vision.” Hailing from a relatively small health authority and province (both vast in geography but small in population), I have learned the value of teamwork. Infection prevention and control in today’s healthcare environment is extremely challenging and it is through teamwork we meet these challenges head-on. Ever-changing infection prevention and control practices are guided by organizations such as IPAC Canada, which provide our infection control practitioners and healthcare professionals with current evidence-based guidelines to provide optimum care. My role as Director of Standards and Guidelines would be an incredible opportunity to ensure, as a team, that we reach the ultimate common vision: the safest possible environment for our patients, family, and healthcare providers.

STEVEN PALMER was born in the Salford borough of Manchester, England. He emigrated to Canada at a young age and lived throughout the Ontario region, residing primarily in the Brantford and Kitchener areas. After school he served in the Canadian military for more than two decades before leaving during a period of military personnel reduction. Returning to the private sector, he worked with a number of companies, primarily in the technology and graphics industry, before returning to school to complete a Master’s program through the University of Toronto School of Theology offered by St. Augustine Seminary, which led to his ordination as a Permanent Deacon for the Catholic Church. Shortly after that, he returned to school during a career change and studied to become licensed as a Financial Advisor. For more than a decade he has owned and managed his own practice with a growing client base focused on serving clients’ current and long-term financial needs. Stephen has a strong commitment to giving back and has held both Director and Executive positions on a number of boards. Two of the highlights have been Chair of the Georgina Community Food Pantry and his election in 2016 as the first Public Representative to the national board of IPAC Canada. In his off hours, Stephen likes to cycle, having participated in the Ride to Conquer Cancer. He enjoys spending time with his growing family of six children and 15 grandchildren. He has been married to his wife, Ann, for more than 30 years and lives in the town of Keswick, ON on the east side of Lake Simcoe, about an hour north of Toronto.

Philosophy: As the first Public Representative for IPAC Canada, my role is to provide input on various matters, with specific interest in issues that have a public impact. In my first term in this position I have been focused on learning and understanding the key issues and priorities, including the challenges faced by many of our members. Public awareness is key. IPAC Canada’s efforts through such activities like Hill Days are crucial to changing the conversation and raising awareness. This year, I found the Members of Parliament we met were more knowledgeable on the issues and understanding that more needs to be done. Although a slow process, public engagement is key to bringing attention to issues such as AMR and a National Surveillance Data System. Our conference is a wonderful opportunity to move that conversation forward. I am encouraged by the efforts and determination of IPAC Canada members and trust you are as well.
New and certified CIC® from a variety of healthcare settings have spent hours studying, digesting facts, and reading current literature. This information and life experience, along with a successful completion of the CIC® examination, ensure infection prevention and control professionals deserve to place a CIC® after their names. Congratulations to the following IPAC Canada April-December 2018 graduates.

April – June 2018
New Certificants
- Dechen Dolma Chhakpa, CIC, RN
- Philana C. Choo, CIC
- Bassem Daniel, RN, BScN, CIC
- Meghan Davies, RN, BScN, CIC
- Suzanne Desaulniers, CIC
- Lesley Leach, RN, CIC
- Qasim Mohiuddin, MScHQ, CIC, RN
- Frida M. Plourde, RN, BScN, CIC
- Amanda D. Sturgeon, CIC

Renewed Certificants
- Catherine I. Richard, PT, CIC
- Alexis C. Silverman, RN, CIC
- Erica K. Susky, BSc, MSc, CIC
- Sarah M. Zanchettin, BSc (Hons), CIC

July – September 2018
New Certificants
- Amber M. Burton, CIC
- Janine Duquette, RN, CIC
- Christopher W. Ford, CIC
- Raquel Legaspi-Labuntog, MScHQ, RN, CIC
- Joyce W. Mahinda, RN, CIC
- Rachel Mulvihill, RN, BScN, CIC
- Ashley Shackleford, CIC
- Maressa Singh, CIC

Renewed Certificants
- Kimberly R. Burrows, CIC
- Kendra M. Carswell, BNSc, BSc, MSc, RN, CIC
- Gwen M. Cerkowniak, RN, BScN, CIC
- Nadine M. Mazinke, RN, BSN, CIC
- Devon Metcalf, CIC
- Ramona Rodrigues, MSc(A), CIC, ICS, FAPIC
- Jodi C. Rutley, RN, CIC
- Lucia Elisabeta Salagean, CIC

October – December 2018
New Certificants
- Ani Asparuhova, CIC
- Chantal E. Bourgon, RN, CIC
- Svetlana Davydchenko, CIC
- Catherine Edl, CIC
- Sarah L. Gatin, RN, CIC
- Robin Howden, CPHI(C), CIC
- Yuka Hutton, BA, CIC
- Misty Malott, RN, MSc(A), CIC
- Anita Marques, CIC
- Rory H. Peever, CIC
- Amanda M. Peterson, CIC
- Miriam D. Schmidt, MLT, CIC
- Rachelle A. Thompson, RN, CIC
- Teri K. Wellon, RN, BN, CIC
- Carolyn Whiting, BScN, RN, CIC

Renewed Certificants
- Maureen Anne Acomb, CIC
- Cailin E. Banks, RN, MScN, CIC
- Gail J. Barwise, CIC
- Joann Stella Beckstead, CIC
- Laurie D. Boyer, CIC
- Maureen Buchanan-Chell, RN, CIC
- Karen M. Cargill, RN, BN, CIC
- Abraham Charummoottil, BSc, MLT, MBA, CIC
- Anne Cheung-Grant, CIC
- Maureen E. Cividino, MD, FCFP, CCBOM, CIC
- Carrie Lynn Cleverdon, CIC
- Sharon M. Connell, RN, CIC
- Susan L. Day, BSc, RN, CIC
- Edwige D. De Souza, BSc, CIC
- Anique Decary, CIC
- Miranda A. Deeves, RN, CIC
- Susan L. Dolan, CIC
- Carolyn J. Doroshuk, RN, CIC
- Ewelina Dziak, MSc, CIC
- Carla Feltrin, MSc, RN, CNCC(C), CIC
- Catherine M. Harlton-Strezov, CIC
- Deborah M. Hobbs, CIC
- Rosemarie Irene Howie, PhD, CIC
- Allana M. Ivany, RN, BScN, CIC
- Latha Jacob, MSc, CIC
- Cheryl Elizabeth Johnson, CIC
- Jennifer A. Joyal, CIC
- Catherine M. Kerr, MSc, CIC
- Lori J. Kraft, RN, CIC
- Benjamin Kung, CIC
- Bridget S. Maxwell, RN, BN, RN, CIC
- Edith Mildred McDermott, RN, COHN, CIC
- Maureen McLean Young, RN, CIC
- Melissa B. Miller, CIC
- Janine R. Moen, RN, BScN, CIC
- Catherine Elizabeth Morris, BScN, RN, CIC
- Safiya Nazarali, RN, MPH, CIC
- Evelyn L. Nicol, CIC
- Fatima Noman, MD, FCPS, CIC
- Ellen B. Otterbein, CIC
- Karen R. Pardy, BN, RN, CIC
- Silvana Perna, CIC
- Patricia Darlene Perry, CIC
- Zoran Pikula, CIC
- Heidi Pitfield, CIC
- Michelle K. Ramirez, HBSc, CIC
- Suzanne Rhodenizer Rose, RN, BScN, MHS, CIC
- Leesa S. Round, CIC
- Lise Rachel Marie Runciman, RN, CIC
- Natasha Salt, CIC
- Rachael L. Sawicki, CIC
- Helen Catherine Shaw, CIC
- Lyudmyla Sidley, CIC
- Jayshree R. Somani, MLT, BHA, MSc, CIC
- Tina Stacey-Works, MLT CIC
- Danielle R. Steinman, MHS, CPHI(C), CIC
- Karen L. Straus, RN, BScN, BSc, CIC
- Kathryn N. Suh, MD, FRCPC, CIC
- Brenda Caroline Tanner, CIC
- Dori L. Taylor, RN, CIC
- Cindi L. Wigston, RN, CIC
**IPAC Southwestern Ontario**

IPAC Southwestern Ontario is busy planning for the upcoming Chapter meetings and educational opportunities. The Chapter has been meeting to come up with strategies to increase the number of attendees at our meetings. We continue to use a wider lens when planning education to attract all sectors of healthcare.

Last fall, the Chapter held two successful “IPAC 101 for Clinical Office Settings” education sessions, one in London and the other in Windsor. There were over 100 attendees between these two sessions. We had many positive comments and as a result of these two successful events, we have planned more IPAC 101 sessions for this year.

On February 22, IPAC Southwestern Ontario hosted a webinar with help from the national office. Dr. Cividino, IPAC Physician from Public Health Ontario, presented on “Occupational Dermatitis in the Workplace.” More than 30 participants attended this webinar. Another webinar is planned for June 21, during which Barley Chironda, International Infection Control Specialist with Clorox Canada, will present.

The next in-person Chapter meeting/education day, Making a Clean Getaway, is scheduled for April 12 at a new location for us, the Hellenic Meeting & Reception Centre in London. The focus for this meeting/education day will be environmental cleaning. The speakers for this education day include Jim Gauthier, Senior Clinical Advisor, Infection Control with Diversey Canada as a special keynote presenter and Barry Hunt, Chair of the IPAC Canada Environmental Hygiene Interest Group, who will lead the afternoon workshop on the new CSA document under development for cleaning and disinfection in healthcare settings.

Two additional Chapter meetings/education days are planned for the year: the September 27 event will focus on vaccine hesitancy and the emergence of vaccine-preventable diseases, and the November 1 meeting will focus on emergency preparedness and IPAC resources.

**IPAC Manitoba**

IPAC Manitoba continues to hold in-person meetings every other month. The Executive continues to look for ways to engage members and increase attendance at meetings.

On November 5, 2018, the Manitoba Chapter hosted a member education day coupled with the Annual General Meeting (AGM). The education speakers provided great information on the following topics:

- **Scabies Outbreak**: Davenna Conrod
- **Syphilis Outbreak**: Dr. Richard Rusk
- **IPAC and Occupational Health**: Bernice Irvine
- **The HAI Project**: Myrna Dyck and Molly Blake

The AGM followed with good discussions and positions were filled for 2019.

We started the New Year meeting on January 14, 2019 with a focus on beginning preparations for the 2020 IPAC Canada Conference, which will be held in Winnipeg. An Interest Group (IG) Report template was created for IG representatives to provide highlights and nuggets of wisdom gained from IG meetings. The meeting’s education session consisted of a presentation by Dave Filgiano on hand hygiene monitoring systems.

The IPAC Manitoba Annual Education Conference is being planned for June 14, 2019.

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16 Spring 2019 | IPAC News
Point prevalence studies were conducted for methicillin-resistant *Staphylococcus aureus* (MRSA), Vancomycin-resistant enterococci (VRE), extended-spectrum beta-lactamase (ESBL), carbapenem-resistant *Enterobacteriaceae* (CREs), and *Clostridium difficile* infection (CDI) in adult populations in specific Canadian hospitals in 2010 and 2012. In February 2016, a third point prevalence study was conducted. This survey was completed on adult inpatients in Canadian hospitals that volunteered with ≥ 50 beds. The hospitals that volunteered used standard Canadian Nosocomial Infection Surveillance Program case definitions. Analysis was also done to determine if specific facility characteristics were more likely to influence antibiotic-resistant organism (ARO) rates.

Infection prevention and control teams at 160 facilities across Canada participated, collecting data on 35,018 adult inpatients. Median prevalence on the date that was chosen for survey participation were as follows:

- 1.1 in 100 patients for CDI.
- 4.1 in 100 patients for MRSA.
- 0.3 in 100 patients for MRSA infection.
- 0.8 in 100 patients for VRE.
- 0 in 100 patients for VRE infection.
- 0.8 in 100 patients for ESBL.
- 0 in 100 patients for ESBL infection.
- 0 in 100 patients for CRE.

These rates did not show significant difference from the survey conducted in 2012. Larger hospitals (> 500 beds) were associated with a greater CDI rate.

During the years between the 2010, 2012, and 2016 surveys, infection prevention and control practices across Canada changed. In 2010, 94% of hospitals that participated completed VRE universal of targeted admission screening. By 2016, this had dropped to 74%. This may have impacted the VRE cases found during the 2016 survey. In 2010, 100% of hospitals surveyed used additional contact precautions for VRE, 96% in 2012, and 93% in 2016.

The survey completed in 2016 provided Canadian hospitals a snapshot of the national prevalence rates of CDI and AROs. As we continue to modify our screening and infection prevention and control practices across the country, our ability to detect ARO cases may change, leading to different national prevalence rates and variations between areas of the country. For further information, review the original publication (cited below).

**ORIGINAL PUBLICATION**

**ORIGINAL AUTHORS**
Philippe Martin, MD;1 Claire Nour Abou Chakra, PhD;1 Victoria Williams, MPH;2, 3 Kathryn Bush, MSc;4 Myrna Dyck, MSc;5 Zahir Hirji, MSc;6 Alex Kiss, PhD;7 Oscar E. Larios, MD;8 Allison McGeer, MD;3, 9 Christine Moore, MLT, BSc;9 Karl Weiss, MD;10 Andrew E. Simor, MD;2, 3 and Infection Prevention and Control Canada.

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8  University of Calgary, Calgary, AB, Canada
9  Mount Sinai Hospital, Toronto, ON, Canada
10 Jewish General Hospital, Montreal, QC, Canada
The Canadian Journal of Infection Control is a leading international peer-reviewed journal providing a platform for knowledge transfer and academic discourse in the field of infection prevention and control and hospital epidemiology. The journal invites submission of manuscripts outlining original research that examines, informs, and advances this professional field.

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

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

A signed copy of IPAC Canada’s Publisher-Author agreement must be received before a manuscript will be published. The agreement is available at https://ipac-canada.org/canadian-journal-of-infection-control-3.php.

Please note that there is an approximate three- to four-month timeline between receipt of manuscript, peer review, editing, and publication. The Canadian Journal of Infection Control is a quarterly publication indexed by the Cumulative Index to Nursing and Allied Health Literature (CINAHL)/EBSCO, SCOPUS/Elsevier, and SilverPlatter Information, Inc.
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PrescientX
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Cambridge, ON L9H 3K1
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info@prescientx.com
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PrescientX is a leading provider of advanced engineered infection prevention solutions and a Top 10 finalist for the Patient Safety Innovation Awards. Its products include the first automatic UV bathroom disinfection, the world’s first patient-initiated UV room disinfection system, mobile UV room disinfection, and a self-disinfecting hand hygiene sink featuring point-of-use ozonated water.

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SC Johnson Professional provides expert skin care, cleaning, and hygiene solutions for industrial, institutional, and healthcare users. The SCJ Professional range now incorporates DebMed’s healthcare hand hygiene product line, electronic hand hygiene monitoring system, and well-known SC Johnson brands. This professional product line is built on a deep understanding of customer needs and a vision for protecting the patient, the caregiver, and the environment.

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Sani Marc Inc. is a Canadian corporation manufacturing neutral pH sodium hypochlorite solutions. It offers safe, effective, and environmentally responsible cleaning without transferring pathogens. Removal of hospital pathogens does not require high concentrations of chemicals with high alkali or acid pH values. Visit us at Booth 309.

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Since 1957, SciCan has been innovating and designing its full spectrum infection control solutions for the medical and dental markets. SciCan infection control experts assist customers in the redesign of their reprocessing rooms, helping to reorganize and optimize workflow while remaining focused on infection control and patient safety. Our areas of expertise include medical device reprocessing, surface disinfection, and air quality for healthcare environment.

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Seal Shield is a Canadian corporation manufacturing neutral pH sodium hypochlorite solutions. It offers safe, effective, and environmentally responsible cleaning without transferring pathogens. Removal of hospital pathogens does not require high concentrations of chemicals with high alkali or acid pH values. Visit us at Booth 309.
The Stevens Company Limited
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Brampton, ON L7A 0N8
Tel: 905-791-8600
marketing@stevens.ca
www.stevens.ca

The Stevens Company has been a pillar in the Canadian healthcare community since 1874. Originally founded in 1830 in London, England, the company is still owned and operated by the Stevens family, now in its sixth generation. Over the decades, Stevens has continued to grow and today has six distribution centres across Canada in Brampton, Vancouver, Calgary, Winnipeg, Halifax, and, most recently, Montréal. Partnering with industry leaders in infection prevention, Stevens provides customized solutions to effect positive changes in patient outcomes.

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www.sageproducts.com

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Our mission is to equip the entire spectrum of global markets that are concerned with infection control with state-of-the-art antimicrobial technology, Accelerated Hydrogen Peroxide (AHP).

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Vernacare’s complete system is the world leader in delivering safe, discreet, and environmentally responsible solutions for human waste management. Vernacare offers the widest range of individual moulded fibre utensils, compatible patient wipes and accessories, and industry-leading macerator systems backed by an extensive technical support and training program.

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2019 IFIC/IPAC CONJOINT CONFERENCE

The choices are almost dizzying!

- EDUCATION PROGRAMS
- POSTER AND ORAL PRESENTATIONS
- INDUSTRY SHOWCASE
- NETWORKING
- FUN EVENTS!
How do you ensure you make the most of your time and money while at the conference?

**SET GOALS AND OBJECTIVES**
- What are your reasons for attending?
- Do you need to brush up on clinical applications?
- Do you want to find out about the latest research?
- Do you want to get comparative product information for product recommendations?

**Start planning your days well in advance of the conference.**
- What information will you need?
- What information will your facility need?
- What information will your colleagues need?

**TIME WELL SPENT**
- You cannot possibly attend every session or every meeting.
- Decide which topics are the most important to you.
- Review the abstracts summary: which posters will you visit?
- What information or input do you want from exhibitors?
- Pick up your registration materials early – beware of long lineups!

**WHAT?! NO HANDOUTS!**
- Printed handouts will NOT be distributed at the conference.
- Handouts provided by speakers pre-conference will be posted.
- Check the website regularly to download handouts of interest.
- Watch for additional handout information post-conference.
- Take notes while listening to the speaker.
- Ask pertinent questions.
- Turn off your mobile phone – leave the outside world behind.
MAP OUT YOUR EXHIBIT HALL “FLIGHT PLAN”
- Review the list of exhibitors list (see pages 19-22).
- Which vendors are the most important to you?
- Make lists for Sunday, Monday, and Tuesday.
- Visit vendors you know.
- Visit companies new to the conference.

KNOW THE QUESTIONS – GET YOUR ANSWERS
- The Industry Showcase is another source of education.
- Pre-conference, formulate a list of well-defined questions.
- Ask specific yet open-ended questions.
- Ask for articles supporting the product.
- Ask for a list of institutions currently using the product.
- Be courteous and listen.
- Take notes to share with your colleagues.

USE THE CONFERENCE APP
- The “Games” feature has wonderful giveaways.
- The app contains information not available elsewhere:
  - Speaker bios
  - Messaging
  - Notes
  - E-blasts from organizers

NETWORKING
- The most important people? Right beside you!
- Make an effort to meet people outside of your Chapter or place of employment.
- Talk to those with similar fields of expertise.
- Ask for permission to communicate with those who might be able to mentor you in the future.
- Attend the Interactive Lunch (Sunday) to meet both new and seasoned practitioners.
EVALUATIONS
- Complete the evaluation form in the conference app.
- Evaluations help future conference planning committees.
- Evaluations help presenters improve their sessions.

HAVE FUN!
- See the city.
- Attend the special events.
- Don’t let stress build up.
- Take time for YOU!
- Rest, reflect, re-organize, and re-energize.

PREPARING TO GO
- Plan your travel days carefully.
- Where is your accommodation?
- What clothes should you bring?
- Bring comfortable shoes!!
ASSISTANCE
Québec City Convention Centre
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