









ABOUT



THE ASSOCIATION

VALUE PROPOSITION

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

MISSION

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

VISION

A world without preventable infections.

VALUES STATEMENTS

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

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

Infection Prevention and Control Canada (IPAC Canada)/Prévention et contrôle des infections Canada (PCI Canada) is a national, multi-disciplinary, voluntary professional association uniting those with an interest in infection prevention and control in Canada. IPAC Canada has over 2000 members in 17 chapters across the country. All our members and partners are dedicated to the health of Canadians by promoting excellence in the practice of infection prevention and control.

IPAC Canada is committed to the wellness and safety of Canadians by promoting best practice in infection prevention and control through education, standards, advocacy and consumer awareness.

The mandate of our organization is to provide education, communication and networking to our members and the public through provision of resources, education opportunities and collaboration with partner stakeholders.

The work of our organization is focussed on the primary areas of:

- Education
- Communication and Networking
- Practice Support
- Advocacy and Collaboration

EDUCATION

- National Education Conference
- Chapter Education Days
- Webcasts and Webinars IPAC Canada hosts regular webcasts and webinars on current topics of interest.
- Distance Education Essentials in Infection Prevention and Control
- Long-Term Care Hybrid Course
- Routine Practices E-Learning Tool
- Hand Hygiene E-Learning Modules

COMMUNICATION AND NETWORKING

- Chapters and Interest Groups
- Canadian Journal of Infection Control
- Association News
- Industry Innovations
- Semi-Monthly E-Newsletter
- Website (www.ipac-canada.org)

PRACTICE SUPPORT

- Infection Control Audit Tools
- Program-Wide Standard and Audit
- Core Competencies for HCWs
- Core Competencies for ICPs
- National Infection Control Week Posters
- Routine Practices e-Learning Tool
- Hand Hygiene e-Learning Tool
- Brochures and Infographics
- Diversity, Equity and Inclusion in Healthcare Resources

COLLABORATION

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

For more information about IPAC Canada, please see www.ipac-canada.org or contact info@ipac-canada.org.

BIOGRAPHIES

PRESIDENT AND ASSOCIATION SPOKESPERSON

COLETTE OUELLET RN BN MHA CIC

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



EXECUTIVE DIRECTOR

GERRY HANSEN BA

GERALDINE (GERRY) HANSEN has been the administrator of IPAC Canada since 1988, holding the position of Executive Director since 2009. Her role is to manage staff and committees in the day-to-day operations of the association, and to foster good working relationships with external stakeholders, vendors and the media. Gerry has facilitated many significant changes within the association, including by-law changes, ensuring compliance with respect to the Canada Not-for-Profit Corporations Act, Canadian Anti-Spam Legislation, the legal and administrative implications of the association's name change in 2014, and the restructuring of the IPAC Canada Board as it evolved from being a Working Board to a Strategic Board.



BOARD OF DIRECTORS 2024-2025



EXECUTIVE OFFICERS



President
Colette Ouellet
RN BN MHA CIC



Secretary/
Membership Director
Dione Kolodka
MSc BSc CIC



TreasurerSonalben Shah
MSc CIC



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

BOARD OF DIRECTORS



Director
Bal Sidhu
RN BScN CIC MPH



Public Representative Kim Neudorf BSN MEd



DirectorMadeleine Ashcroft
RN BScN MHS CIC



DirectorKathryn Suh
MD FRCPC CIC



Director Stefania Cloutier BES BASc CIPHI(C) CIC



Director
Natalie Bruce
RN BScN MScN CIC FAPIC

BOARD SUPPORT 2024-2025

MEMBERSHIP SERVICES OFFICE

Executive Director

Gerry Hansen

Administrator

Kelli Wagner

Administrative Assistant

Jennifer Peters

PROFESSIONAL AGENTS

Legal Counsel

Terrance Carter/Theresa Man Carters Professional Corporation

Auditor

Marin Brown CPA CA Grant Thornton LLC

OTHER POSITIONS

Editor-in-Chief, Canadian Journal of Infection

Control

James Ayukekbong BMLS PhD CIC

Associate Editor

Erica Susky MSc CIC

Industry Innovations Editor

Gerry Hansen

Web Communications Manager

Tanya Denich MSc CIC

Webmaster

Pamela Chalmers

Social Media

Kelsey Houston BScH MPH

Distance Education Course Coordinator

Heather Candon BSc MSc CIC

Distance Education Course Coordinator

Jane Van Toen MLT BSc CIC

Distance Education Course Coordinator

Angela Thomas BScN RN CIC





The Association for Practitioners in Infection Control Canada (APIC-Canada), was established in 1972 by 23 people as a joint Canada - USA professional association. Over the next few years Canadian practitioners (ICPs) acknowledged that it was important to have an autonomous Canadian organization as a distinct legal entity. As a result, on April 2, 1976, (APIC-Canada) was incorporated as a nonprofit organization under the Canada Corporations Act.

The letters patent incorporating the Association listed the following objectives:

- 1. The general purpose of the Association is to improve patient care by serving the needs and aims common to all disciplines who are united by infection control activities.
- 2. To initiate and develop effective communication.
- 3. To support the development of effective and rational infection control programs in health-care agencies.
- 4. To encourage standardization and critical evaluation of infection control practices.
- 5. To promote quality research in practices and procedures related to infection control.
- 6. To publish or to facilitate the publication and/or distribution of such books, pamphlets and periodicals as may from time to time have reference to Association for Practitioners in Infection Control (Canada) and its work.
- 7. To receive donations and bequests to carry out the purposes of the Corporation.

MILESTONES

1976

- In Montreal on November 25, with 39 members from accross Canada in attendance, the name of the association was changed to the "Canadian Hospital Infection Control Association (CHICA)".
- Original organization consisted of an Executive of six officers to run the day-to-day operations of the association, and an advisory Board of 11 directors, many of whom were physicians and microbiologists.
- From the inception, members acknowledge the important support of industry as patrons, sponsors and exhibitors.

1978

The first all-Canadian CHICA Conference and inaugural business meeting is held in Jasper, Alberta from July 5 to 8, hosted by the Calgary Infection Control Interest Group.

1979

CHICA Logo designed by Elaine Madger to represent the motto "Everyone working together for better patient care".

1980

- First Chapter of CHICA: Toronto Practitioners in Infection Control (TPIC).
- First newsletter is created and distributed.

1982

• Entry to practice cources started in Ottawa, jointly sponsored by the Laboratory Centre for Disease Control (LCDC), CHICA-Canada and the University of Ottawa.

1983

• CHICA board approved the Certification Board Infection Control (CBIC) exam as valid certification for ICP's in Canada, and developed a CHICA endorsement seal for the certificates of successful Canadian candidates.

1985

• Newsletter discontinued and replaced with a professional jornal, the "CHICA Journal" published by the Canadian Hospital Association.

1988

Infection Control Week established in Canada in October. One year later, Parliament proclaims this an annual event.

1993

Official liaison with the APIC Guidelines Committee established.

1994

• CHICA-Canada invited to appoint a liaison person (non-voting, non-funded) to attend meetings of the LCDC Steering Committee on Infection Control Guidelines.

1998

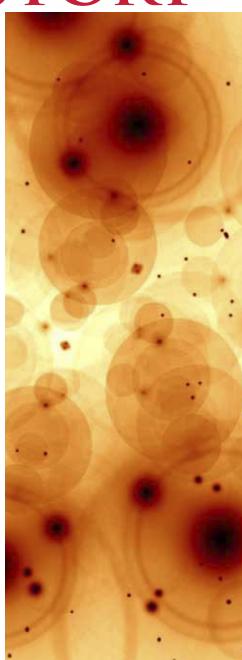
Association website established: www.chica.org.

1999

Successfully lobbied Health Canada to maintain the programs at LCDC.

2000

 Collaborated with Canadian Hospital Epidemiology Committee (CHEC) and Centre for Infectious Disease Prevention & Control's Canadian Nosocomial Infection Surveillance Program (CNISP) to develop a database on resources hospitals expend in preventing hospital-acquired infections (RICH survey).









2001

- 25th Anniversary of CHICA-Canada.
- Participated on the Canadian Nurses Association Committee developing nursing care plans for patients with Hepatitis C.
- Became an official partner organization in the Canadian Coalition for Influenza Immunization.

2002

Presentation made to Romanow Commission on the Future of Healthcare.

2004

 Invited to partner in a growing number of initiatives with the Canadian Institute of Health Research, the Emerging ID Clinical Treatment Trials, and the Canadian Hospital Network for Infectious Disease Prevention and Control (Health Canada). CHICA-Canada also represented on the Emergency Nursing Advisory Committee of the RNAO.

2005

Membership reached 1,180 members, including 187 Institutional Members.

2006

First Run for IFIC held at 2006 conference.

2007

 CHICA-Canada patrnered with the Canadian Federation of Infectious Diseases, AMMI Canada, CACMID, the International Centre for Infectious Diseases and industry partners to plan a National Infectious Disease Day in Ottawa, October 18th.

2009

• CHICA-Canada was officially represented at the annual meetings of APIC (Fort Lauderdale) and IFIC (Lithuania).

- CHICA-Canada participated on planning committee of Canadian Patient Safety Institute Forum on Patient Safety in Toronto, April 2010.
- In partnership with 3M Canada, CHICA awarded the first Champion of Infection Prevention and Control Award.
 Dr. Mary Vearncombe was the first winner.
- The first CIC Chapter Achievement Award presented to CHICA British Columbia.

2011

CHICA became an Associate Member of the Canadian Nurses Association (CNA).

2012

CHICA-Canada membership climbs to 1,675.

2013

• Members vote to change name to Infection Prevention and Control Canada (IPAC Canada)/Prévention et contrôle des infections Canada (PCI Canada).

2014

- As of January 1, 2014, the association officially became Infection Prevention and Control Canada (IPAC Canada)/ Prévention et contrôle des infections Canada (PCI Canada).
- IPAC Canada collaborated with the Canadian Safety Institute (CPSI) in the development of an Infection Control Summit as part of CPSI's National Integrated Patient Safety Strategy.
- Many IPAC Canada members answered the call for expert assistance in Saudi Arabia during the MERS_CoV outbreak and West Africa during the Ebola outbreak.

2015

- A Strategic Plan2016-2018 was developed by IPAC Canada leadership. The focus of the Strategic Plan
 is on increasing the profile of IPAC Canada and its members.
- An International Attendee Scholarship was established to facilitate the attendance of international experts to the IPAC Canada annual conference.

2016

- P IPAC Canada celebrates its 40th Anniversary.
- The association added an elected Public Representative position to the Board.

- Published Program Wide Standard.
- Published Core Competencies for Healthcare Workers (2016 Revision).
- Published Core Competencies for Infection Prevention and Control Professionals.
- Hill Day 2017 A day in Ottawa meeting various Ministers and members of the Health Committe.
- · Canadian Nurses Association recognizes Infection Prevention and Control as a nursing specialty practice.











STRATEGIC PLAN 2019-2021



2018

- House of Commons Standing Committee on Health Presented evidence for an action plan around Antimicrobial Resistance (AMR).
- Hill Day 2018 A day on The Hill in Ottawa meeting with several Ministerial staff and Health Committee Members.
- Choosing Wisely In collaboration with Canadian Nurses Association, describing the infection prevention and control practices that nurses need to know.
- Routine Practices E-Learning Tool Revised English and French modules launched.
- Hand Hygiene E-Learning Module Mandatory e-learning tool for healthcare workers across Canada.
- Northern Network Communication platform for IPAC Canada members in the northern territories.
- Africa Education Nodes Africa In collaboration with Infection Control African Network, sponsored two
 education nodes in African countries.

- The Canadian Journal of Infection Control was referenced in CrossRef. Work ongoing to index the journal in PubMed.
- New publication, Industry Innovations, launched May 2019.
- Several Position Statements and Practice Recommendations were reviewed and revised. Of note is the development of the Foot Care Position Statement and Practice Rocommendations.
- IPAC Canada participates in several discussion and working group tables, including Chief Public Health
 Officer Health Professions Forum, the Public Health Agency AMR committee, Indigenous Health, Discovery
 Day (partnering with CPSI, AMMI, PHAC, and CIHI).
- Pan Canadian Surveillance Advisory Committee formed, co-chaired by IPAC Canada and Canadian Patient Safety Institute.
- A conjoint conference with the International Federation of Infection Control was held in Quebec in May 2019.
- IPAC Canada is the first professional association to partner with the biomedical industry to establish a multi-sector Working Group to pursue joint goals under the Pan-Canadian AMR strategy and strengthen Canada's end-to-end research capacity in AMR

2020

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

2021

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









STRATEGIC PLAN 2019-2021



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

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











2022

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

2023

 Membership grew to an all-time high of 2100. We continue to strive to provide education, communication, networking and resources to members of all disciplines and settings.

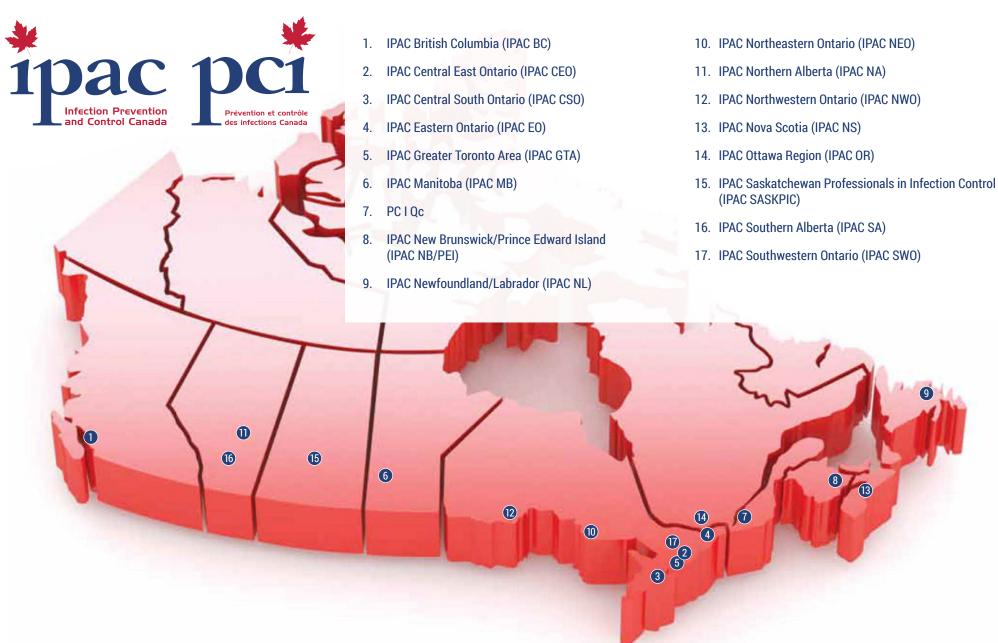
- Our online distance education Essentials in Infection Prevention and Control courses continue to enjoy enrollment of approximately 75 students for each course offering. In 2024, a hybrid infection prevention and control in long term care-specific certificate course will be offered.
- Our first in-person national conference since 2019 was held in Vancouver, BC in May. This was the first IPAC Canada hybrid conference, and was very successful. Planning is under way for the 2024 hybrid national conference in St. John's, Newfoundland and Labrador.
- Local chapters have also begun resuming in-person meetings and educational offerings for their members.
- Collaboration with APIC began with development of an Ethical Framework for IPAC, which will provide assistance
 with ethical decision-making in infection prevention and control. This document will be launched in 2024.
- Revision of our Program Wide Standard is underway, with publication expected in 2024.
- The Board of Directors and local Ottawa members attended the first in-person Hill Day since 2019, and met with ministers and staff to discuss issues such as pandemic preparedness, and AMR action.







CHAPTERS



OUTREACH



EXTERNAL STAKEHOLDERS

Accreditation Canada

Association des infirmières en prévention des infections Association for Professionals in Infection Control and Epidemiology (US)

Association for Medical Microbiology and Infectious Diseases

AustralAsia College for Infection Prevention and Control Canadian Antimicrobial Innovation Coalition

Canadian Association for Clinical Microbiology and Infectious Diseases

Canadian Association for Drugs and Technology in Healthcare

Canadian Association for Enterostomal Therapy

Canadian Association for Environmental Managers

Canadian Association of Foot Care Nurses

Canadian Association for Medical Device Reprocessing

Canadian Association of Nursing Schools

Canadian Dental Association

Canadian Education and Training in Antibiotic Resistance

Canadian Foundation for Infectious Diseases

Canadian Healthcare Engineering Society

Canadian Hospital Epidemiology Committee

Canadian Institute for Health Information

Canadian Nurses Association

Canadian Nurse Continence Advisors

Canadian Nosocomial Infection Surveillance Program

Canadian Standards Association

Canadian Vascular Access Association

Certification Board of Infection Control and Epidemiology

Chief Public Health Officer of Canada Health Professions Forum

Doctors Without Borders/Medecins sans bordieres

Foot Canada Training

Global Prevention and Control Network of the

World Health Organization

Healthcare Excellence Canada

Health Canada

Health Standards Organization

Immunize Canada

Infection Prevention Society (UK)

International Council for Infectious Diseases

International Federation of Infection Control

Medical Device Reprocessing Association of Ontario

National Patient Safety Roundtable

National Collaborating Centre for Infectious Diseases

Nurses Specialized in Wound, Ostomy and

Continence Canada

Ontario Health Association

Ontario Occupational Health Nurses Association

Operating Room Nurses Association of Canada

Public Health Agency of Canada

Provincial and Regional Infection Control Networks

Registered Nurses Foundation of Ontario

Urology Nurses of Canada

World Health Organization



Infection Prevention and Control Practitioners Applaud Federal Investments in Antimicrobial Resistance

May 2, 2023

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

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

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

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

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

For further information and media inquiries, please contact: (Ms.) Gerry Hansen, Executive Director IPAC Canada PO Box 46125 RPO Westdale/ Winnipeg MB R3R 3S3 Tel: 204-897-5990/1-866-999-7111/Fax: 204-895-9595 www.ipac-canada.org executivedirector@ipac-canada.org







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

April 13, 2022

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

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

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

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

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

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





For further information and media inquiries, please contact: (Ms.) Gerry Hansen, Executive Director IPAC Canada PO Box 46125 RPO Westdale/ Winnipeg MB R3R 3S3 Tel: 204-897-5990/1-866-999-7111/Fax: 204-895-9595 www.ipac-canada.org executivedirector@ipac-canada.org

Hill Day 2024

April 29, 2024

Infection Control Professional Calls for Action Before Next Pandemic

Urgent Action Also Needed to Combat Antimicrobial Resistance

OTTAWA - April 29, 2024. The leadership of Infection Prevention and Control Canada (IPAC Canada) was on Parliament Hill today, calling for the federal government to take urgent action to be ready for the next pandemic. Specifically, IPAC Canada called on the federal government to make meaningful strategic direct investment in supplies, personnel, and resources dedicated to Infection Prevention and Control to improve Canada's pandemic preparedness.

"Without significant action and consistent investment in infection prevention and control, Canada will not be fully ready for the next crisis and pandemic', stated Colette Ouellet, President of IPAC Canada. "The consensus view of all the experts in infection prevention and control is that the federal government must act now to save future lives and future disruptions to society. These are investments not expenses."

The leadership of IPAC Canada also urged federal officials to rely on the expertise of Infection Control Professionals (ICP) as the government builds capacity to respond to future outbreaks. "It is critical that ICP's be consulted, so these investments are sustainable and effective," added Ouellet.

In Canada, ICP's are highly educated professionals from a variety of scientific and medical backgrounds who work in healthcare settings and academic institutions. ICP's play a critical role in minimizing the spread of infectious disease in all kinds of congregate settings including hospitals, schools, and long-term care homes as well as dental settings and prisons, among others

COMBATTING ANTIMICROBIAL RESISTANCE - AMR

IPAC Canada also urged the federal government to continue investing in antimicrobial resistance (AMR) measures and research to improve surveillance of infectious diseases and support a proactive approach to prevention and control.

In June 2023, the federal government released a Pan-Canadian Action Plan on AMR, yet AMR remains a major global public health threat that is growing in Canada. Increasingly, drug-resistant microbes pose a threat to humans and animals, and are making infectious diseases harder or impossible to treat.







More work is needed to stay ahead of the evolving threats posed by AMR. The compounding effects of AMR increases the risk of Canadians developing infections that are difficult to treat. "We are seeing more severe illness, and deaths that previously could have been prevented with effective antibiotics. This creates additional burden on Canada's healthcare system," added Ouellet. AMR also poses a risk to Canada's domestic food supplies, as virulent microorganisms have the potential to infect livestock and crops.









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