VISION STATEMENT
No preventable infections for Canadians. Ever.

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

VALUES STATEMENT
Organizational values are formal statements of beliefs that guide an organization in its relationships with stakeholders as it discharges its mission in pursuit of its vision. IPAC Canada ascribes to the following values:

- **Integrity** – Principled, ethical and respectful in all of 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.

IPAC Canada – The smart way to advance infection prevention and control best practice every day.
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 1500 members in 19 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
- 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
- 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

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 15.

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

**President and Association Spokesperson**

**Zahir Hirji** BScN MHSc RN CIPP/C CIC

ZAHIR HIRJI BScN MHSc RN CIPP/C CIC is the Manager, Privacy and Risk Management, at Scarborough Health Network, Toronto. He is a Registered Nurse with a Masters in Community Health and Epidemiology and is enjoying opportunities to collaborate with areas of risk management and patient safety to improve the infection prevention and control (IPAC) perspective. His current interests are focused on increasing IPAC capacity in congregate care settings. He has been Certified in Infection Control (CIC®) since 2003 and recently became Certified in Information and Privacy Protection in Canada.

Zahir has worked in Infection Prevention and Control for over two decades during which time he has actively participated in a number of projects and initiatives that support infection prevention and control across the continuum of care. He was a member of the Scientific Planning Committee for the IPAC Canada National Conference in 2010, 2017 and 2018, and the Chair of the Committee in 2011. He represented IPAC Canada on the National Antibiotic Resistant Organism Point Prevalence Surveys in 2012 and 2016. He is a current member of the *Canadian Journal of Infection Control* (CJIC) Editorial Board, and participates on the Ontario Provincial Infection Disease Advisory Committee (PIDAC). In 2020, he introduced an initiative to develop a Diversity, Equity and Inclusion action plan for IPAC Canada. In 2018 he was honoured to receive the Moira Walker Memorial Award for International Service for his service to provide education to Infection Prevention and Control professionals in Kenya.

**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 2021-2022

Executive Officers

President
Zahir Hirji
RN BScN MHSc CIC

Secretary/Membership Director
Jennifer Happe
BSc MSc

Treasurer
Sonalben Shah
MSc CIC

President-Elect
Colette Ouellet
RN BN MHA CIC

Past President
Barbara Catt
RN BScN CIC MEd

Board of Directors

Director
Bal Sidhu
RN BScN CIC MPH

Director
Madeleine Ashcroft
RN BScN MHS CIC

Director
John Embil
MD BSc(Hon) FRCPC FACP

Director
Stefania Cloutier
BES BASc CIPHI(C) CIC

Director
Kim Allain
BScN RN MHS

Public Representative
Stephen Palmer
**Membership Services Office**

**Executive Director**
Gerry Hansen

**Administrative Assistant**
Kelli Wagner

**Professional Agents**

**Legal Counsel**
Terrance Carter/Theresa Man
Carter's Professional Corporation

**Auditor**
Philip Romaniuk CPA CA
Grant Thornton LLC

**Other Positions**

**Editor-in-Chief, Canadian Journal of Infection Control**
James Ayukekpong BMLS PhD CIC

**Associate Editor**
Devon Metcalf MSc PhD 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
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 across 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 courses 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 journal, 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 partnered 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).

**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 Plan 2016-2018 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
• IPAC Canada celebrates its 40th Anniversary.
• The association added an elected Public Representative position to the Board.

2017
• 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 Committee.
• Canadian Nurses Association recognizes Infection Prevention and Control as a nursing specialty practice.
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.
• 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.

2019
• 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 Recommendations.
• 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.
1. IPAC British Columbia (IPAC BC)
2. IPAC Central East Ontario (IPAC CEO)
3. IPAC Central South Ontario (IPAC CSO)
4. IPAC Eastern Ontario (IPAC EO)
5. IPAC Greater Toronto Area (IPAC GTA)
6. IPAC Huronia Practitioners of Infection Control (IPAC HUPIC)
7. IPAC Manitoba (IPAC MB)
8. PC I Qc
9. IPAC New Brunswick/Prince Edward Island (IPAC NB/PEI)
10. IPAC Newfoundland/Labrador (IPAC NL)
11. IPAC Northeastern Ontario (IPAC NEO)
12. IPAC Northern Alberta (IPAC NA)
13. IPAC Northwestern Ontario (IPAC NWO)
14. IPAC Nova Scotia (IPAC NS)
15. IPAC Ottawa Region (IPAC OR)
16. IPAC Peel and Neighbouring Area (IPAC PANA)
17. IPAC Saskatchewan Professionals in Infection Control (IPAC SASKPIC)
18. IPAC Southern Alberta (IPAC SA)
19. IPAC Southwestern Ontario (IPAC SWO)
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 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/Médecins sans frontières
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
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
Media Release

IPAC Canada encourages Canadians to take COVID-19 vaccine

January 13, 2021 (Ottawa, ON)

As the first doses of Pfizer-BioNTech and Moderna’s COVID-19 vaccines arrive and administration of the vaccine continues across Canada, Infection Prevention and Control Canada (IPAC Canada) is encouraging all Canadians to get vaccinated against COVID-19 when the vaccine is made available to them.

The rollout of COVID-19 vaccines in Canada will occur in phases to ensure that the most vulnerable Canadians and those working in essential services who are at greater risk of exposure are prioritized to receive the vaccine. As it becomes available to Canadians in the coming months, it is critical that all Canadians receive the vaccine. “Canadians beginning to receive COVID-19 vaccines just nine months into the pandemic is a testament to the tireless work of the world’s scientists and researchers but in order for the vaccine to help us stop the spread of COVID-19 and get back to normal, a sizeable majority of Canadians need to be vaccinated,” said Barbara Catt, President of IPAC Canada. “This is why we are encouraging all Canadians to receive the vaccine as it becomes available to them.”

Pfizer-BioNTech and Moderna’s COVID-19 vaccines are the first two vaccines to be approved in Canada, following their approvals on December 9 and December 23 respectively, there are two other vaccines currently under review by Health Canada. The Government of Canada is also making information readily available about the safety of vaccines, possible side effects and how these vaccines work and IPAC Canada is encouraging Canadians to get the information they need about COVID-19 vaccines from government and public health sources.

“In addition to encouraging Canadians to seek out the necessary information and to receive the vaccine, it is also crucial that Canadians remain vigilant about other public health measures in the months to come,” continued Catt. “While the news of the vaccine is encouraging, we need to continue to do our part to keep ourselves, those around us and our communities safe. This includes adhering to the relevant public health restrictions and measures such as maintaining physical distancing, wearing masks, washing our hands frequently, and more.”

More information about COVID-19 vaccinations can be found on the Government of Canada website and on the websites of provincial governments and public health authorities.

IPAC Canada is the national, professional organization for those professionally or occupationally interested in the prevention and control of infections in all healthcare settings.

For further information and media inquiries, please contact:
Brianna Workman, Public Affairs
Brianna@impactcanada.com
613-294-1263
In response to recurring issues around the recognition of various educational backgrounds and opportunities available to Infection Prevention and Control Professionals (ICPs), Infection Prevention and Control Canada (IPAC Canada) is encouraging all governments and employers to offer the same opportunities to ICPs as those in regulated professions.

A key strength of ICPs, particularly in the current context of the pandemic, is the various disciplines and educational backgrounds our members come from, such as epidemiology, nursing and microbiology. They also possess critical knowledge about infectious diseases and how to take precautions, educate the public and use developing and available research effectively. This diversity of experience coupled with their specialization in infection prevention and control makes them qualified for equal consideration of opportunities as those in regulated professions.

Despite this, many ICPs are ineligible or are not prioritized for certain roles where they would otherwise be well-placed to support efforts in combatting the pandemic because they do not come from a regulated profession. This distinction is particularly disappointing at a time when the specialized knowledge that ICPs bring to their work in all healthcare settings, workplaces and communities is needed more than ever.

IPAC Canada members are ready and willing to fill critical roles in Canada’s response to the pandemic but their ability to do so is being limited by this distinction and certain provincial mandates. For these reasons, IPAC Canada is urging all governments to acknowledge the various backgrounds ICPs come from and the critical specialized knowledge they provide by ensuring they are given full access and consideration for employment opportunities as those in regulated professions.

IPAC Canada welcomes the opportunity provide more information to governments, unions and employers on this issue and the qualifications of IPAC Canada members.

For further information and media inquiries, please contact:
Brianna Workman, Public Affairs
Brianna@impactcanada.com
613-294-1263
Hill Day 2021 Recommendations

February 2021

SUMMARY OF RECOMMENDATIONS

1. 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.

2. Accelerate the delivery of the Safe Long-Term Care Fund to help provinces and territories in protecting people in long-term care by supporting infection prevention and control through enhanced practices, expanded capacity and additional wage support.

3. Invest in a national, integrated surveillance system to respond quickly to all healthcare associated infections.

INTRODUCTION

The COVID-19 pandemic has exposed significant flaws in Canada's system of care. For years, healthcare associations, patient advocacy groups, academics and professional associations have continuously advised that coordinated programs and investments were needed to close gaps in our nationwide system of care. As we have seen over the past year, nobody can predict when an outbreak, epidemic or pandemic will occur. However, we have also seen that in such a circumstance, a rapid response is critical. Governments at all levels showed that they are willing to take urgent action when needed but key components of our healthcare system, including long-term care facilities, were stretched beyond their capacity resulting in illnesses and death.

Infection Prevention and Control Canada's (IPAC Canada) goal is to prevent infections and improve outcomes for patients, residents, clients and staff in hospitals, healthcare facilities and communities. Our members liaise with all healthcare professionals working to provide care within and across all settings. We develop effective and rational infection prevention and control practices, including for novel viruses like SARS-CoV-2, based on the current science and standardized infection prevention and control practices. We promote research in these areas and aim to educate both the public and personnel in hospitals, long-term care facilities, and other institutions on infection prevention and control practices.

For years, we have watched provincial and territorial governments curb funding for infection prevention and control activities in the absence of dedicated funding for these crucial activities. These financial cuts meant that the COVID-19 pandemic caught Canada and all provincial health systems off guard and that despite the critical need for Infection Prevention and Control Professionals (ICPs) during the pandemic, the capacity of these programs has been limited. Infection prevention and control professionals were also left out of support measures throughout the pandemic such as pandemic pay. Our efforts are not to place blame but instead to draw attention to the need for dedicated and coordinated federal
support. It is clear that effective, proven methods of infection prevention and control are a critical component of Canada’s response to the pandemic and providing support for ICPs is needed now more than ever. The recommendations that follow will allow all healthcare systems to prioritize patient safety and support healthcare professionals far throughout this pandemic and beyond.

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 recognized standards for all healthcare settings.

The federal government has demonstrated a willingness to invest in the response to COVID-19. The greatest investments by far have been in support for personal incomes and businesses when the pandemic forced shut downs of local economies with national and international businesses.

We often say in healthcare that treatment is far more costly than prevention. This notion extends beyond the direct costs of healthcare and into the economic toll that the spread of infections takes on society at large. The pandemic has continued to offer glaring evidence of this but the numbers paint a picture potentially more damaging than COVID-19.

Each year, about 8,000 Canadians die from hospital-acquired infections, while 220,000 others get infected.¹ When patients are infected with antibiotic resistant organisms (AROs) they tend to be sick longer and the risk of death increases.

Antimicrobial resistance (AMR), which also covers the limits of prevention and treatment for parasites, viruses and fungi, already costs Canada’s healthcare system $1.8 billion per year.² Right now 26% of infections are resistant to drugs commonly used to treat them but that rate is expected to grow to 40% over the coming decades. Every year, 5,400 Canadians die as a result of AMR, which could grow to 13,700 if the 40% threshold is reached.

IPAC Canada is concerned that provinces, territories and health authorities are being constantly asked to do more with less. Fiscal discipline is different than fiscal austerity and it is critical that we do the right things now to prevent the worst-case scenarios in the future.

We are calling on the federal government to provide more resources to the provinces and territories to fund robust infection prevention and control activities to improve patient safety in Canada and support our efforts to curb the rise of antibiotic resistant organisms (AROs) and antimicrobial resistance (AMR). We propose that this contribution be modeled on federal investments made to support mental health and home care. We believe this approach will provide resources to not only enhance national guidelines and best practice but also ensure that Infection Prevention and Control Professionals and other healthcare providers have the resources to implement and support them. This type of long-term, dedicated support for infection prevention and control programs will limit the impact of future pandemics and decrease Canadians’ exposure to various illnesses.
Accelerate the delivery of the Safe Long-Term Care Fund to help provinces and territories in protecting people in long-term care by supporting infection prevention and control through enhanced practices, expanded capacity and additional wage support.

As Canada has lived with COVID-19 for the past year, outbreaks of the virus in long-term care facilities have placed a focal point on where enhanced infection prevention and control support and capacity is especially needed to protect the most vulnerable Canadians. Although the severity of impacts has varied across the provinces and territories, those in long-term care are far more likely to die due to COVID-19 than the rest of the population. In June 2020, the Canadian Institute for Health Information reported that Canada had a higher proportion of COVID-19 deaths within long-term care (LTC) settings than other OECD countries. At that time, deaths in Canadian LTCs from COVID-19 were at 81% of the total, while OECD countries reported LTC COVID-19 deaths between 10-66%, with the average sitting at 38% of the totals. While it should be noted that these comparisons are subject to rapidly evolving case numbers, different definitions of LTC, and variation in testing and reporting practices in each jurisdiction, this demonstrates that action needs to be taken urgently to improve LTC in Canada.

IPAC Canada was applauds the Government of Canada’s recent commitments which look towards providing greater support for long-term care. These include setting new, national standards for longterm care and the Safe Long-Term Care Fund announced in the Fall Economic Statement.

Improving infection prevention and control practices in long-term care and addressing long-standing issues regarding capacity constraints and low wages is critical to protecting our most vulnerable from COVID-19 and other infections. This is why we are calling on the federal government to deliver the $1 billion committed for the Safe-Long Term Care Fund to the provinces and territories as soon as possible. When announced, it was noted that provinces and territories could use this funding to undertake a range of activities, including carrying out infection prevention and control readiness assessments, making improvements to ventilation, hiring additional staff or topping up wages. These types of readiness assessments...
are critical for identifying how to improve infection prevention and control practices for the future. While the pandemic has exposed clear gaps in our systems of care, such as low wages and capacity, these problems have persisted throughout the pandemic as well despite the fact that these services were needed more than ever. For instance, ICPs working on the front lines were left out of Canada’s pandemic wage top ups. The potential ability of the Safe Long-Term Care Fund to address some of these gaps which have been made glaring throughout the pandemic is a welcome and necessary investment, which must be delivered to the provinces and territories with urgency.

**Invest in a national, integrated surveillance system to respond quickly to all healthcare associated infections.**

Despite its wealth, Canada continues to have gaps in its ability to understand national trends in antimicrobial resistance (AMR). In 2018 there were 980,000 bacterial infections in Canada. Of these, 250,000 were resistant to antibiotics. In the case of carbapenemase-producing Enterobacteraeae (CPE), most isolates are resistant to all commonly used, orally available antimicrobial drugs. Canada’s healthcare systems are co-operating but Infection Prevention and Control Professionals find it difficult to use the systems of surveillance that are available to them to monitor the spread of illness including CPE, methicillin-resistant Staphylococcus aureus (MRSA), Candida auris and others. When these challenges persist in hospitals, it is common for them to spread to other care settings, like long-term care where their affects can be especially harmful.

This is not just a Canadian problem but a global concern. Canada should be a major contributor to initiatives that track the growth of AMR so that all countries can adequately respond. In early June of last year, the World Health Organization (WHO) revealed that across 64,000 surveillance sites globally, the world is “running out of effective ways to tackle” diseases that should be simple to treat, such as forms of diarrhoea and urinary tract infections. The Public Health Agency of Canada (PHAC) is doing important work in this regard. However, as recently as 2016, PHAC reported that on AMR, “Ongoing surveillance gaps present a challenge to developing a comprehensive picture in both the community and hospital settings.” In the United States, the National Healthcare Safety Network provides over 17,000 healthcare facilities with data needed to treat and prevent healthcare-associated infections. Since its founding, there has been a drastic decrease in the number of infections. Notably, between 2008 and 2014 the U.S. saw a 50% decrease in central line-associated bloodstream infections.

IPAC Canada is calling for Canada-wide surveillance that ensures all Canadians, regardless of jurisdiction, are protected against the spread of infectious diseases. We recommend that Health Canada collaborate with provincial and territorial health ministries to develop a national surveillance system with consistent case definitions from coast to coast to coast. This system should be accessible to all health professionals and should include data input by Infection Prevention and Control Professionals to ensure the people keeping Canadians healthy have the most up-to-date and accurate information at their fingertips.


Infection Prevention and Control Canada is supporting the Canadian Patient Safety Institute in their “STOP! Clean Your Hands” campaign, launching today. Infection prevention and control professionals are on the frontline of hospital and long-term care settings preventing the spread of infections and COVID-19 to patients, healthcare workers and the public.

It has been estimated that over the next 30 years in Canada, infections will be the biggest driver of acute care patient safety incidents, accounting for roughly 70,000 patient safety incidents per year on average – generating an additional $480 million per year on average in healthcare costs. Cleaning your hands is one of the best ways to avoid the spread of infections.

“Simple hand hygiene can go a long way to preventing the spread of infections in all settings. When emergency orders are lifted, washing your hands will be a key method to stop the spread of COVID-19 and protect those around you,” says Infection Prevention and Control Canada President, Barbara Catt. “We want to encourage everyone to work together. We’re saying spread the message, not the disease.”

These outbreak control measures can slow spread, reduce peak impact on health systems, and give hospitals, long-term care facilities and our communities time to manage the healthcare needs of the country. It will take everyone working together to flatten the curve.

“Wash your hands often,” says Gerry Hansen, Executive Director of Infection Prevention and Control Canada. “Avoid touching your face. Cough or sneeze into your elbow and stay home as much as possible. Now is the time to act, but we must act together.”

Thousands of healthcare providers in hundreds of healthcare sites across Canada will participate in the 2020 campaign, led by the Canadian Patient Safety Institute in conjunction with the World Health Organization’s SAVE LIVES: Clean Your Hands campaign. Go to https://ipac-canada.org/hand-hygiene.php.ca to access tools, information & resources to keep yourself and others safe.

IPAC Canada is the national, professional organization for those professionally or occupationally interested in the prevention and control of infections in all healthcare settings.

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SUMMARY OF RECOMMENDATIONS

1. 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.

2. Invest in a national, integrated surveillance system to respond quickly to all healthcare-associated infections and emerging pathogens.

3. 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.

4. 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.

INTRODUCTION

The COVID-19 pandemic has exposed significant flaws in Canada’s system of care. For years, healthcare associations, patient advocacy groups, academics and professional associations have continuously advised that coordinated programs and investments were needed to close gaps in our nationwide system of care. Nobody can predict when an outbreak, epidemic, or pandemic will occur and in such a circumstance, a rapid response is necessary. Governments at all levels showed themselves willing to take urgent action, but key components of our healthcare system including long-term care facilities were stretched beyond their capacity resulting in illnesses and death.

Infection Prevention and Control Canada’s (IPAC Canada) goal is to prevent infections and, as a result, improve outcomes for patients/residents/clients and staff in hospitals, other healthcare facilities, and communities. Our members liaise with all healthcare professionals working to provide care within and across all settings. We develop effective and rational infection prevention and control practices, including for novel viruses like SARS-CoV-2, based on the current science and standardized infection prevention and control practices. We promote research in these areas and aim to educate the public, and personnel in hospitals, long-term care facilities and other institutions on infection prevention and control principles.
For years, we have watched provincial and territorial governments claw back infection prevention and control activities in the absence of dedicated funding for these crucial activities. Our efforts are not to place blame, but instead to draw attention to the need for dedicated and coordinated federal support. The recommendations that follow will allow all healthcare systems to prioritize patient safety and support healthcare professionals far beyond the current health emergency.

**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 recognized standards for all healthcare settings.**

The federal government has demonstrated a willingness to invest in the response to COVID-19. The greatest costs by far have been in support for personal incomes and businesses once the pandemic forced shut downs of local economies with national and international businesses.

We often say in healthcare that treatment is more costly than prevention. That sentiment extends beyond the direct costs of healthcare and into the economic toll that the spread of infections takes on society at large. The pandemic has continued to offer glaring evidence of this sentiment, but the numbers paint a picture potentially more damaging than COVID-19.

Each year, about 8,000 Canadians die from hospital-acquired infections, while 220,000 others get infected. When patients are infected with antibiotic resistant organisms (AROs) they tend to be sick longer, and the risk of death increases.

Antimicrobial resistance (AMR), which also covers the limits of prevention and treatment for parasites, viruses and fungi, already costs Canada's healthcare system $1.8 billion per year. Right now, 26% of infections are resistant to drugs commonly used to treat them, but that rate is expected to grow to 40% over the coming decades. Every year, 5,400 Canadians die as a result of AMR, which could grow to 13,700 if the 40% threshold is reached.

IPAC Canada is concerned that provinces, territories and health authorities are being constantly asked to do more with less. Fiscal discipline is different than fiscal austerity and it is critical that we do the right things now to prevent the worst-case scenarios in the future.

We are calling on the federal government to provide more resources to the provinces and territories to fund robust infection prevention and control activities to improve patient safety in Canada and support our efforts to curb the rise of antibiotic resistant organisms and antimicrobial resistance. We propose that this contribution be modeled on investments made to support mental health and home care. We believe this approach will provide resources to not only enhance national guidelines and best practices, but also ensure that Infection Prevention and Control Professionals and other healthcare providers have the resources to implement and support them.

**Media Release**

**Invest in a national, integrated surveillance system to respond quickly to all healthcare associated infections.**

Despite its wealth, Canada continues to have gaps in its ability to understand national trends in AMR. In 2018 there were 980,000 bacterial infections in Canada. Of these, 250,000 were resistant to antibiotics.\(^3\) In the case of carbapenemase-producing Enterobacteriaceae (CPE), most isolates are resistant to all commonly used, orally available antimicrobial drugs.\(^4\) Canada’s healthcare systems are cooperating, but Infection Prevention and Control Professionals find it difficult to use the systems of surveillance that are available to them to monitor the spread of illness including CPE, methicillin-resistant Staphylococcus aureus (MRSA), Candida auris and others. When these challenges persist in hospitals, it is common for them to spread to other care settings, like long-term care where their affects can be very harmful.

This is not just a Canadian problem, but a global concern. Canada should be a major contributor to initiatives that track the growth of AMR, so that all countries can adequately respond. In early June, the World Health Organization (WHO) revealed that across 64,000 surveillance sites globally, the world is ‘running out of effective ways to tackle’ diseases that should be simple to treat such as forms of diarrhoea and urinary tract infections.\(^5\)

The Public Health Agency of Canada (PHAC) is doing important work in this regard. However, as recently as 2016, PHAC reported that in regards to AMR, “Ongoing surveillance gaps present a challenge to developing a comprehensive picture in both the community and hospital settings.”\(^6\)

In the United States, the National Healthcare Safety Network provides over 17,000 healthcare facilities with data needed to treat and prevent healthcare-associated infections. Since its founding, there has been a drastic decrease in the number of infections. Notably, between 2008-2014 the country saw a 50% decrease in central line-associated bloodstream infections.

IPAC Canada is calling for Canada-wide surveillance that ensures all Canadians, regardless of jurisdiction, are protected against the spread of infectious diseases. We recommend Health Canada collaborate with provincial and territorial health ministries to develop a national surveillance system with consistent case definitions from coast-to-coast to coast. This system should be accessible to all health professionals and should include data input by Infection Prevention and Control Professionals to ensure the people keeping Canadians healthy have the most up-to-date and accurate information at their fingertips.

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\(^3\) Ibid.

\(^4\) [https://wwwnc.cdc.gov/eid/article/24/9/18-0164_article](https://wwwnc.cdc.gov/eid/article/24/9/18-0164_article)


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 and regional health authorities.

The federal government has had to quickly react to the COVID-19 pandemic increased demand for personal protective equipment (PPE). Reports in the media paint the picture of a dramatic scramble to manage an under-resourced stockpile. These reports also featured expired products, faulty respirators and diplomatic disputes that threatened to limit access to PPE in Canada’s health care system. The effort to ramp up domestic production, repurpose facilities to produce surgical masks, hand sanitizers, and face shields should be commended. However, ensuring an adequate and appropriately managed stockpile of PPE should be a priority of the federal government for the years ahead.

IPAC Canada and its membership was glad to see the federal and provincial governments collaborate so closely to find solutions to common problems. IPAC Canada believes this level of collaboration should continue over the years ahead.

We understand that stocks are continuing to be replenished and that new approvals for suppliers are being delivered regularly. We also remain vulnerable to COVID-19, and to other potentially lethal illnesses that have no vaccine. Well-managed stocks of personal protective equipment should be priority to protect healthcare workers at all times, not just during major outbreaks.

We are calling on the federal government to commit to working with provinces and territories to ensure stockpiles of PPE are maintained. We are concerned that PPE in Canada’s strategic stockpile was allowed to expire and recommend strongly that governments develop a strong policy of life-cycle oversight. Distributing quality PPE in across Canada from the stockpile before it expires should be a focus. These supplies should be regularly monitored and replaced if they are non-viable.

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.

Vaccines are proven safe and effective before being approved for use in Canada.

Vaccines are the most effective means by which we can prevent some of the most debilitating and deadly illnesses. They are a triumph of public health efforts of the past century and will be critical to addressing the current pandemic, and impacting pandemics of the future.

Vaccines save lives, but they depend on the willingness of populations to accept them. A high rate of herd immunity is the best way to ensure populations are not vulnerable to illnesses. There are only two ways to achieve herd immunity—widespread illness or widespread vaccination.

In recent years, a troubling trend of vaccine hesitancy has been on the rise. No credible, science-based evidence exists to demonstrate that vaccines pose any danger to children or adults, yet misinformation is rampant and online communities
continue to perpetuate falsehoods. To cause maximum harm, anti-vaccination campaigns do not need to prove that vaccines are unsafe, they only need to instill doubt that causes people to forgo vaccination for themselves or their family.

The WHO has pointed out that all countries should take steps to understand the extent and nature of hesitancy at a local level. In the current emergency situation, there is a lot at stake, but over the decades ahead Canada could see the re-emergence of many illnesses that vaccinations have prevented for decades. Measles, Mumps and Rubella cases have decreased by 99% compared with pre-vaccination rates from 1954. If allowed to gain a foothold again, Canadians of all ages could be at significant risk.

Some provincial governments have taken proactive steps, like requiring school-aged children to produce vaccination reports upon enrolment each year. While conscience and choice are important, it is also vital for governments to actively promote one of the most effective public health measures in human history. If we achieve the 2025 Federal Vaccination Coverage goal of 95% Canada will have better resilience against the spread of illness and better social and economic outcomes as a result.

IPAC Canada is calling on the Government of Canada to aggressively promote the value of vaccination, with a strong emphasis on the safety of vaccines approved for a wide variety of illnesses. The approach should consist of:

- A national advertising strategy
- An active campaign to combat disinformation spread online
- Government partnerships with experts and educators to reach more Canadians

https://www.who.int/immunization/programmes_systems/vaccine_hesitancy/en/


The promotion of a potential vaccine for SARS-CoV-2, when one is available, will be a valuable jumping off point to underscore the importance of vaccination more generally.