



AHS IPC develops, implements, and evaluates resources and tools that integrate IPC principles into clinical and non-clinical practice for all AHS staff and physicians. AHS IPC also develops, implements, and evaluates opportunities to support professional development for AHS IPC staff and physicians.

Enabling IPC capacity for AHS staff and physicians

Education and training

AHS IPC supports education and training for AHS employees, medical and midwifery staff, students, volunteers, and those acting on behalf of AHS such as contracted service providers. The provision of IPC education and training is both extensive and diverse and uses a variety of teaching and learning approaches. Across all zones, face-to-face interaction and using “just in time” feedback is one of the most important ways that infection control professionals connect with staff and physicians. Other modalities such as online access through the external and internal AHS IPC websites, video conferencing, social media, and simulations are also used.

IPC Education and Learning Framework

The COVID-19 pandemic highlighted the importance of maintaining competence in infection control practices. The IPC Teaching and Learning Working Group oversees the implementation of the IPC Education and Learning Framework and its initiatives. Throughout 2022/2023, an IPC Education Teaching and Learning course was offered. All members of the working group were invited as well as other staff from the IPC program. The goal of this course was to build the knowledge and skills of the participants so that educational expertise is enhanced across the AHS IPC program.

"Valuable exploration about how we provide IPC education, not the what but the how. Interesting strategies that prioritize learners as active participants in the learning process. Opportunity to share insights with colleagues and experts in learning and education." – Yvette Gable, Infection Control Professional, IPC

"I feel privileged to [participate] in the IPC teaching and learning sessions. [The facilitator's] passion for learning, experience, and expertise in the area was palpable..." – Betty Soanes, Infection Control Professional, IPC

E-learning modules

Interactive e-learning modules allow for convenient and flexible education while promoting engagement of the learner. E-learning modules are available through the AHS learning management system – MyLearningLink. AHS staff and medical staff are encouraged to complete the modules through this system as it records information for learners and helps to quantify awareness and use of these resources. All modules are also posted on the [Education & Training](#) webpage on the external [AHS IPC](#) website for contracted service providers and others that do not have access to MyLearningLink. This allows a very broad audience to access current IPC information.

In 2022/2023, IPC launched a new suite of IPC Risk Assessment resources that includes infographics, a practice support tool, and an e-learning module: *Infection Prevention and Control – Risk Assessment – Module 1*. An IPC Risk Assessment is a core principle and part of routine practices that staff need to conduct before and during every encounter with a person, task, or environment to determine if exposure to an infectious agent is possible. By identifying risks and responding with risk-mitigating IPC measures, staff can protect themselves and others. The pandemic experience highlighted significant knowledge gaps associated with this core principle among both clinical and non-clinical staff. A key priority in pandemic recovery is to increase staff knowledge, enabling them to accurately assess IPC risk. The short, focused nature of the e-learning module addresses the challenges of finding up to an hour of uninterrupted time to complete the longer IPC e-learning modules.

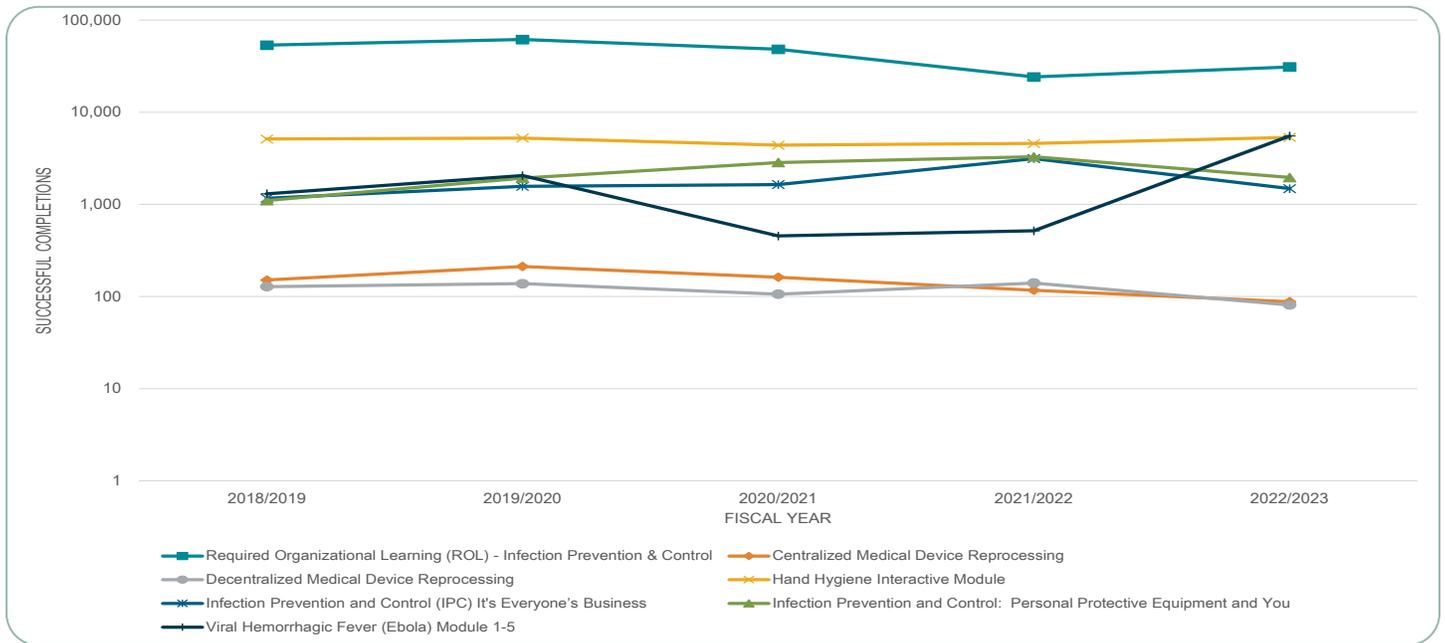
With the addition of the newest module there are now eight IPC-related e-learning modules on MyLearningLink, with the *Required Organizational Learning (ROL): Infection Prevention & Control* being offered on MyLearningLink and in-person. In 2022/2023, there were 48,839 successful completions of these e-learning modules, which represents a 26.5 per cent decrease compared to 2018/2019 (Figure 8). One reason for the decrease in successful completions includes challenges in completing education requirements for frontline staff due to competing priorities such as increasing patient acuity, high staff burnout, and staff turnover since the start of the COVID-19 pandemic in late 2019/2020.

One other reason for the decrease in successful completions is that in mid-2020/2021, as part of a review of all Required Organization Learning courses, the AHS Learning Council revised the *Required Organization Learning (ROL): Infection Prevention and Control* from once every year to once every three years based on a set of criteria. The two main criteria that impacted the decision regarding *Required Organization Learning (ROL): Infection Prevention and Control* was that this content was not legislated and that the course was more focused on clinical staff instead of all AHS staff, clinical or non-clinical.

In 2014/2015, a viral hemorrhagic fever outbreak in West Africa led to the development of five Viral Hemorrhagic Fever (Ebola) Modules. In past fiscal years, annually, there have been about 1,000 successful completions. However, in 2022/2023, there were 5,518 successful completions, a 437.8 per cent increase, in response to a viral hemorrhagic fever outbreak in Uganda. Although the risk was low, AHS created the Ebola Virus Disease Planning and Preparedness Working Group to ensure all sites and teams were able to rapidly respond as needed.

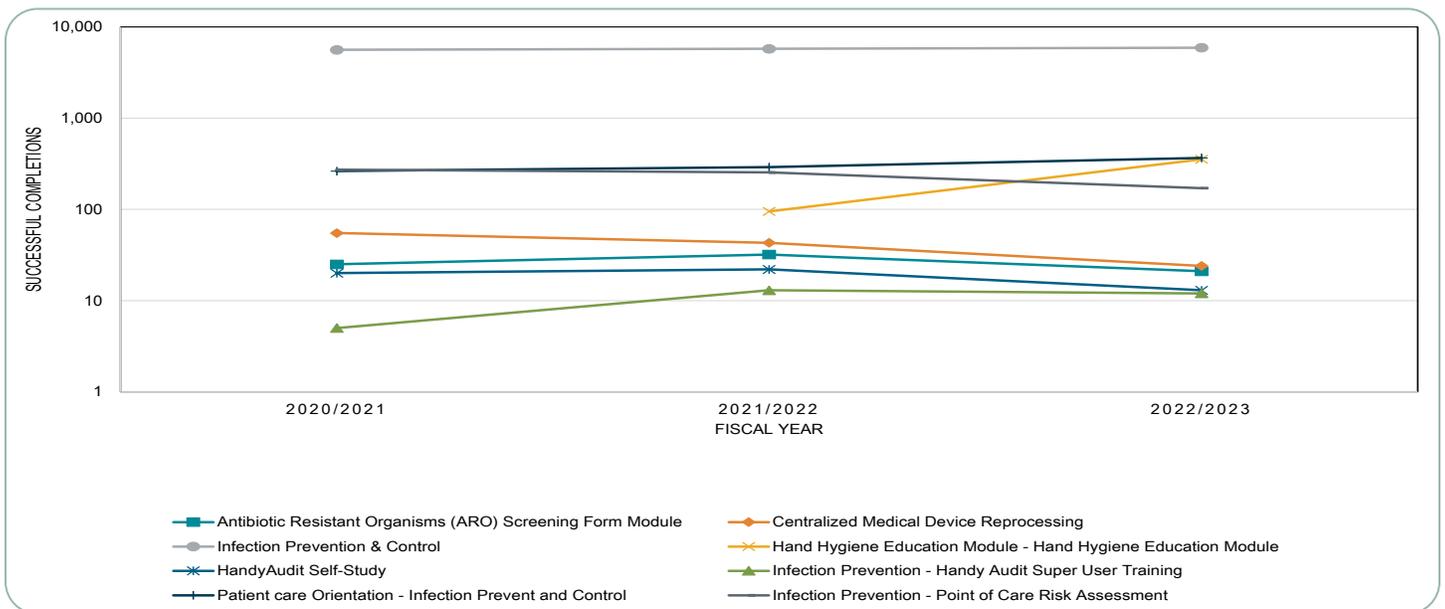
In response, AHS IPC asked relevant teams to complete the Viral Hemorrhagic Fever (Ebola) modules. AHS IPC also reviewed and revised 15 relevant resources. AHS Contracting, Procurement Supply Management collaborated with AHS IPC to update and distribute training kits containing appropriate personal protective equipment. AHS IPC participated in viral hemorrhagic fever training exercises that included key personnel discussing various simulated situations. As part of debrief sessions, challenges were noted in completing training due to competing priorities, maintaining competencies on a regular basis, and completing exercises earlier in the outbreak.

Figure 8: Number of AHS staff passing online e-learning modules



Covenant Health has its own learning management system – Covenant Learning Connection – that includes its own IPC-specific e-learning modules. Currently, there are eight IPC-related e-learning modules on Covenant Learning Connection. In 2022/2023, there were 6,876 successful completions of these e-learning modules, which represents a 5.8 per cent increase compared to 2021/2022 (Figure 9).

Figure 9: Number of Covenant Health staff passing online e-learning modules



Supporting IPC practice in clinical settings

AHS IPC has a strong presence across the continuum of care including acute care, addictions and mental health, ambulatory, cancer care, community, continuing care, corrections, and emergency medical services. Infection control professionals are assigned portfolios to support IPC practice in these clinical settings.

Outbreak management

AHS Public Health has resources that provide current, evidence-informed guidelines for outbreak control and management of gastrointestinal illness and respiratory illness at sites throughout Alberta including the [Guide for Outbreak Prevention and Control in Acute Care Sites](#) and [Guide for Outbreak Prevention and Control in Long Term Care, Designated Supportive Living and Hospice Sites](#). IPC provides input into these resources and supports outbreaks. These resources are posted on the external AHS [Notifiable Disease & Outbreak Management](#) webpage. In 2022/2023, outbreaks of viral respiratory infections were a dominant driver of workload in both acute care and continuing care with more than 400 outbreaks in acute care setting and almost 1,300 outbreaks in continuing care and congregate living settings (Table 3).

Management of COVID-19 outbreaks in acute care

One of the major impacts of the COVID-19 pandemic on AHS IPC has been the number of acute care COVID-19 outbreaks across healthcare facilities in Alberta, with increased morbidity and mortality in the population served by AHS. AHS IPC staff recommended, implemented and expanded critical infection control interventions aimed at preventing the spread of COVID-19. These interventions included: ensuring proper patient symptom assessment, ensuring appropriate review and documentation prior to discontinuation of additional precautions, minimizing patient transfers, supporting correct and safe personal protective equipment use, consistent IPC participation in outbreak meetings, outbreak education and communication and IPC advisement on appropriate infrastructure. Implementation of these recommended interventions across AHS acute care sites is meant to reduce the occurrence of future outbreaks and the associated disease and mortality.

Table 3: Number of outbreaks by fiscal year and location type *

Fiscal Year	Acute Care	Continuing Care & Congregate Living
2019/2020	26	391
2020/2021	219	946
2021/2022	389	1,210
2022/2023	403	1,292

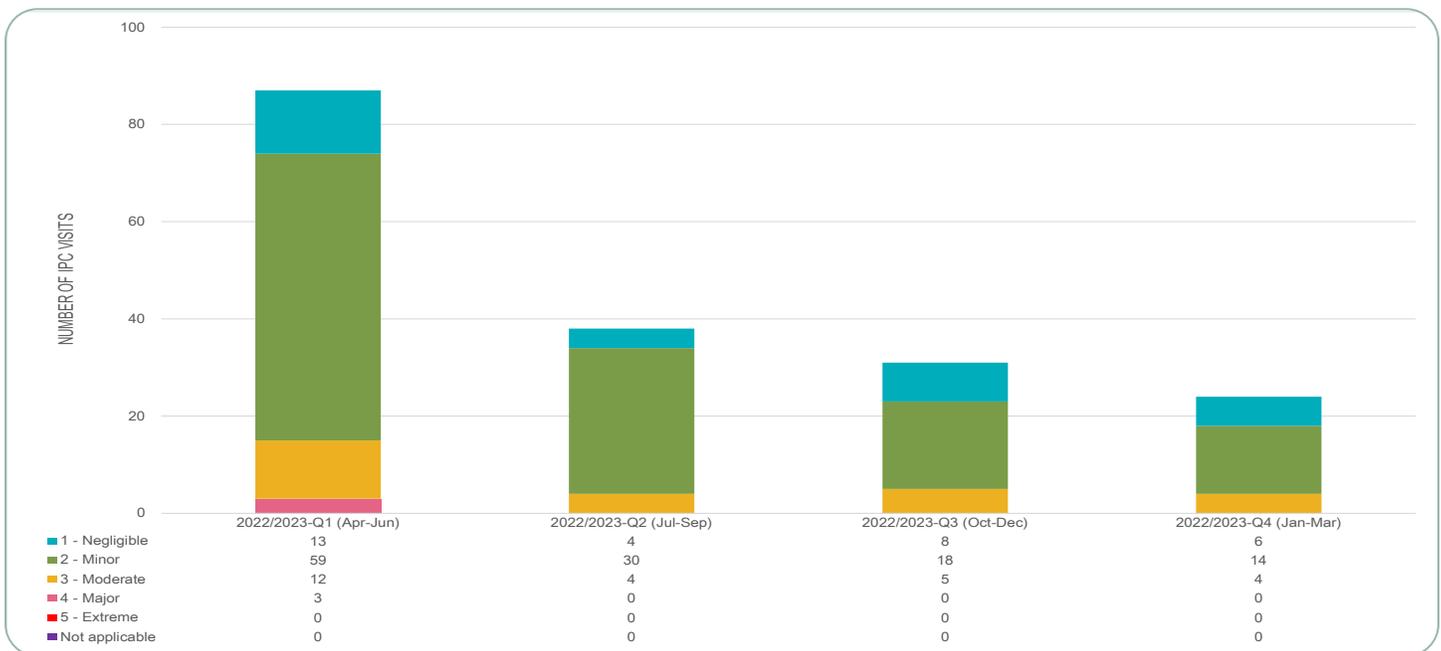
*Data accurate as of March 17, 2023 and includes all Exposure Investigation (EI) where the Resolution Status was “Outbreaks” and were categorized as “Respiratory”.

Continuing care and congregate living

In 2020/2021, in response to the COVID-19 pandemic, the AHS Quality Monitoring Taskforce was formed to support a coordinated approach in continuing care and congregate living settings. AHS Provincial Seniors Health and Continuing Care leads the taskforce, which includes membership from Provincial Continuing Care Audit Team, and Safe Healthy Environments and IPC.

As in past fiscal years, a COVID-19 outbreak at a continuing care or congregate living site initiates a visit. Within 72-96 hours of an outbreak being declared an infection control professional visits a site. Where possible, AHS IPC and AHS Safe Healthy Environments coordinate visits to reduce the burden on sites. These in-person visits provide an opportunity for practice reviews, using a standardized tool, and just-in-time teaching and learning opportunities about IPC principles and practices. Documentation of recommendations from visits were provided to the taskforce. In 2022/2023, AHS IPC performed 180 visits to these sites (Figure 10).

Figure 10: Summary of AHS IPC visits to continuing care and congregate living sites with COVID-19 outbreaks 2022/2023



In 2022/2023, the Auditor General of Alberta released the [Alberta Health Alberta Health Services COVID-19 in Continuing Care Facilities Report of the Auditor General \(February 2023\)](#), which looked at the public health response to COVID-19 in Alberta’s 355 publicly funded continuing care facilities during waves one and two of the COVID-19 pandemic. The report made eight recommendations. The report highlighted that AHS responded quickly to many of the challenges facing the continuing care sector during Wave 1.

“AHS guidance for continuing care facilities was robust, consistent, and made widely available.”
 – Report of the Auditor General

“[AHS] published over 100 guidance and explanatory documents relevant to continuing care facilities on topics ranging from outbreak management and swabbing residents for COVID-19 to how facilities needed to handle resident laundry and assist residents with showering during COVID-19.” – Report of the Auditor General

The report also identified areas where that response could have been better. AHS accepted all recommendations directed to the organization or where it had a supporting role to Alberta Health. AHS has implemented responses to the recommendations and will work with operators moving forward in support of the overall pandemic plan from Alberta Health.

While AHS Provincial Seniors Health and Continuing Care is leading this work within the organization, AHS IPC will have a supporting role in addressing “Recommendation 4: Formalize centre of expertise capacity for outbreak management.”

Correctional care

In 2022/2023, management of COVID-19 cases and outbreaks was a continued priority. The correctional setting is different from the traditional healthcare setting as healthcare is not the primary service provided. The primary service is providing custodial and community supervision with AHS as a contracted service provider. Multidisciplinary teams including Medical Officers of Health, public health, Justice and Solicitor General management, correctional healthcare management, AHS Workplace Health and Safety, and the AHS IPC team came together to address both IPC concerns and placement cohorting limitations. Once an outbreak was declared on a unit, communication and outbreak education was not limited to healthcare staff but to all staff and patients. Education for non-healthcare staff and patients was critical. Patient education was focused on verbal education and posters on the units.



Emergency medical care

In 2022/2023, as COVID-19 transitioned from pandemic to endemic, the support that AHS infection control professionals provide to AHS Emergency Medical Services returned to normal service delivery including attendance at relevant provincial and zone committee meetings. Through these committee meetings AHS infection control professionals consult on topics including construction related to renovations of ambulance bays, donning and doffing of personal protective equipment, hand hygiene, and review of new equipment. AHS infection control professionals continue to support IPC orientation for new AHS Emergency Medical Services staff.

Frontline Notification: Monkeypox

In mid-2022/2023, the Emergency Medical Services Provincial Coordination Centre that was formed in response to the COVID-19 pandemic was disbanded. A smaller Emerging Infectious Diseases Working Group was formed to stay current on worldwide infectious disease outbreaks and ensure resources are in place. For example, with the reemergence of mpox in Alberta in 2022/2023, this working group developed a resource – [Frontline Notification: Monkeypox](#) – for frontline emergency medical services staff to increase awareness of how this illness presents and the additional precautions required.

Viral hemorrhagic fever strike teams and vehicle, equipment, and supply services technicians

In 2014/2015, in response to the viral hemorrhagic fever outbreak in West Africa, AHS Emergency Medical Services activated Viral Hemorrhagic Fever Strike Teams. In 2022/2023, in response to the viral hemorrhagic fever outbreak in Uganda, AHS Emergency Medical Services reactivated the Viral Hemorrhagic Fever Strike Teams.

These strike teams are specially trained in the donning and doffing of the enhanced personal protective equipment needed to respond to calls with suspect or confirmed viral hemorrhagic fever. In addition to the enhanced personal protective equipment, strike team members were specially trained in cleaning the exterior of the EpiShuttle, which is a piece of equipment that is intended for the safe transportation of patients with high-risk contagious diseases such as viral hemorrhagic fever.

The purpose of the EpiShuttle is to avoid cross-contamination from the patient to the environment outside the isolator such as a ground ambulance or an air ambulance. AHS IPC trained members of the strike teams – both ground and air - in safely donning and doffing the enhanced personal protective equipment and the cleaning of the EpiShuttle. Members of the strike teams went on to train other members of their teams. Additionally, AHS IPC trained Vehicle, Equipment and Supply Services Technicians in safely donning and doffing enhanced personal protective equipment as well as on the disassembly, cleaning, disinfection, and reassembly of the EpiShuttle following calls with suspect or confirmed viral hemorrhagic fever.

IPC resources for practice

IPC develops resources based on identified needs to support evidence-informed practice and provide direction to AHS staff and physicians. These resources are created in partnership with stakeholders and are reviewed at least every three years.

External AHS IPC website

Most AHS IPC program resources are available on the external [AHS IPC](#) website. Having resources stored in one location acts as a single source of truth and makes materials accessible to external and internal parties looking for IPC information. The IPC Website Working Group, in collaboration with AHS Communications and AHS Web Comm, makes this possible and continues to focus on enhancing the user experience. IPC website information is organized by topics such as Best Practice Recommendations, Education and Training, Equipment Cleaning, Hand Hygiene, Outbreak Management, Personal Protective Equipment, Resource Manuals, Routine Practices, and Surveillance and Reporting.

Throughout the COVID-19 pandemic IPC developed 184 resources and made 274 revisions to these and consulted on an additional 109 resources. Most of the IPC resources were posted on the [Best Practice Recommendations](#) webpage and the [Emerging Issues](#) webpage on the external [AHS IPC](#) website. In 2022/2023, IPC reviewed these resources for any required changes. One resource was rescinded, and 24 resources transitioned from COVID-19 specific resources to general resources on viral respiratory infections. As pandemic activity continues winds down, more resources will be reviewed.

Most Covenant Health IPC program resources are available on the internal *Covenant Health IPC* website. Covenant Health IPC, who work in collaboration with Covenant Health Digital Communications, make this possible.

Resource manuals

AHS IPC has several resources that support standardized practices across the province including the *Acute Care Resource Manual*, *Continuing Care Resource Manual*, *Community-based Services Resource Manual*, and *Corrections Health Resource Manual*. Most of these resources are posted on the [Resource Manuals](#) webpage on the external [AHS IPC](#) website and on the internal *Covenant Health IPC* website.

In 2022/2023, updates were completed to align the resource manuals for all care streams with current additional precaution recommendations. Updates included:

- Inclusion of amended tuberculosis isolation recommendations from the *8th edition of the Canadian Tuberculosis Standards* published by the Canadian Thoracic Society in collaboration with Association of Medical Microbiology and Infectious Disease Canada and the support of the Public Health Agency of Canada;
- Shift from using “influenza-like illness” to “viral respiratory illness” and including COVID-19 as part of viral respiratory illness rather than listing it separately; and
- Inclusion of organisms such as sapovirus which were previously not reported by AHS Laboratory Services but now are.

Best practice recommendations

In 2022/2023, AHS IPC working groups continued to consult on, develop, or revise documents to help inform staff and physicians and support implementation of evidence-informed practice. One example of these resources was the newly developed best practice recommendations on [Tips for Wearing PPE with Religious and Cultural Attire](#). These recommendations outlined considerations for healthcare providers wearing eye protection and medical masks or N95 respirators while maintaining and respecting religious attire such as head scarf, hijab, kapp, kippah, niqab, or turban. All best practice recommendations are posted on the [Best Practice Recommendations](#) webpage on the external [AHS IPC](#) website and on the internal *Covenant Health IPC* website.

Leveraging opportunities to better support both patients and healthcare providers

IPC collaboration with Tuberculosis Services presents interesting opportunities for blending IPC standards with both Canadian TB standards and the expert opinion of clinicians working in this specialty area. Tuberculosis Services staff are familiar with additional precautions as it pertains to tuberculosis and IPC focuses on bolstering other aspects of infection prevention including routine practices such as the Infection Prevention and Control Risk Assessment.

With the release of the *8th edition of the Canadian Tuberculosis Standards*, there was an opportunity to work collaboratively with the Tuberculosis Services educator to incorporate the new standard into teaching provided to healthcare providers in the community. With the help of the Tuberculosis Services educator, IPC was able to present IPC material using “Words Matter”, a flagship communications tool developed by the Stop TB Partnership. By promoting the importance of appropriate language through education sessions healthcare providers learned not only how to protect themselves from tuberculosis exposure, but the importance of using language that ends stigmatization and empowers people affected by tuberculosis. This is of crucial importance when promoting isolation for clients in the community. Together, IPC and Tuberculosis Services were able to use a coordinated approach to provide this education and enhance safe and respectful patient care for both people in the community with tuberculosis and healthcare providers.

Enabling IPC competency for infection control professionals

AHS IPC strives to align its human resources across the province to meet workload requirements and provide ongoing improvement in safe patient care. Professional development for infection control professionals is supported to advance competency and enhance staff satisfaction.

IPC staff and physicians

There are 184.9 full-time equivalent positions assigned to AHS IPC. There are five zone teams and one provincial team. There are 12.6 full-time equivalent positions assigned to Covenant Health IPC. The additional 18.0 full-time staff equivalent positions added to AHS IPC in 2020/2021 remain in place and are now permanent. These positions are equally distributed between acute care and continuing care. The additional 1.0 full-time equivalent position assigned to Covenant Health IPC remain in place and are now permanent. This increase in AHS IPC staff allowed for expanded support to sites in Alberta. These positions continue to assist in managing patient and resident flow within healthcare facilities and to support and maintain AHS standards for patient safety.

The demand for IPC services remains elevated as many initiatives that began during the COVID-19 pandemic have continued, such as the Provincial Personal Protective Equipment Safety Coach Program. Additionally, AHS IPC continues to provide after-hours on-call service that operates seven days per week. The after-hours on-call volumes remain higher than prior to the COVID-19 pandemic. In response to this, enhanced AHS IPC staffing will be maintained to support this service.

In both AHS IPC and Covenant Health IPC, most staff are frontline infection control professionals. Other staff include epidemiologists, analysts, senior consultants, project managers, coordinators, and administrative support. The senior program director, executive directors, and directors as well as the senior medical director and physicians with training in infectious diseases or medical microbiology in the Calgary and Edmonton zones, and the Medical Officers of Health in the South, Central, and North zones provide leadership to AHS IPC. There are 12 physicians at AHS and two physicians at Covenant Health with IPC responsibilities.

Queen Elizabeth II's Platinum Jubilee Medal

To commemorate Her late Majesty's 70 years on the throne, the Queen Elizabeth II's Platinum Jubilee Medal has been awarded to 7,000 Albertans in recognition of significant contributions to the province. Dr. Uma Chandran, Infectious diseases physician, IPC, Dr. Suttorp, Medical Officer of Health, South Zone, and Dr. Laura McDougall, Senior Medical Officer of Health/Senior Medical Director, Provincial Population and Public Health were recipients.

Dr. Suttorp was presented the medal in recognition of her significant contributions to the province through outstanding and sustained contribution to the healthcare of Albertans.

Dr. Chandran was presented the medal for being a key leader and providing outstanding IPC guidance and direction during AHS' response to the COVID-19 pandemic.

Managing many simultaneous IPC responses, guidance changes and stakeholders' responses throughout the province during the everchanging pandemic response was challenging, and Dr. Chandran handled this with patience, perseverance, and grace... – Dr. Oscar Larios, Interim Senior Medical Director, IPC

Dr. McDougall was presented the medal in recognition of her leadership in delivering public health services, including cancer prevention and screening, and AHS' COVID-19 response.

Orientation and ongoing educational opportunities to support IPC staff

All the work below – OPTIC, *IPC Competency Framework*, IPC PLuS, etc. – aligns with the IPC program’s Our People Strategic Goals to improve the experience and professional development of IPC staff.

“Linking this work to the Strategic Goals has been very, very powerful.” – Kathryn Bush, Director, IPC

Orientation Process and Tools for Infection Control (OPTIC)

One of the impacts of the pandemic was an influx of staff into the IPC program, whether through turnover of IPC staff or the addition of redeployed or temporary positions to support the program during the pandemic. This increased orientation activity resulted in a closer examination of the *IPC Orientation Manual* and supporting process. Feedback from program staff identified the importance of supporting both the orientee and the orientor. Several areas of improvement were identified including: specifying the purpose and scope of the orientation process for IPC staff; identifying all involved in the orientation process and their roles, responsibilities, accountabilities and expectations; moving beyond the emphasis of developing content knowledge to include skill development critical to success in their IPC role; and developing new tools to support the orientation process and enhance consistency within the program.

In 2022/2023, new tools to support the orientation process were introduced to the IPC program and included two orientation “How To” guides, an orientation checklist specific for each role in the IPC program, an orientation ongoing self-assessment tool, and a progress report tool. These tools standardized the orientation process and provided consistency for all program staff.

IPC Competency Framework

In 2022/2023, the IPC program released an *IPC Competency Framework*, which outlines the competencies for each role in the program and describes the expectations of performance at different levels. Once a staff member has determined their learning goals (such as acquiring a new competency or advancing expertise in an existing competency), conversations with their leader will help them set learning goals and identify resources needed to succeed. Follow up conversations are scheduled with that leader to provide feedback on each person’s progress.

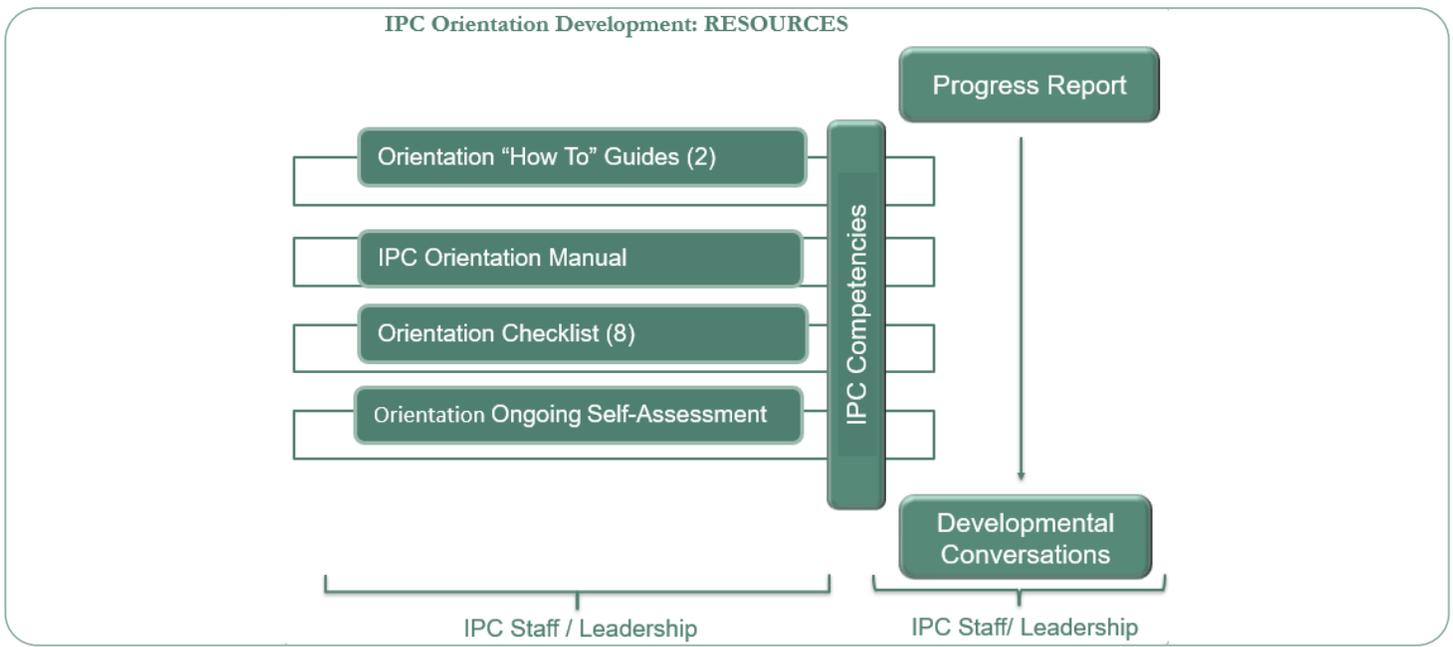
The *IPC Competency Framework* gathered competencies from many published models to describe all the roles in the IPC program in a clear, easy to use tool that supports staff professional development. To make it available to other IPC programs the *IPC Competency Framework* was posted on the external [AHS IPC](#) website and published in the Canadian Journal of Infection Control. This work was awarded the 2022 IPAC Canada Editorial Award.

“Awesome news and a well-deserved acknowledgement of the competency work itself, as well as all those who contributed to its creation. Bravo!” – Karen Hope, Executive Director, IPC

“Wow! This is an amazing achievement everyone. You should all be very proud of this excellent work. Congratulations!” – Dr. Oscar Larios, Interim Senior Medical Director, IPC

This work complements the IPC orientation process and tools by focusing on the importance of professional development and growth for all people and positions in the program not only as part of the orientation process, but beyond (Figure 11).

Figure 11: Orientation Process and Tools for Infection Control (OPTIC) & IPC Competency Framework

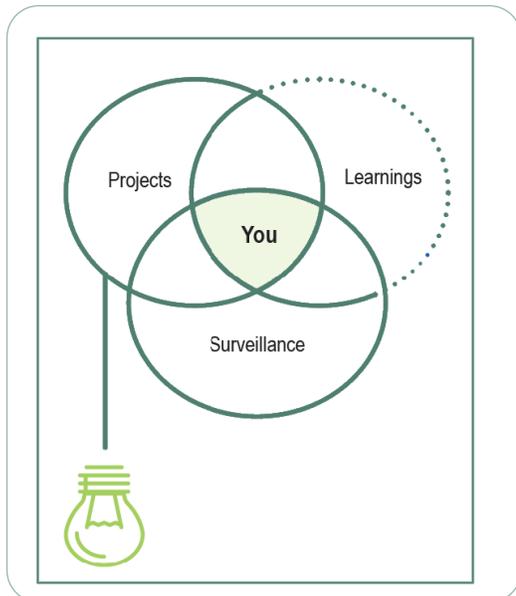


Education and information sessions

AHS IPC staff and physicians have access to seminars through the University of Alberta Infectious Diseases Division Visiting Speakers Series, Webber Infection Control Telecasts, University of Calgary speakers, infectious disease rounds and various AHS educational programs.

In late 2021/2022, the IPC program introduced IPC PLuS – a speaker series that creates connection, sparks curiosity, and offers unique professional development opportunities for everyone in the program. Modelled on TED talks, IPC PLuS is a unique storytelling opportunity that connects like-minded co-workers and allows people to share their vision and innovation through 15-minute talks. While TED is an acronym on the highlighted content of – Technology, Education, and Design – the IPC PLuS speaker series is an acronym on the highlight content of – IPC Projects, Learnings and Surveillance (Figure 12). Sessions are hosted once a month. Two speakers present at each session. Therefore, in 2022/2023, 12 sessions were hosted with 24 speakers.

Figure 12: IPC PLuS



Comments from IPC staff:

"I attend to broaden my knowledge and to be informed of what's going on in other zones."

"I enjoy a variety of topics I wouldn't otherwise think about."

"I would not even know about things without IPC PLuS ... it's my main reason for attending."

In addition, to IPC PLuS, the IPC program hosted Special Education Sessions on an ad hoc basis. In 2022/2023, nine special education sessions were offered. These sessions included presentations from other programs that the IPC program works closely with such as AHS Communications, Community Engagement and eSIM as well as topics of widespread interest including designing survey questions for focus groups and interviews using the Theoretical Domains Framework.

Infection Prevention and Control Canada (IPAC)

AHS IPC staff are supported to take an Infection Prevention and Control (IPAC) Canada endorsed or sponsored IPC course. Active participation in local chapter and national activities is encouraged, with several AHS IPC staff and physicians holding executive and committee leadership roles in this organization.

Certification Board of Infection Control & Epidemiology, Inc. (CBIC®)

Infection control professionals with at least two to three years of experience are encouraged to complete and maintain their Certification in Infection Control through the Certification Board of Infection Control & Epidemiology, Inc. (CBIC®). Certification provides a meaningful indicator of a standard scope of knowledge and level of expertise. Approximately half of eligible IPC staff hold certification, which is comparable to past fiscal years.

Knowledge Resource Services to support IPC staff

Collaborative activities with AHS Knowledge Resource Services continues to contribute to improved access to evidence and information to support up-to-date IPC practices. AHS Knowledge Resource Services facilitates the purchasing of resources and manages any cost-sharing with other departments through its organizational subscriptions. Resources are posted on the *IPC Subject Guide of the Knowledge Resource Service* webpage for easy access resources. Examples of available resources include the Association for Professionals in Infection Control and Epidemiology Text, standards from the Canadian Standards Associations through TechStreet, Facility Guideline Institute Guidelines for Design and Construction of Hospitals through MADCAD.com, and searchable expert clinical resources such as discipline-specific Lippincott Procedures.

Provincial IPC staff debrief

During 2021/2022, AHS IPC leadership conducted debriefing sessions with AHS IPC staff to capture lessons learned from the COVID-19 pandemic. In 2022/2023, two more debriefing sessions were conducted. At one of these sessions, the results from the 2022 AHS Pulse Survey Results were discussed due to an overlap of themes. Overlapping themes included staff health and well-being as well as burnout and workload. An action plan to address workplace factors was developed such as the introduction of a hybrid-work model for IPC staff, changes to overnight and weekend on-call for IPC staff to improve work-life balance, and changes to the IPC Town Hall to broaden the scope to more general updates and incorporating achievements of people, teams, and the program. IPC leadership is exploring the feasibility of re-establishing in-person meetings for teams and the program in 2023/2024.

Champion of Infection Prevention and Control Award

The Champion of Infection Prevention and Control Award recognizes Infection Prevention and Control Canada members who have demonstrated innovative initiatives to prevent infection, raise awareness, and improve the health of Canadians. In 2022/2023, Dr. Gwyneth Meyers was the recipient. Dr. Meyers was presented the award for her career exploring and advancing the role teaching and learning plays in transferring knowledge to practice and facilitating behavior change.

Gwyneth uses her expertise in learning design to create meaningful education opportunities for healthcare providers. From using actors to perform skits on units to demonstrating infection transmission, to chairing the national development of IPC competencies for healthcare providers, she has been a force for innovation in IPC throughout her career. – Kathryn Bush, Director, Surveillance and Standards

Workplace Health and Safety

Healthcare providers are at increased risk of acquiring communicable diseases and potentially transmitting these diseases to others because of their close contact with patients. AHS IPC and Workplace Health and Safety have a shared mandate to protect healthcare providers from acquiring or transmitting communicable diseases at work. In this section, the term “AHS Workplace Health and Safety” is inclusive of Covenant Health Occupational Health and Safety. For staff to respond appropriately, especially in the face of emerging infectious organisms and emerging evidence, AHS IPC and Workplace Health and Safety collaborate on communicable disease management in healthcare settings.

AHS, including IPC and Workplace Health and Safety, participate in regular meetings with the Alberta Union of Provincial Employees, Health Sciences Association of Alberta, and United Nurses of Alberta. AHS engagement with the unions is also enhanced through ongoing union participation in all Joint Workplace Health and Safety Committees. These committees bring together managers and workers from AHS areas to promote health and safety. The committees provide input, recommendations and support to AHS leaders who are held accountable for creating and promoting a safe, healthy, and inclusive workplace.

In alignment with direction and guidance from Alberta’s Chief Medical Officer of Health, the Public Health Agency of Canada, World Health Organization, and others, all appropriate controls were in place in AHS and Covenant Health to support healthcare provider safety throughout the response to respiratory viral season following the pandemic.

The *AHS Immunization or Testing of Workers for COVID-19 Policy*, which went into effect on September 14, 2021, was rescinded on July 18, 2022. All healthcare providers who were on leaves on absence related to the policy were permitted to return-to-work without restrictions. While immunization is no longer a work requirement, it is encouraged along with the use of all appropriate infection prevention measures such as continuous masking and hand hygiene.

Throughout the pandemic, the *COVID-19 Daily Fit for Work Screening Protocol (2022)* and questionnaire played an important role in confirming staff experiencing symptoms stayed home and prevented the spread of infection in the workplace. Effective March 31, 2023, [*Daily Fit for Work Screening*](#) was no longer required. Those that test positive for COVID-19 or have COVID-19 symptoms were directed to follow the guidance in the revised [*Attending Work with COVID-19 Symptoms or a Positive COVID-19 Test Directive \(2022\)*](#) and [*Use of Masks During COVID-19 Directive \(2023\)*](#).

Other measures in addition to the directives, policies, and screenings, included continuous eye protection in clinical settings, continuous masking, increased fit testing for N95 respirators for staff and physicians providing care for suspected or confirmed COVID-19 patients as outlined in the [*JointStatement: COVID-19 and Personal Protective Equipment \(2021\)*](#), and extensive mental health supports that promote and support resiliency of all staff.

In 2022/2023, the AHS Influenza Immunization Campaign was supported by 747 Flu Champions, who provided roving influenza vaccinations on site, and at AHS Workplace Health and Safety immunization clinics at over 80 sites across the province. During this campaign, the COVID Moderna BA.1 bi-valent vaccine was also offered to AHS staff in the same appointment as their influenza vaccine. The AHS goal is to immunize 80.0 per cent of the workforce against influenza annually. AHS Workplace Health and Safety tracks voluntary submissions on the number of AHS employees immunized for influenza through the Got my Flu Shot form, to assist in workforce planning in the event of an outbreak. In 2022/2023, the influenza immunization rate was 27.7 per cent for the general population in Alberta.

AHS Workplace Health and Safety works to support ongoing strategic communication, including reminders of the importance and benefits of vaccination, to expand the network of Flu Champions, and to continue active collaboration with AHS Public Health to make immunization accessible to all staff.

Work Safe Blog: Your Safety Matters – The Power of Immunization

In 2022/2023, Kaitlin Hearn, Infection Control Professional, IPC, shared a personal story about the importance of getting immunized to protect her family.

We know immunization isn't absolute, but the severity of an infection is much less, and you're less likely to end up in the hospital and can recover comfortably at home. Getting immunized against the flu isn't just about ourselves, it's about the people around us. There are so many people who are at risk of complications or may have a difficult recovery – especially young children, seniors and those who are immunocompromised.

– Kaitlin Hearn, Infection Control Professional, IPC



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In 2022/2023, the Covenant Health Influenza Immunization Campaign supported immunization clinics at all 17 sites across the province. A leader at each site supported the campaign, which provided more than 5,000 immunizations over a 28-day period. Similar to AHS, the Covenant Health goal is to immunize 80.0 per cent of the workforce against influenza annually. Covenant Health Occupational Health and Safety continues to work towards providing opportunities for all staff to become immunized against influenza and collaborate further with AHS.

