

**12th Annual
York Region
Community and Health Services
Infection Control Education Day
for Long Term Care Settings**

Infection Control

on centre stage

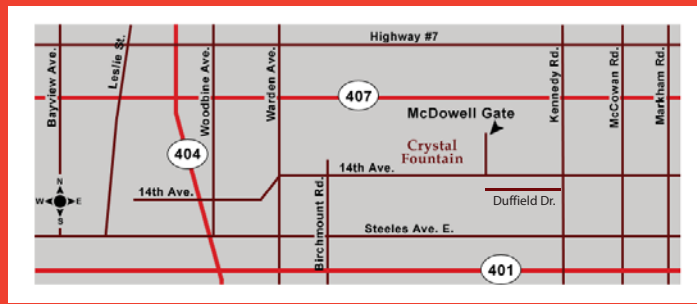
Thursday, October 1st, 2009
Crystal Fountain Banquet Hall
60 McDowell Gate, Markham, ON L6G 1B5

AGENDA

- 9:00 am Opening Remarks and Welcome**
Dr. Karim Kurji, MBBS, MSc, MRCP, FRCPC
Medical Officer of Health
York Region Community and Health Services
- 9:15 am Public Health Update**
Erica Weir, MD, MSc, CCFP, FRCPC
Associate Medical Officer of Health
York Region Community and Health Services
- 9:30 am Challenges in Outbreak Management**
Psychosocial Effects on Residents
Betty Searles
Psychogeriatric Resource Consultant
York Region Community and Health Services
Outbreak Management in Retirement Homes
Grace Volkening, MLT CIC
Network Coordinator
Central Region Infection Control Network
- 10:30 am Break (15 minutes)**
- 10:45 am Pneumococcal Disease and Vaccines**
Jacqui Tam BScN, RN
Public Health Educator
Wyeth Pharmaceuticals
- 11:30 am Stretch Break (10 minutes)**
- 11:40 am Shingles Disease and Shingles Vaccine**
Allison McGeer, MD, MSc, FRCPC
Microbiologist and Infectious Disease Consultant
Director, Infection Control
Professor, Laboratory Medicine and Pathobiology
University of Toronto
- 12:30 pm Lunch (1 hour)**
- 1:30 pm Adult Immunizations**
Cathy Coburn, RN, BScN, MSN
Public Health Nurse, Communicable Diseases,
Grey Bruce Health Unit
Case Manager, South West Community Care Access Unit
Immunization Education Initiative Nurse Speaker
- 2:00 pm Hand Hygiene – Interactive Session**
Sabrina Di Giacomo B.A., B.A.Sc., C.P.H.I. (C)
Senior Public Health Inspector
York Region Community and Health Services
- 2:20 pm Break (20 minutes)**
- 2:40 pm C. Difficile Associated Disease: An Update**
Tara Cretney, RN BScN
Public Health Nurse
York Region Community and Health Services
- 2:55 pm Home in Spotlight**
Tara Cretney, RN BScN
Public Health Nurse
York Region Community and Health Services
- 3:05 pm Draws and Closing Remarks**
Lara Dalla-Vicenza, BScN, MPH
Acting Manager, Control of Infectious Diseases
York Region Community and Health Services

EXHIBITORS

ArjoHuntleigh
Central Region Infection Control Network
GOJO Industries
Immunization Education Initiative
Merck Frosst Canada Ltd.
Swish
Virox Technologies Inc.
Wood Wyant
Wyeth Pharmaceuticals



Please note: This area of Markham is very congested in the morning rush hour. Please allow adequate travel time.

Crystal Fountain Banquet Hall,
60 McDowell Gate,
Markham, ON L6G 1B5
Phone: (905) 513-1900

HOTELS

Hilton Suites Conference Centre and Spa
8500 Warden Ave.
Markham, ON, (2.3Km)
905-470-8500

Comfort Inn
8330 Woodbine Ave.
Markham, ON (3.7Km)
905-477-6077

The Delta Markham
50 East Valhalla Dr.
Markham, ON (4.3Km)
905-477-2010

Howard Johnson Hotel Markham
555 Cochrane Dr.
Markham, ON (4.3Km)
905-479-5000

Registration includes continental breakfast, lunch, Education Day resource package and door prizes

Registration Fee: Early bird – \$85 per person by September 11th, 2009 After September 11th – \$100 per person

Registration deadline: September 25th, 2009

Space is limited. Register early.

Please return registration form with cheque payable to York Region Community and Health Services

Infection Control Education Day
The Regional Municipality of York
17250 Yonge Street
Newmarket, ON L3Y 6Z1
Attention: Denise Graham

Payment is due with your completed registration form. However, you may fax your registration form to Denise Graham at (905) 898-5213 to hold your spot tentatively. Receipts will be issued on October 1st, 2009. If you have any questions please call Denise at 905-830-4444, ext. 3546.

No post-dated cheques. No refunds. Substitutions are welcome.

REGISTRATION

Individual and group registrations are welcome.

Name of Organization or Agency: _____

Mailing Address: _____ Suite: _____

Town/City: _____

Postal Code: _____

Name: _____

Position: _____

E-mail: _____

Telephone: _____ Fax _____

Please check here if you consent to having your name shared with conference attendees.

Name: _____

Position: _____

E-mail: _____

Telephone: _____ Fax: _____

Please check here if you consent to having your name shared with conference attendees.