



**CANAC
ACIIS**

CONNECTION

**the Newsletter of the
Canadian Association of Nurses in AIDS Care**

Spring 2007

*Canadian Association of Nurses in AIDS Care
Spring 2007 Vol.10 – Issue 1*

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Membership Update



Our total membership is:

186

Atlantic Region	4
Québec Region	20
Ontario Region	82
Prairies, NWT & Nunavut region	22
British Columbia	57
International	1

Membership Facts:

- 1) As of the 2006 AGM CANAC had 136 members and 165 by year end; as of the 2007 AGM we had 181 members a significant increase since last October.
- 2) BC is the fastest growing region with 57 members this year compared with 43 last year – way to go BC!!
- 3) There are currently 23 Institutional Members, 6 Associate/Retired members and 6 Student members.
- 4) Our bylaws state that only Regular members in good standing can vote, join committees and sit on the Board of Directors.

Yvonne Lynch-Hill is the CANAC Secretary; if you have any questions about membership, the bylaws or Board Policies and Procedures please contact her at:

yvonne.lynch-hill@chdha.nshealth.ca

Treasurer's Report

Highlights from the AGM

At the AGM the Annual Financial report for the 2005 –06 year were presented and approved by the members present. Some things to note are:

Revenue

Primarily due to a successful Montréal conference and a modest increase in membership we realized a revue of \$164,668.

Expense

As CANAC undertook several new initiatives; we also saw an increase in the expenditures for running the organization.

Net Results

CANAC incurred a small (\$1,200) net loss last year but this deficit was significantly less than in years past. The board is committed to attaining a balanced budget this fiscal year.

Auditor

This year the board recommended a new Auditor, Joyce Burnett, CMA. The past Treasurer Judy Latendre-Paquette worked extensively with Joyce to re-organize and simplify the CANAC financial records and reporting methods. Joyce did this in a volunteer capacity. This collaboration has resulted in a streamlined, user-friendly accounting system which more accurately reflects the financial activities of the association and will provide improved reporting to the membership. Joyce has been retained to provide a financial review for the next fiscal year at a cost savings to the organization. The Board wishes to thank Bernard Schiltz, who provided financial review services to CANAC for many years. His meticulous eye

for detail and generous assistance to CANAC was greatly appreciated.

Revenue Generation

The current Treasurer, Brenda Done, mentioned that CANAC as a whole needs to consider new areas of revenue generation.

Now that membership is on the increase new projects are starting:

- 1) The BC region is having monthly educational and networking meetings and the Ontario region is looking to do the same.
- 2) The members in the Prairies are starting to use the Public Health Teleconference links to communicate and stay better connected.
- 3) The Quebec representative is developing links with the Quebec mentorship program. It is hoped that this linkage will result in an increase in CANAC membership and improve the capacity of both organizations.
- 4) The Board is working to formalize links with other organizations committed to HIV/AIDS care and treatment. These ties will increase CANAC's profile and our ability to provide nursing input through a variety of mechanisms.
- 5) The Board is looking to submit proposals to secure new funding and to participate in innovative projects and research initiatives.
- 6) Electronic communication with the membership via email and newsletter is one way that the Board is working to improve communication with the membership while saving time and money.

Do you have any ideas, suggestions or questions about CANAC activities and finances? If so please contact your regional representative (list at the back of this publication) or the Treasurer, Brenda Done at brenda.done@sjhc.london.on.ca

Atlantic Region Update

Nova Scotia hosted the very successful ACHIVE (Atlantic collaboration for HIV education) workshop September 06. The next ACHIVE will be in September 2007 in Moncton, NB

I have regular contact with the other HIV clinics in the Atlantic region and speak to the nurses in correctional services on a regular basis. In November 2006 I had the opportunity to teach a 4-hour course to 4th year nursing students and I take every opportunity to promote CANAC to the nursing students I work with.

A new booklet titled "**Management of chronic Hepatitis C viral infection Practical therapeutic guidelines for health care providers**" is now complete and includes a section on co-infection. Yvonne Lynch-Hill and I collaborated with the Atlantic Hepatology Support Group for Nurses on the co-infection portion of this project.

Lise Dupuis, Atlantic Rep.
lidupuis@serha.ca

Quebec Region Update

I have contacted all members that have not renewed their membership yet and sent a mass email to the nursing population of Quebec (all nurses in Quebec are on the same email system) about CANAC and the Vancouver conference.

Three nurses from Quebec sent in abstracts for Vancouver: Helene Morin, Danielle Gelinis and one nurse from my clinic Luciana Ruppenthal.

In December I attended the Mentorat Symposium and gave CANAC information to many visitors.

Currently I am working with Tibotec (drug company) to arrange an educational day on HIV for nurses. Also in the works is an event at the Royal Victoria Hospital where I can promote both CANAC and my clinic as the event planners. The staff members of my clinic will be presenting for free (Psychology, psychiatry, nursing, social services, MD, pharmacy, nutrition) on all aspects of HIV and treating different populations.

Sincerely,
Gino Curadeau, Interim Quebec Rep.
gino.curadeau@muhc.mcgill.ca

Ontario Region Update

My primary means of contacting Ontario members is email. Recently I sent an email to members to inquire about their activities to include in the next report.

I will be the research project coordinator for the Anglican Diocese of Toronto on spiritual care and HIV. If anyone is interested in learning more please contact me.

I attended the CAHR conference April 26, 27, 28-2007. I will bring back info to the Board on the topics discussed at the conference.

Sincerely,
Lynn Muir, Ontario Rep
ymuir6550@rogers.com

Prairies, NWT and Nunavut Region Update

Here is a glimpse of what is happening throughout the Prairies, NWT and Nunavut region, as submitted by CANAC members.

Manitoba: As of January 1, 2007, Manitoba joins other provinces / territories by offering nominal HIV testing to the previous non-nominal only HIV testing. Anonymous testing can also be offered but at present, due to the rigid requirements that must be met by the testing site, none currently exists here as yet.

The HIV program site at St. Boniface General Hospital is now closed as no physician could be recruited to run the program. As a result, the 200 patients who had been receiving care there were offered alternative sites of either Nine Circles CHC or Health Sciences Centre. Most of the patients have now been seen at one of the two sites; however, several folks have not been seen for some time and there is a process in place (the staff for this is based out of Nine Circles) that it beginning the task of finding these individuals and assisting them with returning to care.

The CNS at St. Boniface has transferred to the Health Sciences Centre (Jocelyn Preston) and is assisting with the transition of patients there. Her role, which has primarily been clinical, will now expand and allow her to fully utilize her CNS skills.

The HIV Research Nurse, who was sited at St. Boniface, has transferred to Health Sciences as well. Heather Duckworth continues in that position.

Additionally, the Provincial Government announced new funding in the amount of \$500,000.00 for enhancement of existing HIV services in the Winnipeg Health Region. With the closing of the St. Boniface site, funding designated for there was shifted to Nine Circles and Health Sciences Centre. As a

result, physician funding was solidified for Nine Circles and another .5 EFT nursing position was created. At Health Sciences Centre, the funding was utilized to hire another 1 EFT Nurse Clinician, .3 EFT Dieticians, .5 EFT Social Worker and .6 EFT Clerk. All of these positions have now been filled.

Saskatchewan: Several CANAC members have been working to create a support and peer-driven education based nursing group for nurses working in and around HIV/AIDS and Hepatitis C care. It is the Saskatchewan HIV/AIDS and HCV Nursing Education Organization. We held the first provincial tele/video conference on February 20, 2007. Nurses from a variety of backgrounds and from throughout the province tuned in. A second meeting will be held on May 31, 2007 and will feature pharmacist Linda Sulz, reviewing and updating nurses about anti-retrovirals and treatment, current recommendations and compliance issues.

At the CSIC (Central Saskatchewan Immunodeficiency Clinic) in Saskatoon, a new position was created and funded by both the Saskatoon Health Region and the Province. It has been staffed since the fall of 2006 with a registered nurse who works 0.5 in the clinic and 0.5 with Public Health in the community.

Provincially, Saskatchewan Health has provided funding for three of the larger regions (Regina, Saskatoon and Prince Albert) to use towards HIV case management efforts. The goal is to improve HIV case management and therefore reduce the risk of transmission from index cases. Each region is to receive prior approval for each project and work with Saskatchewan Health to develop an evaluation framework to assess the effectiveness of the project and to plan for future initiatives.

Also in Saskatchewan, the Saskatchewan HIV/AIDS and HCV Nursing Education Organization is reaching out to nurses

throughout the province, particularly those in the more isolated areas and CANAC as well as Saskatchewan CANAC members are offered as resources.

Member activities:

One of our members, Debbie Rodger has been participating in an international project with the Canadian Society for International Health (CSIH) in Guyana, South America. Debbie is the nurse coordinator in the Infectious Diseases/HIV Clinic at the Regina General Hospital, here in Regina. She has made three trips since February 2006, with the most recent being in January 2007. Debbie traveled with 2 nurses from Alberta who work primarily around STIs and partner notification. Debbie has been involved with educating nurses, counselors and other staff about the basics of HIV, treatment issues, counseling HIV positive individuals and the importance of more formal partner follow up, etc. The project funding is scheduled to end in June of this year.

Debbie Rodger also continues to represent the Saskatchewan Registered Nurses Association on the Saskatchewan Advisory Committee on AIDS.

Kathy Lloyd represents the Saskatchewan Public Health Association on the same committee.

My goals for the upcoming year are to maintain ongoing contact via email with the members in our region.

CANAC members from throughout the Prairies, NWT and Nunavut region are welcome to contact me by telephone/email at any time and I welcome updates regarding any activities that members are involved to be submitted to the newsletter.

Have a great summer!

Sincerely,
Susanne Nasewich, Prairies Rep.
rod.susanne@accesscomm.ca

B.C. and Yukon Region Update

There was a CANAC regional meeting Feb 1st, 2007 with presentations by Dr. Hugh Jones and Linda Knowles, RN from the BCCDC. The topic was HIV & Syphilis. Many thanks to Hoffman-LaRoche (Drug Company) for sponsoring the evening event.

Denise Thomas (past-BC Rep.) was in town visiting and promoting the Clinton Foundation work in Lesotho, South Africa. We are trying to create a partnership with Providence Healthcare and the Mentorship program to enable HIV/AIDS nurses at St. Paul's to volunteer with more ease.

An invitation came in from Pfizer (Drug Company) for a CANAC member to be part of their stakeholders meetings in order for nursing to have a voice in some of their upcoming products and materials. The CANAC Board reviewed the invitation and Lynn Muir of Ontario agreed to represent CANAC. At this time the meetings are on hold but I'll let you know what the outcome is when things get rolling.

I sent out mass emails to BC/Yukon nurses re: membership renewal and the Conference.

Currently I am continuing to try and get more Nursing Students and New grads out to our local meetings.

The Conference was a huge success and I'll have more details soon. Thanks to everyone who volunteered, presented and attended, your enthusiasm and expertise were amazing!

Sincerely,
Sonja Rietkerk, BC & Yukon Rep
srietkerk@providencehealth.bc.ca

Institutional Membership

At the 2006 Annual General Meeting the Board proposed a change to the definition and privileges of Institutional membership. There were a variety of changes suggested for a variety of reasons. The concerns raised by the members present indicating that the changes did not accomplish what was hoped. The changes were not approved and the Board agreed to contact the membership to get feedback.

Currently the bylaw on Institutional Membership reads:

Institutional membership shall be open to any institution organization or other entity engaged in the provision of HIV/AIDS related services committed to supporting the mission of CANAC/ACIIS.

Institutional members shall:

- * pay a fee as determined by regulation;
- * be non-voting members;
- * not be eligible to hold office; and
- * not be eligible to sit on committees

Issues that need to be addressed are:

1) The definition of an institution.

In practice Institutions can be organizations whose nurses are in jobs where HIV/AIDS care is a part (not the whole) of their work. As an example, public health nurses. However, nurses from an HIV clinic or program can also apply for Institutional membership if they have more than 5 members applying. Institutional members receive a discount based on the number of nurses applying.

2) Member privileges.

Currently only Regular members in good standing can hold office, vote for board members and vote at the AGM. Regular

members pay the full fee and concern was raised at the 2006 AGM that allowing Institutional members to vote or hold office would be unfair to regular members.

The board is now suggesting changes to encourage membership while recognizing the members concern. The change would be that Institutional members be allowed to vote but not to hold office or sit on committees.

The changes would look like this:

Institutional membership shall be open to **nurses** from any institution organization or other entity engaged in the provision of HIV/AIDS related services committed to supporting the mission of CANAC/ACIIS.

Institutional members shall:

- * pay a fee as determined by regulation;
- * **be voting members;**
- * not be eligible to hold office; and
- * not be eligible to sit on committees.

Please take a minute to contact your regional representative or me and let us know what you think. The Board wants to resolve this issue before the next Conference and your input can affect the outcome.

FYI

- Currently 12% of CANAC members are Institutional members; organizations with 5 or more nurse can qualify as Institutional members and receive a discount but under current rules would not be able to vote.

Jennifer Shaw
Executive Assistant
jennifer.shaw3@sympatico.ca

Changes

Changes happen all the time and often go unnoticed in the general hurry of things. Especially when they are improvements.

CANAC has been changing, improving, to meet the needs of the members. Some of the changes include the updating of the bylaws at the AGM, revision of the financial recording system the Treasurer uses, improvements to the website and changes to this newsletter.

Bylaws

The Secretary, Yvonne Lynch-Hill, reviews the bylaws and the board policies and procedures regularly to make sure they reflect the actual needs and practices of the association. Members are now notified of both the bylaw changes and the date of the AGM **60 days in advance** to make sure they have time to provide feedback. If you want to see a copy of the bylaws they are posted in the **“About Us”** section of the CANAC website www.canac.org and the Policies and Procedures will be there soon. If you have any questions or comments you can contact Yvonne at yvonne.lynch-hill@chdha.nshealth.ca

Financial Reporting

The board presents the financial statements at the Annual General Meeting every year; if you weren't able to come to the meeting and have any questions you can contact your regional representative (list on the last page) or the Treasurer, Brenda Done, at brenda.done@sjhc.london.on.ca

Website Upgrades

In the summer of 2006 the Board agreed to purchase a software upgrade for the website that allows for on-line submissions through the CANAC website. If you registered for the conference or submitted an abstract you've already had an opportunity to use this new enhancement. The Awards of Excellence were

also submitted on-line this year through the CANAC website.

On-line Voting

This summer you will be able to **nominate and vote for Board members via the on-line submission process**. The Board has determined that it is a safe and reliable system; accuracy is ensured since nominations and votes will need to come from a known email (verifiable through membership records) and duplicates will be easily identified. Confidentiality issues have been resolved by ensuring that nominations and votes go only to the Executive Assistant and not to any of the Board. Members will still be able to nominate and vote by mail in ballot for the 2007 Board elections and the success of the on-line submission process will determine whether or not it becomes the preferred method. You will hear more about this when the request for Board nominations goes out. In the meantime if you have any questions you should contact your regional representative (list of contact emails is on the last page of this newsletter).

Newsletter and Other Changes

As you can see the format of the newsletter has been revamped. It is now primarily available as **an on-line publication**.

This has been done for 2 main reasons;

- 1) Cost savings – printing the newsletter was very expensive. The costs involved not only the printing but stamps and envelopes as well.
- 2) Difficulty emailing attachments – some email servers delete attachments or capture bulk emails as spam.

The newsletter has been posted on the website for several years now; you will continue to receive an email copy unless you request not to. Members that haven't provided an email address will be contacted to determine their preference.

Jennifer Shaw

An Alert from the CANAC Harm Reduction Working Group

On behalf of our membership, the Canadian Association of Nurses in AIDS Care has prepared a resolution in consultation with Irene Goldstone, Bernie Pauly, Deborah Randall-Wood, Fiona Gold, Jane McCall, Sarah Payne and myself, for the Canadian Nurses Association's annual general meeting. In this resolution we raise the issue of the role of harm reduction in nursing practice as a means of reducing inequities in health care.

In mid-April the Canadian Association of Nurses in AIDS Care held our 15th Annual meeting in Vancouver. Because the role of injection drug use is such a critical factor in driving our HIV/HCV epidemics we had exceptional presentations at the conference on the many issues associated with harm reduction and the implications for nursing practice.

Something has happened that is quite alarming . . . in the 2007 spring budget our federal government formally withdrew political and budgetary support for harm reduction. The impact will be most critical in Canadian federal prisons. The federal government's announcement has also heightened our sensitivity to the plight of nurses working in Asia, Eastern Europe and the USA because the support there for harm reduction is uneven at best. We are all in this together.

Out of the discussions at CANAC we came to the conclusion that there is an urgent need for national nursing organizations and the ICN to explore the issues related to education and policy to support nurses who work with people who use injection drugs.

Therefore, on behalf of CANAC, we have requested that the issue of harm reduction in nursing practice be an agenda item in the forthcoming CNA meeting. We urge you and the nurses that you work with, to support this resolution and to speak out on harm reduction in relation to nursing practice in Canada.

Please contact any of us if you'd like to work with us on this effort, or have questions or ideas you'd like to share.

Written on behalf of the CANAC Harm Reduction Working Group

By Greg Riehl and Deborah Randall-Wood

<u>RESOLUTION</u>	Promoting Equity through Harm Reduction in Nursing Practice
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BE IT RESOLVED, That CNA commission a discussion paper on harm reduction in nursing practice that includes specific attention to reducing the harms of illicit drugs and outlines recommendations for policy, practice, education and research.

BE IT FURTHER RESOLVED, That CNA request a meeting with the Minister of Health to discuss the implications for nursing practice of the Spring 2007 budget wherein federal support of harm reduction was withdrawn.

Background

The use of tobacco, illicit drugs and alcohol is a major contributing factor to morbidity and mortality amongst Canadians. While public education and harm reduction measures (such as smoking cessation programs and seat belts) have had a positive impact on tobacco and alcohol use, the problematic use of specific psycho-active drugs by injection or inhalation has played a dramatic role in the spread of the human immunodeficiency virus (HIV), and hepatitis C (HCV) in Canada over the past fifteen years. Among those who use injection drugs, HCV prevalence is close to 90% or in some closed communities, such as the Downtown Eastside of Vancouver, almost 100%. Based on data from UNAIDS (2006), in countries outside of Sub-Saharan Africa the main driver of the HIV epidemic is injection drug use. In Canada, injection drug use accounted for 7.8% of cumulative AIDS cases and 16.9% of cumulative adult positive HIV test reports up to December 31, 2005. The estimated number of new HIV infections among those who use injection drugs in 2005 remains unacceptably high (Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada, 2006). People experiencing problematic substance use are also at risk for respiratory problems, soft tissue infections, bone and cardiac complications, foot and dental problems.

Inequities in access to health care are prevalent for those who use illicit drugs. Financial burdens such as the costs of transportation, childcare, and medications pose significant challenges in gaining access to health care. People who use drugs often experience stigma and discrimination when approaching health care services. Experiences of stigma and discrimination act as real and perceived barriers to accessing health care. Inequities in health status and access to health are further exacerbated by the social determinants of health including lack of adequate housing, poverty, unemployment, limited educational opportunities and lack of social support. Thus, problematic substance use is a multi-faceted and complex problem.

Registered nurses are often the first point of contact in caring for those who are using illicit drugs and who are at risk for contracting HIV/AIDS, HCV and other related infections. Nurses are also the first point of contact for those who may be living with these infections. Nurses work in a variety of settings including prisons, street outreach, community health centres and acute care where they have multiple opportunities to not only reduce harm but to promote health and well-being of those experiencing problematic substance use. Incorporation of harm reduction strategies in nursing practice creates future opportunities for reducing harm, health promotion, education and referral. As a result, nurses are in a unique position to prevent many of the harms associated with illicit drugs and to reduce inequities in health and access to health care through attention to the conditions that produce ill health.

Harm reduction, as a philosophy and an approach, has the potential to redress inequities by reducing the negative consequences of drug use and enhancing access to health care through a non-judgmental approach. According to the International Harm Reduction Association (2006) “the term “harm reduction” refers to policies, programmes and projects which aim to reduce the health, social and economic harms associated with the use of psychoactive substances. It is an evidence-based and cost-effective approach – bringing benefits to the individual, community and society.” However, harm reduction interventions in nursing extend beyond preventing the harm of

psychoactive drugs such as tobacco, alcohol and illicit drugs. Harm reduction is a key public health strategy to reduce the risks associated with a variety of activities such as driving (e.g. seatbelts), cycling (e.g. bicycle helmets) and sexual practices (distribution of condoms and safer sex education).

Harm reduction is guided by the principles of pragmatism, humanistic values, focusing on harm, balancing costs and benefits to individuals and society and focusing on the priority of immediate goals in working with people experiencing addiction (Canadian Center on Substance Use, 1996). Harm reduction neither precludes nor assumes abstinence. It is part of a comprehensive drug strategy that includes abstinence. The values underlying the principles of harm reduction are consistent with values contained in the Canadian Nurses Code of Ethics (2002). Nurses have a duty to provide safe, competent and ethical care that is based on current research and to protect the dignity and choice of individuals receiving health care. Furthermore, nurses have a duty to promote health and wellbeing and enact social justice. Reducing harm is inherent in ethical nursing practice and harm reduction is integral to ensuring ethical practice with those experiencing illicit drug use.

The spring 2007 Federal Budget provided support for three strategies: a) to combat illicit drug production, b) prevent illicit drug use and c) treat illicit drug dependency. According to the federal government, "This new approach will result in a more focused program for dealing with illicit drug use." Support of harm reduction is noticeably absent in the announcement of the New Anti-Drug Strategy and lack of new funding for harm reduction initiatives by the current federal government. Harm reduction has been central to federal policy since 1996. It is not clear what the implications of this approach will have for nurses working in harm reduction. However, it is unquestionable that this approach, which focuses on law enforcement, will serve to limit expansion of harm reduction approaches in health care. The growing epidemics of HIV/AIDS and HCV are a public health concern. The prohibition of specific psycho-active substances and an emphasis on law enforcement is unable to deal with problematic substance use alone to prevent the spread of these diseases. An effective evidence based public health approach must work hand in hand with law enforcement.

The ability of nurses to practice ethically based on current evidence and in accordance with professional ethical standards is influenced by the political, legal and social context of drug use. Funding challenges, lack of organizational/institutional commitment, lack of employer and governmental policy as well as societal attitudes can inhibit the enactment of harm reduction in nursing. Without organization and professional support, opportunities to develop the knowledge, skills and expertise in providing services within a context and philosophy of harm reduction are likely to be constrained. Nurses require clear support and direction from professional and institutional bodies in the form of policy directions and recommendations for practice, research and education. A discussion paper is an important initial step in ensuring that the issues related to scope of practice, ethical obligations and legal issues can be examined so that nurses can affect equity and promote social justice particularly for disadvantaged groups.

Submitted by Irene Goldstone, Bernie Pauly, Fiona Gold, Jane McCall, Sarah Payne, Greg Riehl, Deborah-Randall Wood

on behalf of Canadian Association of Nurses in AIDS Care

Upcoming Events

June 2007

International Conference on Evidence-Based Best Practice Guidelines:

Wednesday, June 6, 2007 to
Friday, June 8, 2007

Hilton Suites Toronto/Markham Conference Centre and Spa
Markham, Ontario, Canada

Visit us online to register for the Conference:
www.RNAO.org/BPGHWEConference2007

July 2007

Two-Spirit Gathering taking place July 30th -August 4th, 2007 on
Pasqua
First Nation.

Please contact All Nations Hope AIDS Network www.allnationshope.ca
directly if you are interested in attending.

September 2007

ACHIVE weekend Workshop September 2007 in Moncton, NB

2008 International Nurse Practitioner / Advanced Practice Nursing Conference

Leadership in Advanced Nursing Practice:
Maximizing Health, Celebrating Collaboration and Promoting Innovation
Toronto - 17-20 September 2008
www.INPAPNN2008.com

The 24th International Conference of ISQua, The International Society for Quality in Health Care

Transforming Health Care in the Electronic Age
Boston - Sunday 30 September to Wednesday 3 October 2007
go to <http://www.isqua.org/> for more information. Registration will open
in June

Nursing Events & Resources

November 2007

20th Anniversary ANAC Conference

Reflecting on our Past, Envisioning our Future

Nov. 8-11 Orlando Florida

Submit an Abstract on-line now – go to www.anacnet.org

Beyond the Epidemics Annual Conference

Nov. 29th and 30th 2007

Regina Saskatchewan

Abstract submissions being accepted on HIV/AIDS, Hepatitis C, Injection Drug Use, Harm Reduction, etc. Deadline for abstracts is August 7th 2007. Abstract submission forms can be accessed on the websites

www.aidsresourcesask.ca or www.allnationshope.ca and e-mailed

apss@sasktel.net or faxed 306-525-0904.

Call toll free with any questions: 1-877-210-7622

Resources

Legal Network News, available on-line at www.aidslaw.ca/LNN.

Nouvelles du Réseau juridique, accessible via www.aidslaw.ca/NRJ.

The International Harm Reduction Association (IHRA) www.ihra.net

Rainbow Nursing Interest Group (RNIG)

Interest Group President: Bonnie Lynn Wright bonnie.wright@mlhu.on.ca

Cost of Interest Group: \$20

Rainbow Nursing Interest Group (RNIG) is for gay, lesbian, bisexual, transsexual, trans-gendered, Two-Spirited, Intersex, Queer and Questioning (LGBTTTIQQ) nurses and nurses working with LBTTTIQQ clients.

Health Canada has updated The Canadian Pandemic Influenza Plan for the Health Sector last week. It can be found on <http://www.phac-aspc.gc.ca/cpip-pclcpi/> http://www.phac-aspc.gc.ca/cpip-pclcpi/hl-ps/index_f.html and http://www.phac-aspc.gc.ca/cpip-pclcpi/hl-ps/index_f.html

AIDS Certified Registered Nurse (ACRN) Practice Exam now available online at <https://secure.ar51.net/anacnet/hancb/pretest.html>

The cost of the exam is \$50.00 US for a one-time usage. For groups of 8 or more, who register at the same time, the fee is \$35.00 US per person. If you are interested in the group rate, please contact Jennifer at

Jennifer@anacnet.org. For more information on the ACRN examination,

please visit <http://www.anacnet.org/certification/hancb/certification.htm>.

International Center for Equal Healthcare Access (ICEHA)

<http://www.iceha.org> <http://www.iceha.org/newsletter>



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