

ACIPC

Australasian College
for Infection Prevention and Control

IPC News
November 2021

ACIPC President Kristie Popkiss

It is my pleasure to be writing to you as the new President of ACIPC. I am very much looking forward to working with Stephane Bouchoucha as President-Elect, Phil Russo as Past-President and the new Board of Directors. I am indebted to Marilyn Cruickshank and Phil Russo for their guidance and leadership over the past two years.

Now imagine my surprise when I was suddenly inundated with messages of congratulations after updating my Facebook profile to reflect my new role as President of ACIPC. It wasn't until I realised that it appeared as if I was changing my full-time job and suddenly moving to the ACIPC office in Hobart that the penny dropped. This came as a particular surprise to my family in Perth! Fortunately, I was able to quickly explain the situation to family, friends, and colleagues.



It was great to see so many members recently online at the conference and during the AGM. The high level of engagement during the conference shows the role ACIPC plays in connecting infection and control professionals. A particular highlight for me at the conference was listening to the questions and needs of members through the Q&A parts of presentations and at the AGM. This has given us valuable information to progress our strategic plan and identified actions which would help members.

This is going to be an exciting time for the College as we head into a new era. Education will continue to play an important role, and we will be looking at new ways to support our members.

Until next month.

Warm regards,

A handwritten signature in black ink that reads "K Popkiss".

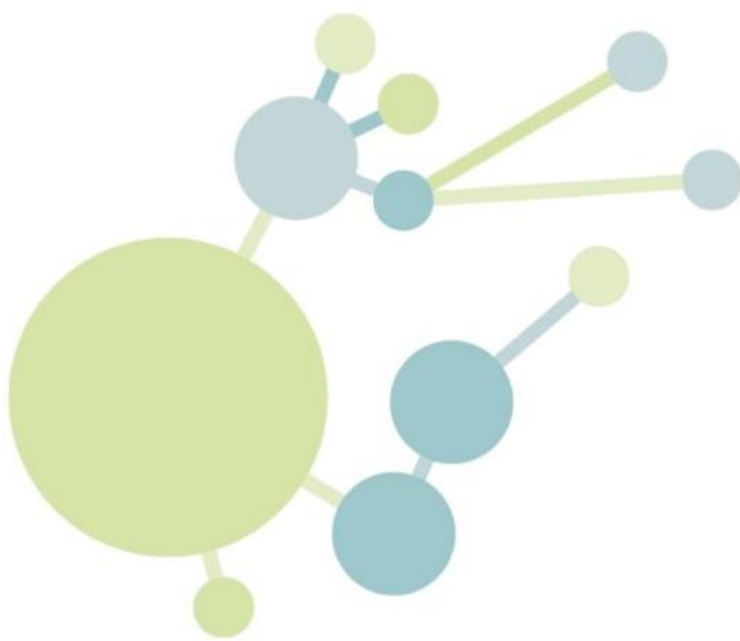
Kristie Popkiss



IPC News:

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**The ACIPC Office will be closed
from 22 December and
reopening on 10 January 2022.**

2021 ACIPC International Conference – that’s a wrap!

Our annual conference was a fully online event for the first time and attracted over 700 attendees on the 8 – 10 November. Presentations were delivered by colleagues and professionals from around the globe. Feedback from delegates has been overwhelmingly positive and we are all looking forward to getting together at the 2022 ACIPC International Conference which will take place at the International Convention Centre, Sydney, 13 – 16 November 2022.

Thank you to our sponsors and exhibitors:

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Exhibitors



Credentiailling Update

Credentiailling recognises ICPs for their expertise and experience.

Congratulations to ACIPC member **Gerald Chan** who was recently recredentiailled at the Expert level. Gerald is the Infection Prevention & Control Manager at the Mount Hospital and is pictured here.

You can find out more about credentiailling on the [ACIPC website](#), or by contacting the ACIPC office.



Conference Award Winners

Dr Magda Raban (BPharm, MIPH, PhD) is the successful receipt of the Elaine Graham Robertson Award for best oral abstract for her presentation *Reducing antibiotic prescribing using nudges: a systematic review of interventions in primary care*.

Magda is a Senior Research Fellow and NHMRC Early Career Fellow at the Centre for Health Systems and Safety Research. She is the lead for the Medication Safety and Electronic Decision Support research stream. Magda's research focuses on the use of information technology to improve the quality use of medicines and patient outcomes across a range of care settings. Her interests include how routinely collected data can drive quality improvement and policy change. Magda is currently recruiting Masters by Research and PhD students with an interest in the role of information technology in health care, including hospitals and aged care.



The Elaine Graham Robertson Award is presented at the Annual Conference and is result of a gift from Elaine Graham Robertson - a pioneer infection control professional. Magda has received a certificate and \$500 in prize money.

2021 Best Oral Presentation – Free Paper, Delegates Choice

- Rose Simpson, InfectFUN: Making Infection Prevention and Control Education FUN (and effective).

2021 Best Poster Award – Judged

- Dale Pogson, Improving the Blood Culture Collection Process in an Emergency Department.

2021 Best Poster Award – Delegates Choice

- Michelle Bolte, Elaine Hall, Michael Ryan, Don't let the ones you can't see get away. Maintaining consistency with environmental cleaning.

Presentation recordings have been made available to all registered delegates and information about the 2022 conference will be posted on the College and Conference websites shortly.



Featured Article from *Infection Disease and Health*

Feasibility of Bluetooth Low Energy wearable tags to quantify healthcare worker proximity networks and patient close contact: A pilot study

Stephanie J. Curtis, Asanka Rathnayaka, Fan Wu, Abdulla Al Mamun, Craig Spiers, Gordon Bingham, Colleen L. Lau, Anton Y. Peleg, Mehmet Rasit Yuce, Andrew J. Stewardson

Abstract

Background

The hospital environment is characterised by a dense network of interactions between healthcare workers (HCWs) and patients. As highlighted by the coronavirus pandemic, this represents a risk for disease transmission and a challenge for contact tracing. We aimed to develop and pilot an automated system to address this challenge and describe contacts between HCWs and patients.

Methods

We developed a bespoke Bluetooth Low Energy (BLE) system for the hospital environment with anonymous tags worn by HCWs and fixed receivers at patient room doors. Proximity between wearable tags inferred contact between HCWs. Tag-receiver interactions inferred patient room entry and exit by HCWs. We performed a pilot study in four negative pressure isolation rooms from 13 April to 18 April 2021. Nursing and medical staff who consented to participate were able to collect one of ten wearable BLE tags during their shift.

Results

Over the four days, when divided by shift times, 27 nursing tags and 3 medical tags were monitored. We recorded 332 nurse–nurse interactions, for a median duration of 58 s [interquartile range (IQR): 39–101]. We recorded 45 nursing patient room entries, for a median 7 min [IQR: 3–21] of patient close contact. Patient close contact was shorter in rooms on airborne precautions, compared to those not on transmission-based precautions.

Conclusion

This pilot study supported the functionality of this approach to quantify HCW proximity networks and patient close contact. With further refinements, the system could be scaled-up to support contact tracing in high-risk environments.

Access the full article here: [https://www.idhjournal.com.au/article/S2468-0451\(21\)00098-5/fulltext](https://www.idhjournal.com.au/article/S2468-0451(21)00098-5/fulltext)

Latest Articles from *Infection Disease and Health*

[Randomized crossover study comparing quantitative fit tests between Trident™ and 3M™ Aura™ N95/P2 respirators](#)

D.L. Williams, B. Kave, F. Begg, C. Bodas, I. Ng

[“One minute it's an airborne virus, then it's a droplet virus, and then it's like nobody really knows...”: Experiences of pandemic PPE amongst Australian healthcare workers](#)

Jennifer Broom, Alex Broom, Leah Williams Veazey, Ruth Barratt, Mary Wyer, Gwendolyn L. Gilbert

[Reprocessing of loaned surgical instruments/implants in Australia and Brazil: A survey of those at the coalface](#)

Anaclara Ferreira Veiga Tipple, Dayane de Melo Costa, Lillian Kelly de Oliveira Lopes, Dulcelene de Sousa Melo, Junnia Pires de Amorim Trindade, Karen Vickery

Infection Control Matters Podcast

Infection Control Matters is a podcast for anyone with an interest in IPC. Recent episodes were recorded at the ACIPC Conference and include:

[Wearable proximity devices and contact tracing with Steph Curtis](#)

[The science of pathogen transmission via the air with Prof Lidia Morawska - ACIPC conference special](#)

[Use of video reflexive ethnography in IPC, clinical care and nurse education - an ACIPC 2021 special with Dr Mary Wyer and Dr Su-Yin Hor](#)

[Urinary catheter awareness - an ACIPC Conference special with Dr Gillian Ray-Barruel](#)



IFIC and APIC Fireside Chat Webinar Series

ACIPC is a member of The International Federation of Infection Control (IFIC). Members can view recent Covid-19 webinars by IFIC in conjunction with Association for Professionals in Infection Control and Epidemiology (APIC):

[IFIC and APIC Fireside Chat - COVID-19 vaccines and Infodemiology management](#)

[IFIC and APIC Fireside Chat - PPE use in the care of the patient with covid-19: the WHO perspective](#)

[IFIC and APIC Fireside Chat - Emergency preparedness for the covid pandemic: lessons learned and future directions](#)

The next webinar in the series is Successful Management of Covid-19 in a large hospital setting with Professor Michael A. Borg, will be available on the [IFIC website](#) shortly.

FIPC Course Availability

The College is running Foundations of IPC on demand. We currently have courses starting in January, February, March, April, May and June 2022 with availability.

Visit: <https://www.acipc.org.au/education/>

FIPC Graduate Pins

The Office has sent out over 1500 FIPC Graduate Pins to our Aged Care Leads and we will continue to issue pins to all those who successfully complete the course. We were pleased to receive photos of our graduates wearing their pins.

If you have graduated from FIPC, we have emailed you a link to update your postal address.

If you have received a pin – please send a picture of you wearing it to office@acipc.org.au.

Kerri from the ACIPC Office posting FIPC pins.



ACIPC FIPC Graduate Pin Gallery



Debra Ryan



Helen Sharp



Maria Jane Perez



Phalmean Tim



Shiji Nynan



Helen Woods



Lynette Ptolemy



George Macrohon



Joana Golod

COVID Surge Support in Fiji – Interview with ACIPC Member Priscilla Singh

Recently the College worked with the Royal Australasian College of Surgeons to respond to an urgent request from the Fiji Ministry of Health to provide Covid surge support to the Colonial War Memorial and Lautoka Hospitals. ACIPC Member Priscilla Singh was recruited as part of a team of specialist volunteers to work as an IPC nurse alongside two ICU nurses, two anaesthetists and one intensivist.

The prolonged Covid outbreak has created high levels of fatigue amongst health care workers at the two hospitals. At the request of the Ministry of Health and with support from the Department of Foreign Affairs and Trade (DFAT) the team left Australia on Friday the 17 September and were in Fiji for a three-week period.

We caught up with Priscilla after she returned from Fiji.



Priscilla is pictured here (left) with fellow IPC Nurse Lucy Malcam (right) and hospital staff members

You were recently deployed to provide Covid surge support to the Colonial War Memorial and Lautoka Hospitals in Fiji. What can you tell us about that experience?

I have never done anything like this before so I really did not know what I was getting myself into.

I had been involved heavily in the Covid crisis here in Victoria, working on the wards and assisting setting up a Covid positive ward in record time. I thought if I can live to tell that tale then I can share my experiences and knowledge with my fellow health care workers in Fiji.

My first impression of CWMH was looking at this 100-year-old hospital and feeling incredibly proud of how everyone managed during the peak of Covid in June and July. It's an old, run-down, and minimally resourced hospital yet the staff still managed to still look after the ill.

The team I was working with were amazing. They were supportive, respectful, and knowledgeable in their field.

What were some of the challenges you and the team faced?

We had no idea what was expected until we had spent a few days in the hospital. Our approach was to ask the staff what their needs were and find out how we could best assist them.

Fijians are very laid back so we had to learn to operate on 'Fiji time.' For example, meeting at 3pm means you need to allow for two or so hours for everyone to come together. We decided to go with the flow, as we were working in their hospital, in their country and on their time.

COVID Surge Support in Fiji – Interview with ACIPC Member Priscilla Singh

How did your Foundations of Infection Prevention and Control training help you in this role?

I used a lot of the knowledge I had gained through FIPC as was able to share resources with the Fijian staff. Our day started at 8am finished at 5pm and staff requested an evening Zoom lecture at 8pm. It was great to be able to share what I had learned.

Is there anything you learned during your time in Fiji that you will use in your day-to-day job?

The experience has made me feel grateful for what we have here. I learned during my deployment that with passion and resilience I am capable, just like my Fijian healthcare workers.

You are originally from Fiji – were you able to connect with any friends or family while you were there?

Yes! I was able to see my grandma. It was amazing as I had not seen her for the last two years. She practically raised me so it was bittersweet to see her and then leave her.

I am Fijian and was born at CWMH so it was an honour to go back and serve. I would definitely do it again if no hotel quarantine was involved!

I'd like to thank ACIPC and RACS for the opportunity to go back home and give back to my country and see my grandma.

The College would like to thank ACIPC Members Dr Peta-Anne Zimmerman and Matt Mason who assisted with Priscilla's recruitment to the role.



Priscilla in Nadi

New Report highlights improved general vaccination rates amongst healthcare workers

General vaccination rates for permanent healthcare workers across Australia have increased by over 25% in the last six years according to the new Australian Council on Healthcare Standards (ACHS)'s [*"Australasian Clinical Indicator Report 2013-20"*](#) (ACIR) which measures trends in healthcare data.

Currently sitting at 81.8% in 2020, the vaccination rate for influenza alone increased from 55.1% of staff immunised when the indicator was introduced in 2015 to 81.8% in 2020. All measured healthcare worker vaccinations such as Hepatitis B, Measles, Mumps, Rubella, Pertussis, Varicella, and Influenza now have rates above 80%, which has increased herd immunity in the healthcare environment. COVID-19 vaccinations are not included in this data. In recent years, healthcare worker vaccination rates have surged, and it is likely that the current pandemic has encouraged healthcare organisations to formulate comprehensive immunisation policies for their workers.



The ACIR reports on the activity of 612 healthcare organisations (HCOs) covering an eight-year period and gives a comprehensive overview of healthcare performance utilising patient-centred clinical indicators. This report assists HCOs to determine their own improvements within a national context. The ACIR remains the most enduring report on clinical indicator-based health performance data in the world, consistently capturing data and measuring trends over 29 years.

Key improvements:

In 2020, 118 clinical indicators showed statistically significant improvement across the Australian healthcare sector. Eight clinical areas had an improvement in at least two-thirds of all trended indicators, including: Anaesthesia and Perioperative Care, Day Patient Care, Gynaecology, Infection Control, Intensive Care, Internal Medicine, Oral Health, Paediatrics and Rehabilitation Medicine Hospital. Notable improvements are:

- There has been a 344% reduction in the day surgery patients who required an unplanned transfer or overnight admission since the year 2000, reflecting a large improvement in the quality of care.
- A 27.5% decline in the number of medication errors that have resulted in adverse events requiring intervention in the last seven years.

These notable improvements avoided significant amounts of patient stress, harm, and expense across hospital admissions in Australia.

Notable deteriorations:

Notable deteriorations are areas where the potential to make improvements exist:

- In 2020, there were 51 indicators with significant trends in the undesirable direction. Some noteworthy deteriorations are:

- Day procedure patients who arrived but the hospital cancelled their appointment due to detection of a pre-existing medical condition has doubled in the past two years. This may be due to closer assessment due to COVID-19 protocols.
- The number of patients medically assessed and treated within 10 minutes of arriving in the Emergency Department was 73.9% in 1998, reached its highest rate in 2013 (81.1%), declining to 76.6% in 2020.

ACHS President, Professor Len Notaras AO said “Clinicians continue to value the Report as it drives quality improvements in healthcare by building a clear understanding of where improvements, as well as deteriorations, are occurring. With more than 26,000 data submissions included there is no other comparable dataset in the world which has the same statistical depth to it.”

ACIPC Board members Dr Peta-Anne Zimmerman, Dr Sally Havers and Dianne Smith provided commentary on the draft report.

PhD Scholarship Opportunity: Deakin University

A PhD scholarship is available to initiate and conduct research on the topic

Communicating about antimicrobial prescribing, administration and evaluation between aged care providers, residents and families in aged care facilities.

Research topic

We are inviting applications from eligible individuals to undertake a PhD supported by a Faculty of Health HDR scholarship. The successful applicant will be situated at the Centre for Quality and Patient Safety Research in the Institute for Health Transformation.

The topic of the project is:

Communicating about antimicrobial prescribing, administration and evaluation between aged care providers, residents and families in aged care facilities.

Project aim

The aim of this study is to examine antimicrobial practices in aged care facilities. This study will explore how decisions are made about prescribing, administering, and evaluating antimicrobial practices, and the influences of sociocultural and contextual factors on these decisions.

Important dates

Applicants are sought for commencement in 2022.

Benefits

This scholarship is available over 3 years.

- Stipend of \$28,600 per annum tax exempt (2021 rate)
- Relocation allowance of \$500-1500 (for single to family) for students moving from interstate

Eligibility criteria

To be eligible you must:

- be a domestic candidate currently residing in Australia. Domestic includes candidates with Australian Citizenship, Australian Permanent Residency or New Zealand Citizenship.
- meet Deakin's PhD entry requirements

- be enrolling full time and hold an honours degree (first class) or an equivalent standard master's degree with a substantial research component.

Please refer to the [research degree entry pathways](#) page for further information.

How to apply

HEALTH – Learn more about submitting a successful application on the How to apply page

Contact us

For more information about this scholarship, please contact Prof Elizabeth Manias.

Prof Elizabeth Manias

Email: emanias@deakin.edu.au

Phone: +61 3 9244 6958

Click here to [APPLY NOW!](#)

Germitec Webinars

Sponsored Content

1. ISUOG Webinar on-demand

WATCH ISUOG WEBINAR ON-DEMAND Optimising Scanning Workflow with Germitec

Results presented from a recent study by Imperial College Hospital, London.

In the webinar, Dr Kyriacou:

- Provides a demonstration of how Chronos UV-C HLD system was utilised in the research study to clean, disinfect and trace a transvaginal probe in the examination room.
- Presents the research findings from the study that compares the Chronos UVC HLD system to Chlorine Dioxide wipe system
- Concludes with a Q&A session

The study concluded that Chronos UV-C HLD system should be the disinfection system of choice for TVUS. Watch the webinar to find out why.

2. ACIPC Webinar on-demand

WATCH ACIPC WEBINAR ON-DEMAND



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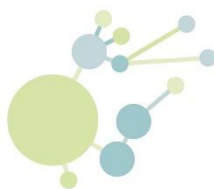
Infection Prevention Ensures Quality Health Outcomes When Using Ultrasound at Point of Care Current standards and practice of infection control and prevention are inadequate. The purpose of this webinar is to adapt and expand the 2017 ASUM/ACIPC guidelines on minimum standards for reprocessing/cleaning of ultrasound transducers to the specifics of POCUS environment and provide advice to Emergency and ICU practitioners and health care administrators.

Learning Objectives

- What are the current specifics of ultrasound practice within POCUS relevant to infection control?
- What are the administrative, financial and practical implementations that need to be considered?
- Discuss the recommendations.

Link: <https://germitec.com.au/pocus-guidelines-for-reprocessing-ultrasound-transducers/>





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