



ACIPC

Australasian College  
for Infection Prevention and Control

# IPC News

MARCH 2023

# ACIPC President Kristie Popkiss



## Welcome to the March issue of Infection Prevention and Control (IPC) News.

Over the last few years many of us have had to change the way we work. Recently I have been reflecting on how to improve not just the way I lead but how to work more efficiently and effectively.

The world of infection prevention and control is often challenging to manage with competing priorities, workforce shortages and at times the disconnect of the teams we work with.

I have recently **read an article** focussing on a hybrid work model and although many of us do not work in this way, there were some wider learnings which relate to all ways of working.

1. Model time away from your screen – encourage face to face meetings wherever possible and don't have video meetings when an email may be just as good. I recently watched people on Teams in the same meeting, sitting next to each other, with their headphones on – nothing beats sitting in a room having a face-to-face meeting.
2. Allocate the time to pause and find out how your people are going. Make time for meaningful check ins – just because people say they're okay doesn't mean they are in reality.

3. Actively foster collaboration – it takes leadership to build bridges. Actively encourage people to collaborate, to discover the strengths of those in their team or those around them and encourage them to think about team performance, not just individual performance.
4. Help teams move from data to meaning – in the world of infection prevention and control, help those around you to synthesise information by getting in touch with how they personally feel about the data and shape it into a cohesive narrative. Meaning informs our motivation and is central to everyone pulling together.

These key points have helped me to consider how to make more meaningful steps to create both a different working environment and progress priority work differently. I hope you feeling like the year is successful and a positive one.

A handwritten signature in black ink that reads "K Popkiss". The signature is stylized and cursive.

Kristie Popkiss



# Contents

<b>ACIPC President</b>	<b>2</b>
<b>Dr Joan Faoagali Award</b>	<b>4</b>
<b>Meet the Board</b>	<b>6</b>
<b>ACIPC Webinar</b>	<b>7</b>
<b>ACIPC Member Profiles &amp; Projects</b>	<b>8</b>
<b>Were you responsible for infection control during the COVID-19 pandemic?</b>	<b>12</b>
<b>Infection Control Matters Podcast</b>	<b>13</b>
<b>World Hand Hygiene Day</b>	<b>14</b>
<b>Aged Care Infection Prevention and Control Training Grants</b>	<b>15</b>
<b>Featured Article: Infection, Disease &amp; Health</b>	<b>16</b>
<b>Latest Articles from Infection, Disease &amp; Health</b>	<b>16</b>
<b>Selected Publications of Interest</b>	<b>17</b>

# DR JOAN FAOAGALI AWARD

## Foundations of Infection Prevention and Control Course Scholarship

### Applications are now open for the Dr Joan Faoagali Award.

ACIPC invites members to apply for the honourable Dr Joan Faoagali Award, which was set up by the College to honour Joan in celebrating her life and ongoing commitment to the IPC profession. The Dr Joan Faoagali Award allows an infection prevention and control practitioner to engage in ongoing learning through participation in the Foundations of Infection Prevention and Control course. One scholarship is awarded to a member of the College each year.

### AWARD GUIDELINES

- The Award is open to individual financial members of the College
- The Award is open to members working in an IPC role for at least 12 months
- The Award is only open to members who are self-funded students
- The Award is not open to students whose workplace is paying the FIPC course fee
- All applications are self-nominated to be completed by the applicant
- The successful applicant will be enrolled in a course starting in the given year
- Applications are reviewed by the Education Committee
- The decision of the Education Committee is final

### APPLICATION PROCESS

Your application will include the following:

- Critical reflection on your role over the last 12 months and a professional development plan for the next 3 years - 250 words
- Explain how the completion of the ACIPC Foundations course will contribute to your practice - 250 words
- A current brief curriculum vitae highlighting your infection prevention and control involvement
- A current cover letter (maximum 2 pages)

**CLICK HERE  
TO SUBMIT  
YOUR  
APPLICATION**



**FOR MORE  
INFORMATION  
ABOUT DR  
JOAN FAOAGALI  
CLICK HERE**

## ABOUT DR JOAN FAOAGALI

**Dr Joan Faoagali made a significant contribution to the education of members of the College over many years with her involvement in both State and National Infection Prevention and Control activities. Joan showed great resilience, tremendous vision, and was a true leader inspiring all those whose lives she touched – working towards achieving something greater than themselves.**

Joan's passion and influence was key to the development of the ACIPC Foundations of Infection Prevention and Control Course. Joan, whilst battling her cancer made time to write and develop modules for the initial ACIPC Foundations of Infection Prevention and Control course.

Joan was well known in the Australian infection prevention and control community. Joan was particularly interested in the education of clinicians, the prudent use of antibiotics, infection control and the intelligent use of pathology services. Joan was a passionate teacher and service development advocate in both high-level referral centres in Australia and New Zealand and in developing countries including our pacific neighbours.

After initially qualifying in Microbiology in Dunedin, Joan was Director of Microbiology at Christchurch Hospital in New Zealand and then the Royal Brisbane and Princess Alexandra Hospitals in Queensland. She held multiple adjunct academic appointments, including Griffith University, University of Queensland and Queensland University of Technology. She will be remembered as a warm generous leader and mentor of students and senior colleagues alike.

# MEET THE BOARD

## Ann Whitfield Board Director

**I am the sole New Zealand board member but having lived in Australia for 18 years and being born in England my rugby loyalties are often tested!**

Professionally I am flying the flag for Infection Prevention and Occupational Health in my specialist role at the largest hospital in New Zealand based in Auckland. I enjoy mentoring IPC students, proud to have cultivated a model of having IPC nurses providing a 7-day service and have a IPC team lead innovations with a dashboard for blood stream infections for services to have daily assess.

The purpose of this role was to lead partnerships with IPC and OH for which we have had success with rapid contact tracing (COVID/Measles/TB/ Pertussis) for staff and patients, including immunity assessments, hand hygiene promotions for skin care and efficiency in our respiratory protection program having a balance with the expertise of both specialities. On reflection during COVID outbreaks it felt like one large team and not two separate teams.



*Kia Ora everyone  
from New Zealand!*

I want to also take this opportunity to remind readers that you can reach out to me any time with any issues and I like to help in any way that I can. I also hope to increase the membership base in this lovely country as well as help to raise awareness of the importance of networking, sharing experiences, and research to IPC to reduce harm and OH increase safety.

# ACIPC WEBINAR

**Topic:** UVGI and Infection Control

**Date:** Wednesday 10 May 2023 10:30am AEST

**Presenter:** Dr Wladyslaw Kowalski received his BS degree in Mechanical Engineering from the Illinois Institute of Technology in 1977, and his MS and PhD in Architectural Engineering from Penn State in 2001.

From 1978 to 1995 Dr Kowalski worked for various nuclear power utilities in the USA performing contamination control for HVAC and cooling water systems. He was involved in the shutdown of the Three Mile Island nuclear utility after the meltdown.

After returning to graduate school he wrote a Master's Thesis on, Technologies for controlling respiratory disease transmission in indoor environments: Theoretical Performance and Economics. He wrote his doctorate on, Design and optimization of UVGI air disinfection systems. After graduating, he consulted with various ultraviolet disinfection companies and hospitals and wrote numerous articles and several books including Aerobiological Engineering (2001), the Ultraviolet Germicidal Irradiation Handbook (2009) and Hospital Airborne Infection Control (2006). He contributed to the ASHRAE Handbook Chapter on Ultraviolet Disinfection and assisted NASA in the design of the microbiological glovebox, which employs UV LEDs. He was actively involved with the US Army, the CIA, the Pentagon, and the New York Police Department after the post-911 anthrax attacks.

Dr Kowalski worked from 2017 to 2021 for Purple Sun of New York, where he was the Chief Scientist, developing and patenting UV systems employing multivector light, and conducting numerous laboratory and field studies on the efficacy of UV systems. He joined Sanuvox in 2022 as Chief Scientist and has since been involved in research and development of new UV systems as well as being involved in ASHRAE committees and IUVA.

Past Lunch and Learn Webinars can be found in the member's area:  
<https://www.acipc.org.au/members/lunch-and-learn-webinars/>



**CLICK HERE  
TO REGISTER  
FOR THIS  
WEBINAR**

# ACIPC MEMBER PROFILES & PROJECTS

**We are inviting members to tell us about their role, an IPC project that they have been involved in (big or small) and share their learnings with the ACIPC community.**

**This month we would like to introduce Catina Eyres, Infection Prevention Control Consultant from the Loddon Mallee Public Health Unit in Greater Bendigo, Victoria.**

## **An introduction to your role**

I am a Registered Nurse of many years (too many to count!) and have postgraduate qualifications in critical care, infection control, immunisation, HIV/BBV counselling, business and am currently studying a Master in Infectious Diseases Intelligence. Having worked in many sectors (government, acute care, aged care, community, education, design, and construction) and within various roles (consultant, director, manager, educator, university researcher/lecturer, project officer, direct care), my extensive and varied experience has been valued in all roles, being invaluable in my current position.

I am the second infection prevention control (IPC) consultant to have been employed in one of the nine newly developed and evolving local public health units (LPHUs) in Victoria. The Loddon Mallee Public Health Unit (LMPHU) run out of Bendigo Health, commenced operations in August 2020, with metropolitan services following

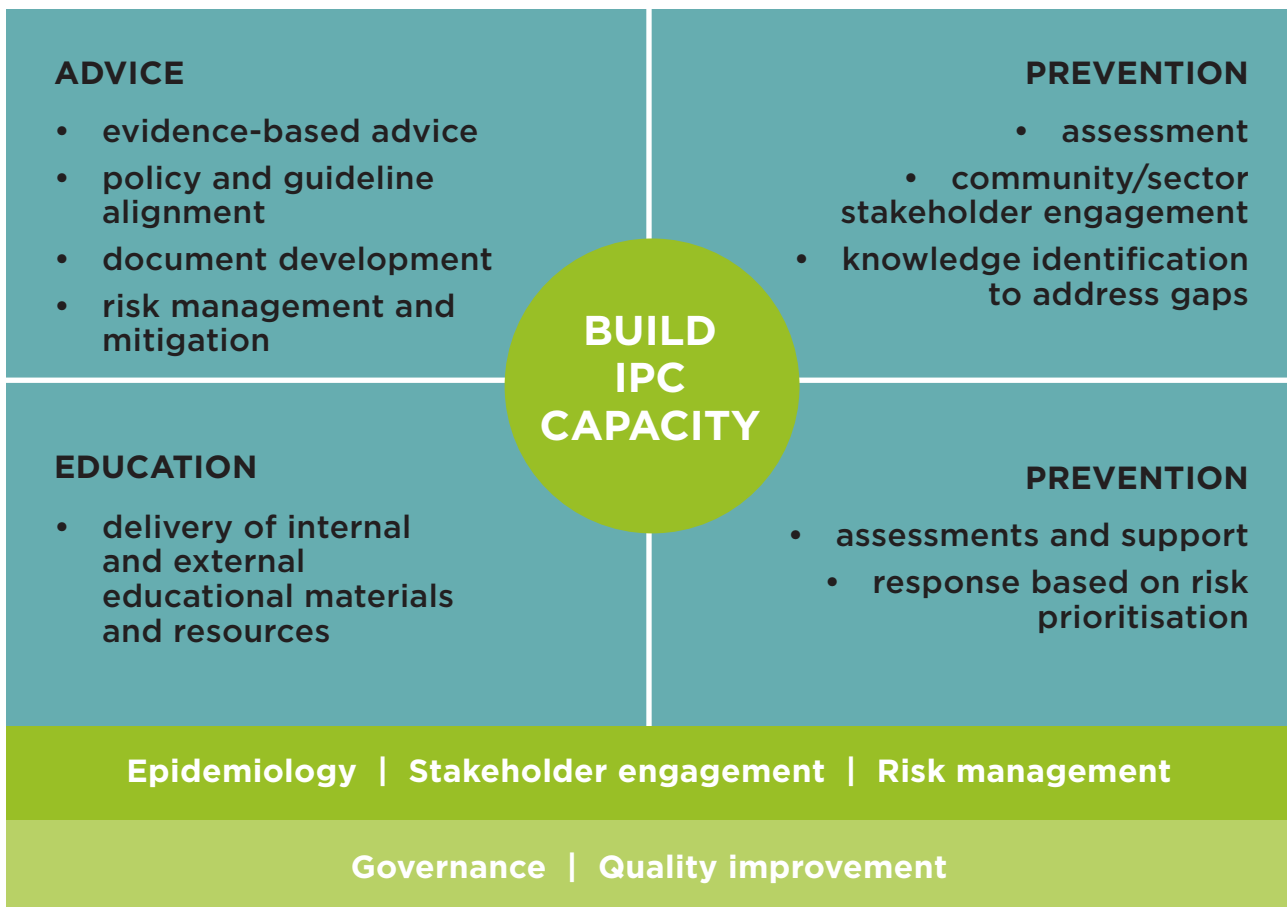


later in 2020. Initially, there was minimal structure for the IPC consultant role in the LMPHU, thus we utilised a similar roles and responsibilities framework as used by the Department of Health Infection Prevention Control Advice and Response (IPCAR).

Whilst most of the initial work was reacting to COVID-19 outbreaks when I commenced in December 2021 and through much of 2022, the role has subsequently evolved with a greater focus on prevention and incorporation of work with other communicable diseases (CD). The role continues to evolve in Victoria, with all nine LPHUs having employed IPC staff since 2022.

As per other Victorian LPHU IPC colleagues, I am responsible for designing, developing, and implementing IPC programs, which include developing and delivering education, providing advice and recommendations, supporting stakeholders and staff, and providing prevention and outbreak assessments. Building on my IPC experience and postgraduate studies, some of the key skills that I and others rely on to identify, mitigate and manage risks include communication, adaptability, engagement and influencing change.





***“Being able to identify the issues, determine the solution and collaborate to implement change is highly satisfying; I particularly enjoy the ‘lightbulb’ moments that occur when working with population groups.”***

### **An overview of the project**

I feel privileged to have developed the infection prevention control (IPC) program for the Loddon Mallee Public Health Unit. IPC programs in Australia mostly evolved from acute health services and in order to develop a program suitable for community and public health needs, I reviewed a wide variety of literature, Victorian and Australian guidelines and international guidelines, alongside meeting with key stakeholders and staff. With sustainability beyond the COVID-19 pandemic in mind, the resultant

program is relevant for a wide variety of communicable diseases and community sectors and settings, for example, health, residential accommodation, education and industry.

***“Building IPC capacity across the Loddon Mallee region is the main aim of our program. I developed four main categories of advice provision, outbreak management, prevention activities and education.”*** These key components are supported by risk management, epidemiology and community engagement (ideally place-based) with governance and quality improvement foundations.

Our work is prioritised based on high risk and sensitive settings intersecting with priority populations and situations occurring across the Loddon Mallee region.

For example, during the October 2022 Victorian floods, IPC public health assessments were performed in collaboration with coordinators of emergency shelter locations, to identify potential risks for infections and provide practical recommendations to mitigate these risks.

With the Loddon Mallee region covering 26% of Victoria and a population of greater than 330,000, we adapt our support to ensure issues specific to our region, such as geographical distance, do not disadvantage our stakeholders. For example, we provided online virtual assessments as one way to support our farming industry stakeholders in the north of our region, thus ensuring continued food production.

Increasingly, preventing transmission of communicable diseases and other infections is a priority for many sectors. Thus, much of our recent work has been working with vulnerable populations on the prevention aspects of our IPC program. We develop and disseminate stakeholder surveys and provide prevention assessments and visits, supporting sites through telephone, virtual and onsite modes. For example, we collaborated with our residential aged services and state wide LPHU IPC colleagues to develop and refine a ventilation checklist to use with respiratory illnesses.

Alongside prevention, our education program has been developed to build IPC knowledge and skills. Education is one component of the IPC program which assists to reduce risks identified through assessments. Education is offered to stakeholders using innovative and flexible modes for a variety of IPC topics, some including breaking the chain of infection, using standard and transmission based precautions and identifying IPC interventions. For example, scenarios

have been developed for influenza, gastroenteritis, COVID-19, urinary tract infection and shingles.

Developing a supportive network between IPC staff within the LPHUs has been paramount for sharing information, experiences and resources, networking, reviewing guidelines and escalating concerns. With a monthly meeting of representatives from each of the nine LPHUs and with our state government colleagues, we aim to support each other in development, implementation and sustainability of infection prevention control programs in LPHUs. As a part of building IPC capacity and sharing learnings in the Loddon Mallee region, we engage in Communities of Practice with our residential services, as do other LPHUs.

The LMPHU IPC program builds on strengthening existing relationships, developing new relationships and responding to individuals and sector needs with a consistent and tailored approach.

### **Learnings and recommendations arising from the project**

***“There is a unique opportunity afforded to local public health units to utilise the skills of IPC staff to build capacity in different sectors across community settings in Victoria.”***

Developing a new IPC service for the community sector in Victoria as part of a state wide network has certainly had its’ challenges and we have learned a thing or two along the way:

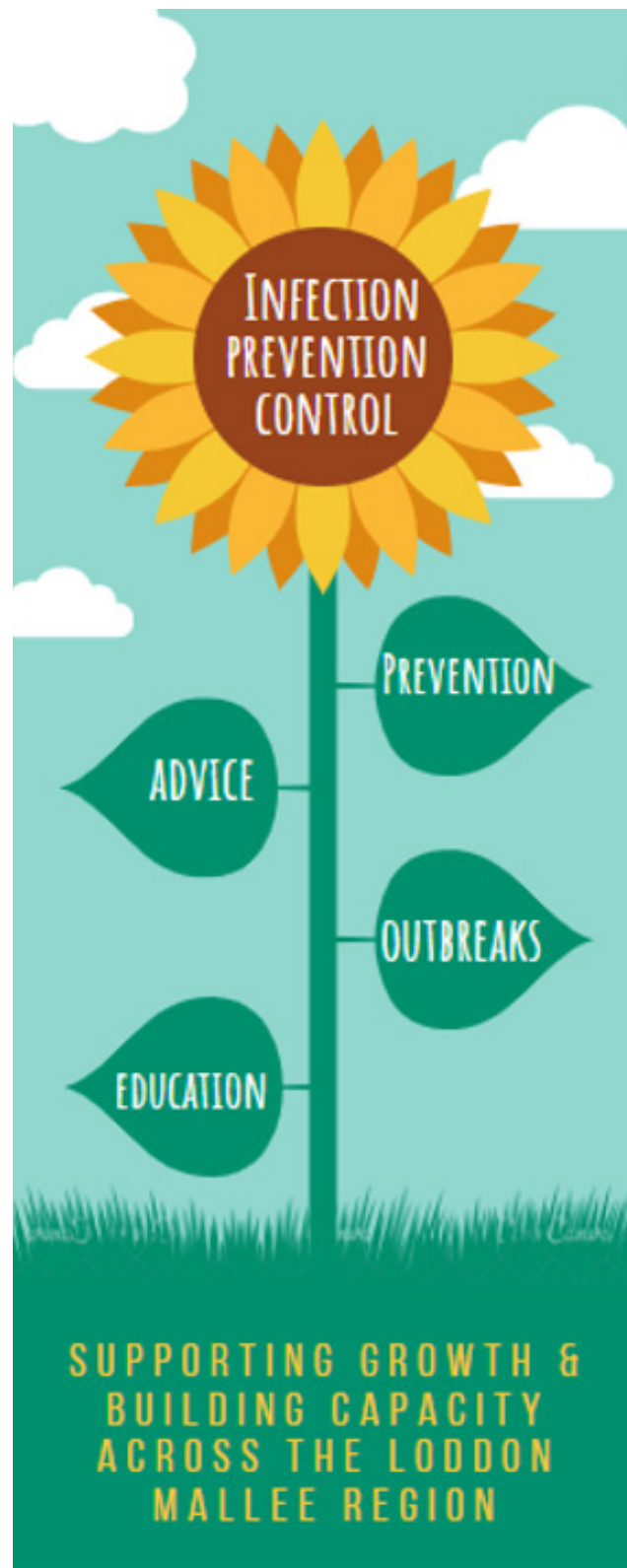
- Informing others about the diverse skills of IPC staff enhances others’ professional practice.
- Including IPC staff in community events, multidisciplinary meetings,

education sessions and document development improves population health outcomes.

- Supporting implementation of evidence-based IPC guidelines builds confidence and trust with stakeholders.
- Delivering IPC messages using a variety of methods is necessary to influence change.
- Collecting and utilising IPC data strengthens contextual and place based knowledge.
- Supporting new IPC professionals build knowledge and skills benefits the whole community.
- Building and developing stakeholder and staff relationships enhances efficiency.
- Developing networks between sectors and professions enhances place based outcomes.
- Sharing with colleagues keeps us all sane...well, most of the time!

Great opportunities exist in utilising IPC staff in the nine Victorian LPHUs to continue embedding sustainable IPC knowledge and practices with the community.

I look forward to the role of IPC staff in Victorian LPHUs continuing to evolve with support from the Victorian government and our Australasian College of Infection Prevention Control.



# Were you responsible for infection control during the COVID-19 pandemic?



**We would like to speak with health and aged care professionals based in NSW or Victoria, who have been responsible for providing infection prevention and control (IPC) advice and implementing IPC policy during the COVID-19 pandemic.**

You might be an IPC specialist (such as a CNC, manager, consultant or infectious disease physician), or a residential aged care facility manager, IPC lead, director of nursing, or a similar role.

We are hoping to speak to people with different kinds and levels of experience, from a wide variety of facilities. We want to know what it was like for you, in order to make recommendations for ongoing and future pandemic preparedness and response.

If you are interested in speaking to us about this study, we would love to hear from you. Please click on this link or scan the QR code to enter your contact details. We will be in touch within 5 business days.



## Premier detergent & disinfectant wipes. Stay one wipe ahead of germs.

A wide range of efficacy and bigger, stronger wipes for cost effective clinical outcomes.

 **Reynard™ is reassurance**





# INFECTION CONTROL MATTERS PODCAST

## Intermittent or indwelling catheter in reducing CAUTI?

In this episode, Brett talks to Associate Professor Matthew Davis about his clinical experience and recent systematic review, exploring the topic of whether indwelling vs intermittent catheterisation increases the risk of UTI. Matt is an Associate Professor of Physical Medicine & Rehabilitation at McGovern Medical School in Houston and has a strong clinician background in caring for people with Spinal Cord Injury.

## Oral Hygiene - attitudes and practice. Implications for pneumonia prevention

They talk about the knowledge attitudes and practice of nurses regarding oral hygiene of dependent inpatients in this podcast with Dr Isabel Oliveira. Understanding these is an important element of improving oral care and potentially reducing hospital acquired pneumonia (HAP) more broadly. Isabel is a rehabilitation nurse with a particular focus and interest in dysphagia and oral care, including the prevention of HAP. She works at the Centre for Health Studies and Research of the University of Coimbra (CEISUC) in Portugal.

## Detection, removal and prevention of environmental biofilms

In this episode, Martin talks to Professor Jean-Yves Maillard from the Cardiff School of Pharmacy in Wales. They discuss detection, removal and prevention of biofilms in wet and dry environments.



## The Sink Splash Zone - danger lies within?

In this episode, Brett and Martin talk to Dr Mark Garvey, Consultant Clinical Scientist at University Hospitals Birmingham in the UK. We discuss a new paper from the UHB team which looks at the practical aspects of contamination within the splash radius of a clinical hand hygiene sink in a critical care area. The range of high risk equipment within the zone is quite interesting!

TO LISTEN OR  
DOWNLOAD  
THE LATEST  
EPISODES  
[CLICK HERE](#)

# GOT A MOMENT?

## GET READY NOW FOR WORLD HAND HYGIENE DAY 5TH MAY 2023

### Have you started planning for your health setting's celebrations?

In the upcoming editions of IPC News, we will be showcasing previous member initiatives that have promoted World Hand Hygiene Day across a range of diverse health settings - this is your chance to inspire your fellow ACIPC members and to make World Hand Hygiene Day 2023 the biggest yet!

We would like to hear your insights on how you have effectively promoted the goals of World Hand Hygiene Day in your health setting.

Were you involved in a World Hand Hygiene day project or activity? Did you have an ABHR stand in a prominent place that got some attention? Did you involve your consumers? Did you... create a short video that attracted a lot of attention or promote hand hygiene via social media?

Share your ideas with us on Twitter, Instagram, LinkedIn, or Facebook with the hashtag **#ACIPCHandHygiene** or **email them to us directly office@acipc.org.au**

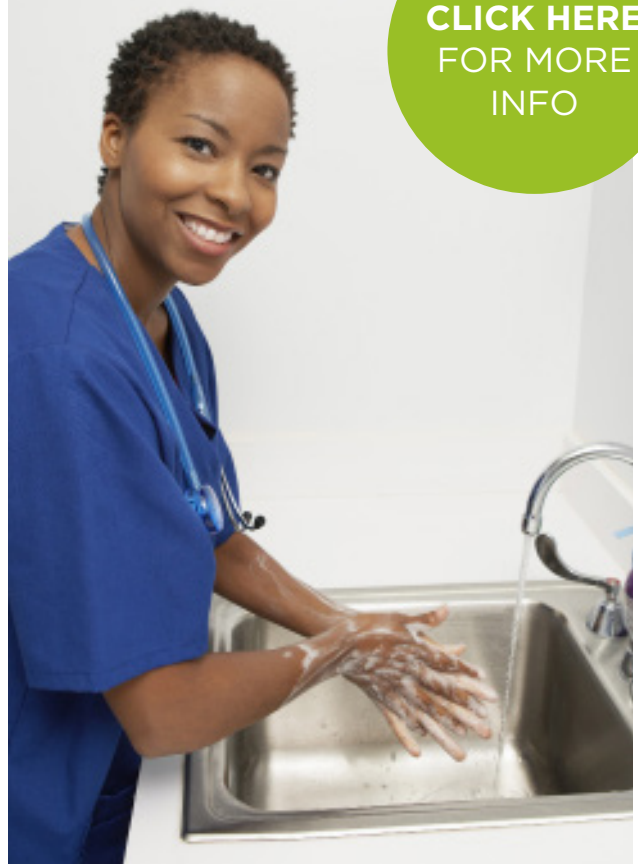
We look forward to sharing your ideas to support the ACIPC community to continue to improve hand hygiene across all settings!

***This is a Membership Communication and Engagement Committee initiative.***

**The 'Save Lives: Clean Your Hands' global campaign was launched by the World Health Organization (WHO) in 2009.**

World Hand Hygiene Day is held annually on 5 May and aims to maintain global promotion, visibility, and sustainability of hand hygiene in health care and to bring people together in support of hand hygiene improvement around the world.

**CLICK HERE  
FOR MORE  
INFO**





# AGED CARE INFECTION PREVENTION AND CONTROL TRAINING GRANTS

**Residential aged care providers can apply for funding to support registered and enrolled nurses to complete specialist Infection Prevention and Control (IPC) Leadership training.**

Support is available for up to 2 registered or enrolled nurses in each eligible residential aged care service, for costs relating to:

- fees for suitable IPC training courses
- wages for study leave
- wages for backfilling for nurses undertaking study.

This funding provides support for more nurses in residential aged care to access IPC leadership training. Highly skilled staff will ensure residential aged care services are well prepared to prevent or manage future infectious disease outbreaks including influenza and COVID-19.

**Further information on the IPC grant can be found at the following resources;**

Aged Care Infection Prevention and Control Training (GO5867) at GrantConnect

Fact sheet on Infection Prevention and Control Leads ([agedcarequality.gov.au](http://agedcarequality.gov.au))

Infection prevention and control leads | Australian Government Department of Health and Aged Care

# Featured Article:

## *Infection, Disease & Health*

### **The role of online marketing to engage healthcare workers with infection prevention and control information and resources: A pilot study**

**Lynley Pilon, Aby Foster, Peta-Anne Zimmerman, Deborough Macbeth**

#### **Abstract**

##### **Background**

The successful adoption and application of infection prevention and control (IPC) principles in all healthcare settings is dependent on the degree to which healthcare workers (HCWs) are aware of the requirements, have access to program resources and information, and engage with the IPC program. This study investigates the impact of redesigning the Infection Control Department (ICD) intranet site based on user feedback followed by a targeted marketing campaign to improve website usability, awareness, and access.

##### **Methods**

In this systematic study, we used a survey plus two focus group interviews to elicit user requirements for the content and look of the ICD intranet page and identify the best communication platforms to use for the marketing campaign to launch the redesigned intranet page. The information was used to redesign the intranet page and develop the

marketing campaign. The survey was repeated post-intervention and these results, along with a comparison of website analytics monitoring traffic, were used to determine the success of the intervention.

##### **Results**

The ICD intranet page redesign increased the information and resources. Post-intervention survey results demonstrated a significant improvement in user satisfaction including ease of navigation and access to IPC information and resources. The marketing campaign resulted in a significant increase in website traffic to the ICD intranet page, demonstrating enhanced engagement with HCWs.

##### **Conclusion**

This study demonstrated that website redesign based on user feedback, combined with a marketing campaign, can increase the traffic to the website and improve the user experience when accessing and navigating the site making the information and resources more accessible to HCWs.

**Access the full article here:**

**[https://www.idhjournal.com.au/article/S2468-0451\(23\)00011-1/fulltext](https://www.idhjournal.com.au/article/S2468-0451(23)00011-1/fulltext)**

## **Latest Articles from Infection, Disease & Health**

### **The effectiveness of simulation-based training on KAU hospital housekeeping staff performance**

Raghad Mohammed Battan, Waleed M. Kattan, Raneem Rashad Saqr, Maha Alawi

### **Care bundle for the prevention of peripheral venous catheter blood stream infections at a secondary care university hospital: Implementation and results**

Yolanda Lladó Maura, Magdalena Lucía Berga Figuerola, M. José Rodríguez Moreno, Verónica Lluch Garvi, Elisabet E. Soler Felsner, Adrián Rodríguez-Rodríguez, Alexander Almendral, Enric Limón, Ester Fusté





## Selected Publications of Interest

Alshareef, H., Alanazi, A., Alatawi, N., Eleshmawy, N., & Ali, M. (2023). Assessment of antibiotic prescribing patterns at dental and primary health care clinics according to WHO Access, Watch, Reserve (AWaRe) classification. *Am J Infect Control*, 51(3), 289-294. <https://doi.org/10.1016/j.ajic.2022.07.009>

Briquet, C., Khaouch, Y., & Yombi, J. C. (2023). Perceptions, attitudes, and practices of a Belgian teaching hospital's physicians, pharmacists, and nurses regarding antibiotic use and resistance: survey towards targeted actions for Antimicrobial Stewardship. *Antimicrob Resist Infect Control*, 12(1), 19. <https://doi.org/10.1186/s13756-023-01228-w>

CSIRO. (2023). Curbing antimicrobial resistance: A technology-powered, human-driven approach to combating the 'silent pandemic'. <https://www.csiro.au/en/news/News-releases/2023/Silent-pandemic-CSIRO-ATSE-report-charts-path-for-curbing-antimicrobial-resistance>

Elliot, P., Storr, J., & Jeanes, A. (2023). *Infection Prevention and Control: A Social Science Perspective*. Taylor and Francis.

Garvey, M. I., Williams, N., Gardiner, A., Ruston, C., Wilkinson, M., Kiernan, M., Walker, J., & Holden, E. (2023). The sink splash zone. *J Hosp Infect*. <https://doi.org/10.1016/j.jhin.2023.01.020>

Giuliano, K. K., Baker, D., Thakkar-Samtani, M., Glick, M., Restrepo, M. I., Scannapieco, F. A., Heaton, L. J., & Frantsve-Hawley, J. (2023). Incidence, mortality, and cost trends in nonventilator hospital-acquired pneumonia in medicaid beneficiaries, 2015-2019. *Am J Infect Control*, 51(2), 227-230. <https://doi.org/10.1016/j.ajic.2022.06.016>

Kam, K. Q., Maiwald, M., Chong, C. Y., Thoon, K. C., Nadua, K. D., Loo, L. H., Yelen, Tan, N. W. H., Li, J., & Yung, C. F. (2023). SARS-CoV-2 antigen rapid tests and universal screening for COVID-19 Omicron variant among hospitalized children. *Am J Infect Control*, 51(3), 255-260. <https://doi.org/10.1016/j.ajic.2022.11.002>

Llado Maura, Y., Berga Figuerola, M. L., Rodriguez Moreno, M. J., Lluch Garvi, V., Soler Felsner, E. E., Rodriguez-Rodriguez, A., Almendral, A., Limon, E., & Fuste, E. (2023). Care bundle for the prevention of peripheral venous catheter blood stream infections at a secondary care university hospital: Implementation and results. *Infect Dis Health*. <https://doi.org/10.1016/j.idh.2023.02.001>

Pogorzelska-Maziarz, M., Monsees, E., & Hessels, A. (2023). APIC Megasurvey 2020: Methodology and overview of results. *Am J Infect Control*, 51(3), 241-247. <https://doi.org/10.1016/j.ajic.2022.12.002>

Stone, T. D., Lee, C., Bannon, J., Vu, T. T., Hirschhorn, L. R., Wilkins, J. T., & Evans, C. T. (2023). Intentions for uptake of the coronavirus disease 2019 (COVID-19) vaccine booster in healthcare workers. *Infect Control Hosp Epidemiol*, 1-3. <https://doi.org/10.1017/ice.2022.307>

Teixeira Mendes, E., Neto, D., Ferreira, G. M., Valenca, I. N., Lima, M., de Freitas, M., Donalísio, M. R., Melo, M. C., Lazari, C., Goes, J., Morales, I., Jardim, A. C. G., Andrade Dos Santos, P., Franco, L. A. M., Sabino, E. C., & Costa, S. F. (2023). Impact of COVID-19 RT-PCR testing of asymptomatic health care workers on absenteeism and hospital transmission during the pandemic. *Am J Infect Control*, 51(3), 248-254. <https://doi.org/10.1016/j.ajic.2022.10.014>

**Have you been involved with a recent publication that would be of interest to the wider ACIPC community?**

**If so, we'd love to hear from you. Please contact the office at [office@acipc.org.au](mailto:office@acipc.org.au)**



ACIPC

Australasian College  
for Infection Prevention and Control

Level 6  
152 Macquarie St  
Hobart TAS 7000

+61 (3) 6281 9239  
office@acipc.org.au  
www.acipc.org.au

ABN 61 154 341 036

FOLLOW US  
ON SOCIAL MEDIA

