



ACIPC

Australasian College  
for Infection Prevention and Control

IPC  
News

AUG 22

# ACIPC President Kristie Popkiss



## Dear Members, Welcome to the August edition of IPC News.

An important function of the College is to recognise the invaluable contribution of members to our field of Infection Prevention and Control. In part, we do this through a series of awards, grants, and scholarships.

The Claire Boardman CICP Medal for Leadership in Infection Prevention and Control is now open. The medal, our highest award, recognises a member who has demonstrated outstanding commitment and leadership to the College and our profession.

The ACIPC International Conference Scholarship is now open and is available to fund an IPC professional from the Pacific region to attend our annual conference, this year being held in Sydney. This is a valuable opportunity to gain knowledge and develop a network with IPC colleagues.

The College encourages and welcomes original and innovative research in infection prevention and control. The College's Research, Grants, and Scholarships Committee facilitates and promotes IPC research and opportunities for funding for members. We have two research grants open: the Early Career Research Grant and the Seed Grant. Both of these grants support members to undertake research that will lead to improved IPC knowledge, evidence-based education and practice, and improved outcomes.

More details about our scholarships, awards, and grants are included in the newsletters and on the College's website.

I encourage all members to consider applying.

Kristie Popkiss

## Attention all rural, remote and regional infection control practitioners

If your work location is outside our capital cities, you have a passion or interest in a topic or you have encountered an interesting case, situation, or outbreak, the Education and Professional Development Committee wants to hear from you!

With your help, we want to put together a series of webinars specific to rural/remote/regional ICPs.

### Please contact one of us below:

- **Janine Carrucan**  
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Townsville Hospital & Health Service - Qld
- **Vanessa Sparke**  
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## RESEARCH GRANT APPLICATIONS ARE NOW OPEN!

# Research Grants

A key strategic focus of the College is to enable members to identify areas for research that will lead to improved knowledge, evidence-based education and practice, and improved outcomes. In alignment with this strategy, the College provides opportunities for our members to undertake research with the assistance of research grants.

### Early Career Research Grant

The aim of the Early Career Research Grant is to support Early Career Researchers (ECR) undertake research relevant to infection prevention and control. ECRs are researchers who are within five years of the start of their research careers.

**Applications for 2022/2023  
will close at 9am on  
Monday 7 November 2022.**

**For further information including the  
application process follow the link:  
[https://www.acipc.org.au/research/  
research-grants-applications/](https://www.acipc.org.au/research/research-grants-applications/)**

### Seed Grant

The aim of the Seed Grant is to support members who wish to undertake high quality pilot, exploratory, or small-scale infection prevention and control research. This grant aims to address a gap between early concepts and large-scale funding provided by larger bodies such as the National Health Medical Research Council (NHMRC) and the Australian Research Council (ARC). The grant is also aimed at providing support to researchers who have not yet had success with specific national category 1 competitive funding NHMRC and ARC grants.



# The Claire Boardman CICP Medal for Leadership in Infection Prevention and Control

**The Claire Boardman CICP Medal for Leadership in Infection Prevention and Control is the highest honour of the Australasian College for Infection Prevention and Control. The medal is awarded in recognition of the College's Inaugural President, Ms. Claire Boardman, and her leadership in establishing the College. The Claire Boardman CICP Medal for Leadership in Infection Prevention and Control is bestowed upon a member of the College who demonstrates outstanding commitment and leadership to the College and the profession and practice of infection prevention and control.**

The award includes:

- The Claire Boardman CICP Medal for Leadership in Infection Prevention and Control
- Entry onto the Claire Boardman CICP Medal for Leadership in Infection Prevention and Control Memorial Trophy
- \$2,000 prize money

**Applications close at 9am on 17 October 2022.**

For further information including the application process follow the link - <https://www.acipc.org.au/awards/claireboardmanmedal/>

## The ACIPC International Conference Scholarship

The Australasian College for Infection Prevention and Control (ACIPC) recognises that colleagues from countries and territories throughout Australasia are sometimes unable to attend scientific conferences due to funding restrictions. The ACIPC International Conference Scholarship provides financial support for an infection prevention and control (IPC) professional working in a low-middle income country or territory throughout the Australasian region to travel to attend the annual ACIPC International Conference.

Attending the Annual ACIPC Conference will allow the winner to acquire, develop and maintain knowledge and skills in infection prevention and control. Attending the conference also provides an opportunity for networking with colleagues working in IPC.

For eligibility criteria and further information click here - <https://www.acipc.org.au/awards/conference-scholarship/>

**Applications must be submitted to [office@acipc.org.au](mailto:office@acipc.org.au) by 5.30pm on 21 September 2022. No late applications will be considered.**

# LEADING THROUGH THE EXPANDING HORIZONS OF IPC

## ACIPC International Conference

The ACIPC 2022 Conference will focus on capturing new approaches and thinking, as well as the cornerstones of IPC with healthcare epidemiology; antimicrobial resistance and stewardship; IPC in long-term care and non-clinical settings; education, training, and staff development; community engagement and patient care. By attending the conference, you will learn from national and international experts, network with likeminded professionals, and meet with Australasia's largest collection of IPC industry suppliers.

Early Bird registration closes on 30 September 2022 and you can register here now: [acipconference.com.au](https://acipconference.com.au)

### In-Person Registrations include:

- ✓ Access to conference sessions
- ✓ Daily catering
- ✓ Pre-Conference drinks
- ✓ Welcome Reception
- ✓ Breakfast sessions
- ✓ Access to the ACIPC Online Conference Portal
- ✓ Access to recorded sessions

### Online Registrations include:

- ✓ Access to all live streamed conference sessions
- ✓ Access to the online meeting hub
- ✓ Access to the online exhibition area
- ✓ Access to the online poster gallery
- ✓ Access to recorded sessions



# Conference Program

The preliminary program for the 2022 ACIPC International Conference is now available - 2022 Program - ACIPC ([acipconference.com.au](http://acipconference.com.au))

**Invited Speakers include:**



**Margaret Leong**

PC Cell lead of the WHO Pacific Joint Incident Management Team for COVID-19.



**Martin Kiernan**

MPH MCLinRes RN, Reader in Epidemiology at the Richard Wells Research Centre at the University of West London, Conjoint Fellow at the University of Newcastle (New South Wales) and a Clinical Consultant to GAMA Healthcare



**Dr. Joan Carlini**

Founding Chair, Gold Coast Hospital and Health Service Consumer Advisory Group (CAG)



**Joanne Henderson**

Clinical Nurse Consultant, Virtual Outpatient Service (virtualKIDS), The Sydney Children's Hospital Network

# LEADING THROUGH THE EXPANDING HORIZONS OF IPC

**This year's event will include three specialised pre-conference workshops on Sunday 13 November, curated for those with an interest in the following fields:**

## ***Infection Prevention and Control for Office-based Practices: The future in protecting staff, patients and the environment***

The aim of the Infection Prevention and Control in Residential Aged Care Facilities Workshop is to work with participants to establish a greater understanding of the IPC Lead role and responsibilities at both national and organisation levels. The benefits, challenges and learnings will be discussed in order to inform the mandatory framework, identify support initiatives and promote success.

The workshop is targeted at those nurses who are new or experienced in the IPC Lead role, those responsible for clinical governance within their organisation, educators, aged care providers, quality assessors and those who may be seeking to introduce the IPC Lead program into the home care service setting.

## ***Infection Prevention and Control in Office Based Practice***

The Infection Prevention and Control for Office-based Practices Workshop provides an informative educational opportunity to enable delegates to directly apply learnings in their workplace. The day has a strong theme around reusable instrument and equipment (inclusive of non-critical) reprocessing, but also covers other important infection prevention and control issues for office-based practices. Participants will be able to participate in a forum with experts to network and discuss issues and learn about resources and available professional support.

This day is targeted at those working in office-based practice settings, such as dentistry, medical practice, podiatry and other allied health settings.

## ***Orientation to International Outbreak Response with the Global Outbreak Alert and Response Network (GOARN) and World Health Organisation (WHO)***

This course is targeted to highly experienced Infection, Prevention and Control specialists who are affiliated with GOARN Partner Institutions such as the Australasian College for Infection Prevention and Control with an interest in learning about opportunities and deploying internationally with GOARN and WHO. It is designed for IPC specialists with limited international outbreak response experience.

*Attendance for this session is strictly limited to 40 people. It is a requirement for people to attend the workshop in person at ICC Sydney.*

**The full conference program can be found on the conference website - <https://acipconference.com.au/2022-program>**

For on-site attendees, the scientific program will be complimented by a comprehensive social program, commencing Sunday evening with Pre-Conference Drinks, hosted by the ACIPC President.

For online attendees, all conference invited speakers and free paper sessions will be live streamed, with recorded content available for viewing on demand for 3 months following the conference.





# Conference Scholarship Applications for Aust & NZ

Scholarship applications are open to residents of Australia or New Zealand who are 2022/2023 financial members of ACIPC and have been a member for at least twelve months.

The value of each scholarship comprises one early-bird registration to attend the conference in Sydney, or as a virtual delegate.

Applications close 1 September 2022.

[acipconference.com.au](http://acipconference.com.au)

## Conference Sponsors

The 2022 ACIPC International Conference is proudly supported by:

Platinum Sponsor



Gold Sponsor



Silver Sponsors



Bronze Sponsors





## Stories from the Frontline

As we count down the weeks to the 2022 ACIPC conference, we would like to invite you to contribute to this year's 'Stories From The Frontline' segment.

ACIPC is incredibly proud of the efforts being made by our members to support Infection and Prevention and Control throughout what has been some very challenging few years. It is very important to us to showcase your work.

**ACIPC invite all members to submit a 30 second - 1-minute video that will feature during our upcoming conference.**

**This might highlight:**

- Unique challenges you/your team may have experienced
- How your day-to-day practice has been adapted to meet new demand
- Significant achievements
- New opportunities emerging
- Anything else you'd like to share!



**These videos will be compiled and displayed at regular intervals during the online event. You will be advised prior to the event if your video has been included in the reel.**

Submission guidelines:

- Videos should be uploaded as a MP4, WMV, MOV, AVI file
- Submissions do not need to be professionally shot, however, where possible, high-quality images and sound are preferred
- Content should be respectful and suitable for all audiences
- Individuals are responsible for ensuring the content of their submission meets the expectations and code of conduct relevant to their institution/employer
- Please note, that files may be altered by the ACIPC conference organisers to fit time limits and merge videos into a single reel, however, alterations will not be used to change the meaning or intent of the author
- All contributors will be asked to complete a film/photo consent form.

**All submissions will go into the running to receive a \$100 Coles/Myer Gift Card – this will be selected at random, and the winner will be notified on Monday 10th October.**

**If you would like to contribute to ‘Stories From The Frontline,’ please contact Emily Larsen [e.larsen@griffith.edu.au](mailto:e.larsen@griffith.edu.au)**

**Call for Submission closes Monday 3rd October 2022**

# Nurses' knowledge, practices and perceptions regarding *Clostridioides difficile*: Survey results

Kara Finnimore, Wendy Smyth, Janine Carrucan, Cate Nagle

## Abstract

### Background

*Clostridioides difficile* infection (CDI) can cause patients debilitating symptoms, places additional demands on nurses' and midwives' and is increasingly prevalent. Understanding the knowledge base of nurses caring for patients with CDI may contribute to improving care practices.

### Methods

A cross-sectional anonymous survey across our Hospital and Health Services was conducted. Descriptive statistics and thematic analysis techniques were used to analyse, summarise, and report data.

### Results

A total of 198 completed surveys by nurses were included in the analysis. Most respondents (73.2%) could not recall having any recent CDI education. Nearly all agreed that CDI is an important infection control issue (80.8%), and that CDI education was important (94.9%). Knowledge of the potentially fatal outcome of CDI was not well known with only 53% responding correctly to this question. Respondents were confident in fundamental infection control precautions of patient placement (93.4%) and environmental cleaning (86.4%). Knowledge of the microbiological aspects of CDI were less well known. The impact to workload and the additional burden of caring for patients with CDI was evident in the overwhelming response (83%) to the two open-ended questions about what makes it "easy" and what make it "hard" to implement infection control strategies for CDI patients.

### Conclusion

Respondents identified many factors that could contribute to less-than optimal care and management of inpatients with CDI, and identified some solutions that would facilitate the provision of best practice. An educational intervention, with emphasis on the areas of greatest knowledge deficits, has been developed.

Access the full article here:

Nurses' knowledge, practices and perceptions regarding *Clostridioides difficile*: Survey results - Infection, Disease & Health ([idhjournal.com.au](http://idhjournal.com.au))



# COVID-19 in New South Wales children during 2021: severity and clinical spectrum

Phoebe Williams, Archana Koirala, Gemma L Saravanos, Laura K Lopez, Catherine Glover, Ketaki Sharma, Tracey Williams, Emma Carey, Nadine Shaw, Emma Dickens, Neela Sitaram, Joanne Ging, Paula Bray, Nigel W Crawford, Brendan McMullan, Kristine Macartney, Nicholas Wood, Elizabeth L Fulton, Christine Lau and Philip N Britton

## Objectives

To describe the severity and clinical spectrum of coronavirus disease 2019 (COVID-19) in children during the 2021 New South Wales outbreak of the Delta variant of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

## Design, setting

Prospective cohort study in three metropolitan Sydney local health districts, 1 June – 31 October 2021.

## Participants

Children under 16 years of age with positive SARSCoV-2 nucleic acid test results admitted to hospital or managed by the Sydney Children's Hospital Network (SCHN) virtual care team.

## Main outcome measures

Age-specific SARS-CoV-2 infection frequency, overall and separately for SCHN virtual and hospital patients; rates of medical and social reason admissions, intensive care admissions, and paediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 per 100 SARSCoV-2 infections; demographic and clinical factors that influenced likelihood of hospital admission.

## Results

A total of 17 474 SARS-CoV-2 infections in children under 16 were recorded in NSW, of whom 11 985 (68.6%) received SCHN-coordinated care, including 459 admitted to SCHN hospitals: 165 for medical reasons (1.38 [95% CI, 1.17–1.59] per 100 infections), including 15 admitted to intensive care, and 294 (under 18 years of age) for social reasons (2.45 [95% CI, 2.18–2.73] per 100 infections). In an analysis that included all children admitted to hospital and a random sample of those managed by the virtual team, having another medical condition (adjusted odds ratio [aOR], 7.42; 95% CI, 3.08–19.3) was associated with increased likelihood of medical admission; in univariate analyses, non-asthmatic chronic respiratory disease was associated with greater (OR, 9.21; 95% CI, 1.61–174) and asthma/viral induced wheeze with lower likelihood of admission (OR, 0.38; 95% CI, 0.18–0.78). The likelihood of admission for medical reasons declined from infancy to 5–11 years, but rose again for those aged 12–15 years. Sex and Indigenous status did not influence the likelihood of admission.

## Conclusion

Most SARS-CoV-2 infections (Delta variant) in children were asymptomatic or associated with mild disease. Hospitalisation was relatively infrequent, and most common for infants, adolescents, and children with other medical conditions. More children were hospitalised for social than for medical reasons.

Access the full article here: [COVID-19 in New South Wales children during 2021: severity and clinical spectrum | The Medical Journal of Australia \(mja.com.au\)](https://www.mja.com.au)

# Featured Article:

## *Infection, Disease & Health*

### **Primary healthcare physicians' satisfaction towards work safety and personal protective equipment during the COVID-19 pandemic in Qatar: A cross-sectional study**

Mansoura Ismail, Anwar Joudeh, Ayman Al-Dahshan, Muna Ahmed Nur, Fayrouz Hamed El Aguizy, Nagah Selim

#### **Abstract**

##### **Background**

During COVID-19 pandemic, healthcare workers are experiencing unprecedented pressure from stressors including enormous workload, virus exposure, and inadequate PPE. This study aimed to assess primary healthcare physicians' satisfaction towards work safety and personal protective equipment and their predictors during early stages of COVID-19 pandemic in Qatar.

##### **Methods**

A cross-sectional web-based survey was conducted in 27 primary healthcare centers in Qatar from 1st June to 30 July 2020. Descriptive and analytical statistics were used when appropriate. A multivariable linear regression analysis was done to identify predictors of satisfaction among participants.

##### **Results**

A total of 262 participants completed the questionnaire with a response rate of 58.2%. 51.9% were males and 68.3% were family physicians. Only 14.9% and 17.2% of respondents were satisfied or highly satisfied about the overall safety of work and the clinical guidelines on the use of PPE in the context of COVID-19 respectively. Participants who were general practitioners were significantly more likely to be satisfied with maintaining work safety and local PPE guidelines compared to family physicians by 2.93 scores (95% CI 1.43, 4.43 p-value <0.001), and 2.82 scores (95% CI 1.19, 4.44 p-value 0.001) respectively. Also, physicians who had more than ten years of experience in practice were significantly more likely to be satisfied with the PPE use guidelines compared to those who had fewer years of experience by 1.93 scores (95% CI 0.45, 3.41 p-value 0.011).

##### **Conclusions**

Overall satisfaction of participants with the safety of work and PPE clinical practice guidelines was low.

Access the full article here:

[https://www.idhjournal.com.au/article/S2468-0451\(21\)00102-4/fulltext](https://www.idhjournal.com.au/article/S2468-0451(21)00102-4/fulltext)



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

### **Association between consumption of antibiotics, infection control interventions and *Clostridioides difficile* infections: Analysis of six-year time-series data in a tertiary-care hospital in Greece**

Amalia Papanikolopoulou, Helena C. Maltezou, Panagiotis Gargalianos-Kakolyris, Anastasia Pangalis, Nikos Pantazis, Constantinos Pantos, Yannis Tountas, Athanasios Tsakris, Maria Kantzanou

### **A cost-effectiveness model for a decision to adopt temporary single-patient rooms to reduce risks of healthcare-associated infection in the Australian public healthcare system**

Nicholas Graves, Martin Kiernan, Brett G. Mitchell

### **Efficacy and safety of commercialized fecal microbiota transplant for the treatment of recurrent *Clostridioides difficile* infection**

Usha Yendrapalli, Jonathan Edwards, Madeline Belk, Taylor Steuber, Ali Hassoun

# ACIPC Member Profile Jude Searles

**This month we meet ACIPC Member and FIPC student Jude Searles who is based in the regional Victorian town of Cohuna.**

## **What is your role at Cohuna District Hospital?**

We are a very small rural hospital, so like most people who work small rural I have several roles. Primarily, I'm Infection Control Nurse for the 16 bed Hospital and the 14 bed Residential Aged care facility. I'm also the coordinator of our Undergraduate Education program and Haemodialysis Clinical Lead.

## **What can you tell us about living and working in Cohuna?**

Cohuna is a beautiful part of the world. Geographically we are about halfway between Swan Hill and Echuca, right up on the northern border of Victoria. We are a fairly tight knit community of about 2500 people (taking in a radius of 10km from town) and the local traditional industry is dairy farming.

I grew up in Cohuna and left when I was 18 to do my nursing training. I returned in 2011, as my father passed and I was finding it difficult to travel from Melbourne to Cohuna often enough for Mum.

Working in Cohuna has been immensely gratifying. My previous hospital experience had been at Box Hill (big public) and what is now called Mulgrave Private (medium size). I had worked and taught



***Jude Searles (left) pictured with her friend Mel Church who is the Acute Ward NUM for the hospital.***

in a multitude of different areas for many years and was very proud of my breadth of knowledge.

Then I came here and realised just what was needed, knowledge and skill, wise to work in a small rural Hospital and I was in awe. The staff here deal with everything from a Triage Cat.1 patient in the Urgent Care Centre that requires advanced life support before being helicoptered to a larger or specialist facility, to an older person who needs assessment for aged care placement. We have an Operating Theatre where we do a regular list every month. We have an infusion day once a week for people in the community who need IVIG or Iron infusions as well as venesections and other day procedures. We have a 3-chair haemodialysis Unit, Pre and Post-Natal care and a very busy Community Nursing Unit. For someone like me, this was awesome. I had all these new learning opportunities laid before me when I came here and I made the most of them.





In Melbourne I had to drive sometimes 45 minutes to get to work and, especially at Box Hill, parking was a nightmare. Here I live in the bush right next to a large creek with kangaroos aplenty on my front lawn, and it only takes me five minutes to drive to work. I think the sense of community here is the most rewarding part of the job. The people we care for are the same people we see down the street or in the supermarket or pub. Often they are relatives or members of our family. This makes the job so much more personal and I find great satisfaction in that.

***“I think the sense of community here is the most rewarding part of the job. The people we care for are the same people we see down the street or in the supermarket or pub. Often they are relatives or members of our family. This makes the job so much more personal and I find great satisfaction in that.”***

**What are some of the challenges you have faced in your professional life and how have you overcome these?**

I have been very lucky in my life. I've had an interesting and fulfilling career. I've experienced many different roles, and opportunities have come to me because I was in the right place at the right time and I put my hand up. Probably the biggest challenge was moving to Cohuna and the learning curve I had to traverse to feel comfortable working here. Second to that would have to be accepting the Infection Prevention and Control (IPC) role for the health service 3 months into a pandemic.

Talk about a learning curve! I will say that the ACIPC community have been great. I love that if I get stuck, I have all these other brains I can pick.

**How did you come to hear about and join the College?**

When I accepted the IPC role, I knew that I'd need support as things had changed enormously in the IPC space since I last held the job in 2014. ACIPC were my go-to, as well as the Infection Connexion mail group, the education offered has been a lifesaver. I'm enrolled in the FIPC course that's required for Aged Care IPC leads and the folks at ACIPC have been very supportive of me as I had to defer the course when I lost my last parent in 2021.

**What do you enjoy about being an ACIPC Member?**

Really, the best part is being connected to this amazing IPC community. Knowing that I can ask any question and I'm going to get the benefit of their experience from lots of different IPC professionals. A close second is the education opportunities provided by ACIPC.



# ACIPC Courses

## FOUNDATIONS OF INFECTION PREVENTION AND CONTROL



The College is running Foundations of IPC on demand. Visit the ACIPC website for more information.

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

### Blood Borne Virus TESTING COURSE



The BBV Testing Course has been designed for healthcare practitioners involved in undertaking testing in all healthcare settings including midwifery, acute care, community health, women's health, correctional health, rural and remote health, refugee health, sexual health, and infection prevention.

**Course fee - \$350**

**More information can be found here:**

<https://www.acipc.org.au/education/blood-borne-virus-testing-course/>



**You can find printable PDF posters for your workplace at the end of this newsletter**

SHORT COURSE

## INFECTION PREVENTION AND CONTROL IN AGED CARE SETTINGS

This course is designed to provide staff with the fundamental principles and concepts of infection prevention and control practice as they apply to various Aged Care settings in particular Residential and Community Aged Care settings. This course is ideal for staff supporting IPC Clinical Leads and Facility/Clinical managers.

**To book in staff visit the ACIPC website:**  
<https://www.acipc.org.au/education/short-course/>

### Exciting News!

## ACIPC has joined Instagram!

Come and connect with us.  
You can find us here **@acipc\_college**

And don't forget, we are also on Facebook  
[www.facebook.com/ACIPC.org](http://www.facebook.com/ACIPC.org)

Twitter **@ACIPC**

LinkedIn **@acipc-ltd-ba300b1b2**



## What is post-COVID-19 or long COVID?

Post-COVID-19, also known as long COVID, describes the symptoms that arise in some people in the weeks or months following a SARS-CoV-2 infection. A range of symptoms have been reported in both adults and children, with variation in the duration of symptoms and clinical history. Post-COVID-19 symptoms may be experienced by people who had either mild, moderate or severe COVID-19. Some symptoms subside gradually with self-directed care alone, while other symptoms may require care from a health professional, and new symptoms may arise over time.

The term 'Post-COVID-19' can be used to describe two things:

1. The ongoing symptoms that a person may have after the acute infection has passed;

AND/OR

2. Post-COVID-19 condition/syndrome/post-acute COVID-19 sequelae. The World Health Organization (WHO) defines post-COVID-19 condition as occurring in "individuals with a history of probable or confirmed SARS CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms and that last for at least 2 months.

The most commonly used clinical definitions were developed by the WHO and the National Institute of Health Care and Excellence (NICE UK) and the Taskforce supports both these definitions of post-COVID-19.

## What are common post-COVID-19 symptoms?

Post-COVID-19 can feature differently in different people. It can include one symptom, or clusters of symptoms. More than 200 symptoms have been described in the literature. The most common are:

- Fatigue
- Shortness of breath
- Cognitive dysfunction

There are also secondary symptoms such as anxiety, which may arise as a result of the primary symptoms. Symptoms may fluctuate or relapse over time. The following groups of symptoms have been reported commonly by people with post-COVID-19:

### Respiratory symptoms

- Breathlessness
- Cough

### Cardiovascular symptoms

- Chest tightness
- Chest pain
- Palpitations

### Generalised symptoms

- Fatigue
- Fever
- Pain
- Reduced activity and functional level
- Reduced nutritional status and weight loss

### Neurological symptoms

- Cognitive impairment ('brain fog', loss of concentration or memory issues)
- Headache
- Sleep disturbance
- Peripheral neuropathy symptoms (pins and needles and numbness)
- Dizziness
- Delirium (in older populations)
- Mobility impairment
- Visual disturbance

### Gastrointestinal symptoms

- Abdominal pain
- Nausea and vomiting
- Diarrhoea
- Weight loss and reduced appetite

### Musculoskeletal symptoms

- Joint pain
- Muscle pain

### Ear, nose and throat symptoms

- Tinnitus
- Earache
- Sore throat
- Dizziness
- Loss of taste and/or smell
- Nasal congestion

### Dermatological symptoms

- Skin rashes
- Hair loss

### Psychological symptoms (indicating depression, anxiety or posttraumatic stress disorder)

- Low mood
- Anxiety
- Intrusive memories
- Re-experiencing
- other psychological symptoms

Patients who received care for COVID-19 in ICU may also experience symptoms of post-intensive care syndrome. Post-intensive care syndrome refers to one or more of the following symptoms that people experience following care in ICU:

- anxiety, depression,
- cognitive impairment, memory loss,
- muscle weakness, dysphagia and reduced quality of life.



## Who is most at risk of post-COVID-19?

Post COVID-19 symptoms are reported more frequently in:

- People who are not up-to-date with vaccination
- People who have had more severe symptoms in the acute phase
- Women
- People with comorbid conditions such as diabetes, hypertension and obesity.

## What causes post-COVID-19?

There are a number of theories and emerging data about what may cause post-COVID-19. For instance:

- Some studies have found that a high viral load during the acute infection can lead to post-COVID-19 symptoms. This may be by causing damage to individual organs during the acute infection, with symptoms arising following the acute infection.
- In addition, the initial infection may trigger persistent inflammation or an auto-immune response that also can lead to symptoms following the acute infection.

## What do we know about treatment approaches for post-COVID-19?

While there is now quite a lot of research describing post-COVID-19 symptoms, we still don't have very good evidence about what works to improve symptoms in people with long COVID.

In the absence of this evidence, the Taskforce has developed the following key principles of care:

- Keep an open mind about the symptoms that the patient is presenting with; it is important to validate the patient's experience of their symptoms and give the patient or their carer information about the symptoms and potential management options.
- While we do not have evidence-based interventions specifically for post-COVID-19, clinicians can draw on the extensive knowledge and general principles that they have developed for managing similar conditions (chronic disease, respiratory disease, pain, mental health) and use that to manage post-COVID-19.
- Sometimes patients will be able to self-manage their symptoms, but other times you may need to refer the patient to allied health or a range of other health professionals or to a post-COVID-19 clinic. Consider the patient's ability to access this care when planning to refer them.
- Begin the recovery journey early. Don't wait until 12 weeks has passed before beginning treatment or referring your patient on, if you think that they would benefit from the treatment. One potential avenue for treatment is rehabilitation. We know that physical exercise for instance, may be helpful for some patients but not for all. Take a cautious approach regarding the return to physical activity, referral for rehabilitation by an exercise physiologist or physiotherapist.

For some patients, clinicians may wish to highlight that the recovery journey may take months or longer but that the GP can provide them with the care and coordination that they might require.

For many patients, the impact of post-COVID-19 on their ability to work and earn a living or go to school is significant. Some patients may benefit from their GP's advocacy with their patient's workplace to find adjusted duties that can help the person recover and stay at work.

## How is post-COVID-19 diagnosed in general practice?

Currently there is no specific recommended test or tool to diagnose post-COVID-19. However, there are three essential elements to consider:

1. Confirmation or likelihood that the individual has had COVID-19.
2. Review of symptoms and their impact on everyday functioning.
3. Rule out other possible diagnoses that have similar symptoms to COVID-19 or if symptoms are related to comorbidities that may be exacerbated by COVID-19.



## Does vaccination help with treating post-COVID-19?

COVID-19 vaccination may offer some protection against post-COVID-19 as described below:

- Vaccination prior to COVID-19 infection may help by reducing the severity of COVID-19, thereby reducing the risk of post-COVID-19. This is based on a number of observational studies that have found a lower symptom burden in people who have been vaccinated.
- Vaccination after an acute infection may also help to relieve symptoms of post-COVID-19. This is also based on observational studies that have found greater improvement in post-COVID-19 symptoms in people who were vaccinated after an acute infection than those who remained unvaccinated.

We await further data to demonstrate the influence of vaccination on post-COVID-19.

## What is the impact of Omicron and other recent strains on risk of post-COVID-19?

Recent data from the UK (Office of National statistics) indicate that about 30% of people who had the omicron variant also report post-COVID symptoms. This is very early data.

## What do we know about repeat infections?

There isn't yet good data to determine whether people are more or less likely to get post-COVID with repeat infections, or if the symptoms are better or worse.

## Do children get post-COVID-19?

Children can get post-COVID-19 but are less likely to do so than adults. The most frequently reported symptoms in children are tiredness and headaches.

## How does post-COVID-19 compare to myalgic encephalomyelitis/ chronic fatigue syndrome (ME/CFS)?

Although there are some similarities in the presentation post-COVID-19 and ME/CFS, further research is required to understand the underlying disease mechanisms of both conditions.

## What evidence is available for post-COVID-19?

Currently, there is very limited evidence to provide recommendations for the treatment of post-COVID-19.

The next steps for evidence in the post-COVID-19 space include understanding:

- the underlying pathology and mechanisms of disease
- Prevention measures
- Useful interventions and their accessibility

## What are post-COVID-19 clinics and how can they be accessed?

Post-COVID-19 clinics are not widely available in Australia. Existing post-COVID-19 clinics are often associated with a hospital and consist of multidisciplinary care providers, including rehabilitation and some provide mental health care. Your Primary Health Network can identify post-COVID-19 clinics that may be suitable for patient referral. The RACGP website provides a list of current post-COVID-19 clinics in Victoria [here](#).

## Further resources

- [RACGP Patient resource: Managing post-COVID-19 symptoms](#)
- [WHO Post-COVID Q&A](#)
- [NICE UK COVID-19 rapid guideline: managing the long-term effects of COVID-19](#)
- [Post-COVID-19 clinics in Victoria](#)





# INFECTION PREVENTION AND CONTROL IN AGED CARE SETTINGS

## WHAT IS THE COURSE FOR?

This course is designed to provide staff with the fundamental principles and concepts of infection prevention and control practice as they apply to various Aged Care settings in particular Residential and Community Aged Care settings. This is a course for RNs and EN/EENs supporting Aged Care IPC Clinical Leads. This course is also suitable for Facility Managers needing up-to-date best-practice IPC knowledge and skills.

The modules can be undertaken over a six-to-eight-week period and a certificate of completion will be issued to students who complete the course.

## MODULES INCLUDE:

- ✓ Principles of Infection Prevention and Control
- ✓ Management of the environment, resident and staff health
- ✓ Management of invasive devices, hygiene and aseptic techniques
- ✓ Management of outbreaks
- ✓ Organisms of significant AMS
- ✓ Governance and leadership

**COST: \$500**

If you have any questions,  
please email [learning@acipc.org.au](mailto:learning@acipc.org.au)  
or go to our website for more  
information [acipc.org.au](http://acipc.org.au)



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# FOUNDATIONS OF INFECTION PREVENTION AND CONTROL

## FIPC MODULES:

- ✓ **Introductory concepts in infection prevention and control: Microbiology and the role of the laboratory, immunology**
- ✓ **Exploring the concepts and science of HAI prevention: Hand hygiene, standard and transmission-based precautions**
- ✓ **Surveillance and epidemiology: Concepts and application**
- ✓ **Cleaning, decontamination and sterilisation: Environmental hygiene & management of reusable devices**
- ✓ **Outbreak management: Communicable Disease notifications**
- ✓ **Multi-resistant organisms: Antimicrobial stewardship**
- ✓ **Aseptic technique and invasive devices: Management and evaluation**
- ✓ **International and Australian oversight of infection prevention and control strategies: Clinical governance – responding to standards and guidance**
- ✓ **Theories of leadership and motivation: Professional issues**
- ✓ **Employee health: Vaccination, sharps safety, pregnancy, blood and body fluid exposure response and management**
- ✓ **Practice specific settings: Aged Care, haemodialysis, invasive procedure settings**

**COST: \$1520 for ACIPC Members | \$1820 for Non-Members**

If you have any questions,  
please email [learning@acipc.org.au](mailto:learning@acipc.org.au)  
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# Blood Borne Virus

## TESTING COURSE



The course has been designed for healthcare practitioners involved in undertaking testing in all healthcare settings including midwifery, acute care, community health, women's health, correctional health, rural and remote health, refugee health, sexual health, and infection prevention and control practitioners.

### **DURING THE COURSE YOU WILL LEARN ABOUT:**

- ✓ Epidemiology, transmission, management options and prevention of HIV, hepatitis B and hepatitis C
- ✓ Different tests available to correctly diagnose, testing intervals post exposure and window periods for testing
- ✓ Post incident pre- and post-test discussion for both the recipient and the source following the incident
- ✓ The personal impact and medical consequences of HIV, hepatitis B and hepatitis C
- ✓ Conducting a risk assessment for HIV, hepatitis B and hepatitis C
- ✓ Strategies and resources for effective health promotion and prevention education
- ✓ Basic counselling skills including listening, questioning, reflecting and summarising

**COST: \$350**

If you have any questions,  
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