

ACIPC President Kristie Popkiss

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

With 2023 nearing the halfway mark, it's remarkable what an eventful year it has been already. I hope that you are all feeling positive in your roles, and if not, that you have a plan to help improve this. If professional development is on your radar, remember ACIPC's range of educational offerings to help you get the most out of your career in IPC.

I recently attended the WA ACIPC and GAMA Healthcare IPC Tour. Whilst there were fantastic turnouts at all the sessions, we had over 90 participants in WA. It was a great opportunity to see so many people face to face, and I was particularly affected by how many similar challenges there are across multiple organisations within the realm of Infection Prevention and Control. I was also encouraged by the strategies employed by teams to address and assist with these, and the support people were giving to each other. It is always reassuring to know that we are usually not experiencing these similar issues in isolation, and the growing demand and expectations for our services are something we can face together.



For those of you who could not attend the in-person events, we will have content from the events up on our website soon. On behalf of the ACIPC Board of Directors, I would like to thank GAMA Healthcare for its partnership in these sessions. I'd also like to extend a warm thank you to the keynote speakers Professors Martin Kiernan, David Weber, and Brett Mitchell.

Kristie Popkiss



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ACIPC INTERNATIONAL CONFERENCE



EMBRACING
FUNDAMENTALS
& CHARTING
A PATH FOR
THE FUTURE

EARLY
REGISTRATION
CLOSES ON
1 OCTOBER
2023

12-15 23 NOV 23

ADELAIDE, SA & ONLINE

ACIPC INTERNATIONAL CONFERENCE

On behalf of the Board of Directors, it gives us great pleasure to invite you to attend the 2023 ACIPC International Conference.

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.

The conference is the peak event for infection prevention and control professionals (ICPs) in the region and includes Australasia's largest trade exhibition dedicated to showcasing IPC industry suppliers.

Delegates include nurses, IPC managers, and consultants, aged care workers, scientists, academics, educators, policymakers, medical practitioners, hospital managers, and those responsible for managing and delivering IPC programs in non-healthcare settings.

More information regarding the conference including invited speakers, social events, and engagement initiatives can be found on the conference website - https://acipcconference.com.au/

Conference Scholarships – Australia & New Zealand

Scholarship applications are open to residents of Australia or New Zealand who are 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 to the conference in Adelaide or as a virtual delegate.

For more information and to apply visit the ACIPC website.

Applications Close 30 August 2023.





CONFERENCE SPONSORS

The 2023 ACIPC International Conference is proudly supported by:

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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 2023/2024 will close at 9am on Friday 18 August 2023

FOR FURTHER
INFORMATION
INCLUDING THE
APPLICATION
PROCESS
CLICK HERE

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.



MEET THE BOARD

Erica Short

Board Director, Member of the Credentialling and Professional Standards Committee and the Membership Engagement Committee.

Erica has been a member of the college for several years and was the first CICP-Primary under the new credentialling framework. Erica is currently credentialled as a CICP-E, is an Authorised Nurse Immuniser and has a Masters in Infection Prevention and Control.

Erica is an experienced nurse who is a passionate leader with unique skills in leadership and management, infection control, staff health, immunisation and infectious diseases. She has worked across multiple states in Australia, which has allowed her to diversify her skills, knowledge and develop her leadership style. Erica believes that the key to raising the profile of infection prevention and control has been to balance the current evidence, clinical needs, and the task at hand to ensure practical application for all involved.

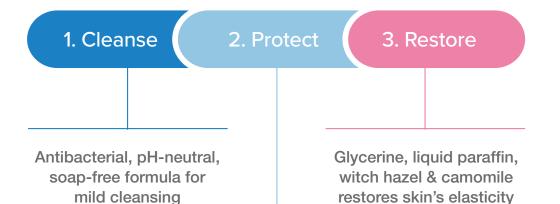


Erica joined the ACIPC Board of Directors in 2021 as her way of giving back to the IPC community whilst supporting the growth and development of novice ICPs to reach their full potential. By supporting the novice ICPs through their journey, she hopes to see a collegial network grow from strength to strength as we navigate our way out of the COVID-19 pandemic.



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ACIPC LUNCH & LEARN WEBINAR

Topic: Have you ever wondered what working with Mercy Ships is all about?

Presenter: Sonja Dawson

Date: Tuesday 4 July 2023 at 12:00 pm AEST

Abstract: Join the webinar to hear Dr. Sonja Dawson, RN, Ph.D share her most recent experience of volunteering as an Adult ICU Nurse with Mercy Ships' newest vessel Global Mercy, currently docked in Senegal, West Africa.

The Global Mercy was deployed for the first time in February this year. The hospital on board spans two decks, and is approx. 7000m2, containing 6 operating theatres, 102 acute beds, 90 low care beds, support services such as radiology, medical laboratory, physiotherapy and nutrition departments. The hospital area also includes dedicated classroom/conference spaces as well as a space dedicated to simulation training intended to supplement

the local health providers' ability to access professional development.

Sonja has been connected with this not-for-profit organisation for almost 3 decades and has worked on all three ships in various clinical, education and management roles. In 2016/2017, she pioneered the position of IPC Nurse on the Africa Mercy. During that time, she also collected data for a research project that resulted in the development of a Professional Practice Model describing the culture of care given through Mercy Ships. During this lunch webinar, she will offer a glimpse into this unique environment, the types of patients Mercy Ships serves, the joys, challenges, and day-to-day life of living and working on a hospital ship, working within an international multidisciplinary team to bring life-changing safe surgery to both adults and children.

Sonja is a senior lecturer at Avondale University and convenes the graduate studies program in Nursing. Her passion is to equip and support nurses to function in a global health environment for volunteer service and to provide direction on leadership in these areas. Sonja's research interests revolve around humanitarian nursing in a non-disaster context, as well as clinical education, and especially within a service-learning context. Most recently, she has been invited to join a research team investigating the impact oral care has on hospital acquired pneumonia. Sonja has been a volunteer with Mercy Ships over the last three decades in various roles and has now served on three of their hospital ships.

Mercy Ships

TO REGISTER
FOR THIS
WEBINAR

A webinar recording will be available to all ACIPC members, recordings can be found here: https://www.acipc.org.au/members/webinars/

IPC 2023: Local Solutions for Global Challenges



24 Hour Virtual Conference6 July 2023

The International Federation of Infection Control

Registration now open!

The International Federation of Infection control is hosting their 24 hour virtual conference "Local Solutions for Global Challenges" on 6 July 2023. This 8-hour conference will include more than 20 speakers and will be repeated in three different time zones (AEST, CET, and EDT).

Programme Highlights

- Building the IPC team of the future
- Critical Care infections
- Surveillance of HAIs
- Decontamination of surfaces in healthcare environments
- Safer surgeries for prevention of SSI
- Role of ventilation in providing a safe environment for patients and staff
- Global strategies for improving IPC programs

Full Event Details



IPC STUDY DAY

20 attendees gathered recently in New Zealand - Aotearoa as GAMA and the Global Medics Group held their first-ever IPC study day in the land of the long white cloud. The attendees travelled from around the regions, with some flying in from the South Island, to participate in this informative and engaging study day.

I was excited to have two slots as a guest speaker during this event. I shared the research from Auckland Hospital, where we recently transitioned to a 7-day week IPC service, and highlighted the processes, lessons learned, and the advantages gained for patient care, and the wider organisation. The second talk that I gave was about the use of digital technology that is being utilized for bloodstream infections.

There is no doubt though, that the attendees were most excited to hear from the international speakers. Professor Martin Kiernan spoke about how to effectively write a business case within the clinical environment and Professor Brett Mitchell gave a presentation on the REACH study which focussed on improving the cleaning practices within healthcare settings.

There is a wealth of experience in our members, and knowledge sharing is key to improving health standards. If any reader is keen to share their knowledge through study days or presentations, please feel free to reach out to me, or any of the committee.

Ann Whitfield, Board Director









SUCCESS STORIES

ACIPC offers a Blood Borne Virus Testing Course for healthcare practitioners involved in undertaking testing in all healthcare settings.

During the course, participants 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

Three recent participants kindly shared their feedback about the course with us.

I took the Blood Borne Virus (BBV) course late 2022, but due to personal circumstances Jackie and I decided to defer to the next intake. The course has increased my understanding and confidence regarding blood borne viruses. Coming from a Third World country with minimal access to this kind of service, the BBV course put me on the right trajectory. I've been a nurse since 2011 and BBVs have always been my fascination. Jackie was instrumental in the delivery of this course which equipped me with the necessary KSA (Knowledge, Skills, and Attitudes) to be a BBV workplace counsellor.

The completion of the course turned out to be a blessing in my workplace, because my Infection Control Coordinator went on maternity leave, and she is the only BBV counsellor for the entire health service. I was faced with my first case of occupational exposure and the course helped me a lot in dealing with it. Handling occupational exposure is daunting and confronting, but having the BBV course as my foundation I knew that I was doing the right thing, the first time and all the time. Truly an indispensable wealth of knowledge that will be embedded with me for a lifetime!



My experience of the Blood Borne Virus testing course was nothing short of fantastic. I learnt so much that has influenced me as both a practitioner and as a person. I am particularly grateful to those who gave us their insight into their lived experience via the videos in the course. I have taken the knowledge gained from this course and reviewed and redeveloped our blood and body fluid exposure kit. I have also been able to provide some education on pre and post-test discussion to our team members to ensure that these conversations are handled with the utmost care and urgency. This course has further ignited a passion of mine in understanding more surrounding the care of those exposed or living with blood borne viruses. Many thanks to ACIPC and the facilitators for providing such a comprehensive and engaging course. I would do it again in a heartbeat!

Working in IPC and managing occupational exposures in a 200-bed hospital, I had been looking for a course in Blood Borne Viruses that I could complete to enhance my knowledge in this area. I am really interested in blood borne viruses and how they are perceived and the associated stigma in a hospital setting. It should be noted that I had never had a positive BBV source result in five years.

The course was really collated well, with testimonials, current information and endless resources. I was halfway through the course when one day at work I received a phone call to inform me that one of my caregivers had sustained a parenteral occupational exposure.

The correct processes were followed and I went to debrief with my caregiver (recipient). My caregiver discussed with me that she felt confident as the source was an 86-year-old European lady who definitely would not have a blood borne virus. The results came back the next day and the source was positive, my first positive source result, while I was still studying the blood borne virus testing course. I was able to confidently discuss the positive test results, actions, monitoring and follow up that was required with my caregiver. It was a learning curve for both myself and my caregiver that even little old ladies can have blood borne viruses!

For more information about, or to register for the next Blood Borne Virus Testing Course commencing on 8 September visit:

Blood Borne Virus Testing Course
- ACIPC - Australasian College for
Infection Prevention and Control







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, please email learning@acipc.org.au or go to our website for more information acipc.org.au







INFECTION CONTROL MATTERS PODCAST

Implementation of HAP Prevention - not what you do but the way that you do it

In this episode, we discuss a paper in The Lancet Infectious Diseases about preventing non-ventilator associated pneumonia including the determinants of implementation success. Brett and Martin chat with Dr Aline Wolfensberger and Professor Hugo Sax, authors of this paper about this important work.

Link to paper: https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00812-X/fulltext

Dr Aline Wolfensberger is a medical doctor, certified in Internal Medicine and in Infectious Diseases and Hospital Epidemiology. She works at the Department of Infectious Diseases and Hospital Epidemiology of the University Hospital Zurich with Professor Hugo Sax.

Prof Hugo Sax is a Swiss ID physician who worked for the last 20 years as a leader in infection prevention and control.

Have gloves and gowns had their day?

Brett Mitchell talks to Dr Sarah Browning and Professor Josh Davis about a recent paper in Infection, Disease and Health, 'Have gloves and gowns had their day?' The evidence for gloves and gowns is discussed, as well as results from a recent survey into their use in Australia and New Zealand. Sarah is an infectious disease physician and Director of Infection Prevention and Control at the Hunter New England (HNE) Health District in NSW, Australia. Josh is an infectious disease physician and a clinical trialist, also based at HNE and the Hunter Medical Research Institute.

A link to the article: https://www.idhjournal.com.au/article/S2468-O451(23)OOO30-5/fulltext



Surveillance and Antimicrobial Stewardship in long-term care facilities

In this episode Phil talks to Associate Professor Noleen Bennett* about the state of surveillance and antimicrobial stewardship and what her research has discovered in this area. Noleen also reveals an exciting project she is leading called NISPAC, a streamlined infection and antimicrobial use surveillance system for Australian Residential Aged Care Facilities.

*Associate Professor Noleen Bennett. Infection Control Consultant, Victorian Healthcare Associated Infection Surveillance Coordinating Centre and the National Centre for Antimicrobial Stewardship.

Outbreaks you didn't know that you had - the joy of whole genome sequencing

In this episode, recorded at the 2023 SHEA Spring Meeting in Seattle, Martin talks to Associate Professor Alex Sundermann about his work on sequencing all isolates

from local healthcare settings and the discoveries that this enables. Healthcare infections due to previous admissions, endoscopes, even pseudooutbreaks are all laid bare by this approach.



ACIPC AT PICNET CONFERENCE

The Australasian College for **Infection Prevention and Control** (ACIPC) was an invited partner to the meeting of the Pacific Infection **Prevention and Control Network** (PICNet) of the Pacific Community (SPC) in Nadi, Fiji in May. Associate **Professor Philip Russo (Immediate** Past President/Board Director), Ms Jackie Milev (ACIPC Education Manager), and Dr Peta-Anne **Zimmerman (Board Director) were** invited to present and participate in the meeting. The meeting included participants from: Cook Islands, Fiji, Federated States of Micronesia, French Polynesia, Kiribati, Marshall Islands, Nauru, New Caledonia, Niue, Palau, Papua **New Guinea, Samoa, Solomon** Islands, Tokelau, Tonga, Tuvalu, and Vanuatu. The partners invited included Austin Health, Doherty Institute, Fiji National University, **Pacific Islands Health Officer Association, Pacific Regional** Infectious Disease Association, and the World Health Organization. The core focus of the meeting was strengthening comprehensive IPC programs, networking, and sharing IPC experiences within the region.

Phil was invited to present on the importance of healthcare associated infection surveillance. The key theme of the presentation was to use surveillance data to drive the infection prevention program, and the importance of ensuring data is fed back to all key stakeholders. Whilst the surveillance programs in the countries that attended the meeting are at various stages of maturation, there was keen enthusiasm within the room to learn from each other and undertake uniform surveillance.

Jackie presented on the Foundations of IPC - International Course, detailing course aims, learning outcomes, structure, content and delivery. Student support strategies were identified, and the hardcopy resources developed especially for this course were explained. The presentation was well received, and many enrolled students were present. Jackie explained the links between assessments and the students' clinical setting, and students were encouraged by the opportunities to apply their learning in assessment activities. Opportunities were identified for graduates of the course including applying for credentialling by ACIPC at the primary level, and applying for Recognition of Prior Learning (RPL) with several Australian Universities to undertake further studies in IPC.



At the evening cocktail party on the rooftop of the hotel in a stunning sunset, Phil formally launched the Foundations of Infection Prevention and Control. Then Jackie screened a video presentation which showed course lecture content, including the specially filmed clinical scenarios demonstrating IPC practice situations, with deliberate errors and then 'best practice.' Jackie then demonstrated the course to prospective students, who were excited to commence in late June 2023.

Peta-Anne was invited to present on the opportunities and challenges in relation to education and research in the Pacific region. This led to a discussion of challenges the participants are currently experiencing to access and engage in specialised IPC education and research. Opportunities were identified for the College to continue engagement with PICNet with research and educational partnerships, as well as continuing support of the ACIPC International Conference Scholarship program. Peta-Anne then chaired a reflective discussion on lessons learned during the COVID-19 response, with a key message being the importance of IPC outbreak preparedness plans. An important way forward is to continue to raise the profile of IPC as a specialist practice.

The partnership between the SPC and ACIPC has been strengthened through representation at the meeting. There are clear opportunities for future collaboration and sharing of experiences across the region.





ACHS INFECTION CONTROL CLINICAL INDICATOR REVIEW

The Australian Council on Healthcare Standards (ACHS) is an independent organisation that represents governments, consumers, and peak health bodies in Australia.

ACHS has the world's largest dedicated clinical indicator data collection and reporting service. The not-for-profit group provides benchmarking tools and is an excellent platform for communication between multi-disciplinary groups who may not ordinarily connect in their day-to-day business. What these connections ensure is that Infection Prevention and Control best practices and lessons learned can be shared which ultimately leads to improved patient safety and outcomes.

There are 22 clinical indicators, one of which is Infection Prevention and Control and earlier this month I enjoyed chairing the ACHS (ACHS) Infection Control Clinical Indicators Working Party 2023 which took place in Sydney. There were representatives from the Australian College of Nursing, a surgeon, consumer consultant, the ACHS team, my fellow ACIPC board member Nicola Isles, reviewing and analysing the data received from the survey that was distributed throughout the entire membership base.

The working party had robust and healthy conversations. It confirmed the current indicators are relevant and imperative to keep, with a plan to potentially introduce 3 new indicators which will further assist in the benchmarking ability amongst peers. These will be circulated for approval from the committee.

It was exciting to have it re-confirmed that we have international healthcare groups utilising these indicators which is expanding our data collection beyond Australia, this is also a positive acknowledgment of the program.



Ann Whitfield

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PAID ADVERT





Join us from 8 to 9 November 2023 at the Pendulum Hotel and Manchester Conference Centre for Infection 360 Conference, where renowned speakers within infection prevention discuss technology and its part in combatting new and existing pathogens.

The programme is designed to appeal to all those working within infection prevention and control and public health across clinical and non-clinical areas.

Also featuring a large exhibition where companies will be showcasing new products and technologies within infection prevention.

- Day 1: Surgical Site Infection (SSI), Sustainability in IPC, CPE, MRSA and other challenging pathogens
- Day 2: Healthcare buildings as a source of infection

Day 1 programme highlights:

- Sustainability challenges in Infection Prevention & Control
 - Tracey Gauci
- An intriguing outbreak of CPE
 - Dr Emma Yates and Dr Efthia Yiannakis
- BSAC global antimicrobial stewardship accreditation scheme
 - Dr David R Jenkins
- NHSE IP education and workforce work programme
 - NHS England
- Invasive Group A Streptococcal Infection Dr Theresa Lamagni

Day 2 programme highlights:

- Environmental standards for safe decontamination
 - John Prendergast
- IPC: Providing assurance in new builds Paul Weaving & Hayley Cane
- MDRO in drains and links to HCAI Dr Michael Weinbren
- Ventilation challenges in IPC Dr Allan Bennett
- To TMV, or not to TMV, that is the question: scald versus infection risk
 - Paul McDermott
- An update on water safety Steve Vaughan
- Health & Safety and Infection Prevention & Control

www.infection360.co.uk

ACIPC MEMBER PROFILES



This month, we focus on Jane Hellsten, Infection Prevention and Control Director at Bendigo Health, who has recently retired after a long and eventful career bookended by two pandemics, HIV/AIDS and COVID-19.

What drew you to IPC as a career?

After my nurse training, I went straight to Fairfield Infectious Diseases hospital to do post-graduate study and loved it straight away. I'd always been fascinated by infectious diseases and my career just morphed into infection control.

Infectious disease hospitals are different to other hospitals, they are conscious of infection 24/7. Fairfield really drilled IPC into you – you don't transmit anything. It was very strictly run. In clinical teaching, you had to pass on safe practices 100% of the time, there were serious infections there. Methicillin-resistant Staphylococcus aureus (MRSA) strains were causing sepsis, and then of course HIV/AIDS came along. I enjoyed the one-on-one nature of isolation nursing, but it's not for everyone.

In the HIV/AIDS unit we were caring for patients in spacesuits at first, as we really didn't know what we were dealing with, however we quickly reverted to gowns and routine PPE. People with HIV came to Fairfield as it was a safe place, everybody had an infectious disease, there was no stigma there.

It put me in a good position to develop a code of practise that was almost innate. You learned so much at Fairfield, they had weekly presentations which nurses could attend. Students were attracted to the hospital because they were interested in working in developing countries, or in tropical medicine, and they could get lab experience as well. They were often headed off overseas to work with all kinds of infectious diseases.

In the 1908s Fairfield Hospital had a High Security Quarantine Unit, which was a negative pressure unit and intended to house patients with suspected Viral Haemorrhagic Fevers (VHFs), it also had a Level 4 biocontainment lab and its own processing unit that thermally processed all waste. At this time there were outbreaks of VHFs in Africa and elsewhere, and we had a team trained to do aeromedical retrievals. We had an RAAF Hercules on standby, and I trained on that team. Patients were encased in canopies, and we had sleeves so we could care for them safely.

I left Fairfield in 1994 and it was closed in 1995, the government had apparently decided infectious diseases were low priority. It was the last specific infectious diseases hospital in Australia.



You've spent a lot of your career as an educator, how did you come to teach IPC?

I'd gained a Masters of Education and because I love infectious diseases, and I love learning, it seemed natural to want to pass that on to others.

As nurse educators, I always insisted we do early morning ward rounds. I would go to ICU handover every morning, and you'd often have opportunities for chiming in. When wards are busy, staff are busy, so they may not always have time to look at the intranet. That's why being on the floor is so important so you can verbalise. This was especially important early in the COVID-19 pandemic, as guidelines were changing every other day and were difficult to keep up with. Keeping staff across new guidelines was crucial and you just can't beat being at the coalface.

I spent some time working at the Royal Women's Hospital implementing universal precautions there, then I went back to Vivian Bullwinkle Education Centre at Fairfield and spent a lot of years teaching there. When it closed, I moved to Bendigo to be closer to my aging parents, and the job at Bendigo Hospital just came up out of the blue. I saw it advertised and I thought 'Infection Control, gosh I could do that,' so I applied. My husband was able to transfer his work to Castlemaine which was perfect.

In 1995 Bendigo Hospital had merged with Ann Caudle, a rehabilitation hospital, and Bendigo Healthcare Group became a really big regional teaching hospital. And then in the early 2000s, Creutzfeldt-Jakob disease (CJD) was in the news, with media coverage about breaches in infection control on the front page of the papers. The government funded new positions in IPC and put on placements for students, and we took a number of them at Bendigo.

The Department of Health also set up the Rural Infection Control Practice (RICPRAC), a collaborative network of rural infection control consultants, and two IPC positions were funded in each of the five regional hospitals. So we were doing our jobs and also running the training for our region. I was still working with essentially the same group of IPC professionals in RICPRAC for over 20 years, and it stood us in good stead when COVID arrived. We were already doing audits each year, and benchmarking against all participating hospitals. We operated as a community, and you shared information with all stakeholders.



What has changed in IPC over the course of your career?

I don't think much has changed in the practice of IPC. At Fairfield, hand cleaning was the main thing, we didn't wear gloves all the time. There was no such thing as an N95 mask. You wore gloves and a gown, and you might have a surgical mask on, depending on what type of infection the patient had. There was also no such thing as 'no lift' back then. You were constantly handling patients, increasing the risk of contact transmission.

You have to think about what you are doing all the time in IPC and understand why what you are doing is important.

Hand hygiene is obviously important, and so is PPE. At Bendigo, we were a pilot hospital for hand hygiene and we were also very risk-averse, going to N95 masks early. We really had a sense that N95s were protecting our staff and insisted on them, for visitors as well.

I do think that hand cleaning is so key in IPC, although of course gloves have their place, provided they are changed constantly. Proper hand cleaning is often sufficient, depending on what you are doing. It concerns me that in some settings, hand hygiene rates still haven't improved. We can definitely do better on that front. Gloves are no replacement for good hand hygiene in my opinion.

What future trends for IPC excite you?

There's a lot of talk about AI taking over some healthcare functions. I think AI might be able to answer basic questions, but you can't beat the oneon-one with people.

Measuring compliance is something that did take a lot of time, and the money spent on people observing hand hygiene and reporting on it might be something that could be done electronically instead. We were spending so much time doing observations that could be done electronically, perhaps with cameras, and it robbed us of time spent with staff, doing a ward round and some ad hoc training and education at the same time. It's a highly effective was of teaching IPC in busy hospital settings.

What will you miss now that you are retired from full-time work?

I will miss the people most. I'll never stop being interested in IPC and infectious diseases. I'll keep reading and learning. Working in a regional hospital means you really get to know people and I will miss the camaraderie of working with healthcare professionals. I'm still a nurse immuniser and I work for the City of Bendigo immunising children. I really enjoy this work, it keeps me ticking along.



The Australian Nurses Memorial Centre announces scholarships for nurses and midwives to support postgraduate study in 2024.

ANMC Scholarships

Vivian Bullwinkel Award \$20,000 Betty Jeffrey Award \$15,000 Mental Health Scholarship \$5,000 Commemorative Scholarship \$3,000 Aboriginal and Torres Strait Islander Nurse/Midwife Scholarship \$5,000

Rosemary Norman Foundation Grants

The 'Babe' Norman Scholarship is a PhD scholarship for nurses and midwives commencing or in the early stages of a full-time clinical research doctorate at an Australian university. This scholarship is valued at \$40,000 per year for 3 years, generously funded by the Rosemary Norman Foundation.

Rosemary Norman Research Grants provide opportunities for applicants in the later stages of their PhD or who are undertaking other nursing or midwifery postgraduate courses. These grants range in value from \$10,000–\$40,000 and are generously funded by the Rosemary Norman Foundation.

Beth Cuthbertson Scholarship \$10,000

This scholarship is sponsored by the Cuthbertson family and is to be awarded to a nurse or midwife from a regional/rural area across Australia.

ANMC & Australian Legion of Ex-Servicemen & Women \$5,000

The ANMC collaborates with the Australian Legion of Ex-Servicemen and Women to sponsor scholarships to support study involving care of the older person or palliative care.

Prince Henry's Affiliates Scholarship \$5,000

This scholarship, sponsored by Miss Marion Kilvert, will be awarded to a nurse practising in Victoria to support the study of patient-centred, acute-care nursing.

Michael Dent Scholarship \$5,000

This scholarship, sponsored by Mrs Sandra Dent, will be awarded to a nurse or midwife practising in Victoria to support the study of contemporary professional practice in nursing or midwifery.



Please visit our website for further information australiannursesmemorialcentre.org.au

Applications close 31 August 2023



ACIPC 2023/2024 MEMBERSHIP RENEWAL

ACIPC membership is a valuable resource for anyone interested in infection prevention and control. Membership gives you access to the latest IPC news, research, and evidence-based practice, as well as opportunities to share resources and network with your peers.

Membership benefits include:

- Opportunity to become a Credentialled IPC professional
- A subscription to the College's highly regarded journal, Infection, Disease & Health
- Access to the members-only email discussion forum, Infexion Connexion
- Discounted rates on educational courses
- Discounted registration to the ACIPC Conference in Adelaide
- Access to member-only resources and webinars
- Voting rights and eligibility to hold office
- Opportunities to connect with your peers within infection prevention and control

The next twelve months will see the College develop and further invest in supporting our members and IPC more broadly. The College appreciates the ongoing support of our members.

Emails will be sent out in June for membership renewal for 2023/2024

We look forward to continuing to support our members over the next 12 months.



THE 2022 CITE SCORES FOR INFECTION, DISEASE AND HEALTH RELEASED

The 2022 Cite scores for Infection, Disease and Health have been released.

CiteScore is a means to measure the average citations for a journal - the average number of times every paper is referenced in another piece of work, like a journal or book. The higher the CiteScore, the more valuable the journal is deemed to be.

In 2022, Infection, Disease and Health's CiteScore increased for the 5th year in a row, to 5.2. The journal is ranked 3rd in the world in one nursing category. In our field, as a comparator, Infection Control and Hospital Epidemiology's CiteScore for 2022 was 6.0 while the Journal of Infection Prevention was 1.9.

We anticipate continued growth in the quality of our journal. The growth of the journal has a number of benefits, including promotion of ACIPC and our profession, attracting better quality studies to inform practice and policy, increased influence, and increased advertising and subscription demand and hence revenue.

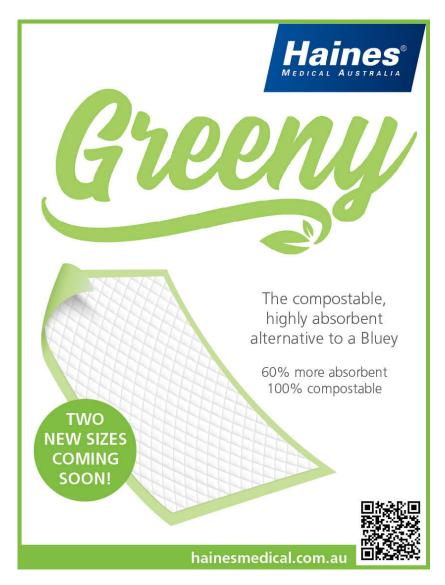


Latest Articles from Infection, Disease & Health

Time-to-first-isolation of methicillin-resistant Staphylococcus aureus (MRSA) in cystic fibrosis (CF): An underutilised metric in infection control? John E. Moore, Jacqueline C. Rendall, Beverley C. Millar

Comparative evaluation of stand-alone HEPA-based air decontamination systems Jonathan A. Otter, Louise Clark, Graham Taylor, Amal Hussein, Latchmin Gargee, Simon D. Goldenberg The impact of rapid diagnostic testing on hospital administrative coding accuracy for influenza. Hugh C. Murray, Benjamin J. Smith, Mark Putland, Lou Irving, Douglas Johnson, Deborah A. Williamson, Steven Y.C. Tong

Could human-to-human transmission of avian influenza spark a public health crisis in Southeast Asia? Nguyen Khoi Quan, Andrew W. Taylor-Robinson



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Infection, Disease & Health

(formerly Healthcare Infection)

Official journal of the Australian College for Infection Prevention and Control (ACIPC)

The journal is a global platform for the publication of original knowledge that fundamentally advances the prevention and control of infection in human populations. Priority is given to original infection prevention research relevant to, or conducted in, healthcare settings (including hospitals, community-based healthcare and private healthcare), aged and residential care, education settings, child care, dentistry, correctional services, mental health and indigenous health and industry with implications for healthcare e.g. tattoo parlours. We are also interested in articles on the surveillance and epidemiology, outcomes and risk factors for infections acquired in settings just described, cost-effectiveness of infection prevention strategies and sociological aspects of infection prevention and control. We may consider public health-based research that focuses on infection prevention in human populations, including low and middle income contexts.

All submissions must contribute new knowledge or advance debate on a relevant topic. The journal is quarterly and publishes research, reviews, concise communications, case reports, commentary, opinion pieces and other articles concerned with infection and disease affecting the health of an individual, organisation or population.

Infection, Disease & Health provides a platform for the publication and dissemination of original knowledge at the nexus of the areas infection, disease and health in a One Health context. One Health recognizes that the health of people is connected to the health of animals and the environment. The audience of the journal includes researchers, clinicians, nurses and midwives, health workers and public policy professionals concerned with infection, disease and health.



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Selected Publications of Interest

Paramedic insertion of peripheral intravenous catheters, unused catheter rates, and influencing factors: A retrospective review Eleanor Golling RN, MIPC a, Nigel Barr Dr RN RP PhD, SFHEA b 1, Thea van de Mortel Professor RN PhD, FACN, FACIPC, SFHEA c 2, Peta-Anne Zimmerman Dr RN, PhD, SFHEA https://www.sciencedirect.com/science/

article/abs/pii/S0196655323003644

Global incidence in hospital-associated infections resistant to antibiotics: An analysis of point prevalence surveys from 99 countries. PLoS Med, 20(6), e1004178.
Balasubramanian, R., Van Boeckel, T. P., Carmeli, Y., Cosgrove, S., & Laxminarayan, R. (2023). https://doi.org/10.1371/journal.pmed.1004178

Have gloves and gowns had their day? An Australian and New Zealand practice and attitudes survey about contact precautions for MRSA and VRE colonisation.

Browning, S., Davis, J. S., & Mitchell, B. G. (2023). Infect Dis Health.

https://doi.org/10.1016/j.idh.2023.03.006

Infection Prevention and Control: A Social Science Perspective

Elliott, P., Storr, J., & Jeanes, A. (Ed.). (2023).. CRC Press.

https://doi.org/10.1201/9781003379393.

Sinks in patient rooms in the ICU are associated with higher rates of hospital-acquired infections. A retrospective analysis of 552 ICUs. Giovanni-Battista, F., Geffers, C., Schwab, F., Behnke, M., Sunder, W., Moellmann, J., & Gastmeier, P. (2023). J Hosp Infect. https://doi.org/10.1016/j.jhin.2023.05.018

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







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