



ACIPC

Australasian College
for Infection Prevention and Control

IPC News

JULY 2023

ACIPC President Kristie Popkiss

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

When was the last time you took
planned leave?

I have recently been reflecting on this,
and thinking about the importance
of giving yourself a true break. To be
honest, this is something I am terrible
at doing. I talk about it for my staff but
don't practice what I preach. Since the
pandemic started, I don't think I have
allowed myself to invest in 'me.'

I recently read a LinkedIn post about
self-care taking effort, it doesn't just
happen. The body and mind need
to be maintained and if this doesn't
occur, other things will overtake this -
similar to a vegetable garden not being
tended and weeds pop up everywhere.



Of course, as healthcare workers, we
know how important rest is to our
mind, bodies and our immune system,
however we often put ourselves last. We
have busy lives, families and friends who
need us. At work we may have patients
who need us. But if we don't tend our
own garden, then nobody benefits and
we become less productive.

With winter illnesses spreading through
the community, I hope you are able
prioritise your own health and wellbeing
where possible. You are important to
your community and your colleagues.

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

Kristie Popkiss



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*Driving
forward.*

EMBRACING
FUNDAMENTALS
& CHARTING
A PATH FOR
THE FUTURE

EARLY
REGISTRATION
CLOSES ON
1 OCTOBER
2023

12-15
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, policy-makers, 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://acipconference.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.

REGISTRATION &
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The 2023 ACIPC International Conference is proudly supported by:

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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 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

Peta-Anne Zimmerman
Board Director, Chair of the Research, Grants, and Scholarships Committee, Member of the Credentialling and Professional Standards Committee, Focal Point, Senior Training Faculty, and member of the Research Technical Working Group for the Global Outbreak Alert and Response Network (GOARN) of the World Health Organization (WHO).



Peta-Anne has been a member of the College, well before it was a college, approximately 25 years; just as long as her career in infection prevention and control. In that time, she has had many roles in the College and when she presents her declaration of interests at the beginning of any of her presentations, it is quite clear she is invested in the future of IPC. Peta-Anne joined the ACIPC Board of Directors in 2019 to invest just a little (a lot) more. She works extensively in low- and middle-income countries, particularly in the Western Pacific Region and is frequently invited to consult to GOARN, WHO, and the Pacific Community.

Peta-Anne holds a number of post-graduate qualifications but is currently studying an undergraduate Diploma of Languages (Mandarin). In her downtime she is either making TikToks (which her teenage son calls “slideshows with music”) or watching Korean or Chinese dramas or whichever teenage angst show her daughter has been waiting on for months! There is also the purchasing of concert tickets for the aforementioned children. She is notorious for driving with K-Pop playing at a volume not meant for human ears. Peta-Anne believes in following your passions, because if you invest your time in what you love, the opportunities are more likely to present themselves.

WORLD HEPATITIS DAY JULY 28

With World Hepatitis Day in July, we are pleased to present highlights from June's **Lunch and Learn Webinar**, Snapshot of viral hepatitis in Australia in 2023 and your role in achieving elimination, **presented by Jacqui Richmond PhD, MPH, RN**. Jacqui works at Burnet Institute as the **Workforce Development and Health Service Delivery Program Manager for the Eliminate Hepatitis C Australia partnership**, and at the Barwon Public Health Unit as the **Viral Hepatitis Clinical Nurse Consultant**. The broad focus of Jacqui's work is building the capacity of the health workforce to test, treat and manage the healthcare needs of people living with viral hepatitis. Jacqui is also a very proud **ACIPC Facilitator for the FIPC course and the Blood Borne Virus Testing course**. Here's a summary of the content Jacqui covered in her entertaining and informative presentation.

In 2016, The World Health Organisation (WHO) announced a global target to eliminate viral hepatitis by 2030.



Hepatitis B fast facts:

- 250 million people live with chronic hepatitis B (CHB) globally
- It's estimated to be the 10th leading cause of death globally
 - 2nd most important cancer-causing agent, after tobacco
- Hepatitis B is the most common blood borne virus in Australia
 - 222,559 people were living with CHB in 2020
 - Approximately 27% of people living with CHB are undiagnosed
- Hepatitis B is spread through blood and body fluids which can occur in the following ways:
 - Mother to child transmission
 - Sexual transmission
 - Sharing needles and equipment for tattoos, piercing and drug use

We are very effective at preventing mother to child transmission of hepatitis B in Australia, with a vaccine dose given at birth, antenatal screening and subsequent administration of immunoglobulin to babies born to women who are hepatitis B surface antigen (HBsAg) positive.

There is a vaccine for hepatitis B, so we need to make sure people have access to it. Hepatitis B infection can lead to the development of hepatocellular carcinoma (HCC). This strong correlation between incidence of hepatitis B infection and liver cancer is the reason why we need to test people and link them into care.



Having about a third to a quarter of people undiagnosed means they are at risk, and we see a lot of late presentations of liver disease and HCC. Often people receive a diagnosis of liver cancer before a diagnosis of hepatitis B, which is heartbreaking to see in a high income country like Australia.

Three key points to remember about hepatitis B:

1. Testing

- Offer testing to people born in high prevalence areas including Asia, Africa and the Pacific
- Offer testing to Aboriginal and Torres Strait Islander Australians (as they significantly affected by viral hepatitis)
- Request testing for HBsAg, anti-HBs and anti-HBc (these results will tell you whether someone has hepatitis B infection (HBsAg+, anti-HBc+); are immune due to vaccination (anti-HBs+); immune due to resolved infection (anti-HBc+ and anti-HBs+)

2. Vaccination

- Hepatitis B vaccine was the first anti-cancer vaccine
- All babies born in Australia are offered hepatitis B vaccine at birth
- Adult course includes 3 doses (immediately, then at 1 and 6 months)
- If a person has hepatitis B, offer vaccination to family members, other household and sexual contacts

3. Monitoring and treatment

- 6-12 monthly liver function test, hepatitis B serology and viral load
- Antiviral treatment is available (Tenofovir and Entecavir) dependent on viral load and disease activity
- The goals of treatment are: viral suppression which limits inflammation and fibrosis; prevent cirrhosis, liver failure and cancer; reduce risk of mother-child transmission

Hepatitis C fast facts:

- Hepatitis C is a virus spread through blood-to-blood contact
 - 80% of people are infected through sharing of injecting equipment
- Approximately 117,800 people with hepatitis C in Australia (end of 2020)
 - Prevalence has reduced from 188,690 people (at end of 2015)
- 95,395 Australians received treatment between March 2016 and end of 2021
 - Approximately 53% had been treated by the end of 2021 (Burnet Institute and Kirby Institute. Australia's progress towards hepatitis C elimination: annual report 2022. Melbourne: Burnet Institute; 2022)

Hepatitis C can be cured.

There are 2 drugs on the market, Epclusa and Maviret, both offer 95-99% cure rates. They are both readily available in Australia through the Pharmaceutical Benefits Scheme, and if people become reinfected, they can be treated again. Reinfection is unfortunately quite common in prisons where there are no harm reduction methods to stop blood to blood contact through sharing of injecting equipment.

With just over half of hepatitis C cases in Australia being treated, we must now work to treat the remaining people. To do this effectively, nurses need to work in partnership with peer groups (people with lived experience of injecting drug use and/or hepatitis C), as they are a trusted source of information. We will have to go further away from where healthcare is normally delivered, and work with peers in places where people at risk of hepatitis C feel comfortable accessing healthcare.

How to test for hepatitis C

There are two tests required to diagnose hepatitis C infection: hepatitis C antibody (anti-HCV) which indicated previous exposure to the virus and the virus test (performed using the Polymerase Chain Reaction (PCR) technology) which detects HCV RNA (the virus). We have some problems with hepatitis C testing in Australia, in so many cases have only had the anti-HCV test, and this is NOT a complete testing event. We need to have the hepatitis C virus (PCR) to tell us whether somebody is currently living with hepatitis C. There are over 95,000 plus people who have been cured, however they will be hepatitis C antibody positive for the rest of their lives. A hepatitis C antibody without a PCR that tests for RNA is an incomplete test result.

I encourage the practice of 'reflexing on.' Reflexive testing is the process of performing the hepatitis C antibody test, and if the result is positive automatically 'reflexing on' to perform an HCV RNA test by PCR.

- When ordering pathology, write in the comments section of the pathology request form:
'Test for anti-HCV; if positive test HCV RNA'
- Collect two sample tubes of blood

Hepatitis C elimination

We ALL have a role in hepatitis C elimination. Hospital admissions are an opportunity to engage people living with hepatitis C in care, which will assist in accelerating progress towards elimination of hepatitis C.

Stigma stops people being tested and engaging in care. Hepatitis C-related stigma and discrimination can be related to attitudes towards drug use and/or fear of infection. The most commonly reported context for hepatitis C-related discrimination is healthcare settings. As IPC professionals, we have the ability to influence the way people are treated. We must model behaviour of respect, empathy and tolerance.

In Summary

Offer people testing - complete testing event (anti-HCV and PCR)

Order reflexive testing - test for anti-HCV; if positive test HCV RNA

Link people with hepatitis C to the cure via warm/supported referrals

Identify and address stigma and discrimination

IPC consultants have a role in providing accurate, evidence-based, stigma-free information about viral hepatitis - look for opportunities to contribute to elimination

Resources

[Decision Making in Hepatitis B - ASHM](#)

[Resources - St Vincent's Hospital Melbourne \(svhm.org.au\)](#)

[Hepatitis B Virus \(HBV\) Consensus Statement \(gesa.org.au\)](#)

[Home - HCV Guidelines \(hepcguidelines.org.au\)](#)

[Testing Portal | ASHM](#)

[Hepatitis Australia](#)

[The Power of Words - Alcohol and Drug Foundation \(adf.org.au\)](#)



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



**MORE
INFORMATION**

INFECTION CONTROL MATTERS PODCAST

Surgical site infection, quality improvement and patient involvement with Sinéad Horgan.

In this episode, Martin Kiernan talks to Sinéad Horgan, Director of Nursing South/South West Hospital Group, and School of Nursing and Midwifery, College of Medicine and Health, University College Cork in Ireland. We discuss a journey towards surgical site surveillance and quality improvement and her recent papers on this topic. We discuss knowledge, attitudes, gaining engagement, buy-in and the importance of patient involvement in SSI prevention.

A CLEEN study chat and a rude interruption!

In this podcast, we talk about the CLEEN and I-CLEEN studies. These are a RCT and quasi-experimental genomics study aiming to determine the effect of additional cleaning of shared medical equipment of the frequency of healthcare associated infections. We also make phone call mid podcast...

To download the latest episodes click here - <https://infectioncontrolmatters.podbean.com>



RECENTLY CREDENTIALLED AND RE-CREDENTIALLED MEMBERS

The Board of Directors would like to congratulate **Lisa Upton** who was successfully re-credentialled as an **Expert ICP**.

For information on how you can become credentialled, visit the ACIPC website: <https://www.acipc.org.au/credentialling/>



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– all in one clip pack. Try it today!**

MICROBES	CONTACT TIME	TEST
BACTERIA		
<i>Pseudomonas aeruginosa</i>	60 seconds	EN 14561
<i>Enterococcus hirae</i>	60 seconds	EN 14561
<i>Enterococcus faecium</i> (VRE)	60 seconds	EN 14561
<i>Enterobacter cloacae</i>	60 seconds	EN 14561
<i>Klebsiella pneumoniae</i> (CRE)	60 seconds	EN 14561
<i>Acinetobacter baumannii</i>	60 seconds	EN 14561
<i>Staphylococcus aureus</i> (MRSA)	60 seconds	EN 14561
<i>Staphylococcus aureus</i>	60 seconds	EN 14561
VIRUSES		
Norovirus (MNV surrogate)	60 seconds	EN 14476
Influenza (H1N1)	60 seconds	EN 14476
Adenovirus	60 seconds	EN 14476
Herpes Simplex	60 seconds	ASTM E 1053
FUNGI		
<i>Candida auris</i>	10 seconds	EN 13624

Scan the QR Code
to request a
FREE sample



Meet Kate Allen, winner of the 2023 Dr Joan Faoagali Award

The Dr Joan Faoagali Award was set up by the College to honour Joan in celebration of her life and her considerable contribution to the IPC profession. The winner of the scholarship is awarded FIPC course fees. This year's recipient is Kate Allen. We caught up with Kate to congratulate her on her award and discuss life and work in IPC.



Congratulations on your win Kate! Thanks for taking the time to chat with us. Can you tell us a bit about your current role?

I work in the Communicable Diseases Branch in Queensland Health. I'm a Public Health Nurse in the Communicable Diseases Infection Management team. My role involves liaising with public health units and the national incident room around referrals for contact tracing of notifiable conditions. My clinical portfolio is in acute respiratory infection, so I am involved in prevention campaigns for influenza, COVID-19, respiratory syncytial virus (RSV), and the other suites of viruses that cause infection, and that's an exciting space to be in winter.

I also have a role in policy and guidelines, making sure that our policies are evidence-based and as accessible as they can be for our stakeholders, most of whom are public health physicians and nurses, but also infectious diseases consultants and infection control practitioners in clinical settings.

What attracted you to a career in IPC?

I started in infection control six years ago and have always chosen nursing roles that focus on health promotion and disease prevention. My undergraduate degrees are in Nursing and Health Science, majoring in Public Health. Shortly after graduating, I started as a school-based youth health nurse in a regional area, there were some really interesting things we'd see in students, like scabies and other skin infections. My interest in infectious diseases continued and I moved into sexual health and HIV nursing, where I completed a Master of Advanced Practice degree.

I took a break from community nursing and started nursing in a thoracic ward. We had a lot of complex antibiotic regimens with our cystic fibrosis and COPD patients, and that was always fascinating to me in terms of the anti-microbial stewardship and looking at resistance profiles. It was on the thoracic ward that I became really interested in infection control, especially patient placement and transmission-based precautions.



I got an opportunity to take a secondment in the infection control team within that hospital, where I was able to sink my teeth into a couple of portfolios. I worked in the multi-resistant organisms (MROs) portfolio and staff health, and then COVID happened. I was involved in my hospital's COVID response and worked closely with the clinical nurse consultant and infectious diseases physicians on how we were preparing our hospital for receiving COVID-19 patients, educating our staff and protecting them and our patients.

I'd been doing a lot in COVID-19, and then an opportunity came up in our COVID-19 Incident Management Team here at Queensland Health. I moved over there as an infection control practitioner, and that was when it got really exciting. I was at the at the nerve centre of Queensland's response to COVID-19. As we transitioned back out of COVID-19 response, I moved back into the departmental infection control team to start a project on viral haemorrhagic fevers.

In your application you mentioned your plans to apply for advanced credentialling. What do you think credentialling will add to your professional career?

I think that credentialling provides legitimacy, and it's a signal to other ICPs you might be interacting with about what your level of expertise and knowledge is. It also provides us with a professional framework to be able to acknowledge our learning and experience.

You recently completed the FIPC course, what did you enjoy about it the most?

I really enjoyed getting my nerd back on, especially in the microbiology module. I liked that the course was 'multi-pitched.' I don't consider myself an experienced ICP, I do still feel like I'm earning my stripes. But I think the course had something for everybody, whether you're an infection control lead in a residential care facility, or a ward nurse considering holding an infection control portfolio, or you're an infection control practitioner who has learned everything on the job.

What I think that I gained most from the course was that I'm more aware of my blind spots now. I didn't know what I didn't know, and so to be able to get a base understanding of the parts of infection control that I hadn't really had a lot of exposure to was valuable. I think that regardless of where you enter there's something to learn, and you could extend your learning, or just be happy with a base understanding of that content relevant to your role.

You clearly have a busy schedule. How do you like to relax?

I like to walk. I walk everywhere with my dog, with my kids, among the trees.

I have a miniature poodle called Toby. He's one and a half and he really enjoys toilet rolls, which is why he needs to get lots of walks.

Our toilet rolls are strategically positioned out of his out of his reach because he is up to at least 50 toilet rolls that he's destroyed in his very short life. It's lucky we're not in COVID-19 times anymore!

What would you say to anyone who might be sitting on the fence deciding whether or not to do the FIPC course?

Just do it! I have had a recent 'course convert,' someone who's been on the fence for a long time, and they have just enrolled. I think it's partly because they've been watching me go through the course, and I reassured them that it was complex and interesting enough to hold their attention, while being achievable to complete even while working full time and managing family commitments as well.

SUPPORTING OUR COMMUNITIES TO STAY SAFE IN WINTER

As infection prevention experts, we work hard to prevent and control infection in our healthcare facilities. We can also support our wider communities to stay safe from infectious diseases, and this is particularly pertinent during the cooler months when 'colds and flu' are typically at their peak.

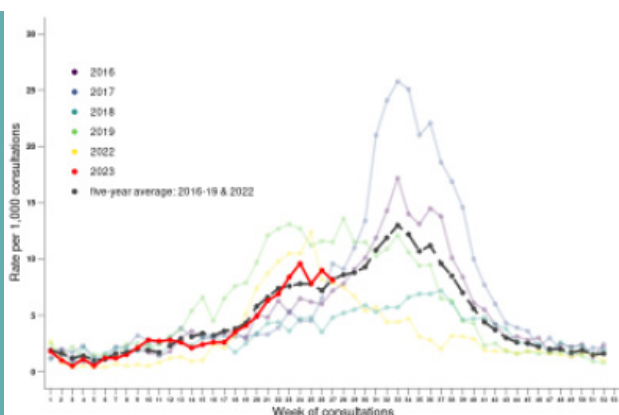


Figure: Influenza-like-illness reported from sentinel GP surveillance system (ASPREN), Australia, 1 January 2016 to 9 July 2023, by year and week.

Source:

www.health.gov.au

Following on from the COVID-19 pandemic, the general public is more informed than ever about infection control practices. However, in May 2023 the [World Health Organisation declared an end to the public health emergency phase of COVID-19](#), and now most community-based public health measures have ceased.

We understand that this does not mean that the COVID-19 pandemic is over, but that the virus is now established, and we need to find ways to manage it alongside a whole range of other important infectious diseases.

Other key pathogens that may cause severe respiratory infections include:

- [influenza - 'the flu'](#)
- [pertussis - 'whooping cough'](#)
- [respiratory syncytial virus - commonly called 'RSV,'](#) a leading cause of hospitalisation in young children and older adults

- [pneumococcus](#) - an important cause of bacterial pneumonia
- [measles](#) - which typically starts as a flu-like illness and spreads when an infected person coughs and sneezes

Much like COVID-19, these infections can result in a spectrum of disease, from a mild sniffle to severe disease requiring hospitalisation. Also, like COVID-19, many of these diseases can be prevented, controlled and managed with vaccines, simple behavioural practices and supportive care.

In this article, we provide useful tips, advice and resources that you can share with your friends and family this winter to support them in staying safe from infectious diseases.



1. PREVENT respiratory infections

Encourage your community to make sure they are up to date with recommended vaccines.

Influenza vaccine is widely recommended for anyone aged over 6 months. Vaccines for COVID-19, pertussis, pneumococcus, and measles may be recommended depending on the persons specific circumstances, such as age or health condition. Vaccines to protect against RSV disease may soon be available.

Vaccination coverage has dropped due to disrupted health services during the COVID-19 pandemic, and it is important that this is corrected as soon as possible to reduce preventable diseases in our communities and prevent outbreaks such as measles.

General hygiene practices such as hand washing, ensuring good ventilation and appropriate use of face masks, are also important ways to prevent the spread of respiratory infections.

2. CONTROL & MANAGE respiratory infections

Stay home (or keep children home) when they are symptomatic, this includes any symptoms such as fever, coughing, sneezing or a runny nose. If you need to go out and have symptoms, wear a face mask to reduce the risk of spread.

Mild respiratory infections can usually be safely managed at home, however, if you have concerns or are in a high-risk group (e.g. you have a chronic health condition), seek medical advice. Antivirals for influenza and COVID-19 are recommended for some groups.

3. RESPONSIBLE & SAFE USE OF ANTIMICROBIALS for respiratory infections

The World Health Organisation has listed antimicrobial resistance among the top 10 global public health threats of our time, and misuse and overuse of antimicrobials is an important contributor.

Antibiotics are not usually needed for viral infections, but seek medical advice if you are worried that you are not getting better, or you are getting worse.

If you are prescribed antibiotics or antivirals, take them as recommended, don't share them with others, and return any unused medicine to your pharmacy for safe disposal.

4. COMMUNICATE clearly

It is important to remember that individuals in the general public may have varying levels of health literacy so it's crucial to keep messages simple and actionable.

Listen empathetically if people express concerns about vaccines or share misinformation. Provide your advice faithfully and avoid jargon or judgement. It's important to admit when you don't know something, you can offer to help them find more information from an appropriate source.



AUSTRALIAN NURSES MEMORIAL CENTRE

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 MEMBER PROFILES



This month we introduce **Darren Martin**, Central Sterilising Department (CSD) Manager at Bendigo Health, Victoria.

Can you give us an overview of your role?

My department is responsible for the reprocessing of reusable medical devices throughout our organisation. Bendigo Health CSD is a large and diverse department servicing 14 procedure rooms including operating theatres, endoscopy rooms and cardiac catheter laboratory, and this is where the majority of CSD's work comes from. We also service the Emergency Department, ICU, Specialist clinics and other areas within the organisation. Bendigo Health has the state's second largest public dental facility, with over 30 dental chairs offering a public dental health service, so there is also a lot of work for us reprocessing medical devices for dental services. Recently the Smile Squad was reintroduced for all Victorian government school students, a service which provides mobile dental vans that go out into community and regional areas, and we process that equipment too.

The CSD team has over 45 staff, the department currently operates from 7AM to 11PM, seven days a week, and we provide an on-call service outside these hours.

What led you to a career in IPC?

I started out as an instrument technician in CSD over 20 years ago. A friend of mine was working as an operating theatre nurse and encouraged me to apply for the position. From the moment I started I was blown away at what took place behind the scenes. People going into hospital for procedures don't necessarily think about what happens behind the scenes in CSD to keep them safe. I had the opportunity to work closely with the operating theatre teams, and it was inspiring being surrounded by these professionals.

After working in a number of public and private facilities, I was then fortunate to have the opportunity to spend some time at Mayfield Education, a training organisation in Melbourne, at the time considered the gold standard provider of infection control and sterilisation training. I started out teaching, lecturing and assessing, and ended up becoming Course Coordinator for the Infection control and Sterilisation Programs and held this position for several years. Having completed many qualifications in this field, I also completed my Masters of Health Practice (Infection Prevention and Control) at Griffith University, which was a fantastic journey - I didn't want it to finish!

I joined Bendigo Health in 2016, starting several months before we were due to move into a brand-new state of the art facility. During the height of the COVID-19 pandemic we were hit very hard in Victoria, lockdowns meant many services were impacted and there was a reduction in activity levels. Strange and challenging times for everyone, and quite confronting for the healthcare sector in Victoria. We all had to step out of our comfort zone. Many staff were seconded to other areas such as COVID-19 PCR testing, so there were sometimes shortages of staff as resources were required elsewhere. I took on the role of COVID-19 coordinator for the intervention suite, and there were obviously many changes to the way we did things in the operating theatres and procedure rooms, which it was my job to keep abreast of and communicate. The majority of the CSD team are non-nursing, but during the heightened period of the pandemic they were able to add value as PPE spotters, observing the donning and doffing processes for the dedicated COVID-19 operating theatre at Bendigo Health. My team are accustomed to wearing PPE, as we deal with contaminated medical devices as part of our role, whereas many other clinical staff don't routinely don and doff PPE like the CSD team do. My team do this day in and day out in CSD, so they were well placed to assist when required.

What do you love about IPC?

I am passionate about IPC, and I've always been fascinated by microbiology, infectious diseases and 'bugs' in general. I am passionate about increasing awareness about how to avoid infection in healthcare settings. I find it concerning that we know so much, yet we still see patients with hospital associated infections. There is still plenty of work to be done to develop and increase the IPC knowledge of our staff and improve our practices in healthcare to ensure we are providing the best possible care for our patients. That is why I have always been active in various IPC committees, I'm on the committee of the Sterilizing Research Advisory Council of Australia, and I've been involved with ACIPC for many years.

I feel extremely lucky to have the facility we have here at Bendigo Health. I have the best team in the country, they work hard with a smile on their face every day. We also have the support of and work very closely with our fantastic IPC Team. Bendigo Health is the regional hub for the Loddon Mallee region (which makes up more than a quarter of the state), so we often assist regional facilities if they have issues or questions about IPC including reprocessing medical devices.

What advice would you give to people just starting out in the field?

My personal view is that anyone looking to work in IPC needs to be open-minded and flexible. It is a fast and rapidly changing industry. Basic principles may not have changed much, but everything around them constantly changes.

An IPC professional must never lose sight of the reason behind the work we do. We are here for the patients and should always be striving for the best possible outcomes. I like to put myself in the patients' shoes and think, 'If it was myself or my mother or best friend on the operating table, what standard of infection prevention would I want?'



What do you think the future holds for IPC, are there any interesting developments or research capturing your interest right now?

The use of robotics is something that is rapidly developing, both for performing surgery and for logistics such as delivery of goods, and in recent development, we are now seeing robotic devices introduced into sterilising departments with the ability to automatically load and unload medical devices from washer disinfectors and sterilisers. There is a lot of manual handling involved in reprocessing medical devices, and of course robots could reduce the risk of injuries. The main disadvantage is that robots need more space, and sterilising departments are usually not designed with a lot of space. Historically, sterilising departments haven't been seen as a high priority, but that is slowly changing with more focus on the national standard AS/NZS 4187:2014, which specifies the requirements and practices necessary for effective and safe reprocessing of reusable medical devices in health service organisations.

There has also been an increase in the ability to perform robotic surgery. Traditionally with major surgery you'd have quite a large number of team members in the operating theatre. With robotic surgery you can potentially have less people in the operating theatre, so the infection risk levels are reduced. One other positive with robotic surgery is that there is much more precision with a robot than a human hand, meaning possible better patient outcomes. The downside for us in CSD is that the robotic medical devices are more complex and harder to process, and many come with limited usage which can be challenging to monitor.

I take my hat off to the hard working operating theatre staff who are responsible for monitoring medical devices throughout an operative procedure. For example, during a hip replacement procedure there is a large amount of medical devices used and often these can be loan equipment brought in specifically for the procedure which CSD are required to check in and reprocess prior to the case. After the procedure is completed, CSD are then required to reprocess, pack up and send back to the loan company. A lot of work is involved in preparing for surgical procedures, particularly joint replacement surgery.

The IPC field is so diverse now, from mental health to aged care to community services and beyond, all requiring suitable infection prevention and control measures with many also requiring reprocessing of medical devices. In CSD we are seeing more non-registered nurses taking on roles, as it has been difficult in the past to attract RNs to our field. The most important thing is that we get suitable people for the role with the appropriate knowledge, experience and qualifications.

Research and development is another area where great progress is being made. So much is happening globally in the CSD space, and Australia is also doing some ground-breaking work, which is extremely exciting. I look forward to a future where hospital associated infections are a thing of the past, and ensure CSD teams play a vital role in achieving this.

Image courtesy of Bendigo Health

NATIONAL HAND HYGIENE AUDIT – LATEST DATA RELEASED

The Australian Commission on Safety and Quality in Healthcare (ACSQHC) has released hand hygiene audit data for November 2022 to March 2023. Data on hand hygiene compliance are collected by states and territories for all public health service organisations, and by many private health service organisations, and reported nationally three times per year for the National Hand Hygiene Initiative (NHHI). The national benchmark set by the Australian Health Ministers' Advisory Council for hand hygiene compliance is 80%.

What the data revealed

Overall compliance nationwide was 86.3%. Data was captured across 1,005 organisations, with 751,181 moments recorded. Doctor compliance was 76.2% while nurse compliance was 88.8%.

Compliance by moment

Moment 1 (before touching a patient): 82.7%

Moment 2 (before a procedure): 90.7%

Moment 3 (after a procedure or body fluid exposure risk): 92.7%

Moment 4 (after touching a patient): 89%

Moment 5 (after touching a patient's surroundings): 80.7%

Organisations reporting

There were 620 public and 435 private organisations reporting in this audit.

State and territory breakdown:

ACT: 16	SA: 51
NSW: 377	TAS: 27
NT: 10	VIC: 248
QLD: 208	WA: 118

Compliance by HCW type

Nurse/midwife:	88.8%
Medical practitioner:	76.2%
Personal care:	80.4%
Allied health:	86.4%
Admin and clerical:	85.5%
Invasive technician:	88.3%
Domestic:	76.2%
Student doctor:	81.2%

Student nurse/midwife: 84.5%

Student allied health:	84.1%
Student personal care:	87%
Other:	77.7%
Ambulance:	62.6%
Dentists:	93.6%
Dental therapists:	95.4%
Dental assistant/nurse:	93.5%
Dental technician/lab:	85.3%
Student dentist:	85.5%
Student dental therapists:	87.4%
Student dental assistant/nurse:	90.4%
Student dental technician/lab:	80%



Compliance by department type

Acute aged care:	87.9%	Neonatal care:	89.1%
Ambulatory care:	89%	Oncology/haematology:	89.4%
Critical care unit:	85.3%	Other:	89%
Dental:	92.9%	Paediatrics:	88.4%
Emergency department:	77.9%	Palliative:	88.8%
Emergency services:	82.4%	Peri-operative:	85.6%
Long-term care:	87.7%	Radiology:	87.4%
Maternity:	86.5%	Renal:	89.8%
Medical:	84.3%	Sub acute:	86.7%
Mental health:	88.9%	Surgical:	85.4%
Mixed:	85.9%	Transplantation unit:	83.2%

More information:

[National hand hygiene audit data - latest data now available | Australian Commission on Safety and Quality in Health Care](#)





ACIPC

Australasian College
for Infection Prevention and Control

REMINDER TO RENEW YOUR ACIPC 2023/2024 MEMBERSHIP

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 Credentialed 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.

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

If you require assistance to renew your membership please contact the College office@acipc.org.au or phone 03 6281 9239



AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE



**NATIONAL MEDICINES
SYMPOSIUM 2023**

**8
NOV**

Save the date - let's talk about the future of medicines

In Australia, healthcare contributes close to 7% of our nation's greenhouse gases, with medicines being one of the largest contributors. Pharmaceutical waste throughout the global supply chain has led to environmental, human, and animal toxicities, and in the case of antibiotic residues, to antimicrobial resistance.

Hosted for the first time by the Australian Commission on Safety and Quality in Health Care, NMS23 brings together leading organisations, experts, clinicians, consumers and policymakers in a timely discussion on emerging and key issues around sustainability and the quality use of medicines.

Mark your calendar and [subscribe](#) to ensure you receive the latest updates on NMS23.

Theme:
The future of medicines:
good for people, good for the planet

Date & time:
Wednesday, 8 November
10am - 4.30pm

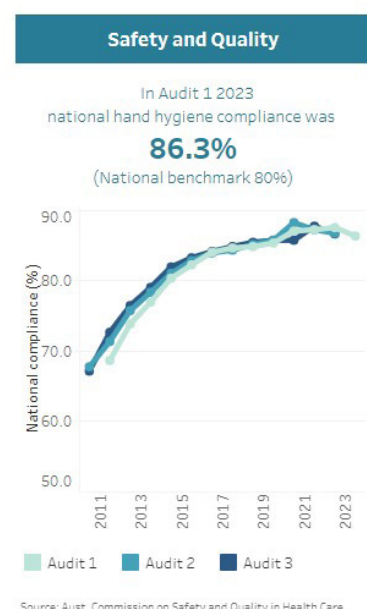
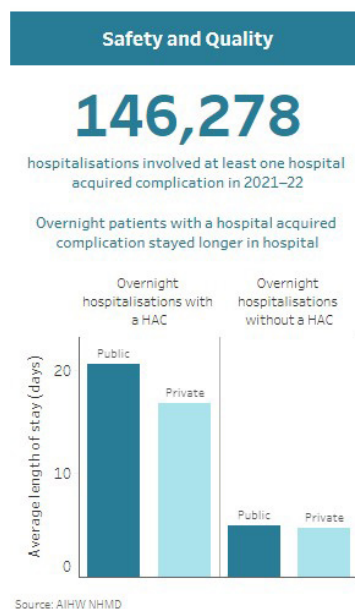
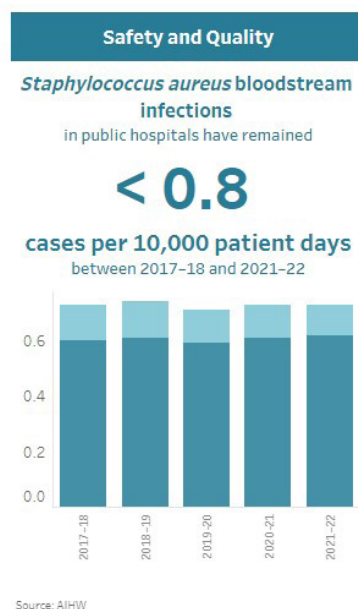
Location:
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THE AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE RELEASES

2021-22 HOSPITAL SAFETY AND QUALITY DATA

The Australian Institute of Health and Welfare (AIHW) has released its annual data on hospital safety and quality, presenting the latest available performance information on safety and quality in Australian hospitals derived from the national hospitals data collections.



How is safety and quality of care in hospitals measured?

The safety and quality of care provided to patients in hospitals was measured according to the following criteria:

1. Healthcare-associated infections (*Staphylococcus aureus* bloodstream infections)
2. Hand hygiene compliance
3. Hospital-acquired complications
4. Conditions that arose during a hospital stay
5. Potentially preventable hospitalisations
6. Patients' experiences of hospital care



Below is a summary of the latest results for each of these safety and quality measures. For more detailed information and further results, including trends over time, go to [Admitted patient safety and quality](#).

1. Healthcare-associated infections: Staphylococcus aureus bloodstream infections (SABSI)

Healthcare-associated infections are one of the most common complications affecting patients in hospital and can prolong a patient's hospital stay or result in death. Infections, such as Staphylococcus aureus (also known as 'golden staph'), can be acquired as a direct or indirect result of care received in hospital. The current agreed benchmark for SABSI is no more than 1 case per 10,000 days of patient care.

In 2021-22:

- there were 1,546 cases of SABSI occurring during 21.1 million days of patient care in public hospitals – this was a rate of 0.73 SABSI cases per 10,000 patient days;
- all public hospitals in each state and territory had rates below the national benchmark of 1 case per 10,000 patient days, except for the Australian Capital Territory;
- for private hospitals that volunteered to report SABSI surveillance data to the national collection (23% of hospitals), there were 194 SABSI cases occurring during 5.7 million days of patient care – a rate of 0.34 cases per 10,000 patient days.

2. Hand hygiene compliance

Good hand hygiene is a key first-line defence to prevent or reduce the transmission of microorganisms, including healthcare-associated infections.

Hand hygiene in hospitals refers to the washing of hands or use of alcohol-based rubs by healthcare workers at specific times (or 'moments'), before and after patient interactions and procedures. The current national benchmark requires that hand hygiene compliance occurs in at least 80% of hand hygiene moments. Compliance is assessed via national hand hygiene audits.

In audit period 1, 2023 (1st November 2022 to 31 March 2023):

- the national hand hygiene compliance rate was 86%;
- compliance rates for each of the 5 moments varied between 81% (moment 5 – after touching a patient's surroundings) and 93% (moment 3 – after a procedure or body fluid exposure risk);
- the highest compliance rates were among dental professionals and nurses and midwives.

3. Hospital-acquired complications

The [Australian Commission on Safety and Quality in Health Care- external site opens in new window](#) (ACSQHC) lists 16 hospital-acquired complications (HACs) for which clinical risk mitigation strategies may reduce the risk of occurrence.

In 2021-22:

- one or more HACs were recorded in 112,000 hospitalisations in public hospitals (2.1 in every 100 hospitalisations), and 34,700 hospitalisations in private hospitals (0.9 in every 100 hospitalisations);
- the most recorded type of complication was Healthcare associated infection, which was recorded in 55% of hospitalisations.

4. Conditions that arose during a hospital stay

Conditions that arise during a hospital stay include conditions which may or may not have been preventable.

In 2021–22, 938,400 hospitalisations (8.3% of hospitalisations) recorded a condition noted as arising during the episode of hospital care. Hospitalisations involving Childbirth were most likely to record a condition that arose during the hospital stay (48% for same-day hospitalisations and 67% of overnight hospitalisations).

5. Patients' experience of hospital care

Patient experience captures information on patients' views of their interactions with the healthcare system and communication with staff delivering healthcare services.

In 2021–22, among people aged 15 and over who used hospital services as an admitted patient, most reported that:

- hospital doctors and specialists spent enough time with them (73%), listened carefully (76%) and always showed respect (79%);
- hospital nurses spent enough time with them (74%), listened carefully (78%) and always showed respect (80%).

6. Potentially preventable hospitalisations

Potentially preventable hospitalisations are an indicator of the effectiveness of non-hospital care. These hospitalisations could have potentially been prevented through the provision of appropriate health interventions and early disease management in primary care and community-based care settings (including by general practitioners, medical specialists, dentists, nurses, and allied health professionals).

In 2021–22, there were 494,000 potentially preventable hospitalisations in public hospitals and 167,000 in private hospitals. These included:

- 251,000 hospitalisations for chronic conditions (excluding diabetes);
- 54,400 hospitalisations for diabetes complications;
- 43,300 hospitalisations for vaccine-preventable conditions.

For more information and to see the results in full, [click here](#).

***This article is based on Australian Institute of Health and Welfare material.**



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Peripheral intravenous catheter material and design to reduce device failure:

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Robyn Matthews, Nicole C. Gavin, Nicole Marsh, Louise Marquart-Wilson, Samantha Keogh

<https://doi.org/10.1016/j.idh.2023.05.005>

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Brett G. Mitchell, Julee McDonagh, Stephanie J. Dancer, Sindi Ford, Jenny Sim, Bismi Thottiyil Sultanmuhammed Abdul Khadar, Philip L. Russo, Jean-Yves Maillard, Helen Rawson, Katrina Browne, Martin Kiernan

<https://doi.org/10.1016/j.idh.2023.06.001>

Air purifiers for reducing the incidence of acute respiratory infections in Australian residential aged care facilities: A study protocol for a randomised control trial

Bismi Thottiyil Sultanmuhammed Abdul Khadar, Jenny Sim, Julee McDonagh, Vanessa M. McDonald, Brett G. Mitchell

<https://doi.org/10.1016/j.idh.2023.05.006>

Selected Publications of Interest

The big catch-up in immunisation coverage after the COVID-19 pandemic: progress and challenges to achieving equitable recovery

Katherine L O'Brien, Ephrem Lemango

[https://doi.org/10.1016/S0140-6736\(23\)01468-X](https://doi.org/10.1016/S0140-6736(23)01468-X)

Super-spreaders: a historical review

Amir Teicher, PhD

[https://doi.org/10.1016/S1473-3099\(23\)00183-4](https://doi.org/10.1016/S1473-3099(23)00183-4)

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

CALL FOR PAPERS



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.

Editor-in-Chief

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