



ACIPC

Australasian College  
for Infection Prevention and Control

# IPC News

AUGUST 2023



# ACIPC President

## Kristie Popkiss

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

This month I have been reflecting on those in infection prevention and control who have made not only significant contributions to our field of expertise but such a personal difference in the lives of so many. There are a few IPC professionals who have made their mark on me and for that I am forever grateful.

Our newsletter, IPC News, celebrates the achievements of industry colleagues, and what a diverse and interesting group of people they are! In this edition, we feature ICP in veterinary settings, in dental healthcare with Dental Health



Week taking place this month, and even on international hospital surgical ships, extending the reach of IPC to some of the most disadvantaged populations on earth.

Closer to home, it's great to see this year's ACIPC International Conference on the horizon, with pre-conference workshops announced in this edition. I do hope you will join us online or in Adelaide for what promises to be an action-packed few days of presentations, workshops, trade exhibitions and social events.

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

Kristie Popkiss

## VALE MARY-LOUISE MCLAWS

On behalf of our members, ACIPC recognises with sadness the passing of Mary-Louise McLaws. Long before the pandemic response Professor McLaws was an IPC advocate, champion and leader through her research and life work, including with UNSW, WHO, and various jurisdictions including the NSW Clinical Excellence Commission. Professor McLaws was the calm voice in many lounge rooms during the pandemic response, certainly leading the public and media messaging promoting infection prevention and control best practice and first principles to keep Australians safe. Professor McLaws was a strong supporter of our college, she was credible, kind and engaged with our speciality. Professor McLaws was a friend, colleague, mentor and PhD supervisor to many ACIPC members. Our condolences and thoughts are with her family and friends at this sad time.



Photo: UNSW



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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://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.

REGISTRATION &  
SPONSORSHIP ARE  
**NOW OPEN**



REGISTRATIONS FOR  
PRE-CONFERENCE  
WORKSHOPS  
ARE OPEN

# PRE-CONFERENCE WORKSHOPS SUNDAY 12 NOV

**Aged Care Infection Prevention and Control (IPC) Workshop:** This workshop will look at aged care IPC, 12 months on – a reflection of what has occurred in the year; what has been targeted, provided, and implemented. The workshop will also take a close look at what is happening at ground level. The workshop is targeted at those involved, responsible for, or interested in aged care IPC - IPC Leads, IPC Consultants, clinical governance, risk, and quality managers, educators, researchers, residential and home aged care providers, and quality assessors.

**Infection Prevention and Control During Construction and Renovation Workshop:**

The construction and renovation of new and existing buildings occurs across many different settings in healthcare. The role of infection control is to minimise/prevent healthcare-acquired infections in patients due to exposure to micro-organisms released into the environment during construction and renovation activities. This workshop provides an informative educational day to enable delegates to directly apply learnings in their workplace and is targeted at anyone considering the construction of a new building or renovation of an existing building/s in any healthcare facility.

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

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

**International Invited Speakers**

- Dr Rajeka Lazarus, Deputy Director, and Vaccine research lead Bristol Clinical Research Facility
- Dr Nick Watts, Chief Sustainability Officer, NHS England
- Julie Storr, Director and Co-founder KS Healthcare Consulting
- Dr Buffy Lloyd-Krejci, Founder IPCWell DrPH, CIC, Best Selling Author, IPC Expert, Advocate
- Lilian Chiwera, Independent Surgical Site Infection Surveillance & Prevention Consultant, UK

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forward:*

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REGISTRATION  
& SPONSORSHIP  
**NOW OPEN**

12-15  
NOV 23

ADELAIDE, SA  
& ONLINE

## THE ACIPC INTERNATIONAL CONFERENCE SCHOLARSHIP

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

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

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

**Applications must be submitted to [office@acipc.org.au](mailto:office@acipc.org.au) by 5.30pm on 11 September 2023.**





# CONFERENCE SPONSORS

The 2023 ACIPC International Conference is proudly supported by:

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# MEET THE BOARD

**Kathy Dempsey**  
**ACIPC Board Director,**  
**Chair of the Professional**  
**Standards and Credentialling**  
**committee (PACS); Member**  
**on the Journal Committee and**  
**Member Scientific Conference**  
**Organising Committee**

**NSW Chief ICP & HAI Advisor IPAC**  
**COVID-19 Response Clinical Lead Clinical**  
**Excellence Commission, ICEG Infection**  
**Prevention and Control Practitioner**  
**(CICPE; FACIPC).**

Kathy first joined the Australian Infection Control Association (AICA) via the NSW chapter many years ago (ok about 26 years ago) at the beginning of her career as an ICP and witnessed the transition of the association into the College of today. Prior to the formation of the College Kathy was a sub editor for NSW ICA among other participation roles. Kathy has been an active member of the College, always participating and contributing to committees and contributing to the profession generally. In 2019, Kathy became a board director to support the college and continue to give back, inspired by the many experts that came before.

Kathy holds a number of post graduate qualifications including a Master of Nursing – Infection Control, Hospital Epidemiology and Microbiology, and is currently undertaking a future leader of health care DrPH, looking to contribute to research on Australian infection prevention and control, governance, structure and direction.



Kathy is an avid supporter of credentialling, believing all ICPs should aspire to this pathway, and is committed to the process of this pathway to demonstrate the knowledge, skills and attributes which can be recognised and aligned with the most appropriate level (Primary, Advanced or Expert).

Kathy is also very passionate about ICPs being acknowledged as the experts they are, which has drawn much debate more recently, we should not undersell the knowledge and skills that ICPs have and are very good at. The Collins dictionary defines an expert as “a person who is very skilled at doing something or who knows a lot about a particular subject” and we certainly have a number of ICPs that meet this. Our credentialling process provides a level of rigour and credibility to this acknowledgement. Kathy is passionate about her work as an ICP, working long and solid hours, currently studying but looking to insert more balance into her life.

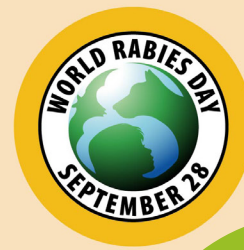
Kathy is also passionate about discovering and mentoring the next generation of ICPs. In her down time (not that there's much) there is shopping, reading everyone else's social media posts- especially all the memes, caring for her family and looking out for others. Kathy believes it is important to enjoy what you do and the people you work with, sometimes this takes a little effort to achieve.





Rabies:

# ALL FOR 1 ONE HEALTH FOR ALL



## ACIPC LUNCH & LEARN WEBINAR

**Topic:** World Rabies Day 2023 – All for 1, One Health for All

**Presenters:** Carol Bradley and Angela Willemsen

**Date:** Thursday 28 September at 12.00 pm AEST

[CLICK HERE  
TO REGISTER  
FOR THIS  
WEBINAR](#)

**Abstract:** World Rabies Day is celebrated every year on the 28th September - the anniversary of the death of Louis Pasteur. This year, the theme focuses on the need for collaboration of animal and human health professionals in eliminating rabies to achieve the global goal of 'Zero by 30' - global elimination of dog-mediated rabies deaths by 2030, the most common cause of transmission. While Australia is fortunate that it does not have rabies, we still need to remain alert to the potential risk of rabies reaching its shores.

This session will provide an overview of where rabies, in particular dog-mediated rabies is found, strategies to help reduce the global incidence, how Australia is remaining alert to any suspected cases of rabies and what you need to do if you travel overseas with your pets. From a local perspective, Australia Bat Lyssa Virus (ABLV), – a relative to the rabies virus, will be presented including what ABLV is, what you do if you find an injured or dead bat, and why bats need to be loved.



**Carol Bradley** works as a Veterinary Consultant and Auditor who specialises in Infection Prevention & Control for the Veterinary Industry. Carol's knowledge, expertise, experience, and eye for detail can be attributed to her 44 years of working in the veterinary industry at a University Teaching Hospital, initially as qualified veterinary nurse, clinical tutor then as a lecturer. Her interest in IPC developed when she was Clinical Head of the Veterinary Hospitals Sterilising Department (CSSD),

and Supervisor of the Small and Large Animal Operating Theatres. She is an accomplished educator who designs learning programs that improve staff competency standards for a range of clinical skills, and has attained primary credentialing in 2021 with the Australasian College for Infection Prevention and Control (ACIPC). She is enjoying the connection with practices across Victoria to help solve tricky situations and now focuses on the challenge for improving the standard of treatment for all animals through effective infection prevention and control.



**Angela Willemsen** is a practicing small animal veterinarian who enjoys all things infection control, with a special interest in zoonotic (diseases from animals to humans) and reverse zoonotic (diseases from humans to animals) diseases. Her interest in public health developed during her first career as a registered nurse and became broader as she identified similarities and differences in health care between humans and animals. Her goal is to improve practices and knowledge regarding infection control practices in

the veterinary profession. She volunteers with a national service providing free veterinary care to homeless and at risk pets and currently works in palliative and end of life veterinary care, academia and is working with ACIPC developing a veterinary infection prevention and control course.



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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**

**CLICK HERE FOR MORE INFORMATION ABOUT,  
OR TO REGISTER FOR THE NEXT BLOOD BORNE VIRUS  
TESTING COURSE COMMENCING ON 8 SEPTEMBER.**



# RECENTLY CREDENTIALLED & RE-CREDENTIALLED MEMBERS

The board of directors would like to congratulate the following members who have received credentialling or re-credentialling this month:

## Primary credentialling:

- Michelle Dodd
- Melissa Eley
- Luis Mata Mendez

## Expert credentialling:

- Pamela Boon

## Expert re-credentialling:

- Janine Brook
- Kristie Popkiss
- Ramon Shaban

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

## CREDENTIALLING AND PROFESSIONAL STANDARDS COMMITTEE UPDATE

To reflect the direction of the college and focus on the standards upon which credentialling is framed, the Credentialling and Professional Standards Committee (CAPs) has had a name change to: Professional and Credentialling Standards Committee (PACS)



# JULY LUNCH & LEARN WEBINAR

**Our July webinar was presented by Dr Sonja Dawson (RN, PhD), who shared her experiences volunteering as an ICU nurse with Mercy Ships. Here are some highlights from her fascinating presentation.**



## About Mercy Ships

Mercy Ships is an international development organisation deploying hospital ships crewed by volunteers, to serve sub-Saharan Africa. Their mission is to offer both lifesaving and life changing surgery and/or medical care to improve quality of life within the surgical specialities they focus on. The Mercy Ships Education, Training and Advocacy Team seeks to foster collegiality, and share knowledge with local health professionals to strengthen systems.

Globally, around five billion people lack access to safe surgery and as a result, up to 18.6 million die every year. With 50% of the world's population living within 160 kilometres of a port city, the ship can reach a broad range of patients. Mercy Ships provides a unique transportable platform for bringing safe, free surgical and hospital facilities to the point of need for people living with poverty, disfigurement, and disability.

These statistics are evidence that there is an urgent need for surgical care in the world's poorest regions, with issues such as lack of electricity, clean water and sanitation, scarcity of trained medical personnel, and looting; proving challenging for local healthcare facilities to operate.

Many people do not have the money to access any local services, even if there is rare availability in their area. As a result, 93% of sub-Saharan Africa's population cannot access healthcare they need, at the time they need it. For more than 30 years Mercy Ships has focussed its efforts on partnering with African nations to alleviate immediate need and build towards a more sustainable future.

## What types of surgeries are performed on board?

The types of surgeries Mercy Ships performs are usually addressed much earlier in developed countries like Australia and New Zealand. Issues such as facial tumours or burns that have been left untreated for years and have become very disfiguring, are rarely seen. In sub-Saharan Africa, where there is less than one surgeon per 100,000 people, demand makes it extremely difficult to get treatment at all, and what might be a simple correction if done early becomes a complicated procedure as it has progressed without early intervention.

## Surgeries performed on board include:

**Maxillofacial surgery:** often performed on tumours, cleft palate, and other facial disorders.

**Paediatric orthopaedic surgery:** for example, neglected club foot, bowed legs due to musculoskeletal disorders.



**Plastic reconstructive surgery:** fire is commonly used as a cooking method in Africa, so third-degree burns are frequent. Patients usually receive little or no treatment, so contractures develop, requiring surgery.

**Obstetric fistula surgery:** typically occurring in young women with obstructed labour far from medical care and causing permanent incontinence. This is very distressing for the patient.

**General surgery:** includes thyroid and goitre surgery, soft tissues tumours and hernias.

**Ophthalmic surgery:** including cataract removal.

A palliative care team offer care to those that may not be in a position for surgery to improve their quality of life. Compassionate care is offered physically (comfort measures such as pain relief) and emotional support. The education, training, and advocacy team partners with local providers to provide professional development, and resourcing and equipping local communities to continue healthcare after the ship leaves.

### Why a ship?

For each 10-month field service, Mercy Ships provides everything needed as a fully contained independent vessel and community; power, water, housing, waste disposal, the entire hospital environment, which even includes a walk-in blood bank, in the form of willing volunteer crew! Biomedical technicians on board maintain and repair equipment if needed. Amongst other things, there is a school on board for the children of long-term crew, a crew bank, and a hairdresser. There is two years of pre-planning involved before Mercy Ships arrives in a nation.

There is an invitation from government, services are negotiated, and a memorandum of understanding drawn up with the Ministry of Health. All services are provided completely free of charge to the country, although the government may be in a position to offer additional support, such as facilitating some patient transport from remote areas. The Mercy Ships Country Engagement Team is deployed several months ahead of the ships arrival and trains local dayworkers to source and select patients appropriate to the specialty areas Mercy Ships can cover. If not, there may be opportunities to refer to another organisation working in the host country, or elsewhere. Each field service is followed by two years of patient follow-up, programme reporting and evaluation, which completes the five-year commitment to each nation of service.

### Mercy Ships has a three-tiered approach:

1. Reduce surgical backlog
2. Mentor and train local healthcare professionals to increase capacity
3. Strengthen healthcare systems, including renovating to improve local healthcare facilities

Mercy Ships' new vessel, *Global Mercy* has six operating theatres, 102 acute care beds, seven ICU/isolation beds, 90 low care beds, teaching spaces, and accommodation for 641 crew. There is a fully equipped medical laboratory, including a CT scanner on board. The vessel joins the hospital ship *Africa Mercy* which has over 450 crew, widening capacity with two ships working in separate countries. There are offices worldwide, including Australia and New Zealand, recruiting volunteers, sourcing vital supplies, and maintaining relationships with donors.

Alongside direct patient services, Mercy Ships provide surgical and anaesthesia mentoring with local medical professionals so the local system can take care of patients in future. There is a nurse mentoring program in the Operating Theatres and on the wards. Local nurses come to the ship, and crew go to local medical facilities to work with nurses in their own environment.

### **Dr Dawson's infection prevention experience on board**

After the 2014-15 Ebola outbreak, it was evident that an IPC lead was needed, and I was invited to return to the *Africa Mercy* in that role in 2016-17. At the time, I did the Foundations of Infection Prevention and Control (FIPC) course from ACIPC and jumped in at the deep end. I found the role extremely rewarding. A hand-washing station was installed on the gangway as a priority, and all those coming on board were required to wash their hands before coming on board; crew, day workers (translators), visitors, patients - even the dignitaries.

A checklist on the gangway was developed to manage risk. A core group of people were trained in donning and doffing in HAZMAT suits, in the unlikely case Ebola was identified. Fortunately, to date, Ebola has not been identified in the Mercy Ships patient cohort, but the preparation proved to be an excellent standard in advance of COVID-19 protocols.

Part of the healing environment on board Mercy Ships includes play for the children. For an IPC nurse, the cleaning of toys being shared amongst many little hands is a constant challenge. Consequently, processes surrounding the cleaning of toys are required to keep everyone safe.

I would say the greatest IPC challenge is the high turnover of people coming and going all the time; it is a constant process of education and re-education. All crew, whether health care focussed, or those such as cooks, along with national day crew, volunteers, local health care professionals, the patients, and their relatives need to be reminded of the infection prevention principles appropriate for their areas. There are many people occupying that ship space.



***Dr Dawson has volunteered with Mercy Ships for weeks, months and even years at various points in her nursing career***

Image: Mercy Ships





## About Mercy Ships

Mercy Ships operates hospital ships that deliver free surgeries and other healthcare services to those with little access to safe medical care. Each year, more than 3,000 volunteer professionals from over 60 countries serve on board the world's two largest non-governmental hospital ships, Africa Mercy and Global Mercy. Professionals such as surgeons, dentists, nurses, health trainers, cooks and engineers dedicate their time and skills to accelerate access to safe surgical, obstetric and anaesthesia care. Mercy Ships was founded in 1978 and has offices in 16 countries including Australia, New Zealand, and an Africa Service Centre in Dakar, Senegal.



***Africa Mercy (left) and Global Mercy (right) in port – Senegal, West Africa***

Image: Mercy Ships

## Could you see yourself volunteering for Mercy Ships and playing a role?

There are a wide range of opportunities to volunteer for shorter or longer periods, depending on your qualifications. IPC professionals are particularly needed right now, but many other roles such as ship engineers, schoolteachers, cooks, even IT specialists are open. There are various nursing areas, including theatre, PACU, ICU, surgical ward, dressing team, admissions, and palliative care.

### **Video:**

The Focus of Mercy Ships' work

### **View the webinar recording here:**

Lunch and Learn - Have you ever wondered what working with Mercy Ships is all about? - ACIPC - Australasian College for Infection Prevention and Control

### **Find out more by contacting Mercy Ships:**

#### **Australia**

[www.mercyships.org.au](http://www.mercyships.org.au)  
or 1300 739 899

#### **New Zealand**

[www.mercyships.org.nz](http://www.mercyships.org.nz)  
or 0800 637 297



# INFECTION PREVENTION AND CONTROL IN AGED CARE SETTINGS

## WHAT IS THE COURSE FOR?

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

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

## MODULES INCLUDE:

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

**COST: \$500**

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



**MORE  
INFORMATION**



# INFECTION CONTROL MATTERS PODCAST

## **Saving time and increasing IPC efficiency using Robotic Process Automation**

In this episode, Martin talks to Jincy Jerry, Assistant Director of Nursing in Infection Prevention and Control at the Mater Misericordiae University Hospital, Dublin, Ireland.

Jincy is a pioneer in the use of Robotic Process Automation in clinical settings within Irish Healthcare. Robotic process automation (RPA) is a software technology that makes it easy to build, deploy, and manage software robots that emulate humans actions interacting with digital systems and software. In 2021, the project received Prix Hubert Tuor Innovation Academy Award at the 6th International Conference on Prevention and Infection Control (ICPIC), in Geneva.

They discuss the potential and actual benefits, including the freeing up of hours of IP time as well as the use of AI (Artificial Intelligence) in the infection prevention world.



## **C. difficile and One Health with Prof Tom Riley**

We discuss One Health in this episode with Professor Tom Riley, using C.difficile as the example of explaining why the concept of One Health is so important.

Tom is a Fellow of the Royal College of Pathologists, the Australian Society for Microbiology, the American Academy of Microbiology, the Society for Healthcare Epidemiology of America and the Faculty of Science of the Royal College of Pathologists of Australasia, and has published over 400 book chapters and refereed publications.

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## TAKING CARE OF YOUR SMILE & YOUR HEALTH: DENTAL HEALTH WEEK 7-13 AUGUST 2023

**Dental Health Week (DHW) is an annual nationwide oral health awareness campaign initiated by the Australian Dental Association (ADA). Held in the first full week of August, this event serves as a powerful reminder of the significance of maintaining good oral hygiene practices to preserve our smiles for a lifetime.**

This year, DHW carries a profound message that delves into the intricate connection between oral health and overall wellbeing. The campaign sheds light on the correlation between oral diseases and their potential impact on the rest of the body. Research has shown that the bacteria present in the mouth can travel to other body parts, and oral inflammation can contribute to systemic inflammation.



## The campaign particularly examines the interplay between six major conditions:

### 1. Heart disease

The link between gum disease and heart problems underscores the need to prioritise oral health to safeguard cardiovascular well-being.

### 2. Diabetes

Proper oral care can positively influence diabetes management, as diabetes and gum disease are known to have a reciprocal relationship.

### 3. Alzheimer's disease

Emerging research hints at a possible connection between oral bacteria and Alzheimer's disease, highlighting the need for vigilant oral health practices.

### 4. Adverse pregnancy outcomes

Maintaining oral health during pregnancy is crucial, as poor oral hygiene has been associated with preterm births and low birth weights.

### 5. Lung conditions

Oral health can influence lung health, with oral bacteria potentially reaching the lungs and exacerbating certain respiratory conditions.

### 6. Inflammatory bowel disease

A two-way relationship exists between gut health and oral health, making oral hygiene an essential aspect of managing inflammatory bowel diseases.

## Aligned with the ADA's core oral health messages, the DHW campaign emphasizes four key points:

### 1. Preserve your smile for life

Just as we strive to retain all our limbs, keeping all teeth intact should be the norm rather than the exception.

### 2. Make regular dental visits

Scheduling regular dental check-ups is pivotal in maintaining optimal oral health. These appointments provide an opportunity for professional guidance and advice.

### 3. Prioritise prevention

Embrace preventive measures, such as regular brushing, flossing, and a balanced diet, to ward off dental issues before they escalate.

### 4. Trustworthy resources

Seek credible information about oral health through trusted sources like the **teeth.org.au** website. This platform offers up-to-date advice crafted by dental professionals from across Australia.

# ACIPC MEMBER PROFILES

**This month we introduce  
Angela Willemssen, veterinarian  
and Senior Research Officer at  
the University of Queensland.**



## *Can you give us an overview of your role?*

I wear a few different IPC hats. From a clinical perspective, I provide at-home palliative and end of life care (that is, euthanasia). It's a really valued service. People love being able to say goodbye to their animals at home in a relaxed environment.

At The University of Queensland, I am involved with a couple of activities, one of which is researching IPC knowledge in veterinary science and veterinary technician undergraduate students in Australia and New Zealand. There have been some Day One competencies released, with one relating to infection prevention and control. We're trying to get a better idea of students' knowledge, what training they have received, and who is delivering it.

## *What led you to a career in IPC?*

In my first career, I was a hospital-based RN, and I remember the Nurse Educators talking to us about how important infection control was. Although we didn't have the '5 moments' officially designated then, they still stressed how important hand hygiene was, and the need for good cleaning in order to prevent cross-infection between patients and staff.

As we progressed through each block and built on our knowledge, we understood more about bacteria and viruses and other pathogens, and how they could impact on a patient's health. It all made sense. When I completed my Bachelor of Nursing – there was a much stronger science focus – that is definitely one of the benefits of nursing moving from hospital to tertiary based training.

As a Registered Nurse, I didn't consider myself a really overt IPC practitioner, it was always there in the back of my mind, it was instilled in to everything that I did. I started veterinary science in 2001 and we started practical sessions in our first year. Coming into veterinary practice, the IPC things I thought were commonplace everywhere weren't in that environment, and I found that surprising. There are a few different reasons for that, a key factor is that there aren't standard protocols for IPC in veterinary practices which makes it difficult. Human health went through a transition period during the early 80's and I can see some similarities with veterinary practice and the emergence of Hendra Virus in the equine industry. Most veterinary staff are there because they love animals and want to provide the best care, but they haven't been given the grounding information in IPC.



***Is IPC in veterinary settings much different from IPC for humans?***

There are more similarities than differences in infection control in animal health settings vs. human health settings. Practically every specialist you've got in human healthcare you've got in the veterinary space as well. People expect the same level of care now for their animals as they do for themselves and their family. Having a CT or an MRI for an animal used to be a big deal, but it's now fairly commonplace. It's expensive because we don't have Medicare in animal health, but you can organise it pretty much anywhere.

The same things that inhibit IPC in human healthcare inhibit it in veterinary practice. I completed a PhD looking at IPC practices in small animal vet practices, and there were similar themes. People get too busy, they don't have time, or they might not have the necessary products available.

You might be at greater risk of sustaining a bite in veterinary practice, but in a human ED on a Saturday night your risk level might be similar! Different types of drugs are used, and in some cases you do need to use sedation to treat a patient, which is the same again in human practice. Even anatomy and physiology are pretty similar. There are a few differences, cats especially, but otherwise it's the same nervous system and the same IPC challenges.

***We've just had a major pandemic caused by animal to human transmission. As a veterinarian and IPC professional, what lessons can we learn to prevent future pandemics?***

I think that while the population keeps growing, and we keep cutting down trees, and decreasing the space between wild animals and humans and domesticated animals, the risk of any kind of pathogen transfer is just going to increase.

***There's such a pressure on global food sources, food security and clean water, but while we keep reclaiming animal habitats and not looking at it from a one health\* perspective, we're just going to see increased risk. We've learnt that scientists, globally, can work really well together - and the rapid development of the COVID vaccine demonstrates this. We have also learnt that behaviour change can happen - hand hygiene, the use of hand sanitiser and mask use were part of our daily routine.***



***What future developments excite you?***

I'd like to think that veterinary practice is included within national discussions currently reserved for human health care – such as recognition within the NHMRC IPC guidelines and the 5 Moments for Hand Hygiene audits. Perhaps the Australian CDC is the first step towards this happening.

From a practical perspective, I'd really like to see a needle-free system become more widely used in veterinary practice, I think it would be really useful from a safety perspective, reducing the risk of needle stick injuries, and also being less traumatic for the patient.

***What do you love about IPC?***

I love that in IPC, it's basic principles you need to learn and remember, and you can apply them to any context. Veterinary work can be so diverse, you could be working in a small practice, you could be working in a paddock, or with hundreds of cattle or pigs, but it's still all basic principles. The hard thing is behaviour change, you can model and teach IPC, but you need to make learning relevant to each group of people, otherwise you might as well be talking into the wind.

For me, IPC needs to be instilled from the day we start handling animals. Even walking a dog, we need to know when it is that we should be performing hand hygiene.

People are generally better at compliance when they see there are good reasons for it, and one of the problems we have in veterinary health is that there's not a lot of evidence-based resources that study IPC in animal healthcare. There aren't any dedicated units in the veterinary curriculum on IPC, either. Veterinary nurses are taught IPC as part of their Certificate 4 and are often relied on to do a lot of the IPC in the practice. But you do need to have buy in from the top down.

***What makes a good IPC lead?***

A good IPC lead needs to be practical. If I go into a practice and tell them there's all these things they need to change, it's going to go over like a lead balloon. Instead, we need to be working with them on the changes that they want to make, and making sure they have the complete IPC package so that it becomes part of the workplace culture. I'm very excited to be facilitating a new course for ACIPC on IPC in animal healthcare, having an impact in improving IPC in practices, and improving the wellbeing of staff, animals and clients.

*\*One Health is a collaborative approach to health, which recognises that humans and animals live in a shared environment and there is added value to be gained by working together on issues at the interface of different sectors.*



# BUILDING BRIDGES

## Bridging the gap between primary, acute and residential aged care



**Please join us for the second of our series of board-room round-table discussions on bridging the gap between primary, acute and residential aged care.**

Hear from our panel of experts as they discuss the problems with coordinating care across different health sectors, and propose practical solutions for people who deal with these problems on a day-to-day basis.

Facilitated by Hall & Wilcox Health & Community Co-Lead Alison Choy Flannigan, our second event will feature experts examining how to manage vulnerable populations better so that they do not fall between the cracks. Our panel will discuss key issues and provide suggestions for improvement from a health planning and policy perspective.

Available in-person at our Sydney office or virtually via zoom, these discussions are a must-see for residential aged care, hospital and primary care managers and executives nationally

**Date:** Friday 8 September 2023

**Time:** 12.00pm AEST in-person networking  
12.30pm - 1.30pm AEST presentation

**Venue:** Virtually via Zoom Webinar  
In-person at Hall & Wilcox  
Level 18, 347 Kent Street Sydney

# DEEBLE INSTITUTE FOR HEALTH POLICY RESEARCH PUBLISHES NEW POLICY ISSUES BRIEF

**Last month, the Australian Healthcare and Hospitals Association's (AHHA) Deeble Institute for Health Policy Research released the issue brief 'Optimising antimicrobial stewardship in Australian primary care.' The brief is co-authored by the AHHA's 2022 Jeff Cheverton Memorial Scholar, Dr Sajal K Saha from Deakin University.**



"In Australia, the inappropriate and overprescription of antimicrobials in primary care remains a concerning issue, with 80% of antibiotics being consumed within this setting," says AHHA Chief Executive Kylie Woolcock. "Embracing the concept of antimicrobial stewardship (AMS) in primary care will be pivotal to promoting the appropriate use of antibiotics and reducing the risk of antimicrobial resistance."



# 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:**  
Virtual





# Latest Articles from Infection, Disease & Health

## Effectiveness of a training program on health-care professionals' knowledge and practices regarding thermo-sensitive reusable medical devices disinfection: A quasi-experimental study

Hanen Maamri, Houda Ben Ayed, Mariam Ben Hmida, Mondher Kassiss, Sourour Yaich, Jamel Damak

## P2/N95 fit testing and the risk of COVID-19 in Healthcare Workers

Brennan Collis, Mark Tacey, Christian McGrath, Marion Kainer, Adrian Tramontana, Craig Aboltins

## Metagenomic insights into microbial contamination in critical healthcare environments and the efficacy of a novel "HLE" disinfectant

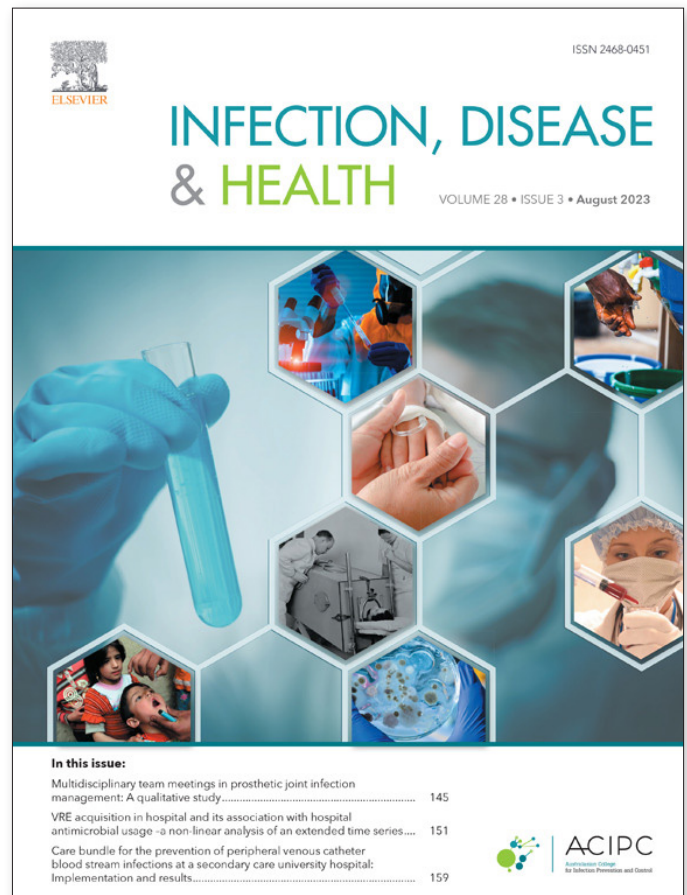
Hikmate Abriouel, Julia Manetsberger, Leyre Lavilla Lerma, Rafael Martínez Nogueras, Natacha Caballero Gómez, Nabil Benomar

## Response to the letter: Comment on "Care bundle for the prevention of peripheral venous catheter blood stream infections at a secondary care university hospital: Implementation and results"

Yolanda Lladó Maura, Magdalena Lucía Berga Figuerola, M José Rodríguez Moreno, Alexander Almendral, Enric Limón, Ester Fusté

## An educational intervention in the emergency department seeking to improve COVID-19 vaccination rates among unvaccinated patients aged 20-64

Shelby DeWaard, Zachary Dewyer, Talal Al Assil, Lauren Patrick, Noelle Fukuda, Maureen Ford





# Selected Publications of Interest

**Unintended impacts of COVID-19 on the epidemiology and burden of paediatric respiratory infections. *Paediatric Respiratory Reviews*.**

Burrell, R., Saravanos, G., & Britton, P. N. (2023).

<https://doi.org/https://doi.org/10.1016/j.prrv.2023.07.004>

**Hand hygiene compliance and associated factors among healthcare workers in selected tertiary-care hospitals in Bangladesh. *J Hosp Infect*, 139, 220-227.**

Harun, M. G. D., Anwar, M. M. U., Sumon, S. A., Mohona, T. M., Hassan, M. Z., Rahman, A., Abdullah, S., Islam, M. S., Oakley, L. P., Malpiedi, P., Kaydos-Daniels, S. C., & Styczynski, A. R. (2023).

<https://doi.org/10.1016/j.jhin.2023.07.012>

**Prevention of surgical site infections: a personal odyssey. *J Hosp Infect*, 138, 85-88**

Kluytmans, J. (2023).

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

**Assessing patterns of body contamination after personal protective equipment removal among health care workers: A scoping review. *Am J Infect Control*, 51(7), 812-820.**

Obuhoro, O., & Jones, R. M. (2023).

<https://doi.org/10.1016/j.ajic.2022.09.008>

**Supporting patients and their carers to participate in infection prevention and control activities: The views of patients, family members and hospital staff from Bangladesh, Indonesia, and South Korea. *Am J Infect Control*.**

Park, J. Y., Pardosi, J. F., Islam, M. S., Respati, T., Nurhayati, E., Chowdhury, K., Charania, N. A., & Seale, H. (2023).

<https://doi.org/10.1016/j.ajic.2023.06.019>

**Time for a renewed focus on the role of cleaners in achieving safe health care in low- and middle-income countries. *Antimicrob Resist Infect Control*, 10(1), 59.**

Storr, J., Kilpatrick, C., & Lee, K. (2021).

<https://doi.org/10.1186/s13756-021-00922-x>

**Air purifiers for reducing the incidence of acute respiratory infections in Australian residential aged care facilities: A study protocol for a randomised control trial. *Infect Dis Health*, 28(3), 239-245.**

Thottiyil Sultanmuhammed Abdul Khadar, B., Sim, J., McDonagh, J., McDonald, V. M., & Mitchell, B. G. (2023).

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

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

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





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