



ACIPC

Australasian College
for Infection Prevention and Control

IPC News

—
DECEMBER 2023

ACIPC President Stéphane Bouchoucha

Welcome to the December Edition of IPC News.

Another year nearly done, full of many challenges yet again for the IPC community. COVID-19 sadly has not gone away and wave after wave of IPC practitioners around Australia have continued to provide routine services on top of the unrelenting pandemic. In this context, it would be easy to dwell on what we have not achieved this year that was part of our yearly plan or lament the failed New Year's resolutions. I am usually one of the first to beat myself up, but this year I have decided to take a different approach. I was inspired by the podcast the **Academic Imperfectionist**. Don't be discouraged by the name if you are not an academic, it offers reflection on workplace, work pressure and procrastination and made me reflect on my attitude. One of the take home messages for me this year was the need to celebrate the little successes. 'No marathon is run in silence,' we need the support, from a crowd, colleagues, friends, and ourselves.

This support comes in many ways. One of these is through the mentorship program launched in November. Registrations are higher than what we expected for the first year of the program and I am really looking forward to seeing IPC practitioners develop and the profession grow through this program. Mentoring/being mentored is a really rewarding experience.

It is my pleasure to welcome new ACIPC Board members Catherine McGovern, Margaret Leong, Sally Havers, and Matthew Mason. The new ACIPC Board of Directors met for the first time this month and there are more exciting opportunities for members in the works. The board discussed reinvigorating the Special Interest Groups (SIGs), making sure that we facilitate state-based SIGs and that these SIGs offer members an opportunity to meet other IPCs, share good practices and/or new research.



The first meeting was also the opportunity to appoint the Committee chairs (listed below). In the New Year, expressions of interest for committee members will be circulated and I would like to encourage you to think about joining a committee.

Professional and Credentialing Standards Committee

Chair – Janine Carrucan

Scientific Conference Committee

Chair – Marija Juraja

Education and Professional Development Committee

Chair – Dr Matthew Mason

Governance and Risk Committee

Chair – Dr Sally Havers

Membership Communication and Engagement Committee

Chair – Erica Beukers

Practice Guidance Committee

Chair – Ann Whitfeld

Research, Grants and Scholarships Committee

Chair – Dr Sally Havers

This last edition of IPC news for 2023 is also the opportunity to celebrate the College successes this year and reflect on the success of our International Conference. You will see a full report in the following pages, and I want to thank every one of you for making the conference such a key event for IPC practitioners in Asia Pacific. We should also celebrate the launch of our Strategic Plan this year and the continuing successes of our course offerings. I am very optimistic that the College will be able to deliver more for our members in 2024 with the support of the board of directors, committee members and all members.

I am grateful to be able to lead the College at this time and thank you for your support, and dedication to infection prevention and control. Together, we have achieved a lot this year and I look forward to 2024.

Best wishes

Stéphane Bouchoucha



Contents

ACIPC President	2
ACIPC International Conference Wrap Up	4
Welcome Karen McKenna	14
IPC Tour - Save the Date	15
WHO Release - World Malaria Report 2023	16
Member Profile - Robyn Russell	18
WHO Global Survey Highlights	21
Veterinary Foundations of Infection Prevention and Control - New Course	22
Blood Born Virus Testing Course	23
Infection Prevention and Control in Aged Care Settings - Course	24
Infection Control Matters Podcast	25
Recently Credentialed and Re-Credentialed Members	26
Latest Articles from Infection, Disease & Health	28
Selected Publications of Interest	28

ACIPC INTERNATIONAL CONFERENCE WRAP UP

Driving forward:

EMBRACING
FUNDAMENTALS
& CHARTING
A PATH FOR
THE FUTURE



With a theme focused on Driving Forward: Embracing Fundamentals and Charting a Path for the Future, this year's ACIPC conference strongly focused on looking forward and exploring strategies to promote sustainability and the need to reduce the carbon footprint within the sector.

The conference opened with talks from Nick Watts, Chief Sustainability Officer, NHS England, who spoke about the NHS commitment to deliver net zero emissions within their health systems. The call to action outlined in his presentation was complemented by the messages from

Dr Rajeka Lazarus, Deputy Director, Bristol Clinical Research Facility. Dr Lazarus highlighted the impact that the overuse of personal protective equipment has had on the environment. The key message was about the need to shift towards services looking for ways to reduce, reuse and recycle. This message was certainly supported in many of the other presentations and by our Industry partners.

Over the three days, we had a range of presentations focused on new and emerging pathogens, IPC in aged care, surveillance, devices, cleaning and disinfection and leadership. The need for strong leadership was echoed by our other international speakers including Julie Storr, Lilian Chiwera and Buffy Lloyd-Krejci.

To further support engagement and networking, ACIPC offered three pre-conference workshops focused on a diverse range of topics including Aged Care Infection Prevention and Control (IPC) and an Orientation to International Outbreak Response with the Global Outbreak Alert and Response Network (GOARN) and World Health Organization (WHO). This year, we held our first Building, Construction and Renovation Workshop. The workshop was well attended in person and online, with a wealth of knowledge and experience that our speakers shared with the captive audience. Overall, the workshop covered many areas that the ICPs needed knowledge on, such as water damage and remedial works, air sampling, hoarding/dust control,



CONFERENCE STATS

Total registrations: **767**

Delegate in person: **315**

Delegate online: **137**

Trade: **163**

Exhibition booths: **45**

Invited speakers: **79**

ventilation and how this applies when considering a new build versus retrofitting an old build, the installation of water systems, testing surfaces and equipment and ensuring all these components meet all the standards and commissioning requirements. Those who attended will vouch they all learned something as well as building networks amongst ICP.

Aged care had a growing presence throughout the conference this year. Sunday kicked off with the annual pre-conference Aged Care IPC Workshop, in which 166 registered delegates attended online and in person. Ten invited speakers addressed the theme of 'aged care IPC 12 months on', as well as a collaborative and interactive antimicrobial stewardship session. On Monday invited speakers addressed the aged care strengthened standards, national surveillance program, urinary tract infection management and AMS policy. Free papers in the afternoon encouraged further discussion amongst delegates. Wednesday saw presentations from our aged care national and international plenary speakers who joined online from the US and Melbourne – sustainability, supportive workforce culture, good governance, partnership, measurable outcomes and collaboration were consistent themes which was shared across the healthcare continuum at the conference. The overall sense from the aged care delegates was passion and dedication to continue to drive change forward.

While change is evident, there is more to achieve in this unique and challenging health and social care setting.

This year's ACIPC conference once again hosted the national summit, a session that provided a journey of information across Australia and New Zealand jurisdictional IPAC/HAI programs, considered the lead agencies across our jurisdictions. This year's theme providing an insight to jurisdictional programs; governance, structure and strategic direction. This was a session not to be missed bringing key stakeholders together providing the roadmap to Infection Prevention and Control across Australia and New Zealand with a twist this year capturing important information from you the members and IPC network as part of a research project. The results are to be presented and will hopefully inform and build on Australian research for our specialty. This session was a get to know and network with IPC leaders across the system and take away guidance and inspiration for your local programs.

The conference committee would like to thank all of the ACIPC community who supported the delivery of this years conference, including those who reviewed abstracts and chaired sessions. We would also like to congratulate again this year's winners.

Holly Seale

Conference Committee Chair

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CONFERENCE AWARD WINNERS

Elaine Graham Robertson Award

The Elaine Graham Robertson Award is presented at the annual conference and is the result of a gift from Elaine Graham Robertson – a pioneer infection control professional. The winner at the 2023 ACIPC International Conference for the best oral extract was Yobelli Jimenez from the University of Sydney for her presentation: Radiographers' knowledge, attitudes and practice of infection prevention and control in the CT suite: A rural perspective.

Dr Yobelli Jimenez is a qualified radiation therapist and is a Senior Lecturer in the Discipline of Medical Imaging Science at the University of Sydney. Dr Jimenez's research focuses on advancing knowledge on cancer patient education, health profession students' preparation for the workforce, and practitioners' safe practice. Dr Jimenez is currently leading a research project on infection prevention and control in the medical imaging environment, which aims to develop a national approach to regulation of infection prevention and control knowledge and training in radiology. Dr Jimenez completed her PhD on the topic of breast cancer patient education using virtual reality and has also completed a Master of Health Science, Bachelor of Applied Science (Radiation Therapy) and a Bachelor of Science (Major in Microbiology and Biochemistry) all from the University of Sydney. She supervises PhD and Honours students in the field of infection prevention and control, advanced practice in radiography and work integrated learning issues.

Best poster award as chosen by delegates

Anie Edward from Western Health

*P2-N95 Mask Use During the COVID- 19 Pandemic
– Experiences and and Perceptions of Nurses Who
Suffered Adverse Effects*

Best small stand

Nanosonics

Best large stand

GAMA Healthcare

Best poster award as chosen by the judging panel

Michelle Bolte from Tamworth Hospital

*A quality improvement project that examines nurse's
knowledge and practice with oral health care in a rural
referral hospital*



ACIPC LECTURE

The ACIPC address at the conference is delivered by an individual who has made an outstanding contribution to the field of infection prevention and control. This year's lecture was presented by Professor Peter Collignon AM, Infectious Diseases Physician and Clinical Microbiologist at ACT Pathology and Canberra Hospital, Professor in the Medical School of the Australian National University, and Member of the Order of Australia (AM) for services to Medicine in Infectious Diseases, Microbiology and Infection Control.



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ACIPC INTERNATIONAL CONFERENCE PHOTOS



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WELCOME KAREN MCKENNA

This month, we are excited to welcome Karen McKenna, ACIPC's new IPC Consultant. Karen joins IPC Consultant Carrie Spinks in providing expert IPC guidance and support through our website, member forums, education and resource provision, and policy and procedure development (working with the ACIPC Board and Committees). Her expertise will help us keep members abreast of current research trends in IPC and support them to develop and implement IPC programs in a variety of healthcare settings.

Karen holds a Bachelor of Nursing (Honours), a graduate diploma in peri-operative nursing, graduate diploma in critical care nursing (ICU), and a Master of Public Health. She is currently undertaking a PhD in pandemic preparedness at Deakin University in Melbourne.



After completing her honours year, Karen moved into peri-op nursing and completed her graduate diploma. She then moved to the UK for 18 months as a theatre nurse, and then returned to Australia to do ICU nursing for a few years, before moving to Bermuda for two years where she worked as a theatre nurse. Returned to Australia, Karen lived in Canberra for a year where she was an ICU and theatre nurse.

In 2009, Karen moved to Abu Dhabi in the United Arab Emirates, where she lived for over 5 years, starting in ICU, then moving to theatre and then making her way into Infection Prevention.

She returned to Australia in 2014 and worked in Infection Prevention in Alice Springs, before finally moving back to Melbourne in 2016, where she currently lives with her dog Betty.

IPC Tour

SAVE THE DATE!



Brisbane: Wednesday 3 April 2024

Adelaide: Thursday 4 April 2024

Sydney: Tuesday 9 April 2024

Melbourne: Thursday 11 April 2024

Perth: Tuesday 16 April 2024

Keynote Speaker:

Dr Jon Otter – Director of Infection Prevention and Control,
Guy's and St Thomas' NHS Foundation Trust, London.

More information to come. If you have any questions,
please email eventsaustralia@gamahealthcare.com.

*Dr Jon Otter is attending Brisbane, Adelaide, Sydney and Melbourne events only.

WHO RELEASE WORLD MALARIA REPORT 2023



Despite strides in expanding access to insecticide-treated nets and medicines to help prevent malaria in young children and pregnant women, more people were getting sick with malaria, according to a new report published by the World Health Organization (WHO).

In 2022, there were estimated 249 million malaria cases globally, exceeding the pre-pandemic level of 233 million in 2019 by 16 million cases. In addition to the disruptions caused by COVID-19, the global malaria response has faced a growing number of threats, such as drug and insecticide resistance, humanitarian crises, resource constraints, climate change impacts and delays in programme implementation particularly in countries with a high burden of the disease.

The 2023 World malaria report delves into the nexus between climate change and malaria. Changes in temperature, humidity and rainfall can influence the behaviour and survival of the malaria-carrying *Anopheles* mosquito. Extreme weather events, such as heatwaves and flooding, can also directly impact transmission and disease burden. Catastrophic flooding in Pakistan in 2022, for example, led to a five-fold increase in malaria cases in the country.

“The changing climate poses a substantial risk to progress against malaria, particularly in vulnerable regions. Sustainable and resilient malaria responses are needed now more than ever, coupled with urgent actions to slow the pace of global warming and reduce its effects,”

said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. Climate variability is expected to have indirect effects on malaria trends through, for example, reduced access to essential malaria services and disruptions



to the supply chain of insecticide-treated nets, medicines and vaccines. Population displacement due to climate-induced factors may also lead to increased malaria as individuals without immunity migrate to endemic areas.

READ THE
FULL REPORT
HERE

Trends in the global malaria burden and response

The COVID-19 pandemic significantly disrupted malaria services, leading to a surge in both incidence and mortality rates, exacerbating already stalled progress against the disease. Globally there were an additional five million malaria cases in 2022 over the previous year and five countries bore the brunt of these increases. Pakistan saw the largest increase, with about 2.6 million cases in 2022 compared to 500 000 in 2021. Significant increases were also observed in Ethiopia, Nigeria, Papua New Guinea and Uganda.

Meanwhile, in the 11 countries that carry the highest burden of malaria, rates of new infections and deaths have levelled off following an initial upsurge during the first year of the pandemic. These countries, supported through the WHO “High burden to high impact” approach, saw an estimated 167 million malaria cases and 426 000 deaths in 2022. In view of current trends, progress towards critical 2025 milestones of the WHO global malaria strategy is off track by a wide margin.

Grounds for optimism

The report also cites achievements such as the phased roll-out of the first WHO-recommended malaria vaccine, RTS,S/AS01, in three African countries. A rigorous evaluation has shown a substantial reduction in severe malaria and a 13% drop in early childhood deaths from all causes in the areas where the vaccine has been administered compared with areas where the vaccine was not introduced.

This substantial reduction in illness and death is on top of what is being achieved in these areas where nets, indoor spraying with insecticides and other child health interventions have already been introduced. In October 2023, WHO recommended a second safe and effective malaria vaccine, R21/Matrix-M. The availability of two malaria vaccines is expected to increase supply and make broad-scale deployment across Africa possible.

There has also been progress toward malaria elimination in many countries with a low burden of the disease. In 2022, 34 countries reported fewer than 1000 cases of malaria compared to just 13 countries in 2000. This year alone, three more countries were certified by WHO as malaria-free – Azerbaijan, Belize and Tajikistan – and several others are on track to eliminate the disease in the coming year.

What is needed now

A substantial pivot in the fight against malaria is needed, with increased resourcing, strengthened political commitment, data-driven strategies and innovative tools. Innovation should focus on the development of more efficient, effective and affordable products.

The added threat of climate change calls for sustainable and resilient malaria responses that align with efforts to reduce the effects of climate change. Whole-of-society engagement is crucial to build integrated approaches.

World Health Organisation 2023.
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MEMBER PROFILE ROBYN RUSSELL



This month we chat with Robyn Russell, CICP-P, Client Safety and Quality Consultant for Helping Hand, an organisation that has been supporting older South Australians for 70 years.

How long have you been in IPC, and what drew you to it?

I have been with Helping Hand for 25 years and the last 15 of those has included key responsibility for infection prevention and control. I oversee two portfolios: infection control and restrictive practices. I have had a general interest in IPC since registering, so when the opportunity came up to expand my knowledge and experience, I volunteered to take on the responsibility as organisational IPC lead, and of course with COVID-19 arriving in 2020, infection prevention expanded from taking up about 10% of my time to 50% (more like 100% during outbreaks really).

I trained as an RN at the Children's Hospital in Adelaide (now the Women's and Children's Hospital) and worked in paediatrics (acute) for a few years, and then as an outreach nurse at Modbury Hospital. I then started with Helping Hand in Metro Home Link, a hospital avoidance program, which involved keeping older people out of hospital, and arranging services around them so they could be cared for in their homes, often very quickly. It was such rewarding work, with great

outcomes from being able to support people in their homes and prevent the deconditioning that often occurs with hospitalisation. I loved it and it was a very successful program. In my first month we had four referrals and when I changed roles several years later, we had around 3,000 clients in the previous 12 months.

I was always fascinated by pandemics, my great aunt died in a fever camp in the 1918 Spanish Influenza epidemic. She was seven months pregnant at the time, and died all alone, family members not being allowed to visit. It must have been so sad, I couldn't picture it. The fever camp in Adelaide was at a racecourse where they set up masses of tents because of the sheer numbers, which the hospitals at the time couldn't cope with.

So I read up about pandemics, trying to understand why the pandemic comes in waves, picturing what it must have been like for those living through it at the time, none of which prepared me for COVID! I certainly didn't think I would be experiencing a pandemic first hand in my lifetime. Even though Helping Hand didn't experience our first outbreak for 12 months, it was still the steepest learning curve. Preparing for managing an outbreak, and responding to the reality, even with the learnings from interstate outbreaks required a whole of organisation approach. Helping Hand has 10 aged care facilities, and around 1000 community home care packages.



My role includes developing the systems and processes, including procedures, work tools, outbreak plans and education packages to support the sites when in outbreak. At the beginning of COVID, this was a massive body of work to get prepared and deliver training packages, taking roadshows in regional areas, and keep on top of the information coming through on a daily basis so I could communicate to our teams.

What does a typical day look like for you?

A typical day involves switching between my portfolios, which can be challenging. There are usually lots of interruptions, it can be very busy. We have a daily Teams catch-up meeting, where we discuss daily outbreaks using data we can enter which brings up a map for each affected site, identifying all rooms, with the type of illness, and this makes it really quick to be able to provide support to facilities.

We have 10 Infection Control Lead Nurses (ICLNs), so I may be going out and meeting a new ICLN and providing training and support. During large outbreaks I may spend significant time at a residential facility to support the outbreak management. Meticulous checking of cleaning protocols, PPE, procedures, vaccination, is necessary to make sure all opportunities to bring the outbreak under control have been identified and implemented.

I enjoy time spent at sites, working alongside of clinicians, this is where I feel I have most impact for residents, but often I might be in front of computer writing a new process. We developed almost 300 documents when COVID-19 hit, and now I am amalgamating them all into a more general respiratory category as we move to a business-as-usual situation. There is constant reviewing and updating to keep the information contemporary.

What are the main differences about IPC in aged care settings compared to other settings such as acute care?

The key difference is staff knowledge and clinical expertise, the aged care setting has a large care worker workforce with nursing staff having key responsibility for clinical care. The nurse to resident ratio is much lower than in acute. Having eyes across all areas of resident care is difficult when there are so many competing responsibilities for the nursing workforce. My role is to ensure the procedures and work tools developed are current best practice, relevant to the workforce and aged care environment and understood by staff, and support the ICLN's to monitor compliance and outcomes.

Our aged care residents have complex health needs, often at a sub-acute level, and compliance with Aged Care Quality and Safety forms a large part of the nursing responsibilities. Our workforce is culturally diverse; supporting training and development of care and ancillary staff requires creative solutions. From an IPC perspective we provide care in the 'person's home', we don't have a defined 'patient space' where it is somewhat easier to manage transmission risk. There are many shared spaces, e.g. dining rooms, activity areas and cafes.

This means infection transmission risk is higher, and any IC restrictions have a greater impact on individual residents who have faced many lockdowns and restrictions of movement and access to visitors during COVID. We have to carefully balance the residents' rights to live an active life with the risk of prolonging an outbreak.

MEMBER PROFILE ROBYN RUSSELL

Do you feel the recent initiatives to improve IPC outcomes in aged care have done the job? Are outcomes improving?

The introduction of ICLN's has definitely raised the profile of IP&C in aged care, but has not been without some hiccups. Staff absences might mean the ICLN has to work on the floor on an allocated IC shift, as clinical care must take priority over additional duties.

We have also experienced staff movement through the role, it takes several months for new staff to complete the Foundations course, then they need to build confidence and experience in the role.

At Helping Hand, we have monthly meetings with ICLNs and focus on building capacity and accountability. I try to make the resources as fit for purpose as possible. For example, the 'five moments' don't work so well in aged care because there is so much shared space, so I developed an observational hand hygiene tool based on the one developed by Ontario Health in Canada which has four moments (combining moments 4 and 5). We have also taught our ICLNs to look for any moment, and teach based on clean or dirty tasks, which is a more practical application of the individual opportunities (moments) to undertake hand hygiene. Audit results definitively improve at times our ICLN's focus on hand hygiene education / compliance.

Our 10 ICLNs participate in the National Antimicrobial Prescribing Survey every year. We have been able to decrease long term antibiotics prophylactics by looking at other alternatives, such as personal care initiatives and hydration, and have worked with Prescribers to ensure antifungals are no longer ordered on a PRN basis.

Using a risk-based approach to managing outbreaks has been challenging for some clinicians who prefer a standard response, for example testing and isolation of contacts. Our daily outbreak meetings have provided opportunity to work through infection transmission risk for a balanced approach that has minimal acceptable risk and impact on residents.

What are you passionate about in your work? Can you share some highlights with us?

I find it inspiring to see the work we did in IPC during COVID-19 translating to better outcomes for our cohort. During the first big outbreak, we had two pandemic specialist consultants working with us for a week. They helped me understand there's more than one way to get to the finish line. Different ways of managing things achieved the same outcomes, provided we could justify the clinical decision with sound reasoning, which gave me a lot of confidence moving forward in managing COVID outbreaks. To see it play out and click with people, that you could contain an outbreak to one or two cases, and it didn't spread, that we can get on top of it really quickly, that is really rewarding.

Aged care has been a passion of mine for a long time. I love to make a difference, there is so much possibility for improving health outcomes for people. The connections you make in aged care makes it so worthwhile.

Highlight on the WHO global survey on the infection prevention and control (IPC) minimum requirements at the national and facility levels

Relevant for national IPC focal points and IPC focal points in health care facilities in all countries

Open from 22 November 2023 to 14 February 2024

Currently available in English French, Spanish, Russian!
Arabic, Chinese coming soon

- Find instructions, tools, training materials, and recorded webinars on this [web page](#)
- Requests (get link to IPC Portal for national coordination of survey/sign up to IPC Portal) and general enquiries to be sent to: ipcportal@who.int
- Participate in the next WHO global webinar dedicated to the survey
 - ✓ Training webinar – how to complete the WHO global survey on the MR for IPC at the national and facility levels:
13 December 2023, 9-11 am CET – register [here](#)



survey web page

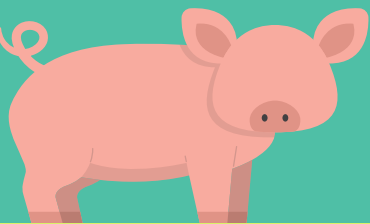


webinar registration



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Veterinary Foundations of Infection Prevention and Control



NEW COURSE IN 2024

We are pleased to announce an exciting new course being added to the suite of ACIPC's educational offerings - Veterinary Foundations of Infection Prevention and Control (VFIPC).

Commencing 1 March 2024, this groundbreaking course is designed for all veterinary staff worldwide and aims to provide students with a broad understanding and introductory skills to enable them to assess, plan, implement and evaluate infection prevention and control activities within their veterinary workplace.

With 11 self-paced modules running over approximately six months, VFIPC allows participants to apply knowledge to their own practice, and is a key component to achieving the ACIPC Primary Credential (CICP-P).

The program has been designed to accommodate busy work schedules, with a series of self-directed learning units supported by a structured online curriculum.

Topics include:

- environmental hygiene
- outbreak management
- employee health
- surveillance
- epidemiology and microbiology

This course reflects recent evidence, guidelines and standards.

Cost

- \$1520 for ACIPC members
- \$1820 for non-members

Scholarship opportunities available soon

Courses commence 1 March 2024

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9 FEB 2024

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**

BOOK NOW
FOR THE COURSE
COMMENCING
6 FEB 2024

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
or go to our website for more
information acipc.org.au



**MORE
INFORMATION**



INFECTION CONTROL MATTERS PODCAST

Would you be admitted to a room where a previous person was infected?

In this episode, Brett and Martin discuss a paper they were recently involved with - a systematic review and meta-analysis on prior room occupancy and the risk to the next person. This paper has been recently published in *Infection, Disease and Health*.

Findings provide some evidence to help inform a risk management approach when determining patient room allocation. The risk of pathogen acquisition appears to remain high, supporting the need for continued investment in this area.

Here is a link to the paper.

In our discussion, we also mentioned a paper about nurses views on the environment and risk:

Mitchell, B. G., Russo, P. L., Kiernan, M., & Curryer, C. (2021). Nurses' and midwives' cleaning knowledge, attitudes and practices: An Australian study. *Infection, disease & health*, 26(1), 55-62. **Link here: Nurses' and midwives' cleaning knowledge, attitudes and practices: An Australian study**



RECENTLY CREDENTIALLED & RE-CREDENTIALLED MEMBERS

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

Primary credentialling: Kate Allen
Chiane Southam
Annette Lenarz

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



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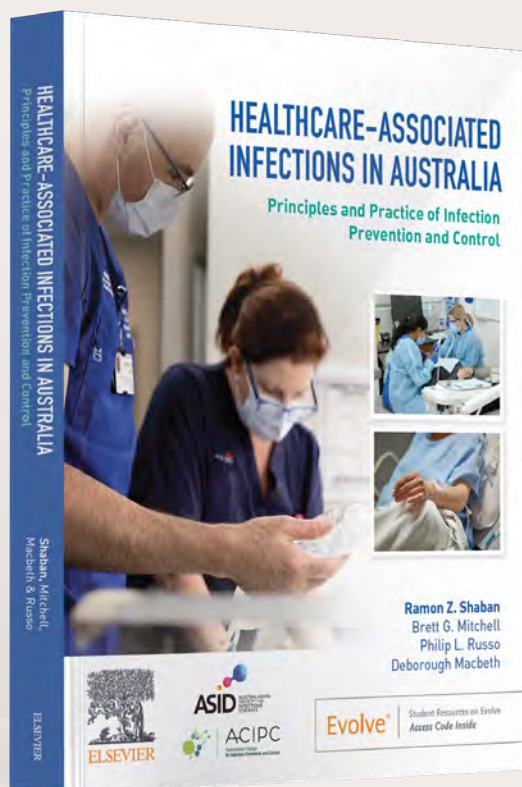
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1st Edition

By Ramon Z. Shaban, Brett G. Mitchell,
Philip L. Russo & Deborah Macbeth
ISBN 9780729543644

Healthcare-Associated Infections in Australia

Principles and Practice of Infection Prevention and Control

Drawing on the expertise of a wide author team, and based on current research, this important and comprehensive text provides a clear pathway for the reader to increase their knowledge and understanding of IPC. The text is designed for both students and practising clinicians, and is presented in two sections - Principles and Practice - for ease of use. With IPC principles and guidelines now embedded into all health-related curricula, and mandated by standards and guidelines across all areas of healthcare, this is a book no health professional should miss.



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