



ACIPC

Australasian College
for Infection Prevention and Control

IPC News

FEBRUARY 2024

ACIPC President Stéphane Bouchoucha



Welcome to the February 2024 Edition of IPC News.

Earlier this month, the ACIPC Board of Directors met, we discussed the strategic plan and put some thoughts into how we want to operationalise the plan and what we want the College to look like in the future to best meet the needs of our members but also to remain the voice of IPC in Australasia. We know that our members have IPC expertise, skills, and knowledge but we are at a point now where we also need the public and the media to know that we are the first point of contact for anything IPC.

As a board, we realised that we were very concerned that so little attention is given to the ongoing pandemic. The pandemic continues to have an impact on all of us, with IPC professionals not only having to deal with the 'business as usual' side of IPC and the numerous outbreaks of COVID-19 in our healthcare facilities and residential aged care homes. The board of directors decided that we needed to increase our advocacy actions, in order to protect the public from infections and support the profession. We issued a Position Statement on the **Current and Continuing Impact of COVID-19** and also released a piece in **The Conversation: Vaccination, testing, clean air: COVID hasn't gone away - here's where Australia needs to do better.**

If you haven't seen the Position Statement or read The Conversation piece, I would encourage you to have a look and distribute them to your networks. There is still a lot of misinformation around! Now that ACIPC employs two IPC consultants, we can respond quickly to situations where the College needs to be heard and take a more proactive approach to our advocacy. We had some great responses to the statement and Conversation piece.

During our meeting we were also able to look at each committee's workplans and set priorities for the year to make sure we operationalise our strategic plan.

Board Director Erica Beukers and I were able to formally launch the ACIPC mentoring program on 7th February. There were over one hundred participants in the lunchtime webinar. It was amazing to see such response to the launch of this program, really highlighting the need for us to be running a mentoring program and develop the next generation of professionals. We have 74 mentees and 58 mentors in the program. I would like to take this opportunity to thank all the mentors that have responded to our calls. It is great to see that you are so willing to share your experience with your peers/mentees. I also would like to thank Erica and the Membership Communication and Engagement Committee for the work that happened behind the scenes to set up the program and enable a seamless launch.

In other news, I have heard that the Victorian Special Interest Group (SIG) is nearly ready to launch and will be organising an event at the beginning of May. We will be sending out some communication on that very soon. I am very excited to see that the College is able to facilitate opportunities to connect. If you have an idea for a SIG, have a look at the **website** and get in touch.

Thank you to the people that have reached out to me at president@acipc.org.au. It is great to hear from you and don't hesitate if you need to give us feedback or have ideas that you want to share, we value your input on how we can further enhance ACIPC.

Thank you for your continued support of ACIPC, and until next month, keep the IPC fight going!

Best wishes

Stéphane Bouchoucha



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MEET THE BOARD

MARGARET LEONG

IPC ADVISOR FOR THE PACIFIC COMMUNITY



Margaret Leong is the Infection Prevention and Control (IPC) Advisor for the Pacific Community (SPC) and is based in Suva, Fiji. She has extensive experience at the Pacific Regional level and understands the regional IPC challenges and works with IPC focal points to strengthen IPC capacity in the Pacific Island Countries and Territories.

Margaret has 30 years of experience working in the public sector both as a nurse clinician and in senior Nursing leadership roles in Fiji. Her previous senior positions with the Fiji Ministry of Health and Medical services includes Chief Nursing and Midwifery officer (Fiji) and Director of Nursing role at the Colonial War Memorial hospital.

Margaret is the pioneer for IPC in Fiji and spent many years working as an IPC officer and was also instrumental in establishing the Fiji Clinical Risk Management program.



MEET THE ACIPC OFFICE TEAM



BEN THIESSEN
EXECUTIVE MANAGER

Ben has over 25 years' experience working in the not-for-profit sector, and specifically in conference, association and business management. He is an expert in developing strategy, leadership, financial and risk management, technology, communications and relationship building.

Ben holds a Bachelor of Science from the University of Tasmania. His interests include skiing and sailing, and he is the veteran of several Launceston to Hobart yacht races.



JACKIE MILEY
EDUCATION MANAGER

Jackie holds a Master of Nursing Science, a Graduate Certificate in Public Health, a Certificate in Infection Control, and is a Nurse Immuniser.

Jackie has a nursing background in IPC, operating room, reprocessing, aged care, and has been a senior infection control practitioner in Ireland, UK and Australia. Her career spans clinical practice, leadership, management and education.

Jackie, in the role of Senior Lecturer at Brookes University in Oxford UK, was Course Coordinator for a masters degree in infection prevention and control, and developed and conducted this course in face to face and online modes. She also taught post graduate modules in microbiology, immunology, IPC, communicable diseases, health promotion, finance for nurse managers and executives in Hong Kong and in the UK.

Jackie has worked in infection prevention and control in several hospitals in Melbourne, before joining the ACIPC team.

MEET THE ACIPC OFFICE TEAM - CONTINUED



CAROLINE WOOLLEY
OFFICE MANAGER

Caroline's career background has been in communications, events and marketing administration, and she has had over twenty years of experience in administrative and management roles.

She holds qualifications in events, tourism and travel, hospitality management, human resources and business.

In her spare time, when she is not ferrying her two daughters about, she enjoys weekends away exploring Tasmania with her family.



TRISH YEOMANS
FINANCE MANAGER

Trish is a highly experienced administration professional with a career background in both the corporate and not-for-profit sectors. She has expertise in finance, office management, project management, accounting and bookkeeping and executive support.

A keen outdoors person, Trish loves sunshine, gardening, and spending time with friends and family. She is very excited to soon be welcoming a new family member, her first grandchild, due on Mother's Day this year.



CARRIE SPINKS
IPC CONSULTANT

Carrie is an experienced infection control consultant, holding a BSc (RN), a Master of Science (Advanced Nurse Practitioner) and a Master of Advanced Practice (Infection Prevention and Control), Nurse Immuniser and Training and Assessment, along with other post graduate courses. Carrie also facilitates ACIPC's Foundations of IPC course, and the Short Course in Infection Prevention and Control in Aged Care Settings.

Carrie has a passion for aged care, and has worked in roles in management, quality and infection control. She's particularly interested in the development of infection control programs, resources and education in aged care settings.

Carrie is based in Sydney and has two boys who share her love of adventure. She loves long distance walking Bikram yoga, sea swimming and catching up with friends.



Karen is an experienced infection prevention clinical nurse consultant, with a Master of Public Health, post graduate diplomas in perioperative and critical care nursing and is currently a PhD Candidate at Deakin University.

Karen has a background in theatre and ICU nursing, and has worked in infection prevention in both public and private health sectors in the Middle East, NT, Tasmania and Victoria, most recently as an infection prevention manager at a tertiary health service in Melbourne.

KAREN MCKENNA
IPC CONSULTANT



Having worked in a number of industries across many business sectors, Amanda has over 20 years' experience in business development and customer service. In the final stages of her Advanced Diploma of Leadership and Management, Amanda has a passion for good old fashioned customer service and strives to ensure that students receive support when required.

Amanda is an artist in her spare time and enjoys time with family and friends on the weekends and heading out to a good venue for a meal.

AMANDA GRUBB
EDUCATION
COORDINATOR



Tracy has a background in government and healthcare, her career spans over 20 years. Following this she worked for Conference Design for 10 years as an Association Manager. She is passionate about achieving great outcomes for members, and delivering friendly, helpful support every day.

Tracy loves travel, spending time with family, her pet beagle Herbie, reading and walking.

TRACY NOBLE
ASSOCIATION
COORDINATOR

MEET THE ACIPC OFFICE TEAM - CONTINUED



SARAH PHASEY
COORDINATOR

Sarah holds a Bachelor of Business, and her career background has been in business administration, tourism and travel. She loves innovation, solving problems and creating solutions. With a keen eye for detail, Sarah like to dot the I's and cross the T's in everything she does.

Sarah has an interest in health and wellness, and on most weekends can be found outdoors with her partner and their chocolate labrador Annie.



ELLEN SMITH
COORDINATOR

Ellen has a Bachelor of Commerce and a Bachelor of Information Systems. She has worked predominantly within the Finance Sector but is also an experienced Operations Manager, Global Administrator and Office Manager.

Ellen has two children, two dogs and enjoys live music, attending museums and galleries and traveling internationally with her husband.



SELINA SPOWART
COMMUNICATIONS
MANAGER

Selina is a writer, content creator and communications specialist with a background in the hospitality, tourism and travel sector. She is a freelance writer and has been published in mainstream journals including The Weekend Australian, WILD magazine, Parenting Express and numerous health and disability journals.

She holds a Bachelor of Arts (Literature), a Diploma in Professional Writing, and is currently undertaking a Post Graduate Diploma in Communications.

Selina enjoys reading, cooking, Scrabble, and bushwalking with her husband and their two Jack Russell terriers, Dave and Lucy.



EOI - ASSOCIATE MEMBER PROFESSIONAL & CREDENTIALLING STANDARDS (PaCS)

4 associate member positions now available to join PaCS

Are you interested in becoming an associate member of the Professional and Credentialling Standards committee within the ACIPC. This is a new and novel opportunity for professional development and networking within the field. Here's a summary of what you'll be doing:

ROLE: As an associate member, your role will involve learning how to assess member credentialling applications alongside an experienced credentialled ICP (Infection Control Professional). This is a valuable opportunity to gain insight into the credentialling process and contribute to the governance of the ACIPC.

LEVEL OF CREDENTIALLING:

You will be at least at the primary or advanced level of credentialling. However, working closely with an experienced ICP will help you further develop your skills and knowledge in this area.

If you are not currently credentialled and wish to be involved, please let us know. We can help you get credentialled and then onto the Committee.

TERM: The term of your involvement is set for 12 months. This provides a clear timeframe for your commitment to the committee.

MEETINGS: Monthly meetings will be held to discuss and assess credentialling applications with some work required outside of this time. This regular schedule ensures that the committee stays on track with its responsibilities and allows for ongoing collaboration and communication among members.

NETWORKING: Being part of the PaCS committee also provides you with the opportunity to network with colleagues who share your interests and expertise in infection prevention and control. This networking aspect can be invaluable for professional growth and development. Overall, joining the committee as an associate member offers a valuable opportunity to deepen your understanding of infection prevention and control practices standards, contribute to the profession, and build relationships within the field. It's a commendable step in your career development as an ICP. Working on an ACIPC committee is a great opportunity to be involved with the College and can be a pathway to representing ACIPC on the Board of Directors. Committee membership is also a terrific way to get to know your colleagues in IPC, mentor, support, create resources for your peers, and find out more about what happens behind the scenes at ACIPC.

If this is of interest, please apply by sending us your current CV and a brief (no more than one page) outline of why you would be interested in joining the committee.

Applications can be sent to office@acipc.org.au

The deadline for applications is 8th March 2024

Members from the aged care sector, rural, regional, and international areas, including New Zealand and the Pacific region are encouraged to apply. Ideally, this new committee will be a representative of our diverse membership that reflects the various settings that our members work in. **We are looking forward to hearing from you!**



ACIPC RELEASE POSITION STATEMENT CALLING FOR RENEWED FOCUS ON MANAGING COVID-19

This month, ACIPC released a position statement titled **Current and Continuing Impact of COVID-19**. It included some wide-ranging recommendations to help better protect vital healthcare and community settings and the public from the ongoing threat of COVID-19. The statement coincided with an article written by ACIPC President Stéphane Bouchoucha, President-Elect Sally Havers and Board Directors Matt Mason and Peta-Anne Zimmerman, which was published on The Conversation website.

“COVID-19 remains an ongoing threat to public health as it enters its fifth year,” Associate Professor Bouchoucha said.

***“More than 45,000 cases of COVID-19 have already been reported in 2024 and Australians are continuing to die from the virus.*”**

“Residential aged care facilities are suffering outbreaks and healthcare facilities remain high-risk COVID-19 settings due to surges in community case numbers and the admission of severe cases. There’s been more than 100 new COVID-19 outbreaks in Australian aged care settings since January 25 alone.

“Australia needs government leadership to focus on its current management of COVID-19, including making it easier for workers to access testing, reinforcing the risk COVID-19 still poses, and implementing measures to reduce the spread of the virus among all workplaces.”

ACIPC’s recommendations include a public health campaign promoting and enhancing more cost-effective access to rapid antigen and PCR testing to all health care sectors and a review of engineering controls in all health care and community settings, including the maintenance and availability of ventilation and air filtration.



[CLICK HERE
TO READ THE
POSITION
STATEMENT
IN FULL](#)

More broadly, the College is also calling for support for people with COVID-19 to stay at home while recovering, especially those working with vulnerable communities and in health care. Businesses, education institutions and industry should also undertake ongoing assessments of their workplaces to ensure they remain COVID-19 safe, taking into account public health and other relevant advice.

“We need the ongoing support of Government to allow communities to engage in key prevention strategies such as promoting and encouraging vaccination, the use of respiratory PPE, and staying home when unwell,”

A/Prof Bouchoucha said. *“We will only get this by adopting proactive prevention and management strategies, including raising education and awareness.*

“As the experts in infection prevention and control, ACIPC calls on the Federal Government to adopt our recommendations and help minimize the spread of COVID-19.”

Click here to read **The Conversation article, Vaccination, testing, clean air: COVID hasn't gone away - here's where Australia needs to do better.**

BOOK NOW
FOR THE COURSE
COMMENCING
19 APRIL 2024

*LIMITED
SPACES
LEFT*

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**

SHORT
COURSE

LIMITED
SPACES
LEFT

BOOK NOW
FOR THE COURSE
COMMENCING
5 APRIL 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**

Congratulations

PROFESSOR BRETT MITCHELL AM



ACIPC extends congratulations to Professor Brett Mitchell AM, who was appointed a Member of the Order of Australia in the 2024 Australia Day Honours list.

He was awarded this honour for significant service to nursing, particularly infection prevention and control.

Brett is a fellow of ACIPC and editor-in-chief of Infection, Disease and Health journal, as well as Professor of Health Services Research and Nursing at Avondale University. He has an extensive clinical nursing background and has over 150 peer reviewed journal and oral conference presentations to his name. He is also the author of several books, and in July 2023 was inducted into the Nursing Hall of Fame at the 34th International Nursing Research Congress in Abu Dhabi.

Well done on your achievement Brett, and thank you for your outstanding contribution to the field of IPC over many years.

RECENTLY CREDENTIALLED & RE-CREDENTIALLED MEMBERS

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

Expert re-credentialling: Simon Meyer-Henry

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

IPC Tour



ACIPC and GAMA Healthcare invite you to the Infection Prevention & Control Tour.

National and international insights include:

- Antimicrobial resistance (AMR)
- Preparing for winter challenges
- Sustainable infection prevention solutions
- Material compatibility
- Expert panel discussion

An opportunity to discuss local challenges is provided while networking with peers.



Keynote Speaker*:

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

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

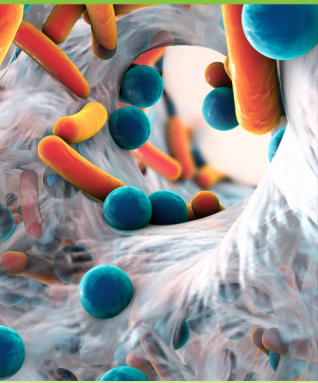
Brisbane: Wednesday 3rd April 2024, RBWH Education Centre - 8:30-3pm

Adelaide: Thursday 4th April 2024, Adelaide Town Hall - 8:30-3pm

Sydney: Tuesday 9th April 2024, Novotel Sydney Olympic Park - 8:30-3pm

Melbourne: Thursday 11th April 2024, Rendezvous Hotel - 8:30-3pm

Perth: Tuesday 16th April 2024, Bentley Technology Park - 9-3:30pm



Have Bug, Will Travel

Travel Pathways to Infection & Prevention



ACIPC LUNCH & LEARN WEBINAR

Topic: Have Bug, Will Travel -
Travel Pathways to Infection & Prevention

Presenter: Dr Wava Truscott, PhD

Date: Tuesday 26 March at 12.00 pm AEDT

50 minute Presentation, followed by 10 minute Q&A

**CLICK HERE
TO REGISTER
FOR THIS
WEBINAR**

About the presenter



Dr. Truscott is founder of Truscott MedSci Associates, a consulting company focusing on current concerns in healthcare including infection prevention, improved patient outcomes, and staff risk reduction. These goals are addressed, by developing educational courses, speaking engagements, authoring articles, and assisting with experimental design.

Truscott received her doctorate from the University of California (UCD) in Comparative Pathology with major emphasis in Microbiology, Immunology, and Pathology. She has 43 years in the laboratory and medical device industry. She also served as a volunteer at the Gardner HIV Clinic at UCD, and as a Certified Hospital Aide in several military hospitals during and after the Vietnam War.

Learning Objectives

1. List locations where infectious pathogens are often found in hospitals
2. Identify poor practices known to increase the likelihood of patient infections
3. Discuss traditional and newly discovered means by which pathogens survive traditional efforts to destroy them
4. Describe how selection and appropriate wearing of personal protective equipment (PPE) can make a huge difference in staff protection, staff confidence, and patient safety.

SPONSORED EVENT



FEBRUARY LUNCH & LEARN WEBINAR

In February's webinar we learned about Mould in the Healthcare Environment with presenter Sarah Bailey. Here is a summary of the webinar, which members can view on our website.

What is mould?

Mould can be referred to as fungi, mould, mold, mildew and toxic black mould (which is not as common as you might think, and although it doesn't belong in hospitals, it is not as frightening as it sounds).

Mould can produce various health effects such as asthma, allergies, headache, nausea, exhaustion, nose bleeds, burning eyes, cognitive disorders and, rarely, infections.

Mould needs four things to grow: water, food, air and a surface to grow on. So getting rid of water is the easiest way to get rid of mould. Mould loves dampness from water ingress, flooding, condensation (such as inside air-conditioning units), leaking, capillary action, steam and lack of ventilation.

What to do when you find mould

- Adopt a considered approach
- Multi disciplinary involvement in decision making
- Plan for communication
- Plan for remediation without impacting patients

If mould is discovered then pre-remediation testing is required, which should be done by experts, and as quick as possible. If left untreated, it can become a major issue and a potential huge disruption for a facility.

Pre-remediation inspection assesses the extent of mould. It is a good idea in an acute setting to get the mould speciated so you know what to look out for later in terms of associated infections. Moisture testing and air testing are done.

Air quality monitoring for fungi is recommended, and there are different types of sampling methods. An expert can identify the best type of sampling for your environment.

Remediation

- Fix the cause
- Infection control issues (stopping the problem spreading to other areas)
- Proper monitoring, containment and communication
- Porous materials (such as carpets/curtains - these will have to go)
- Midden mould (for example behind pictures, walls, furniture)
- Dust

Removing mould is a specialist field, but is as yet unregulated, although there are some Australian Standards coming soon for mould remediation. Involvement of your facility's IPC and engineering team is important. Have a clear scope of works about what is going, and what is staying and choose a contractor who is experienced in mould remediation in healthcare settings.

When communicating with contractors, it is useful to tell them that it's exactly like friable asbestos, they will then understand how important it is to contain every bit of dust. Every builder should know about asbestos!

Choice of cleaning products

Choose carefully! Think about allergies, chemical exposure, effectiveness vs mould, and any potential damage to components such as walls, equipment and the built environment.

Cleaning products that kill bugs are called biocides, they include bleach, soap, quaternary ammonium compound, tea tree oil and vinegar. One of the best things though is good old elbow grease and soapy water, to physically remove the mould from the surface

Post remedial inspection checklist

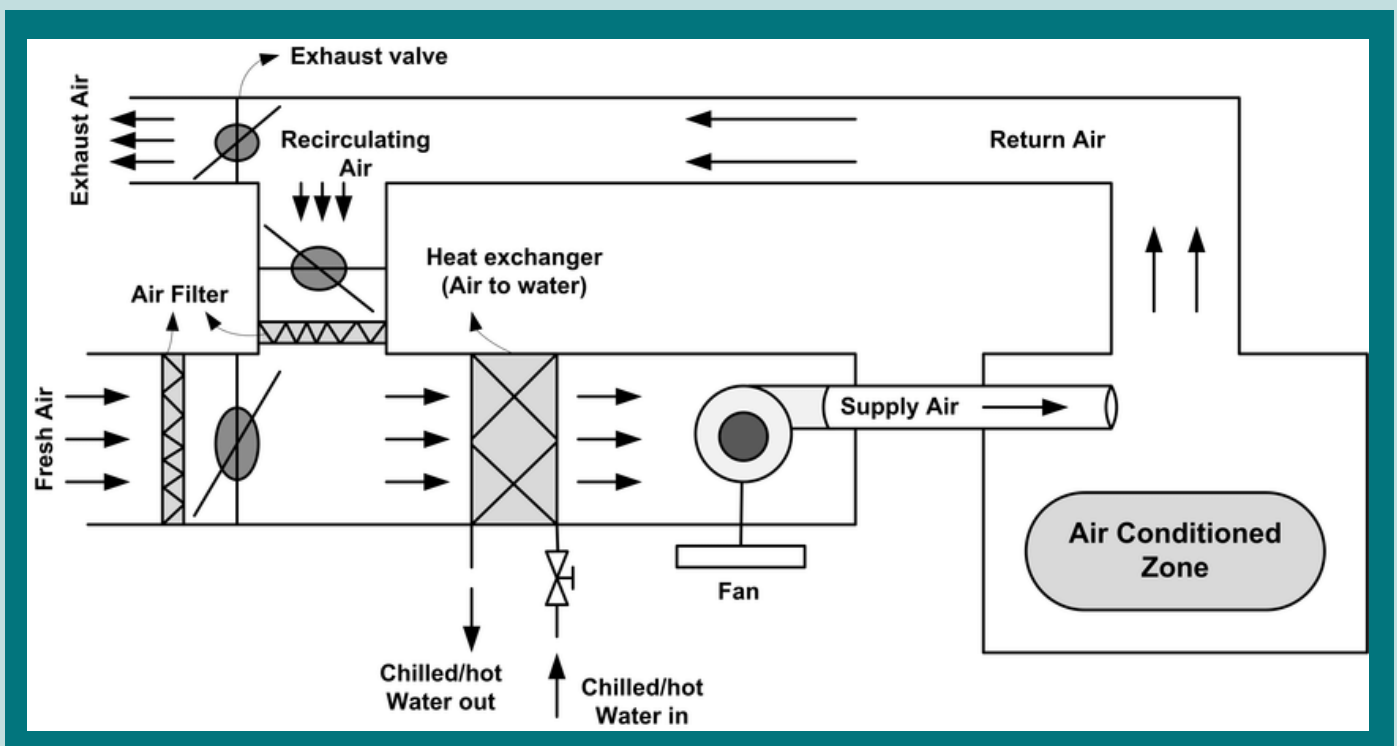
- Source of moisture rectified
- Works complete
- No odour
- No visible mould
- Dry areas
- No health complaints

Air-conditioning

Air-conditioners work by bringing outside air in and then cooling it. The problems here are that the outside air coming in can be humid and when it is cooled you get water. Ideally the water is drained away, but if it is very humid or the air-conditioning isn't right for the job you can have condensation problems which lead to mould.

Different states have different Health facility guidelines about ventilation service and inspection. The Australian Standard (AS3666) states that each air-handling unit (AHU) needs to be inspected monthly, but this doesn't always happen.

It's important to have a regular Inspection programme for AHUs, including regular air quality testing, inspection of AHUs, and a prioritised list of remediation and actions depending on risk to patients (for example, vulnerable areas such as oncology where patients are more at risk from infections).





Construction and renovation

Construction is going on constantly in most hospitals, and there must be a risk management strategy even for small things like repainting or replacing light fittings.

Risk identification means assessing the task to be done, the population around the job, and their proximity to the site.

Areas to focus on include:

- ventilation systems and where they take the air
- traffic and supply routes, and whether they go near vulnerable patients
- air quality samples which should be taken to establish a baseline and determine air monitoring requirements, methodology and frequency.
- Identifying the type of construction activity: from A (minor) to D (complete renovation)

Most built environment associated HAIs come from:

- no plans, as built drawings, or lack of building knowledge
- no proper access to plant for maintenance
- too much water
- too little storage
- lack of communication

Many risks can be mitigated at the building stage, this can be designed in (for example, appropriate ventilation). During construction, the main risks are dust, fungi and waterborne bacteria.

Dust suppression

Dust at work sites can be controlled with water (know the source of the water and make sure it is clean), extra cleaning, and dedicated entry and exit routes for building staff and patients.

It's important to know your airflow patterns, so the dust doesn't get carried into vulnerable areas like oncology or ICU. Dust monitors are effective for this.

Monitor your cooling towers and ensure regular inspection and adequate water treatment, if dust gets into them then Legionella can proliferate more readily.

For high-risk patient areas, you can help control dust with positive pressure rooms so patients are always bathed in clean air. Evidence is unclear at this stage about the efficacy of masks to suppress dust exposure.

Portable HEPA filters can also be used (greater than 12 air changes per hour), and make sure they are kept serviced and maintained.

Meanwhile in the path lab...

It's always a good idea to let the pathology lab know when construction is taking place, there have been instances where fungi have travelled from nearby construction sites into the lab through the air-conditioning and affected test results. In a number of cases patients have tested positive for *Aspergillus fumigatus* in their sputum, but it was actually coming from the construction work nearby and contaminating the lab specimens.

How to choose a contractor for renovations and building

Choose a contractor who is experienced at working in healthcare, not just the cheapest. Include IPC in your routine site induction process for contractors, and always have some test questions at the end and do not let them onsite unless they have passed!

INFECTION PREVENTION AND CONTROL PROGRAMME PRIORITIES FOR SUSTAINABLE HEALTH AND ENVIRONMENTAL SYSTEMS

[CLICK HERE TO READ THE FULL ARTICLE](#)



Reviewed by Karen McKenna RN, MPH

Take a look at this recent article co-authored by ACIPC members Gemma L. Saravanos, Jocelyne M. Basseal, Brett G. Mitchell and Holly Seale with Md Saiful Islam, Yuanfei Huang and Meru Sheel. The article, ‘Infection prevention and control programme priorities for sustainable health and environmental systems,’ was published in February’s *BMC Global and Public Health* journal.

This interesting article acknowledges the breadth and resources required for strong infection prevention (IPC) programs and explores how IPC intersects with health system and environmental sustainability. The authors describe how IPC programs align with sustainable health systems - both prioritise disease ‘prevention’ which carries the co-benefit of reducing downstream economic, social and environmental impacts.

While IPC programs are crucial for maintaining healthcare safety and quality, they also contribute to environmental harm, an aspect that has been largely overlooked until recently. This commentary sheds light on research conducted during the COVID-19 pandemic, revealing the environmental consequences of heightened demand for single-use IPC resources. This surge led to increased emissions, waste generation and contamination of ecosystems, both within the health sector and in the community.

The authors advocate for increased investment in IPC programs to fully realise their potential. This includes strengthening the evidence base through dedicated research and evaluation, alongside a people-centred approach that fosters an enabling environment.

Practical strategies for mitigating the environmental impact of IPC include promoting evidence-based use of resources, and optimising processes related to manufacturing, procurement, disposal, reuse, and recycling of IPC-related products where it is safe to do so. Effective governance and leadership, and multi-stakeholder partnerships are essential for implementing these efforts successfully.

IPC professionals have critical expertise to contribute to and lead the development of innovative solutions that uphold the safety and effectiveness of IPC practises while improving environmental outcomes.



INFECTION CONTROL MATTERS PODCAST

A national CPE survey of healthcare workers knowledge and some interesting sink practices

We chat with Dr Deirdre Fitzgerald-Hughes and Aoife Kearney about a national survey undertaken in Ireland. In the survey, they explored CPE knowledge and practices of healthcare workers, including infection prevention and control staff.

There were some interesting findings that may be useful in informing IPC education and training, including convincing people that they need to know more.

The paper we discuss is:

Kearney, A., Humphreys, H., & Fitzgerald-Hughes, D. (2023). Infection prevention and control policy implementation for CPE: A cross-sectional national survey of healthcare workers reveals knowledge gaps and sub-optimal practices. *Journal of Hospital Infection*.

<https://doi.org/10.1016/j.jhin.2023.12.007>



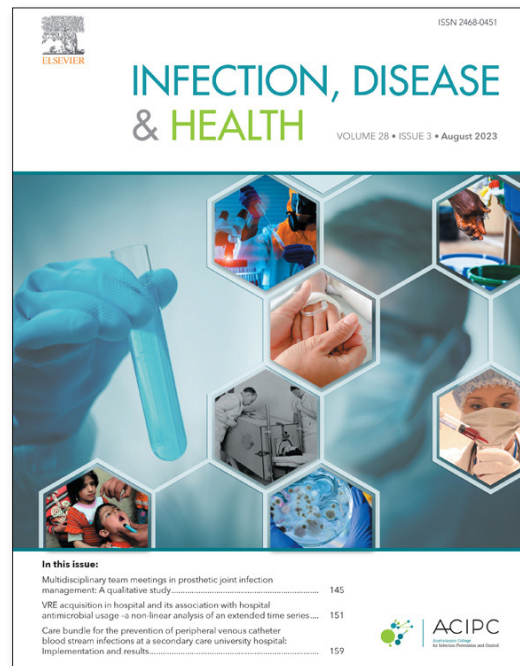
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Regulating antimicrobial use within hospitals: A qualitative study

Jennifer Broom, Alex Broom, Katherine Kenny, Pamela Konecny, Jeffrey J. Post

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Selected publications of interest

Impact of certified infection preventionists in acute care settings: A systematic review

<https://www.sciencedirect.com/science/article/abs/pii/S0196655322005065>

Keeping the Stethoscope, the Clinician's Third Hand, Clean

<https://www.infectioncontroltoday.com/view/keeping-the-stethoscope-the-clinician-s-third-hand-clean>

Navigating AAMI ST91: Enhancing Patient Safety in Endoscope Processing

<https://www.infectioncontroltoday.com/view/navigating-aami-st91-enhancing-patient-safety-endoscope-processing>

The Importance of Hand Hygiene in Ambulatory Care Settings

<https://www.infectioncontroltoday.com/view/the-importance-hand-hygiene-ambulatory-care-settings>

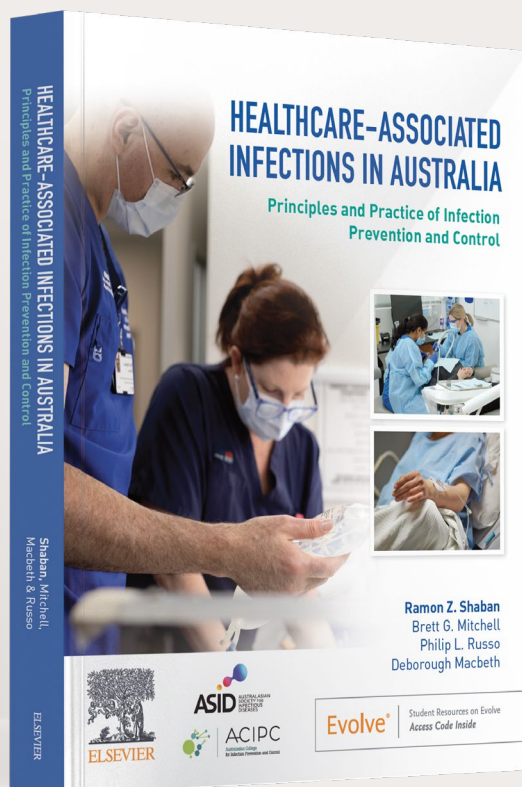
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