ACIPC
Australasian College
for Infection Prevention and Control

IPC News

JUNE 2024

ACIPC President Stéphane Bouchoucha

Welcome to the June 2024 Edition of IPC News.

Already the end of another month and with that we are getting closer to the next summer. I was fortunate enough to escape a little of Melbourne autumn/winter and travel to North America to attend the Association for Professionals in Infection Control and Epidemiology (APIC) annual conference in San Antonio, Texas and the Infection Prevention and Control Canada (IPAC) conference in St John's (Newfoundland and Labrador). In Texas I met up with Professor Lisa Hall from University of Queensland and A/Prof Noleen Bennet from University from Melbourne (picture below). While the Texas weather was too hot for this Melburnian, attending these 2 conferences was a great opportunity to represent ACIPC, share our vision for the future of IPC in the region, network with APIC and IPAC Canada leadership team, meet new colleagues and hear about innovative practices in the field. Earlier this year, IPAC and APIC Canada introduced the **Ethical Infection Prevention and Control (EIPAC) Decision-Making Framework.** This resource is a long-needed document to help us achieve patient/resident/family centred care in IPC and enable us to use IPC to foster collaboration in our care, and I continue initial discussion to see how ACIPC can also be part of this framework and any other areas where we can collaborate. Through our collective voices, we can be stronger.

While travelling, I was also able to review fully the **WHO Global technical consultation report on proposed terminology for pathogens that transmit through the air.** I discussed this in a previous newsletter, and I would encourage you to review too as it has some implications for our practice though proposing new terminology. If you want a quick summary, Dr Jon Otter has a great blog post **here.**

This month, the Australian Centre for Disease Control reached out to the college to ask us to share some resources for travellers to the Hajj annual Islamic pilgrimage to Mecca. You can see these resources in the newsletter, and I would like to encourage you to also distribute to your networks. It is good to see that the Australian CDC is engaging with us and recognising our leadership position in IPC in the region.

Some members and the Board of Directors have expressed concerns however on the structure of the CDC and the fact that IPC does not seem to be given the place it needs. As we all know, IPC inclusion is essential to provide the knowledge, skills and expertise relating to disease surveillance, and the burden of healthcare associated infections (HAIs) as it impacts health service organisations across the country, but also to make sure we are prepared for the next pandemic and have a robust stricture providing IPC oversight. I have written to the Interim Director, Professor Paul Kelly to highlight our concerns regarding the little place given to IPC in the Australian CDC. I have also highlighted our concerns about the lack of recognition of IPC specialisation in Australia.

This month we also released a further three positions statements. These statements can be found **here** and the aim with all of the statements ACIPC has published is to provide support for your IPC practices. If you feel there is a gap and would like to see further guidance in a specific area, please reach out to us: office@acipc.org.au. You can also reach out to me at president@acipc.org.au to share any feedback.

Until next month, thank you for your relentless work to keep our community safe and your leadership and advocacy. I know it is not an easy time with increased respiratory infections as well as the 'business as usual'.

Stéphane Bouchoucha

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ACIPC INTERNATIONAL CONFERENCE

SUCCESSION, SUSTAINABILITY, AND THE ADVANCEMENT OF INFECTION PREVENTION AND CONTROL

On behalf of the Board of Directors, it gives us great pleasure to invite you to attend the 2024 ACIPC International Conference.

By attending the conference, you will learn from national and international experts, network with likeminded professionals, and meet with Australasia's largest collection of IPC industry suppliers.

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

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

More information regarding the conference including invited speakers, social events, and engagement initiatives can be found on the conference website here.

Registration

This year's conference will feature new registration categories designed to make attendance easier for delegates whether joining us in Melbourne or online.
These initiatives include:

- **Onsite Shared Registrations:** This option grants access for three individuals to attend, with each person allotted a single-day entry, allowing multiple team members to benefit from the event without separate registrations.
- **Online Day Registration:** Attendees can choose specific conference days aligning with their interests, focusing on sessions most relevant to their professional goals.
- **Dinner Inclusive Registrations:** Delegates can opt to include dinner with their registration, customising their conference experience according to their preferences.

An early registration discounted fee will be offered and will be available until the 1st of October 2024.

You can find out more about conference registration here.

17–20 NOV 2024

MELBOURNE CONVENTION AND EXHIBITION CENTRE, VIC & ONLINE

ACIPC
Australasian College for Infection Prevention and Control

CLICK HERE TO APPLY AND FOR FURTHER INFORMATION

Conference Scholarships Now Open

ACIPC offers scholarships each year to financial members to reduce the out-of-pocket expenses associated with attending the ACIPC International Conference.

The College is excited to announce that we are offering two new scholarships this year.

The scholarships available this year are:

- ACIPC International Conference Scholarship – Pacific Region
- ACIPC International Conference Scholarship – Australia and New Zealand
- ACIPC International Conference Scholarship – Rural and Remote (new in 2024)
- ACIPC International Conference Scholarship – First Nations (new in 2024)

Attending the annual ACIPC Conference will allow winners to acquire, develop and maintain infection prevention and control knowledge and skills. Attending the conference also provides networking with colleagues working in IPC.

Conference Sponsors

PLATINUM SPONSOR

GOLD SPONSOR

DESTINATION SPONSOR

SILVER SPONSORS

BRONZE SPONSORS

WELCOME RECEPTION SPONSOR

COFFEE CART SPONSOR

JUICE STATION SPONSOR

RESEARCH GRANT APPLICATIONS ARE NOW OPEN!

RESEARCH GRANTS

A key strategic focus of the College is to enable members to identify areas for research that will lead to improved knowledge, evidence-based education and practice, and improved outcomes. In alignment with this strategy, the College provides opportunities for our members to undertake research with the assistance of research grants.

Early Career Research Grant

The aim of the Early Career Research Grant is to support Early Career Researchers (ECR) undertake research relevant to infection prevention and control. ECRs are researchers who are within five years of the start of their research careers.

Applications will close at 9am on Monday 19 August.

FOR FURTHER INFORMATION INCLUDING THE APPLICATION PROCESS **CLICK HERE**

Seed Grant

The aim of the Seed Grant is to support members who wish to undertake high quality pilot, exploratory, or small-scale infection prevention and control research. This grant aims to address a gap between early concepts and large-scale funding provided by larger bodies such as the National Health Medical Research Council (NHMRC) and the Australian Research Council (ARC). The grant is also aimed at providing support to researchers who have not yet had success with specific national category 1 competitive funding NHMRC and ARC grants.

Priority Areas

Applications that address one of the three priority areas will be highly regarded, however, those that focus on other topics are also eligible to apply:

- Low and Middle income settings
- Indigenous Health
- Aged Care

MAY LUNCH & LEARN WEBINAR

Using cameras for hand hygiene auditing – opening a 'Pandora's box of worms' and completing a PhD to boot

This month we learned about using cameras for hand hygiene auditing with Dr Katherine McKay.

Here is a summary of the webinar, which members can view on our website.
Using cameras for hand hygiene auditing – opening a Pandora's box of worms and completing a PhD to boot.

As we all know, hand hygiene is the single most important thing a healthcare worker can do to prevent the patients in their care from acquiring a healthcare-associated infection. Many of us have concerns about direct observation as a modality, and this is increasingly being found in the literature as well.

Some of the problems with direct observation include:

- It's time consuming, and therefore costly

It can be impacted by:

- Selection bias
- Observer bias
- Observation bias (Hawthorne Effect)

Most electronic approaches only collect proxy information, such as product consumption and dispenser activation, and are not recording compliance to the 5 moments.

The research question we came up with for our study was 'What is the utility of video monitoring systems (VMS) for contemporary hand hygiene auditing practice?' We explored this through three sub-categories: technical and methodological specifications, feasibility and time efficiency, and healthcare workers' and consumers' attitudes to VMS.

Our aim was to understand the advantages and disadvantages of both direct observation and video-based approaches to hand hygiene auditing, and to use the data to inform the development of an approach to hand hygiene auditing using video camera technology.

DIRECT OBSERVATIONS

Pros:

On the spot feedback

Being in the clinical setting

Patient safety (improving practice, intervening)

Cons:

Not accurate

Resource intensive

Associated with negative feelings/punitive

VMS – WHAT THE EXPERTS THOUGHT

Positive:

The things you might know - collecting bigger, better data

The things you might see - collecting other data

The things you might do - potential ways of using the data

The time you might save - efficiency of video auditing

Negative:

Aren't we invading the patient's privacy?

Big brother is watching? - staff suspicion, privacy and fear of punishment

Will I end up on Facebook? - data storage and security

Are we going to get sued? - legal issues, consent and litigation?

You don't trust us? - damage to relationships

What about feedback?

Won't it cost too much?

Study results

We found healthcare workers and patients need an acceptable level of:

Safety for the workers – they fear making mistakes, embarrassment, punitive or legal consequences

Protection of patient privacy

Open communication – consent, confidentiality, legality

Feedback – quality contextual feedback with VMS

Data – better data=better feedback=better care

Implications of the study

A well-designed VMS facilitates Hand Hygiene Auditing per WHO 5 Moments. Data collected can be submitted through NHHI, saving time. Direct observation's role in HH compliance needs clarification.

There are implications for regulation, legislation, guidelines, policy and procedure. Clarification is needed regarding VMS status concerning legislation (privacy and surveillance acts), its place in patient records, FOI, legal discovery, and consent requirements.

Communication education and training would need to include open communication with healthcare workers, a public information campaign, and professional development for auditors.

In terms of future research there would be the potential for:

- Trials in clinical settings
- Exploration of evolving camera technologies
- The incorporation of AI in the approach
- As well as the possible use the approach/technology for other healthcare compliance monitoring

What really jumped out was the need to clarify the purpose and role of direct observation in relation to hand hygiene compliance. What is our primary aim when we are present in the clinical setting observing and recording HCW hand hygiene behaviour?

Study participants said:

1. *It's all about getting accurate data*
2. *It SHOULD be all about getting accurate data (but the direct observation method means we can't)*
3. *It's all about culture or behaviour change ('the number' doesn't matter) and*
4. *It SHOULD be about culture or behaviour change (but the drive for 'the number' gets in the way)*

Getting an accurate picture of hand hygiene practice

Is it possible with direct observation?
Our participants didn't think so, and pointed to inaccuracy due to the Hawthorne Effect, selection bias, and pressure to achieve a number or target.

Is it about behaviour change then?

In an ideal world, auditors would give lots of education and feedback while out in the clinical space. However, some interesting data emerged from surveyed participants – 72% of auditors said they gave feedback often or always, but only 22% of audit subjects said they received it often or always.

Why don't auditors give feedback?

Our most common response was defensive body language, gestures such as eye-rolling, and or insulting negative comments. It is easy to imagine that such behavior would negatively impact on auditors willingness to give feedback.

What are we trying to achieve?

Is or should hand hygiene auditing be about getting 'accurate' information about hand hygiene behaviour? If so, is direct observation the best way to do this? Perhaps this is where a video monitoring system could be used?
On the other hand, is hand hygiene auditing via direct observation all about behaviour change and if so, are we achieving this with our current approach? This is the 'Pandora's box of worms' I opened with my PhD.

BOOK NOW
FOR THE COURSE
COMMENCING
12TH JULY 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 9 AUG 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

ACIPC
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SEE OUR FULL RANGE OF AUSTRALASIAN AGED CARE RESOURCES **HERE**

IPC RESOURCES FOR AUSTRALASIAN AGED CARE AND HOME CARE SETTINGS

Looking for resources for Australasian aged care and home care settings?

We have you covered! Take a look at our range of resources, including:

- Free webinars
- Links to up to date policy advice
- Resources on a range of topics relevant to IPC
- Aged care specific topics such as dementia support

It's your 'one stop shop' for all things aged care!

You can also get involved with our Aged Care Community of Practice, access our free webinars, and use our online aged care forum, Aged Care Connexion. Anyone can view forum posts and replies, and ACIPC members can post and answer questions, subscribe to email notifications, and search online archives.

VISIT AGED CARE CONNEXION **HERE**

MEMBER PROFILE

DR PAUL DIMOND

This month, we chat with Dr Paul Dimond, who is the Senior Nursing Advisor, Infection Prevention and Control, Clinical Excellence and Patient Safety, NT Health

Can you tell us a bit about your career background and how you became interested in IPC?

I began my career in nursing, over 50 years ago as a boy of 17. Over the years, I have held various roles in Nursing; Mental Health was a particularly interesting field of practice, particularly Forensic Mental Health. My interest in Infection Prevention and Control (IPC) was re-kindled during at the beginning of the Global Pandemic that was the SARS-CoV-2 virus in February 2020.

The complexity and critical importance of IPC in healthcare delivery during the early months of this Global crisis motivated me to further my studies at John's Hopkins University and the works of the WHO. The COVID-19 pandemic played a pivotal role in deepening my commitment to IPC, particularly through my involvement with the Centre for National Resilience in the NT where best practice and gold standards where a highlight. I am back at Monash University studying Public Health. IPC has always been imbedded in all I have done during my long involvement in my profession.

Tell us about a typical day for you.

A typical day for me starts with reviewing overnight reports on infection rates and any incidents that might require immediate attention, emails and more emails! I often have several meetings, including some with the regional IPC team leaders where necessary, hospital administrations, and sometimes community health leaders. My afternoons are usually spent on policy development, reviewing compliance with standards, such challenges as complying with AS5369, and providing educational sessions for various teams as required. I also allocate time for my ongoing research projects, particularly those focusing on scabies in remote Indigenous communities and skin diseases in general.

What fascinates you about IPC, and what are you passionate about?

IPC fascinates me because it sits at the intersection of patient safety, public health, and clinical practice. It requires a comprehensive understanding of microbiology, epidemiology, and behavioural science. I am passionate about the potential to make a tangible difference in patient outcomes and community health through effective IPC strategies. I find it particularly rewarding to see reductions in infection rates because of the policies and practices we implement.

What are the particular challenges for nursing and IPC in the NT?

The NT faces unique challenges due to its remote geography and the significant Indigenous population. Access to healthcare services can, at times, be limited, and there are often barriers related to cultural differences and socioeconomic factors. These challenges necessitate innovative approaches to IPC that are culturally sensitive and adaptable to resource-limited settings. Additionally, addressing the high prevalence of skin infections and chronic diseases in these communities requires ongoing education and respectful community engagement.

Are there any future research projects or new developments on the horizon that you are excited about?

Yes, I am particularly excited about a randomized controlled trial I am looking at to study the effectiveness of integrated treatment for Norwegian or Crusted Scabies in remote Indigenous communities (hypothetical at this stage).

The project would aim to combine pharmacological treatment with educational and preventive measures, involving the community in a holistic approach. I am also interested in exploring the impact of single-room designs in Australian hospitals on infection rates and patient outcomes.

What would you say is your career highlight so far?

One of my career highlights has been my small role in assisting in managing the response to the COVID-19 pandemic within NT Health. As one of the RED team leaders during such a critical period, seeing the positive impact of our work in the community was incredibly rewarding. The teamwork in protecting all Australians was outstanding in my opinion. Another significant milestone was reaching my 50th year in nursing. Where did that time go?

How do you like to unwind? Any interesting hobbies you would like to share with us.

I love to cook and explore new cuisines. Cooking is a creative outlet for me, and I enjoy experimenting with different flavours and techniques. Travel is another passion of mine; I find it enriching to experience different cultures and traditions. Whether it is trying a new recipe or planning my next travel adventure, these activities help me relax and recharge.

PICNET TECHNICAL WORKING GROUP MEETING

Providing regional ownership and support to IPC activities across the Pacific, PICNet is a one of the services provided through the Pacific Community Pacific Public Health Surveillance Network promoting information sharing and networking for IPC professionals in the Pacific. ACIPC is proud to be an allied member of PICNet and was asked to participate in the Technical Working Group meeting held in Nadi, Fiji in early June. Board member Dr Matt Mason attended as representative of ACIPC.

During the Technical Working Group meeting core PICNet members from Samoa, Fiji, and Palau with allied member representatives from the World Health Organization, the Pacific Community, Fiji National University, and the Pacific Islands Health Officer Association revised the terms of reference for the Technical Working Group and reviewed the recommendations from previous PICNet meetings to develop a strategic plan and related action plan that will be presented to the full PICNet meeting in 2025.

These outputs from the Technical Working Group meeting will be utilised by PICNet core and allied members as well as other interested parties to guide IPC activities across the blue Pacific to reduce the burden and impact of infection in the region.

Tier 1.5 Virtual training

Orientation to International Outbreak Response with GOARN

ACIPC
Australasian College for Infection Prevention and Control

Queensland Infection Prevention and Control Unit
Queensland Government

GOARN
Global Outbreak Alert and Response Network

GOARN 1.5 TIER TRAINING

ACIPC and the Queensland Infection Prevention and Control Unit (QIPCU) will be offering GOARN Tier 1.5 Virtual Training this July.

Through this highly interactive course, participants are introduced to the opportunities, processes, challenges, and realities of working as part of an international multidisciplinary outbreak response team on a GOARN deployment with the World Health Organization (WHO). This course details the steps involved to apply for deployment, explores the types of tasks undertaken and the people you're likely to work with when deploying as an Infection Prevention and Control specialist in different response environments, and introduces concepts for adapting technical Infection Prevention and Control skills in dynamic field-settings.

Participants will hear from former GOARN deployees who will share their personal deployment experiences and collectively and honestly explore the mental and physical well-being challenges of deploying internationally to a public health emergency. Upon completion of this workshop participants are encouraged to self-reflect upon their suitability and interest in volunteering to deploy with GOARN and WHO internationally in the future and will be provided with avenues for further developing their international outbreak response skills.

All participants are required to complete a series of self-directed eCourses prior to the two workshops. These courses provide an overview of GOARN, the GOARN deployment process and WHO in Emergencies. Details and instructions for accessing and completing these eCourses will be shared with participants registering for the sessions.

Each online workshop will be held from 1:00 pm – 4:00 pm AEST and take place on Tuesday 9th and Wednesday 10th July 2024. More details will be provided to those who register.

APPLICATIONS CLOSE 1 JULY 2024.

TO APPLY FOR THE TRAINING, **PLEASE COMPLETE THE FORM HERE**

STAY A STEP AHEAD

of winter infections

Scan to take part in the campaign and find out more

Introducing our latest IPC campaign, ‘Stay a Step Ahead’ of winter infections

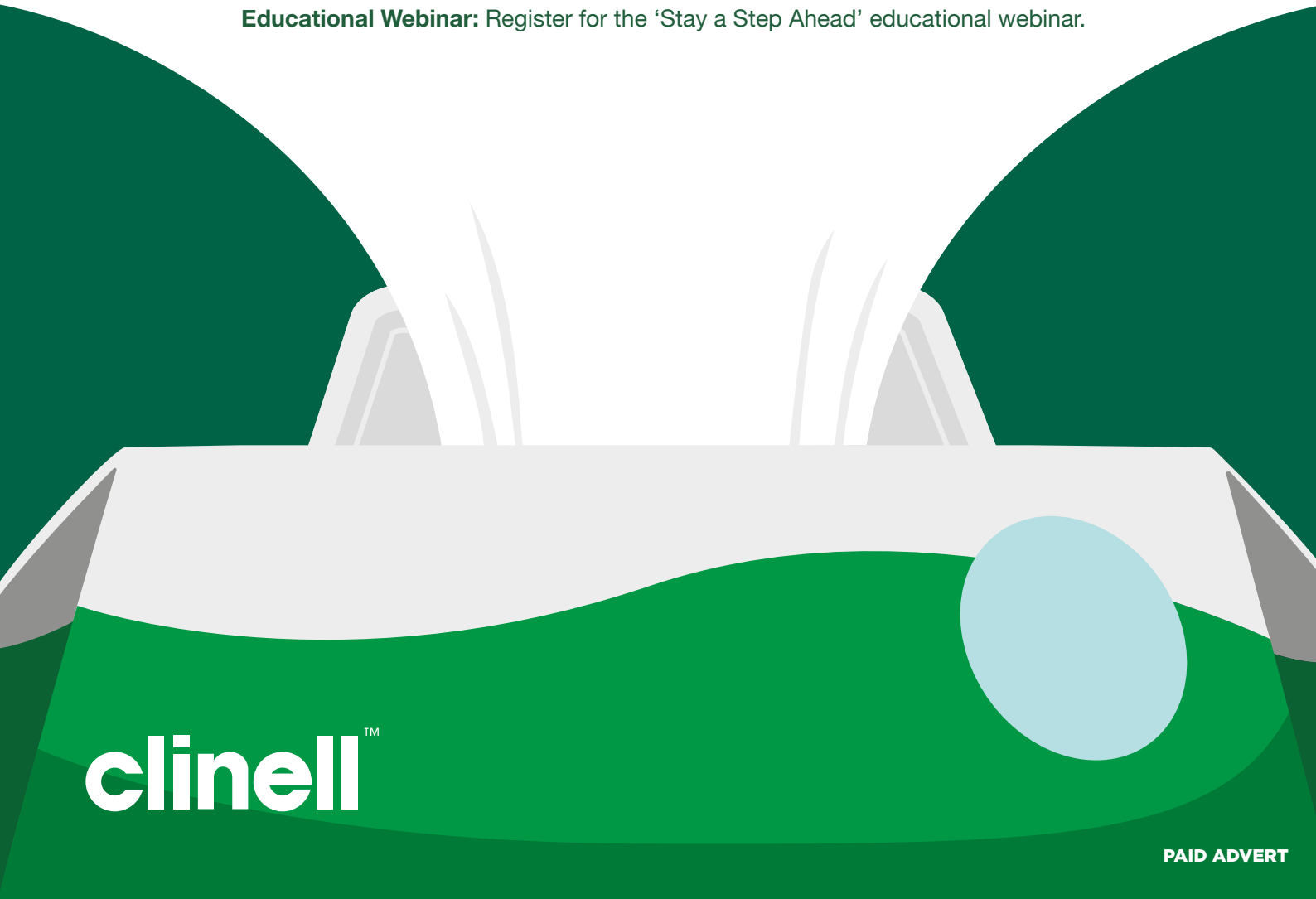
Don't let hidden pathogens catch you off guard this winter! Dive into our comprehensive Infection Prevention and Control (IPC) Winter campaign. It is designed to help you manage threats lurking on surfaces, patient and resident hands, and tackle the challenges of Antimicrobial Resistance (AMR).

Scan the QR code to be part of the action

Uncover Hidden Pathogens: Download FREE IPC winter resources – including educational posters, crossword puzzles, Zoom backgrounds & screensavers!

Enter our IPC Hot Tips Competition: Share your best IPC strategies and tips for a chance to WIN! Whether it's a clever technique to increase compliance of surface decontamination or a unique approach to promoting hand hygiene, your insight could make you a winner!

Educational Webinar: Register for the ‘Stay a Step Ahead’ educational webinar.



clinell™

MIDDLE EAST RESPIRATORY SYNDROME

The annual Islamic pilgrimage, Hajj, will take place from 14 to 19 June 2024. It is anticipated that approximately 2,000 Australians will travel to the Kingdom of Saudi Arabia to participate this year.

MERS is a viral respiratory illness with a high fatality rate (approximately 36%), caused by MERS coronavirus. Saudi Arabia is experiencing ongoing clusters of MERS, with 84% of cases worldwide reported from this region.

Dromedary camels are thought to be the primary source of infection in humans, through direct or indirect contact with the camels and raw camel products (e.g. uncooked meat and milk). The virus does not easily spread in the community, and person to person spread of the virus has predominantly occurred in healthcare settings and within households.

People with existing health conditions that make them more vulnerable to respiratory disease are at a higher risk of becoming very unwell or dying due to MERS. This includes the elderly, the immunocompromised and those with comorbidities.

There is no vaccination against MERS, however, travellers should ensure they are up to date with all recommended vaccinations, including for COVID-19, measles, and influenza. The Saudi Arabian Ministry of Health has specific vaccination requirements for Hajj pilgrims travelling from other countries, these can be found can be found on their **website.**

All travellers should know how to avoid infection. Travellers can protect themselves from MERS by:

- avoiding close contact with sick people and sick animals
- washing hands regularly and taking particular care when visiting places where animals are present
- avoiding consuming raw or undercooked camel products, such as meat, urine, and milk, and
- particularly for people with existing health problems, avoiding all contact with camels.

A MERS information card is also available at www.health.gov.au/MERS in multiple languages. The card provides information on how to protect themselves from MERS, and what to do if they feel unwell while overseas or on return to Australia.

The Department of Health and Aged Care maintains MERS information for health professionals on its **website.**

Health professionals should remain vigilant for signs of MERS in returned travellers and ensure suspected cases are managed appropriately. MERS is a nationally notifiable disease, so all suspected, probable, and confirmed cases should be reported to the appropriate state or territory public health unit.

Information about MERS for health professionals

6 June 2024

Health professionals should be alert to the possibility of Middle East respiratory syndrome (MERS) in unwell travellers returning from the Middle East and obtain a full travel and exposure history. Apply appropriate infection control measures as soon as you suspect MERS and contact your local public health unit immediately.

About MERS

MERS coronavirus (MERS-CoV) is a zoonotic virus that has repeatedly entered the human population via infected dromedary camels in the Middle East. Person-to-person transmission is known to occur, particularly in healthcare settings, and particular attention to infection control is required.

At the end of April 2024, the World Health Organization (WHO) global case count for MERS was **2613** laboratory-confirmed cases since the first cases were reported in April 2012. There have been **941 deaths** (case-fatality ratio of 36%) though this may be an overestimate as mild cases may be missed by existing surveillance systems. The latest situation updates can be found on the WHO website.

All cases have been linked with travel to or residence in Middle Eastern countries.

There is no evidence of ongoing community transmission in any country and only occasional instances of household transmission.

What is MERS-CoV and how does it spread?

MERS-CoV is a zoonotic virus that has repeatedly entered the human population via direct or indirect contact with infected dromedary camels in the Arabian Peninsula, although the mechanism of spread is unclear. MERS-CoV is genetically distinct from other zoonotic coronaviruses, including the severe acute respiratory syndrome coronavirus (SARS-CoV) and the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and appears to behave differently.

Many confirmed cases have occurred in healthcare-associated clusters, and there have been cases in healthcare workers, mainly in hospital settings. Secondary infections have most frequently been associated with healthcare settings but have also occurred amongst family and workplace contacts.

The virus does not seem to transmit easily, unless there is close contact, such as occurs when providing unprotected care to a patient. The conditions or procedures that lead to transmission in hospital are not well known. From observational studies, transmission in health-care settings is believed to have occurred before adequate infection prevention and control procedures were applied and cases were isolated. A joint mission to the Republic of Korea (where in 2015, the only large outbreak outside of the Middle East occurred) assessed that factors contributing to the outbreak were a lack of awareness about MERS, sub-optimal infection control, overcrowding in emergency departments, multi-bedrooms, the practice of doctor-shopping

COMPANION ANIMALS IN AGED CARE

We spoke with Trish Ennis, CEO of the Companion Animal Network – Australia (CAN) about the important benefits of companion animals in aged care.

Who are the Australian Companion Animal Network (Australia CAN)?

We are an organisation that sees the benefits in collaborations between pets and people. Australia CAN strives to promote and preserve the bond of companion animals and older persons across Australia. By increasing numbers of pet friendly aged care support services, animals can be saved from being euthanised or surrendered to shelters while older persons receive the ongoing benefits of having a pet.

Why are companion animals so important in aged care and other care settings?

It is well evidenced that companion animals provide mental and physical support, at the pinnacle is alleviation of loneliness. In both residential aged care facilities and home care our teams have repeatedly witnessed animals as the purpose for a person's life. The benefits are seen through mental and physical health improvements – an animal gets you moving! Even those with mobility issues can get out with their animals, one lady uses a golf cart to exercise her companion animal.

Community outcomes are also improved, as people can get talking with others and bond over their animal, visit animal friendly cafes and generally have more of a social life. Their loneliness dissipates.

Companion animals are not just objects, they are not chattels, they are part of the family.

What types of animals are companion animals?

Companion animals can be dogs, cats, birds, fish, rabbits, and even guinea pigs.

Transitioning to aged care?

When older people move into residential aged care, having their pet is a big part of creating that home-like familiar space. It enables the transition from home to the facility.

When older people choose to remain in their homes and have care services provided, maintaining the companionship between animal and owner in the home is essential to wellbeing.

A person-centred care approach means that a person should have the right to a companion animal whilst receiving care.

What are the considerations for animals, the older person and provider to have animals in care?

All animals are required to be risk assessed for suitability, as is their owner and living environment to support the animal's needs. Animals are required to be connected with a veterinary service, receive routine vaccination and worming and flea treatment (animal appropriate).

How do residential care homes and carers benefit?

In residential care homes, animals, although under the care / responsibility of the individual resident and families/volunteer are well known to other residents (who choose to engage) and the benefits of animal collaborations are extended. Workers also become fond of companion animals and enjoy assisting owners. Companion animals are part of the facility community.

In older persons' homes, carers and volunteers also benefit from involvement with companion animals – the client and animal come as a team.

How are aged care providers supported to enable companion animals?

The Australia CAN currently provides information on its website, however in collaborations with ACIPC are developing further resources to support and guide aged care providers to take on companion animals with their owners in aged care. The resources will be available on the Companion Animal Network website under Pet Friendly Aged Care.

For more information about the Companion Animal Network, visit their website **here**

Take a look at the Pet Friendly Aged Care website **here**

The Australia CAN also plans to develop visual training modules for workers in aged care in multiple languages. The aim of this tool is to teach how to assist with animal care, infection prevention and control measures and tricks and tips to becoming familiar/comfortable with animals.

Australia CAN lobbying

Australia CAN is currently lobbying to the Government to have animal care funding included in residential care funding applications and in home care packages. The aim is to enable companion animals in aged care and make it the norm – rather than a challenge or something different.
The Government have been clear on the benefits of animals in healthcare, the right to person centred care and the necessity of mental wellbeing for the older person.

ACIPC has released a position statement titled Animals in Healthcare Settings. To view, please click the link below:
https://www.acipc.org.au/position-statements/

ACIPC ATTENDS THE **AVA CONFERENCE**

Carol Bradley and Angela Willemsen were delighted to represent ACIPC at the Australian Veterinary Association annual conference held at the Melbourne Convention and Exhibition Centre to launch the inaugural Veterinary Foundations of Infection Prevention and Control Course.

The ACIPC booth was strategically positioned at the rear of the Melbourne Convention Centre, in close proximity to the Chill Out Lounge, where we could freely engage with the delegates.

Veterinarians, veterinary nurses, veterinary technicians, and industry providers attended from right across Australia over the four-day conference. It was as much of a catch-up affair with our many colleagues and Carol's numerous past students eagerly listening to what ACIPC offers in IPC.

The most frequent comment we received was, wow an Infection Prevention and Control Course for the veterinary industry, that's awesome and long overdue! The feedback was overwhelmingly positive, with good interest in signing up for the course.

Many of the delegates were keen to win our raffle prize of Lee and Bishops Microbiology and Infection Control for Health Professionals book, with the lucky winner being Dr Jack Wheelahan, a veterinarian from Geelong Animal Referral Services and the University of Melbourne.

Angela and I were particularly pleased with the enthusiasm and curiosity shown by the delegates in ACIPC, the chance to enhance infection prevention and control (IPC) in veterinary facilities, and its significance in the One Health approach.

Overall, a very productive four days for ACIPC!

To find out more about the Veterinary Foundations of IPC Course **click here**

ACIPC RELEASES NEW POSITION STATEMENT – **MPOX**

This month, ACIPC released the position statement, Mpox (monkeypox), which includes several recommendations to control the spread of the virus in healthcare and community settings. Cleaning precautions, isolation recommendations, and transmission-base precautions are also advised by the College.

"Mpox is a rare but serious zoonotic disease," said ACIPC President A/Prof Stéphane Bouchoucha, "it's endemic to Central and West Africa, and similar to the smallpox virus. The disease is considered to be self-limiting, and most cases will resolve on their own and can be managed within the community, however, cases of severe illness can present to hospital."

Signs and symptoms include fever and chills, headache, muscle aches, joint and back pain, exhaustion and a distinctive rash with lesions that turn into pimples, blisters or sores. Transmission from person to person can occur through close contact with the rash, blister or sores on the skin, body fluids including respiratory droplets, and contaminated objects, including bed linen and clothes.

At most risk are people who have had close contact with mpox, men who have sex with men, people with multiple sexual partners, and travellers returning from countries with confirmed cases.

"Vaccination is an important strategy to prevent the spread of mpox, and vaccines are available at sexual health clinics and some hospitals," A/Prof Bouchoucha said. "Healthcare facilities must prioritise Infection prevention strategies such as early identification, isolation and implementing standard and transmission-based precautions. Importantly, Public Health Units must be notified of cases in line with State or Territory requirements."

CLICK HERE TO READ THE POSITION IN FULL

ACIPC POSITION STATEMENTS

The College develops position statements on issues of importance to our members, our strategic direction and our vision. Position statements go through rigorous processes before publication including expert consultation by ACIPC Sub Committees and Board review and endorsement. Developed on the best available evidence, they provide clarification on College views and support best practice in IPC.

The ACIPC position statements are recommendations and should be viewed as suggestions to consider. We encourage individual healthcare facilities to review and implementation at their discretion. These documents are not a procedure, protocol, guideline, or policy and do not cover any implementation considerations. Broad in scope, they require local consideration and may or may not apply in particular settings.

CURRENT POSITION STATEMENTS

- Seasonal influenza vaccination
- Animals in healthcare settings
- Credentialing for IPC professionals
- Current and continuing impact of COVID-19
- Facilitating next-of-kin presence for patients dying from COVID-19 in the ICU
- Infection control for patients with Clostridium difficile infection in healthcare facilities
- IPC workforce guidance
- Mandatory hand hygiene training
- Reusable gowns
- Single use items
- The role of the ICP in antimicrobial stewardship
- Construction and Renovation (NEW)
- Measles (NEW)
- IPC Workforce Guidance (Updated)

Our position statements are updated regularly, so be sure to check our website to ensure you are using the College's latest position statement.

CLICK HERE FOR ALL THE ACIPC POSITION STATEMENTS

BUG OF THE MONTH

Cytomegalovirus (CMV)

June is CMV Awareness month, and so ACIPC IPC Consultant Karen McKenna explores the Cytomegalovirus (CMV).

What is it?

Cytomegalovirus (CMV) is a common virus that belongs to the herpes family, and is related to the Epstein-Barr and varicella-zoster viruses[1].

In healthy people CMV infection can be symptom free. Occasionally the infection can cause a flu-like illness, lasting for a few days, with symptoms of lethargy, fever and a sore throat. However, in immunocompromised people and pregnant women the virus can cause severe infection including, pneumonitis, gastrointestinal ulceration and inflammation and neurological disease affecting the brain and spinal cord[1,3].

CMV infection is permanent and once a person is infected, they will carry it for life. Like varicella it can lay dormant in the body and reactivate itself at any time[3].

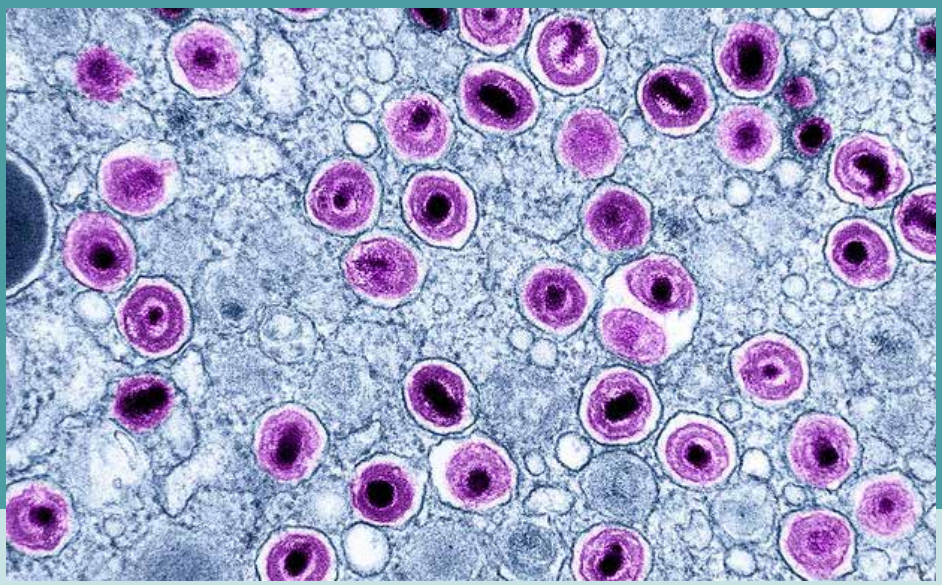
How is it transmitted?

CMV is spread from person-to-person through contact with blood or body fluids, coughing and exposure via the mucous membranes[3].

At risk groups?

Children under the age of 5 are at higher risk of exposure to CMV, and it can easily spread through close contact with other children, or shared items that are contaminated like toys[2].

At risk groups include immunocompromised people including organ transplant recipients and pregnant women. When a pregnant woman catches CMV it can be passed onto the baby, known as congenital CMV, with one in ten babies having lasting problems that can include hearing loss, poor eyesight and developmental delays[3].



Prevention?

There is no vaccination for CMV.

Preventative strategies for CMV infection include hand hygiene, and cleaning of surfaces and items that may have been in contact with saliva or other body fluids, and the use of standard precautions within a healthcare facility. Regular cleaning of high-touch surfaces will prevent contact transmission.

Women of child-bearing age who work in healthcare settings, schools and childcare centres should adhere to the principles of standard precautions and hand hygiene and treat all body fluids as potentially infectious[1].

Key messages:

- Preventative strategies are focused on the application of standard precautions.
- Infection in healthy people causes no or mild symptoms.

References

1. Victorian Department of Health. Cytomegalovirus infection. 8 October 2015 2015;(Disease information and advice)
2. Health N. Cytomegalovirus (CMV) and pregnancy fact sheet. 11 January 2017 2017;(Infectious diseases, fact sheets.)
3. Better health Channel. Cytomegalovirus (CMV). 31 July 2012 2012;

ACIPC
Australasian College for Infection Prevention and Control

ACIPC 2024/25
MEMBERSHIP RENEWAL

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

CHECK YOUR DETAILS ARE CORRECT **HERE**

Membership benefits include:

- Opportunity to become a Credentialled IPC professional
- A subscription to the College's highly regarded journal, Infection, Disease & Health
- Access to the members-only email discussion forum, Infexion Connexion
- Discounted rates on the Foundations of IPC course
- Discounted registration to the 2024 ACIPC International Conference in Melbourne
- The chance to apply for scholarships and research grants
- Access to member-only resources, including webinars and the mentoring program
- Voting rights and eligibility to hold office
- Opportunities to connect with your peers within infection prevention and control

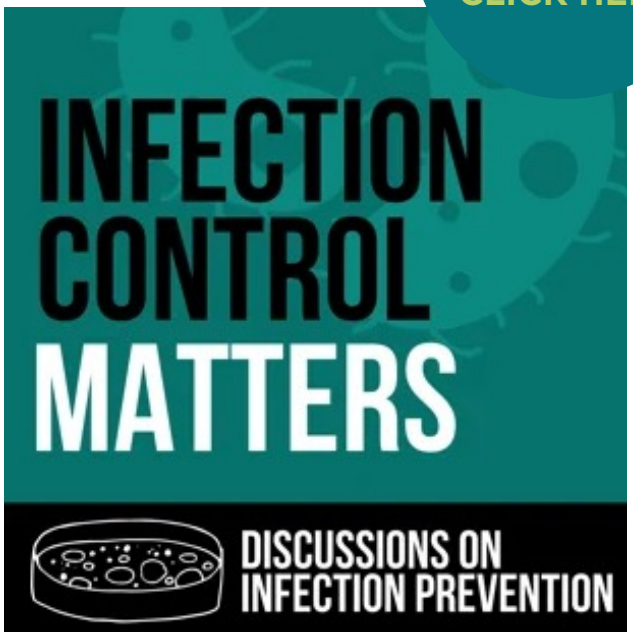
The next twelve months will see the College develop and further invest in supporting our members and IPC more broadly. The College appreciates the ongoing support of our members.

Emails will be sent out in June for membership renewal for 2024/2025

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

INFECTION CONTROL MATTERS PODCAST

TO LISTEN OR DOWNLOAD CLICK HERE



Posters from ESCMID Global 2024 – Part 1

In this episode Brett, Phil and Martin tour the posters at ESCMID Global 2024 and we discuss some of them with the authors. A link to images of the posters can be found below.

Here are the posters we discuss

1. AMR Surveillance in waste water and clinical isolates from a tertiary hospital: Preliminary results
2. Deciphering the temporal short-term dynamics of Acinetobacter baumanii: Impact of colonisation pressure in infection in an endemic Indian intensive care unit (Manasa Tantry discussion)
3. Post-antibiotic risk for recurrent lower respiratory tract infection during prolonged hospitalisation
4. Transmission of MDRO during physical and occupational therapy appointmants a 3 Veterans Affairs Hospitals
5. Aircraft lavatory wastewater surveillance for SARS-CoV2 and other coronaviruses by using family-wide RT-PCR, Thailand, October – November 2023
6. Enhancing feedback and implementation of infection risk scan findings (IRIS) among healthcare workers in nursing homes
7. Proper glove use: a multicentre before-after regional study (Anne F. Voor and Juliëtte Severin discussion)

Poster link to see the posters we discuss
Posters from ESCMID Global - Part 1

More posters from ESCMID Global 2024, inc C. diff, UV-C, wastewater surveillance, LA-MRSA

This week we have a second batch of posters that we liked at ESCMID Global and will be talking about:

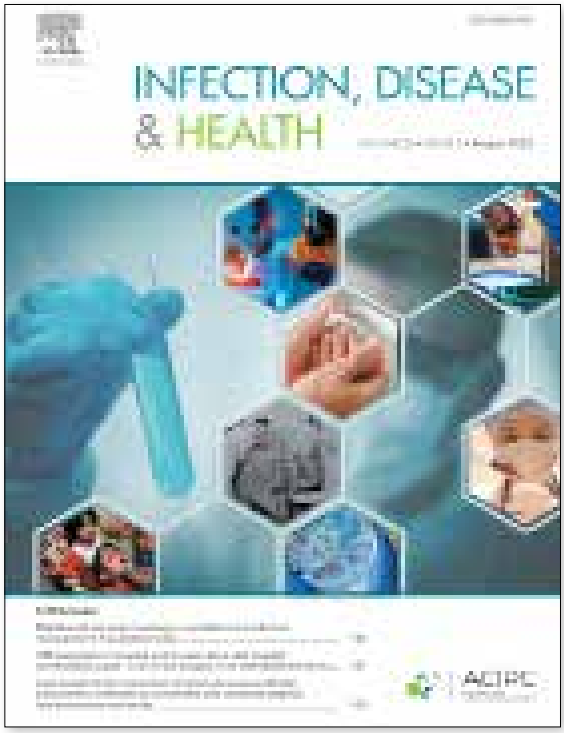
- VRE Surveillance using hospital waste water during an outbreak
- Assessing the Hawthorne effect: Implications and solutions
- The impact of an early Infectious Disease consultation for CLABSI: a single centre retrospective study
- Semi-continuous disinfection of sinks with UVC on a haematologydepartment for infection prevention
- Urinary tract microbiome of asymptomatic individuals with spinal cord injury
- Nurses known to be colonized with livestock-associated MRSA did not cause transmission to patients
- Clostridium difficile contamination of australian retail vegetables and households
- Prolonged use of breathing systems used in anesthesia for up to 7 days instead of 24H

A pdf of the posters can be downloaded here

Latest articles from Infection, Disease & Health

Designing for transparency and trust: Next steps for healthcare associated infection surveillance in Queensland
Jessica Schults, Belinda Henderson, Lisa Hall, Sally Havers
https://doi.org/10.1016/j.idh.2024.05.002

The experience of infection prevention and control nurse (IPCN) in conducting post-discharge surveillance (PDS) of surgical site infections (SSI): A qualitative study
Siti Rahmawati, Andina Setyawati, Takdir Tahir
https://doi.org/10.1016/j.idh.2024.05.001



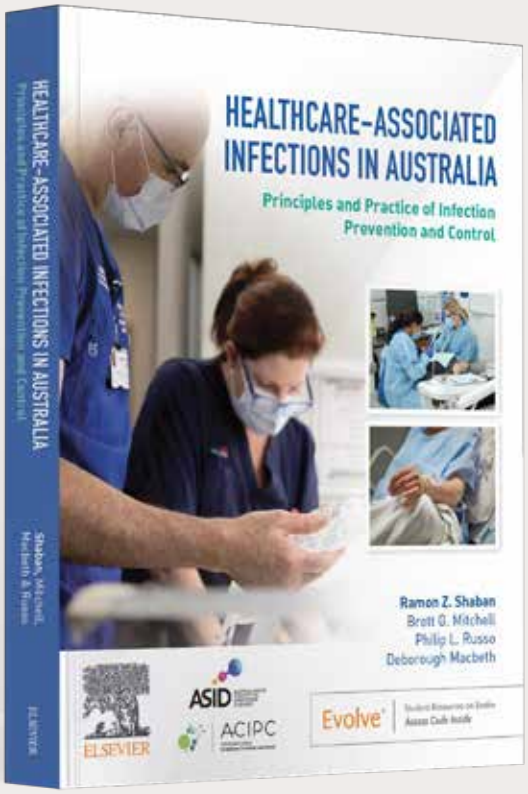
Selected publications of interest

Formative Evaluation of CLABSI Adoption and Sustainment Interventions in a Pediatric Intensive Care Unit
https://journals.lww.com/pqs/fulltext/2024/03000/formative_evaluation_of_clabsi_adoption_and.3.aspx

Which trial do we need? Gown and glove use versus standard precautions for patients colonised or infected with MRSA or VRE
https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X(24)00243-X/abstract

Determining a future policy focus to support antimicrobial stewardship in community pharmacy: A modified Delphi study
https://www.sciencedirect.com/science/article/pii/S2667276624000532?via%3Dihub

The first Australian text to address the challenges posed by infectious diseases and healthcare-associated infections for all members of the multidisciplinary healthcare team.



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By Ramon Z. Shaban, Brett G. Mitchell, Philip L. Russo & Deborough Macbeth
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Healthcare-Associated Infections in Australia

Principles and Practice of Infection Prevention and Control

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