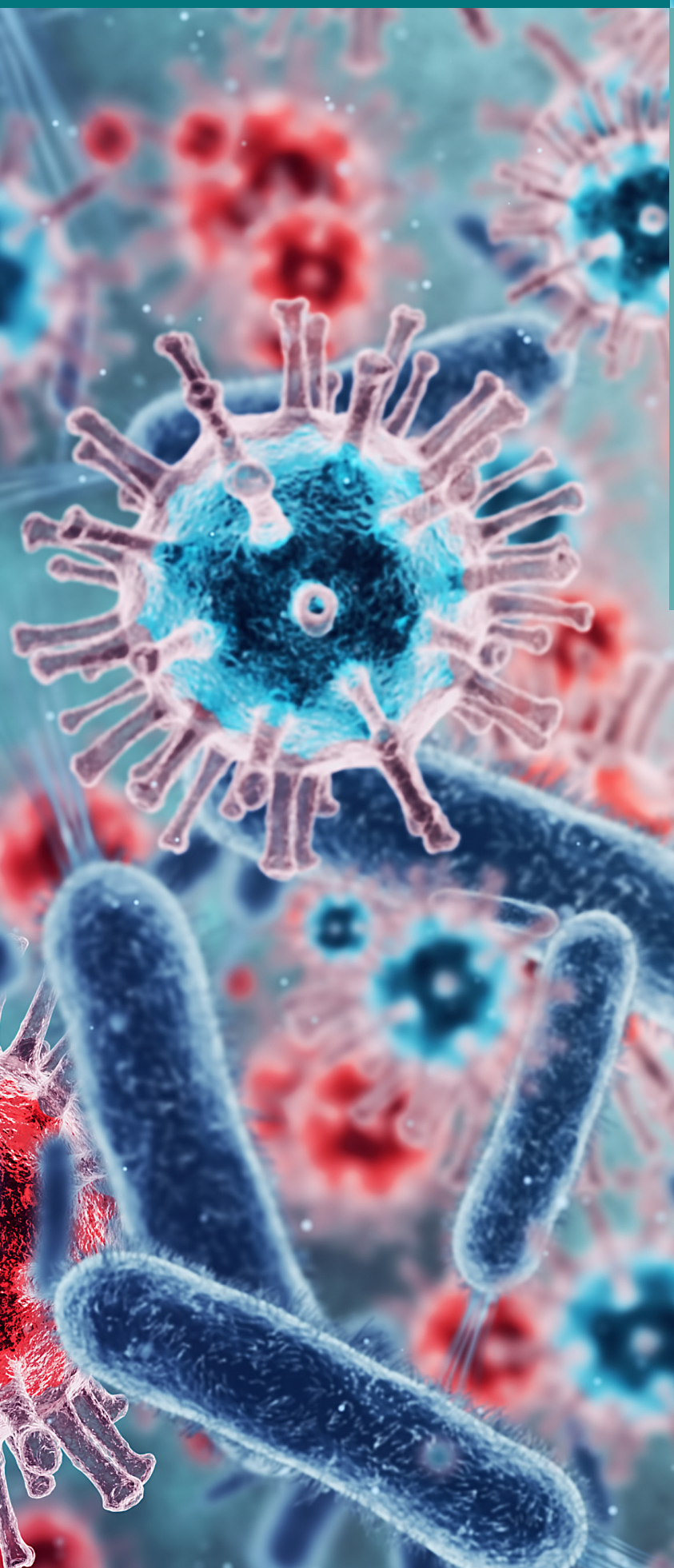
ACIPC
Australasian College
for Infection Prevention and Control



IPC News

JULY 2024

ACIPC President Stéphane Bouchoucha

Welcome to the July 2024 Edition of IPC News.

All members should have received the notice of the Extraordinary General Meeting scheduled on 19th August 2024. Best practice in governance evolves over time. A big aspect of ACIPC's Strategy and Implementation Plan is to strengthen the College's governance. Your board is currently working to implement the Plan and has conducted a review of the ACIPC Constitution. Part of this review identified that the constitution was not contemporary and in some areas did not promote the sustainability of the College. To address this, we engaged a governance expert and worked closely with ACIPC legal counsel Allison Choy Flannigan from Hall & Wilcox to draft a contemporary Constitution that will enable ACIPC to be sustainable and continue to advocate for and bring benefits to our members and the profession. If the documents we sent do not answer all your questions, make sure you attend the Constitution Briefing virtual event on Thursday 1st August at 13:00 AEST.

On the advocacy front, you may recall that I shared with you last month that I wrote to Professor Paul Kelly, the interim Head of the Australian Centre for Disease Control to highlight our concerns that IPC was not an integral part of the CDC. Last week, Professor Kelly responded that the government was committed to IPC and that a phased approach to the establishment of the CDC would be informed by the outcome of the independent COVID-19 Response Inquiry, led by Robyn Kruk AO.

He further wrote, "The Department of Health and Aged Care (the Department) continues to collaborate with both the Australian Commission on Safety and Quality in Health Care (ACSQHC) and the Aged Care Quality and Safety Commission (ACQSC) to ensure a coordinated approach to national IPC advice and policy."

Professor Kelly also informed us that the Australian CDC would establish a new specialist capability that ACIPC recommended, the One Health Unit, which will support whole-of-organisation cross-sectoral engagement and leadership across the animal and environmental health sectors. This is a positive development, however, I still have concerns that the IPC profession is not being adequately recognised and will continue to express these concerns.

This week I am meeting with representatives from APIC and IPAC Canada to discuss ongoing collaboration and how we can bring some of their initiatives to our members. I will also be attending the Evidence-Based Antibiotic Prescribing in Australia workshop organised by CSIRO and Research Australia and will be sure to update you on that in a future edition.

Please continue to get in touch with me **president@acipc.org.au**, I really enjoy reading these emails Don't hesitate to use this email if you want to give us feedback or have ideas, 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!

Stéphane Bouchoucha

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for Infection Prevention and Control

Contents

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

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EXTRAORDINARY GENERAL MEETING TO ACCEPT A REVISED CONSTITUTION

19 AUGUST 2024

FOR MORE INFORMATION **CLICK HERE**

The Board of the Australasian College for Infection Prevention and Control Ltd (ACIPC) considers that the constitution of ACIPC requires updating to improve the governance of ACIPC and to ensure that the constitution is compliant with the Corporations Act 2001 (Cth) and the Australian Charities and Not-for-profits Commission Act 2012 (Cth).

Accordingly, the Board engaged Hall & Wilcox, the College's lawyers, to draft a new constitution of ACIPC.
The Executive Council (the Board) of ACIPC is calling an Extraordinary General Meeting of members of ACIPC on Monday 19 August 2024 at 12.30 pm AEST via Zoom to vote on the adoption of the new constitution. A Zoom link has been emailed to voting members (financial Full Members, Fellows and Life Members).

An information session for members is being held on Thursday, 1 August 2024 at 1.00pm AEST. A Zoom link has been emailed to voting members.

Members can also email questions to office@acipc.org.au.

RECENTLY CREDENTIALLED & RE-CREDENTIALLED MEMBERS

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

Primary credentialling: Evelyn Garland

Advanced credentialling: Ursula Howarth

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

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

ACIPC SUSTAINABILITY IN IPC RESEARCH GRANT

ACIPC recognises the importance of creating sustainable approaches to Infection Prevention and Control (IPC) practices across healthcare and community settings.

IPC programs are designed to prevent and reduce the risk of transmission of infection for patients in healthcare and community settings. Existing IPC strategies focus on the use of isolation, transmission-based precautions, and the use of single-use and disposable items that contribute to the generation of substantial amounts of health-related waste, as well as significant economic, environmental, and social impacts.

The ACIPC Sustainability in IPC Research grant allows ACIPC members to undertake sustainability research to explore opportunities to reduce the environmental impact of infection prevention practices.

FUNDING
ACIPC (in conjunction with additional funding partners*) is offering up to $100,000 across the Sustainability in IPC research grants.

SUBMISSION
Applications must be submitted to the ACIPC office, office@acipc.org.au, by the specified closing. You must attach supporting documentation to the application form in accordance with the instructions in the application form.

CLOSING DATE
The closing date for application is 4 October 2024.

ACIPC is committed to supporting innovative and collaborative research to facilitate better health outcomes. To achieve this, commercial contributions may be accepted to the grant fund. However, funding partners will not be involved in the assessment and selection of projects. Administration and governance of the research project responsibility for this will remain solely with the ACIPC board and where relevant, the research grants and scholarships committee.

GAMA Healthcare
Platinum funding partner

gama healthcare

FOR MORE INFORMATION **CLICK HERE**

JUNE LUNCH & LEARN WEBINAR

This month we learned about writing successful research grants with Amanda Corley. Here is a summary of the webinar, which members can view on our website.

Writing a research grant might seem daunting at first, but when broken down into manageable chunks, it really is 'do-able.' It's so important that our clinicians are applying for grants and leading research because they're the ones who know what is happening on the ground.

The team

Assembling the team should start early, be collaborative and interdisciplinary, and include people who add value, such as:

- Mentors
- Clinical/content experts
- Statistics experts
- People with research methods knowledge
- Consumers

Your pitch

Clearly and concisely identify the problem your research is addressing.
Emphasise the gaps in current clinical practice/evidence.

Conduct a comprehensive literature search to ensure no one else has addressed the problem before (engage a librarian if possible).

Emphasise the novelty, significance and urgency of your project

Make sure your project is feasible with the time and budget limitations of the grant scheme.

The application

Different funders will ask for different elements, but some criteria might include:

- The relevance of your project to the funder's aims
- The project's benefits to society/ patients, to your career and/or ability to attract future funding
- A plain language summary
- Your team's capability
- The project's feasibility, risks, and contingency
- Evidence of ethical approval (where relevant)

Budget

Your budget should address the personnel, equipment, consumables, and other expenses (such as travel, conference registration, or training costs). Be sure to justify each line of the budget and explain why it's crucial to the success of the project.

Know your funder

Read the grant guidelines with care, ensuring you are eligible to apply. Research what projects they are interested in, their priority areas, and what projects they have recently funded.

Know what documents are needed for the grant application and allow time to gather them.

Remember: it's fine to contact the funder to ask for more information about their guidelines (and is generally well received!)

ACIPC grants

The College offers two types of research grants:

- The Early Career Research Grant, which is to support early career researchers who are within five years of the start of their research careers
- The Seed Grant, which aims to support members who wish to undertake high quality pilot, exploratory, or small-scale infection prevention and control research

Writing – keep it simple!

- Clear and concise
- Don't over-complicate
- Don't use too may abbreviations
- Don't assume reviewers have in-depth knowledge of your field
- Keep sentences short for maximum impact
- Make it easy to read with simple formatting and a simple font (sans-serif style, no smaller than 11-point)
- Check spelling/grammar, consistency in terminology and formatting, all figures and tables

Applications for ACIPC Research Grants close at 9AM on Monday 19 August 2024.

MORE INFORMATION ON THE ACIPC RESEARCH GRANTS AND APPLICATION FORMS CAN BE FOUND BY **CLICKING HERE**

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
Australasian College for Infection Prevention and Control

Veterinary Foundations of Infection Prevention and Control

COURSE COMMENCING 22 AUGUST 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).

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

BOOK NOW
FOR THE COURSE COMMENCING
22 AUGUST 2024

If you have any questions, please email **learning@acipc.org.au** or go to our website for more information **acipc.org.au**

APPLY HERE

DR JOAN FAOAGALI AWARD WINNER

Meet Jessie Haeusler, winner of the 2024 Dr Joan Faoagali Award

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

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

I am a Registered Nurse and Team Leader at Aspen Aged Health Care (AAHC). As part of Aspen Medical's Standing Force within AAHC, I really enjoy leading a rapid response team, providing essential emergency interim staffing for Australian Residential Aged Care Homes (RACH) during significant stressors like a COVID-19 outbreak or other threats such as flooding or cyclones.

I enjoy supporting and uplifting RACH staff in collaboration with the Approved Provider, identifying and mitigating risks through a risk assessment.

I am also active in providing contextualised and current guidance in daily practices to ensure that strict adherence to infection control protocols is understood and practiced, helping prevent and control the spread of infections.

What attracted you to a career in IPC?

My passion for infection prevention and control (IPC) stems from its problem-solving nature, the ability to make a tangible difference in vulnerable people's health outcomes, and the opportunity to advocate for the safety of patients and residents, my team, and myself.

It all started before the COVID-19 pandemic. I was an infectious disease nurse with Queensland Health for eight years and loved my job. In an infectious disease ward, you get to work with various patients, including those from medical, surgical, oncology, and trauma backgrounds, which gives you a diverse range of skills and experiences. Infection prevention is as important in RACHs as it is in acute care settings. Effective IPC practices minimise the need for additional treatments and prevent severe health complications.

That is what I love about IPC. It is a part of everything we do as healthcare workers. When you successfully implement IPC measures and see a reduction in infections, it gives you a real sense of accomplishment and satisfaction.

Your work takes you to remote places in Australia. What are the particular challenges for IPC in these settings?

Providing critical staffing support and IPC guidance to RACHs and previously as a Remote Area Nurse (RAN) in acute care settings has allowed me the privilege of caring for our most vulnerable communities.

The challenges are significant. Community settings often present additional IPC hurdles, including a lack of public awareness, housing, and overcrowding, leading to outbreaks of skin and respiratory diseases not commonly seen in metropolitan hospitals or communities, such as scabies, impetigo, and group A strep. I have witnessed firsthand the shortage of resources and the occasional lack of clean water, which can be challenging for many reasons, especially for those requiring access to lifesaving haemodialysis treatment.

What did you enjoy most about the FIPC course?

Participating in the FIPC course was an excellent refresher for me. It grounded me in the basics and enhanced my ability to assist the facilities I visit more effectively. The self-paced nature of the course allowed me to balance work, study, and personal life effectively. I particularly enjoyed the focus on auditing and surveillance, which I had been trying to get my head around for some time before this course.

What would you say to anyone considering doing the course?

Go for it! Whether you are just starting out or looking to revisit the fundamentals, it is an excellent opportunity. I strongly encourage active participation and making the most of what the course has to offer. The knowledge and skills you will pick up can be incredibly relevant and directly applicable to your daily infection prevention and control work. It is all about incorporating that knowledge into everyday practices to improve patient and resident care and safety.

A pathology newsletter article stated that Dr Joan Faoagali lived by the motto, "If a job is worth doing, it is worth doing well." This resonates deeply with me, I believe this knowledge, when applied, can help you do your job well.

You obviously have a very busy working life, what do you like to do to unwind? Any hobbies or interests you'd care to share with us?

I love getting away for a weekend; kayaking or a bike ride always relaxes me. My current role has taught me to be spontaneous, a trait my family has also embraced. I can be assigned to any location in Australia with minimal notice, so my main interest is the simple pleasure of gathering with my family for a meal or a coffee.

CLAIRE BOARDMAN AWARD

Applications are now open for the Claire Boardman Medal for Leadership in Infection Prevention and Control.

The Claire Boardman Medal for Leadership in Infection Prevention and Control is the highest honour of the Australasian College for Infection Prevention and Control.

The medal is awarded in recognition of the College's Inaugural President, Ms. Claire Boardman, and her leadership in establishing the College. It is awarded to a member of the College who demonstrates outstanding commitment and leadership in the practice of infection prevention and control.

The award includes:

- The Claire Boardman Medal for Leadership in infection Prevention and Control
- Entry onto the Clair Boardman Medal for Leadership in Infection Prevention and Control Trophy
- $2,000 prize money

Applications close at 9AM on Monday 9 September 2024.

APPLY NOW

This session will explore the process of surveillance/audit in aged care – what auditing should be considered, what tools can be used, how results are turned into action plans, and how action plans are written. We will look at audit and action plan templates. The floor is open for comments, input and sharing ideas and concerns.

Our guest speaker on the day is Kelly Barton, an Infection Control Consultant with 13 years' experience in the role at Alpine Health in Northeast Victoria. Kelly recently completed her Masters in Infection Control at Griffith University in 2022. She is passionate about One Health, Aged Care and AMS. She recently went to Cambodia with the charity Supporting Silk Sisters to help a rural referral hospital with their first ever accreditation preparations.

About the presenter: 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.

To see our full range of Australasian aged care resources **click here**

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. **Find out more here**

VACCINATION RATES IN RESIDENTIAL AGED CARE IN DECLINE

Vaccination is the most effective defense against disease from COVID-19, especially in high-risk settings such as residential aged care facilities (RACF) and community aged care.

The older person is more vulnerable and at increased risk of severe illness and death, making the need for vaccination even more essential.

Despite the vaccine recommendations, benefits, and vulnerability of older persons, there is a current decline in COVID-19 vaccine uptake in RACF.

The Department of Health and Aging (DoHAC) recently released concerning annual RACF COVID-19 vaccination rates: 2,609 facilities were reviewed **97 had < 10% coverage, 73 had 10–20%, and 126 had 20–30%; while 706 facilities had < 50% of residents having the vaccine.**

The decline in vaccine uptake reflects the current rise in COVID-19 cases and outbreaks in RACF. As of 27 June 2024, there are 3,429 active COVID-19 cases and 406 active outbreaks in RACF across Australia.

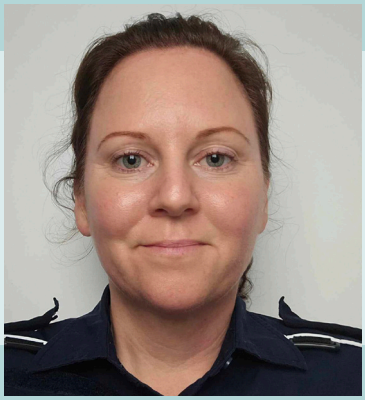
ACIPC strongly supports vaccination as an important measure in ensuring a high level of protection against the effects of COVID-19 among older people and staff.

Recommendations:

- COVID-19 vaccinations are recommended and strongly encouraged for older persons and the immunocompromised.
- Aged care is a vulnerable and high-risk setting, workers and essential service providers are recommended to be COVID-19 vaccinated.
- Provision of onsite 6 monthly COVID-19 vaccination clinics for older persons, staff, and volunteers - plan to align with annual influenza vaccinations – both vaccines can be given on the same day. There is no required wait time between a COVID-19 infection and having a COVID-19 vaccination.
- Development and provision of strong promotion vaccine programs (materials, sessions) for older persons/representatives, staff, volunteers, and frequent visitors to increase vaccine uptake.
- Maintain local vaccination records on older persons and staff, to determine due dates and monitor. Provide weekly COVID-19 vaccination rates for older persons and staff via My Aged Care portal.
- Older persons, families/representatives, and staff are encouraged to observe older person case numbers and RACF outbreak numbers – see the current mortality and morbidity caused by COVID-19, attend vaccine education sessions, and read provided vaccine information to obtain current knowledge.

IPC IN THE AMBULANCE SERVICE

With International Paramedics Day celebrated on the 8th of July, this month's member profiles are of ACIPC members working in the ambulance service.



Ursula Howarth (RN/Paramedic)
MInfecPreventionCont *Griff*
Infection Prevention and Control Clinical Nurse Consultant
Clinical Services
Ambulance Tasmania

What are the main challenges you face at the moment from an IPC perspective?

The position I hold in Ambulance Tasmania is the first time this service has had a dedicated IPC professional, so my focus is building a sustainable, strong, and effective program. The main challenge I face is effectively communicating and educating staff who are spread across the state whilst being the only IPC professional. Clear and consistent messaging is vital in ensuring IPC principles are applied as often as possible as paramedics work quite independently with many factors to consider during a case.

Other IPC challenges that we face in an ambulance service include a lack of, or regular access to resources, balancing the ideal IPC practices we would like to see with the reality of the job. We also have volunteers, patient transport officers, nurses, doctors, staff in office spaces and communication centres that are essential to our organisation and their needs need to be considered from an IPC perspective. Outside of our business as usual, we have responsibilities as an emergency service where we need to adapt and respond in times of large-scale emergencies such as environmental disasters and public health emergencies. Preparation is key as IPC affects all areas of the organisation and we need to keep our staff and patients as safe as possible.

How do you manage the challenge of ambulance cleaning and disinfection and keep turnaround tight?

Having a simple cleaning regime with good products is helpful. The option of having a 2-in-1 detergent and disinfectant wipe that can be used on all our equipment and has a short contact time helps cut down cleaning time. The vehicles and equipment we use should have an IPC professional input, so the material used is easily cleaned and surfaces are as clutter free as possible.

How do you manage patients with suspected infectious diseases, such as measles or the like?

It is important to have regular consistent messaging around staying vigilant for infectious diseases in the community and having a low threshold for applying the correct PPE, using it correctly and speaking up if you see a safety issue. We do educate staff on the importance of vaccinations, PPE use, and balancing IPC principles with their own safety, taking into consideration the patient presentation, ideal treatment, PPE use and the environment they are in at the time. IPC consultation can occur when more than one patient needs to be transported and clinicians often alert the receiving hospital to patients who have a significant infectious disease so they can be managed appropriately when they arrive.

What are the vaccination requirements for paramedics and how do they differ from other settings?

This can depend on where they work, we have the common vaccination requirements of Hepatitis B, MMR, pertussis, varicella and tuberculosis screening. One of the experiences during the COVID-19 pandemic was how paramedics can be brought under certain health directions given how mobile they are within the community, e.g., frequently entering residential aged care facilities meant that Queensland paramedics were mandated at a point to have had an influenza vaccine to work on road.

What attracted you to working with the ambulance services and what do you lov about it?

I started my health career as a veterinary nurse in NSW and the first veterinarian I worked for had an interest in emergency medicine and providing high quality emergency services in a regional area. This experience motivated me to apply for a position at a busy animal emergency centre when I moved to Brisbane. After a few years of working there and loving the fast-paced environment, interesting presentations, and the ability for skill development, I decided to study paramedicine. I worked throughout Queensland as a paramedic for 13 years, from a busy metropolitan area to single officer remote stations.

In 2020, I decided to dedicate the next phase of my career to IPC in ambulance and started my Master of IPC at Griffith University. This coincided with the COVID-19 pandemic, and I started workinc as the second IPC CNC for Queensland Ambulance Service until 2023. I then moved to Ambulance Tasmania as their first IPC CNC.

The main reasons why I ended up in IPC in ambulance was that I have always felt comfortable advocating for patient and paramedic safety, and IPC has a huge focus on these two things. I have always enjoyed the challenge of problem solving and adapting to new and uncontrolled environments – something paramedics are well practiced in. I also hope to be a part of creating career pathways for others.

The main reasons why I ended up in IPC in ambulance was that I have always felt comfortable advocating for patient and paramedic safety, and IPC has a huge focus on these two things.

Dawn Crook, IPC Specialist SJWA
BSc (Hons) Nursing, Dip Management, Master IPC (Griffiths)

Rachel O'Connor, IPC Officer SJWA
BSci (Paramedcine), GradCert HCM, AICGG, BA (Hons).

What does your day-to-day role involve?

Dawn: *I've only been with St John for eight weeks, my background is in hospitals, so it's been a real change working in a vast, geographically challenged organisation here in Western Australia.*

My role involves addressing the challenges in IPC within ambulance services. We are working towards the national accreditation standards, conducting gap analyses, and developing robust management plans to make sure we have governance compliance.

We routinely get enquiries from country and from remote stations with a recent query about mould, which of course we can't physically inspect like you would in a clinical setting. We also strive to educate, and I'd especially like to focus on things like enhanced hand hygiene practice, auditing, glove use and aseptic techniques.

Rachel: *My days centre around trying to support paramedics at work, including working on quality improvement and running education sessions, which can range in content from aseptic technique in cannulation, to more basic topics for those who are just starting on road.*

A typical IPC education session covers standard precautions, transmission-based precautions, aseptic technique, and hand hygiene. In the pre-hospital setting, we are working in an uncontrolled environment, every single scene is different, so it's very difficult to pre-empt what you're going to walk into. We're getting people thinking about risk management, rationale for why they're doing things, and how best to minimise risk to patients in difficult circumstances.

What are the main challenges you face from an IPC perspective?

Rachel: *One big challenge is that although a paramedic's workplace is their vehicle, they could be working out of a different vehicle every day, and so environmental cleaning needs to be very consistent. Then there is the uncontrolled environment beyond, which might be the patient's home, on the beach, or any location really.*

Dawn: *WA is so diverse with the largest regional ambulance operation in the world. From the hot northern climates right down to the cooler south, environments are very different. We look at the stock in the vans, its integrity, and how the climate affects our stock, so our inventory will need to be managed differently in different parts of the state.*

How do you manage the challenge of ambulance cleaning and disinfection and keep turnaround tight?

Rachel: *It's very difficult because every case is different, and demand is increasing on our service. The urgency to get back out there is real. In a case without IPC concerns, the vehicle can be turned around fairly quickly at the hospitals. The person who is in back with the patient will do the paperwork, and the person driving does the cleaning.*

But where there are pathogenic concerns like gastro, or if we've attended a trauma scene and there's a lot of blood, vehicles need to be returned to the station for a deeper clean. It is down to individual crews to assess what's required within the guidelines provided, and to make it happen out on the road.

Dawn: *We would love to have the Make Ready Service* that NSW has to support our on-road staff. We have to be really careful what cleaning products we use, as they can damage the equipment. There are lots of nooks and crannies in an ambulance, it's not a nice flat floor like in hospital!*

Do you encounter much resistance to the IPC message?

Dawn: *In my experience, it's how it's presented to people. When I started in IPC, it seemed to carry overtones of policing, which is absolutely not what we want to do. We worked to change this perception, and to make it clear we're working with people to improve patient outcomes.*

Rachel: *Pre-hospital I think is sometimes a re-education piece in terms of things like when and when not to wear PPE, correct glove usage and why we use PPE and what the risk is. COVID-19 really changed the conversation and made people realise the importance of IPC to protect everyone. We've come a long way, and we must continue to instil a culture of patient safety and quality, while also protecting ourselves from communicable disease.*

Dawn: *Having the opportunity to provide education to new starters right through to the update level for experienced paramedics, means we can give current, evidence-based training. I believe that there needs to be a strong focus on IPC in the role. As more research is done things are slowly evolving to support this.*

How do you manage patients with infectious diseases like measles in such a confined setting?

Rachel: *It's tough in the pre-hospital setting. We've been fortunate in WA, though, we don't get that much measles circulating.*

Dawn: *The initial 000 triage call reveals what we're dealing with, and we have clinical practice guidelines for staff on the iPads in the van, plus all of our paramedics have PPE competency.*

If there is an exposure risk, then our staff health team manage contact tracing, immunisation status, and follow up.

What attracted you to working with ambulance services?

Dawn: *My background was in oncology and haematology, and I had a strong focus on preventing line-based infections. I then worked in the Department of Health during COVID-19 working in public health and emergency operations.*

With St John Ambulance, I was excited to work in the pre-hospital sector and see what could be done to improve IPC and lead to better patient outcomes and a better result in hospital as a result.

Rachel: *I started on road as a paramedic in 2017. I have always been interested in quality and safety and how we can do things better. I'd always hoped I'd end up in a patient quality and safety role eventually, and I find IPC really interesting. It's much bigger than I anticipated, it encompasses so much more than I expected and I'm loving the challenge of taking IPC principles from more controlled environments and come up with creative solutions for our environment. Having been a paramedic myself, I understand the unique challenges we face on road trying to do our best for our patients.*

**Make Ready Service is a partnership with NSW Ambulance and HealthShare which cleans, restocks and makes minor repairs on ambulances in 10 stations around Sydney.*

Having the opportunity to provide education to new starters right through to the update level for experienced paramedics, means we can give current, evidence-based training. I believe that there needs to be a strong focus on IPC in the role.

Jemma Shirra-Gibb MPH MIDI
Acting/Statewide Infection Prevention Program Coordinator
Clinical Nurse Consultant - Infection Prevention and Control
Office of the Medical Director
Queensland Ambulance Service

Tell us about your day-to-day role.

I'm the acting Clinical Nurse Consultant in the Queensland Ambulance Service (QAS). Our small team looks after the whole state, and most of our work is about staff safety, such as managing occupational exposures and infectious diseases exposures. I also run the staff influenza immunisation program, manage the Infection Prevention and Control policy and procedures, and do focus a lot on disseminating education. In fact, I've just come back from presenting a graduate workshop that we do with each round of new graduands, which re-emphasises the importance of good foundational infection control in the out-of-hospital setting. We have a lot of input into other areas of the QAS, like working with our fleet and equipment team, WHS department, and of course clinical policy and governance. I also liaise closely with our Public Health units and HHS IPC departments.

Do you go out with the crews at all? Or did you, when you started in your role?

Yes, because I'm a nurse and not a paramedic, I don't have that insight into the day-to-day work that our frontline crews do. It's important that what I'm saying and communicating is realistic in the ambulance setting, so I go out every few weeks and do a shift with a crew around Brisbane.

I find it really beneficial for me to get a better understanding of the real challenges of infection control in a relatively uncontrolled environment. You have to modify infection control practices in the out-of-hospital setting as it can be very different from the hospital setting. For example, there are fewer environmental controls and a lot more risk being pre-diagnosis in most cases. I can pull the information from more traditional IPC sources and adapt it to suit the ambulance setting, which I find fascinating because I have to work creatively to find achievable solutions for our crews.

What are the main challenges for IPC in paramedicine?

It's a greater challenge to control risk. In a hospital, you have more environmental control with ventilation, high-level cleaning, and a clean work environment to work from. Our crews might be on the side of a road at an incredibly emergent case, and trying to do aseptic technique in these conditions can be very difficult, for example. IPC for paramedics is about minimising risks and practicing mindfully to reduce the impacts of extraneous variables that you can't control.

Queensland has different types of infectious diseases and pathogens, especially in tropical areas. What are the major challenges that you see in your state?

We do have a lot more mosquito-borne diseases here, especially up north. We do recommend paramedics working up there for more than 30 days should be immunised against Japanese encephalitis. We also have Q Fever on abattoirs and farms in Queensland, so our paramedics must be more conscious of their PPE in certain environments.

But even simple things like sweat are a problem and can make wearing gloves quite difficult. Wipes can dry out quite easily if they're left open. Vehicles can get extremely hot in places like Mount Isa, for example.

From my experience in the hospital environment, you don't have to think much about that sort of thing, so this role has opened my eyes to how difficult it can be to do IPC in paramedicine in our diverse climate. It can be very region-specific, and part of the role is knowing what regions have different issues and finding the best solution to combat these.

How do you manage the challenge of ambulance cleaning and disinfection and keep turnaround tight?

Paramedics aren't considered operationally ready to return to a job until they've cleaned the equipment used, high-touch surfaces, and the stretcher. We use two kinds of products. We've got general two-in-one detergent and disinfectant wipe and a sporicidal wipe that are both of a very high quality and standard. The sporicidal wipe is used when patients have had a history of loose bowels or diagnosis of C. diff, otherwise the two-in-one is used. The reason we don't have more of a range of products is just because of space constraints.

Everything in an ambulance must have a secure and assigned spot because they can't go flying around everywhere when driving at speed, which is a safety issue. It's not just a free-for-all storeroom and it must also meet weight requirements.

For patients displaying symptoms consistent with an infectious disease, we do a higher level clean, which means getting in all those flat and horizontal surfaces. At the end of the shift, we mop the vehicles at the station and do a deeper clean. But if we had a serious spill during a shift, hospital and health service staff will often give us some higher-level disinfection products if we couldn't get back to the station.

How do you manage highly infectious diseases in such a confined space?

I think the biggest risk is that we are pre-diagnosis a lot of the time. When people present with symptoms consistent with an infectious disease, we ask officers to have a low tolerance for suspicion and always say it's better safe than sorry to put on a high level of PPE. For example, if someone has a rash, they might have measles, or the rash could be hives. You can have a high degree of clinical suspicion but ultimately you just don't know.

Part of our function is to keep track of disease trends, and if there are any clusters in certain areas of certain diseases, we'll send out alerts to staff which lets them know about the typical clinical presentation, the clinical course of the disease, and high-risk settings it might occur in. We give them information about how to protect themselves, and what they need to disinfect their vehicle. For example, when they get to the hospital, they might need to open the doors and let the vehicle air out for at least half an hour before cleaning so those airborne particles can settle.

Do the vehicles carry all the PPE that might be needed in every type of case?

All of our staff carry a personal PPE kit. It has our PPE for infectious diseases in it, but it also has things like helmets and safety vests. They're expected to keep a certain amount of PPE and replenish it as needed, including the N95s that they're fit tested for, so that they have their own personal stock. The PPE kits have a place in the vehicle as well, so they can access as needed.

What are the vaccination requirements for Queensland paramedics?

Our mandatories are measles, mumps, rubella, diphtheria, tetanus, pertussis, and varicella. With Hepatitis B, we need to have at least three doses and serology. If they're a non-responder, we can support them through further processes to get the intradermal inoculations, if that's something they wish to do.

Do you miss the hands-on patient interaction?

Sometimes, especially when I go on road. But I keep reminding myself that in this role I'm helping people in a different way. The education and work we do reaches over 6,000 staff. If I'm improving the infection control practice, that's a lot of clinician's behaviour you're changing for the better. That will ultimately flow down to the patient and reduce harmful outcomes, which is a helpful way to look at it.

It's a greater challenge to control risk. In a hospital, you have more environmental control with ventilation, high-level cleaning, and a clean work environment to work from. Our crews might be on the side of a road at an incredibly emergent case, and trying to do aseptic technique in these conditions can be very difficult, for example. IPC for paramedics is about minimising risks and practicing mindfully to reduce the impacts of extraneous variables that you can't control.

Leanne Coulson
Nurse Consultant, MNSc Infection Control
Infection Control Coordinator
Clinical Performance and Patient Safety
SA Ambulance Service
Government of South Australia

Tell us about your day-to-day role.
My days are very varied. Infection control in my service is predominantly office-based, but I really try hard to get out of the office to look at practice, engage with clinicians, get their perspective, and understand their barriers.

What's your background? Have you always worked in IPC?
I've been a nurse for a very long time. It was all I ever wanted to do from being a little girl. I trained in a large regional hospital in Victoria and got exposure to many areas including the emergency department, which initially terrified me. A friend convinced me to work in accident and emergency, and I found that I liked it because I could really focus on giving good patient care and getting good outcomes for the patients I was allocated.

When swine flu hit in 2009, I was asked to help the infection control coordinator at the hospital I was working in. At first, I wasn't sure about it. I missed the hands-on part of nursing, but soon came to realise that I was facilitating good outcomes for far more patients than I ever could just looking after my patient allocation in emergency.

How long have you been with the ambulance service?
Since 2016. As a volunteer with the country fire service, and studying infection control, I noticed a lack of guidance and support for the pre-hospital and ambulance setting. The focus is on much of the guidance available is hospital and primary health care based and I saw this gap.

At around the same time, SA Ambulance Service decided to undergo accreditation against the healthcare standards and needed a dedicated infection control coordinator. I moved heaven and earth to get the job. I have never put so much effort into anything!

At the job interview, the very last question I was asked, which I suspect is why I got the job, was, "what is the first thing you're going to do when you start work with our service?".

My answer was, "I'm going to check my assumptions".

It's so important when you go into a new setting to walk through the door with plenty of good ideas but check your assumptions.

The initial learning curve must have been steep. Did you go out on road much?

I did 12 shifts with various crews including extended care paramedics, patient transport, emergency crews, and I was very lucky to do a remote retrieval with our retrieval service to Roxby Downs. I got to have a look across a broad range of areas, but still haven't seen how the entire organisation works face to face, which is one of the challenges as an infection control clinician in our setting.

Our crews work in pairs, singly, or a team of three, in highly mobile locations, covering multiple patient demographics all in one shift. Every job, every setting is different. When you walk into a person's home, you don't know what you're going to encounter. Other family members might be unwell, or you might have unkempt or cluttered spaces, making it difficult to achieve aseptic technique in practice.

You might respond to an emergency in a public toilet, or on a boat. I've had crews tell me stories of responding to a cardiac arrests in places like a dairy milking shed where they might literally be kneeling in cow poo while dealing with a cardiac arrest.

And as a nurse who worked in ED, I was always so grateful to the ambulance crew who dealt with the worst of it before the patient got to us, especially with trauma scenes.

It's difficult to imagine that an ambulance could carry everything they could possibly need for IPC in all those varying situations.

It is incredibly difficult. We use Mercedes Sprinters, and a lot of work goes into setting them up to provide a clean, hygienic workspace that has everything the crews need. But then a new piece of technology comes out that is going to save lives, like the ECMO units being trialled in NSW and are a heart lung bypass for cardiac arrest patients. ECMO circulates the blood and oxygenates it, while the person is effectively dead, and protects their brain, while the ambulance crew reverses the cause of the cardiac arrest. It's expected to improve outcomes by 30 per cent, but that piece now needs a home in an ambulance, which is weight and power rated.

Anything that's in the vehicle needs to be secure, even a box of gloves can become a missile. We can't necessarily carry multiple varieties of gloves and carry the standard surgical gloves unless we're a crew that particularly performs sterile procedures such as catheters. Then sterile gloves are made available. It's certainly a complex jigsaw puzzle!

Are there any particular regional challenges in South Australia to providing IPC in ambulance settings?

South Australia has huge distances between stations and the EDs in the metropolitan area. We seek innovative solutions for delivering education to clinicians, because you can't always access them in person. COVID-19 helped us adapt to using Microsoft Teams or Zoom for virtual learning. It's not the same as face to face, but it's better than nothing. I've got ambulance stations in South Australia that I have never seen, and some that I probably will never see, because access is so difficult.

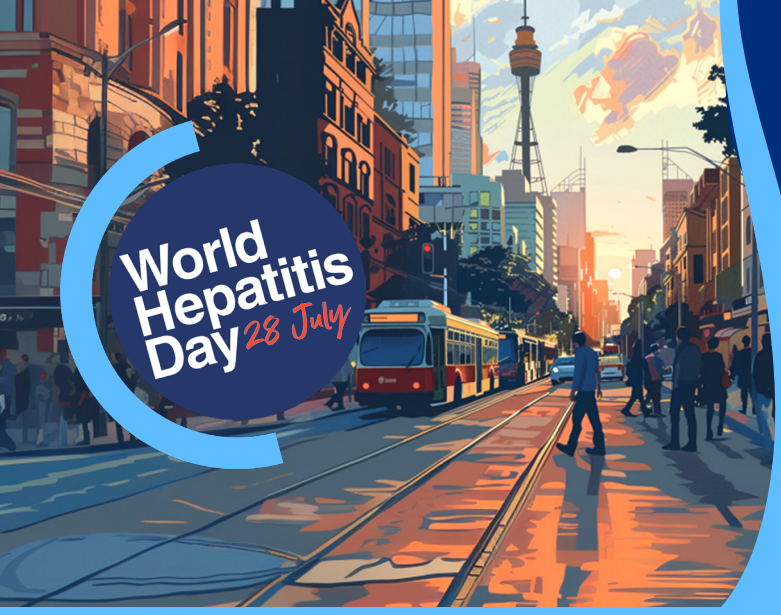
We also have an indigenous population with unique health needs compared to the metropolitan area. I'm very proud of our Community Paramedics who engage with local communities to deliver culturally sensitive care.

Someone told me a story the other day that made my heart sing. A Community Paramedic had a local community member who would go on country and his chronic health condition would deteriorate. He was having multiple hospital transports via the Royal Flying Doctor Service, but by the clinician going that extra mile to make sure that the community member had puffers when they weren't in town, meant that their condition was better managed, and hospitalisations reduced dramatically.

Our crews often face the challenge of remote locations, cultural sensitivities and nuances in remote communities, plus big distances between stations and support.

I think they do an amazing job.

We also have an indigenous population with unique health needs compared to the metropolitan area. I'm very proud of our Community Paramedics who engage with local communities to deliver culturally sensitive care.



IT'S TIME FOR ACTION ON HEPATITIS B & HEPATITIS C

This year's theme, *It's time for action*, highlights the need for collaborative action on hepatitis B and hepatitis C.

Hepatitis is the world's deadliest virus, after COVID-19, but hepatitis B has effective treatment and a vaccine, and hepatitis C has a cure and is preventable.

In 2024, all Australian governments are re-committing to eliminate hepatitis by 2030 and are accelerating action with the release of the Fourth National Hepatitis B Strategy and Sixth National Hepatitis C Strategy.

Australia's national hepatitis strategies have undergone significant consultation over the past 2 years and are strongly supported by the community, researchers and health professionals. The expected release of the national hepatitis strategies means Australia has the green light to succeed but communities need resources on the ground.

Only 60% of the people living with hepatitis C have initiated direct-acting antiviral cures. Three-quarters of people living with hepatitis B are still not receiving regular care.

ACIPC strongly supports Australian and worldwide efforts to eliminate hepatitis, and we have developed a suite of resources for you to use in your workplace or community, including a poster, screensaver, email signature banner, and a Zoom background.

TAKE A LOOK AT OUR WORLD HEPATITIS DAY RESOURCES **HERE**

Blood Borne Virus TESTING COURSE

Our Blood Borne Virus Testing Course is for healthcare practitioners undertaking HIV and hepatitis 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.

Alissia Reid

Michelle Punton

We spoke to two recent graduates about their experiences: Alissia Reid, Infection Control Clinical Nurse, Gold Coast University Hospital, and Michelle Punton, Infection Prevention and Control Clinical Nurse Consultant, Portland District Health.

Tell us a bit about yourself and how you came to do the Blood Borne Virus Testing Course.

Allissia: *I have been nursing for nearly 20 years, I trained in the UK and moved to Aust 16 years ago. I'd had some experience with C. difficile and I worked on a respiratory ward where we had an ICP liaison program. This really helped me get into IPC, it's a field where you can make improvements, and I love that quality improvement aspect.*

I had done the Foundations of IPC course, and I saw the Blood Borne Virus Course in IPC News.

I work in staff health and we do body fluid exposure results, so the course seemed useful, and the fact it was all online made it achievable and I could go through my own pace.

We have 11,000 people in our orbit, and results come to us for any body fluid exposure. There was a real focus in the course on the counselling aspect which will really help me in my role. Staff can be quite distressed, and we need to know the appropriate language (even body language) to know how to reassure them. People always fear the worst when they come in for their results.

Michelle: *I have worked as a nurse for 40 years, working in various departments throughout the hospital. Currently, I work in Infection Prevention and Control as a Clinical Nurse Consultant. In 2016, I completed the BBV course in a face-to-face course and I did it again this year to update my knowledge and ensure the information I am providing is best practice. It was great to complete the course online, at your own pace, even though I already knew BBVs, the delivery online meant you could undertake the course at your own pace, it allowed me to stop, rewind, and replay the information. Undertaking the BBV course for the second time reinforced the things I already do in my practice and reassured me I was on the right page; doing the best for my staff and patients. In our hospital, needle stick injuries and occupational exposures occur in small numbers each year. When they do happen, we can provide more personalised care because we know our staff due to the size of the hospital. We can keep the affected staff member up to date after exposure, make sure they fully understand about blood borne viruses, transmission, and immunity. When an occupational exposure occurs, the person is anxious and upset, but by the time they walk away, they've usually feeling supported and informed whilst providing confidential reassurance.*

What was your experience like doing the course?

Alissia: *I liked that at the end of each section we were asked what we'd learned about ourselves. I went in thinking I was really clear about my own views and role and talking about all sorts of things. But watching some of the videos and role plays people do, and the questions they have to ask about sexual activity, I realised there are some areas I felt uncomfortable talking about.*

It was such an interesting course it made me wonder if I should do a secondment to sexual health where I could see it in real life. I definitely feel more equipped. It was very reassuring to have it reminded that hep C is curable, for example.

I am quite a visual learner and I liked that there were lots of videos and visuals to keep me interested. The facilitator was so enthusiastic and genuine, you could feel her passion coming through, which was great.

Michelle: *The course content was so relevant to my role; it reinforced my knowledge and provided a new perspective on the role we play in BBV education. I'm a visual learner and found the content was presented in a way that supported my way of learning.*
In the past we have had an incident that involved hep C, we had to undertake an investigation to gather information to complete the picture and then follow up with the staff member involved. Having conversations with people about their test results can be daunting, but you know you've got a toolkit for having a difficult conversation and you are doing it right, with kindness and sincerity whilst providing a supportive environment.

Would you recommend it to others?

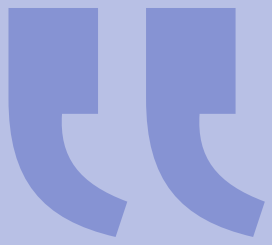
Alissia: *Absolutely. I have already recommended it to my colleagues. I think anyone in infection control should do it, but also ward nurses could benefit. Many patients might have a blood borne virus, and the course gives you more knowledge of the stigma they go through and the tools to address it with empathy.*

Michelle: *I have already recommended it to other colleagues in Infection Prevention and Control, it is well worth undertaking the course. I've left flyers around for senior staff who may need to support staff following an occupational exposure, so colleagues can have confidence they are giving the right information. Exposure incidents and testing can be a highly emotional time in someone's life. Go and do it, and upgrade your knowledge every couple of years, especially now when we have so many breakthroughs. People no longer have to live with hep C once they have been cleared following treatment and people living with HIV now live full, normal lives with the treatments that are available.*

Any special messages you would like to share for World Hepatitis Day?

Alissia: *I thought that I was comfortable and non-judgmental in most situations, but it is important to reflect on your own biases, and never stop examining your attitudes. World Hepatitis Day gives us all a chance to reflect on our last year's practice, to see if we can improve for the following year, breaking down stigma and feeling confident talking with our colleagues so we can be role models with the language we are using each day.*

Michelle: *Education is crucial for the younger generation to understand how BBVs are contracted and how to protect themselves. The goal of greatly reducing or eliminating hep C by 2030 is not that far away and will be incredible to achieve. Despite our efforts, some people still misunderstand transmission risks, such as mistakenly worrying about non-risky situations - for example, if a patient has hep C and the level of risk involved in providing care. World Hepatitis Day provides a platform and opportunity to get the BBV message out worldwide, not everyone fully understands blood borne viruses, ongoing education is needed. World Hepatitis Day brings BBV to the forefront.*



Go and do it, and upgrade your knowledge every couple of years, especially now when we have so many breakthroughs.

REGISTER
YOUR INTEREST
FOR THE NEXT
COURSE

REGISTER YOUR INTEREST FOR THE NEXT COURSE

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

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.

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 have been sent out for membership renewal for 2024/2025.

CHECK YOUR DETAILS ARE CORRECT **HERE**

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

BUG OF THE MONTH

Respiratory Synical Virus (RSV)

Respiratory Syncytial virus (RSV)

Respiratory Syncytial virus (RSV) is a virus that affects the airways and lungs, resulting in cold like symptoms. Its very contagious and spreads easily. Most people recover in a week or two, but some cases can be serious. Infants and older adults are more likely to develop sever RSV that requires hospitalisation.

Surveillance

RSV became notifiable to the National Notifiable Diseases Surveillance System (NNDSS)in Australia in 2021. Since then, RSV annual rate recordings have been progressively increasing with reports of 225, 275 between 2021 – 2024 (to date). In Australia, cases and hospitalisation are more common in winter, however they can occur year-round; for example, in 2024 we have seen 70,866 cases with a national spike in March. Seasonal spikes are less noticeable in northern parts of Australia.

Transmission

RSV is spread through droplets from an infected person's cough or sneeze. The droplets can be inhaled or land in the eyes, nose, or mouth; direct contact can also transmit i.e. via kissing; or from touching a surface/equipment that has been contaminated by the droplet and then touched eyes, mouth or nose attending to hand hygiene.

Prevention

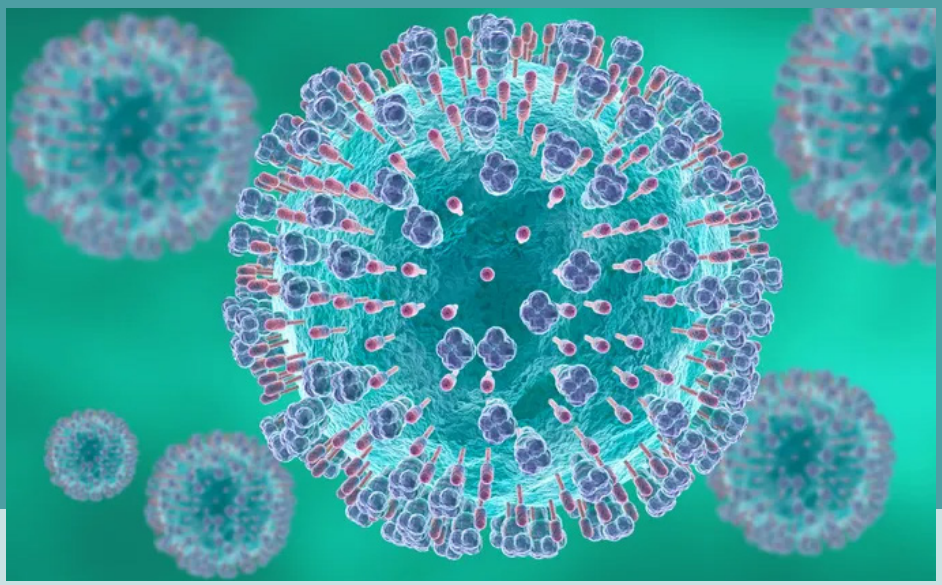
RSV vaccination and immunisation is recommended in certain population groups- access and eligibility vary across Australian jurisdictions and is not part of the National Immunisation Program (NIP). Practice good hygiene, i.e. cover the cough/sneeze, perform hand hygiene, clean frequently touched surfaces. Ventilation, i.e. open windows, purify indoor air, gather outdoors. Stay home if sick. Additional measures can also be used masks, physical distancing, and testing.

Symptoms

Symptoms usually start within 4-6 days of being infected, these include: runny nose decrease in appetite, coughing, sneezing, fever, wheezing. The symptoms generally appear in stages.

People with RSV are usually contagious for 3-8 days and may be contagious for a couple of days before symptoms show. Some infants and people with weakened immune systems can continue to spread the virus for up to 4 weeks- without showing any signs or symptoms.

RSV can survive on hard surfaces for many hours, however survives on soft surfaces i.e. tissues and hands for shorter periods.



Management

Antiviral medication is usually not recommended.

Relieve symptoms: manage fever and pain with paracetamol or anti-inflammatory, drink fluids to prevent dehydration, visit healthcare provider for advice.

RSV can cause more serious infections such as bronchiolitis (inflammation of the small airways in the lungs), or pneumonia (lung infection).
Healthy adults and children with RSV do not usually require hospitalisation, but some older adults and infants less then 6 months may require hospital support if they are having trouble breathing or are dehydrated. In the most severe cases oxygen and IV fluids or incubation (with mechanical ventilation), may be required.

RSV in infants and young children
RSV can be dangerous for infants and young children. At greatest risk include premature infants, infants 6-12mths, children younger than 2yrs with chronic lung disease and congenital heart disease, children with weak immune systems or neuromuscular disorders – including swallowing difficulties.

Preventative options include passive immunisation: RSV vaccine (Abrysvo vaccine) during pregnancy (recommended at 32-36 weeks, antibodies passed on to the infant via the mother). Alternatively, RSV monoclonal antibodies can be given directly to infants and babies under 24 months. Both are TGA registered, Beyfortus (nirsevimab) is long acting and administered as a single dose and Synagis (palivizumab) which is administered monthly.

Infant symptoms: runny nose, eat/drink less, cough and wheezing – symptoms progress over a couple of days. Very young infants (< 6mths old) will always present with symptoms and may include irritability, decreased activity, eat/drink less, apnoea (pause in breathing), +/- fever.

Virtually all children will have had RSV by age 2yrs. 2-3 / 100 cases may need hospitalisation. Most improve with supportive care and are discharged in a couple of days.

RSV in older adults or those with chronic medical conditions

At greatest risk are older adults, or adults with heart and lung disease, weakened immune systems, underlying medical conditions or those living in long term care facilities.

In Australia, the RSV vaccine is only available for older adults, it is recommended for people 75yrs and over, people 60-74yrs with medical conditions associated with RSV risk and First Nation people 60-74yrs. Arexvy and Abrysvo, are both non-live vaccines currently TGA registered and approved for use in Australia. A 3rd vaccine is currently being evaluated for registration.

Adult RSV infection typically presents as a cold, but some older adults develop pneumonia or experience worsening of other conditions such as asthma, chronic obstructive pulmonary disease and congestive heart failure. Older adults who become very sick may require hospitalisation and even die.

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https://ncirs.org.au/ncirs-fact-sheets-faqs-and-other-resources/respiratory-syncytial-virus-rsv-frequently-asked#:~:text=Currently%2C%20two%20RSV%20vaccines%20have,over%20(not%20yet%20available).

Resources

Immunisation Foundation – RSV and Me
https://www.ifa.org.au/rsvandme

Immunisation Foundation - RSV Awareness Week (2-8 June 2023)
https://www.ifa.org.au/uniteagainstrsv

NSW Health
https://www.health.nsw.gov.au/Infectious/factsheets/Publications/rsv-poster.pdf

https://www.health.nsw.gov.au/Infectious/factsheets/Publications/testing-for-rsv-in-children.pdf

WA Health
https://www.health.wa.gov.au/~/media/Corp/Documents/Campaigns/RSV/14692---Protect-your-little-one-from-RSV.pdf
https://www.health.wa.gov.au/~/media/Corp/Documents/Campaigns/RSV/14692---Protect-your-bub-from-RSV-poster.pdf

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28 AUG
5.30PM

Patient Safety has always been a formidable challenge in healthcare facilities. Hospital Acquired Infections (HAIs) are a significant impact on patient safety as it increases the length of hospital stays, the complexity of treatment and care, is potentially fatal costing the Australian healthcare system billions of dollars per annum.

THIS SEMINAR WILL

- ✓ Highlight the latest research and priorities to support efficient cleaning protocols in healthcare.
- ✓ Talk through evidence-based solutions to help drive effective decision making and oversights in cleaning practices.
- ✓ Reinforce how effective healthcare cleaning can improve quality patient care.

28th August 2024

5.30pm drinks
6-8pm Seminar

Le Montage 38 Frazer St, Lilyfield NSW 2040

Scan the QR Code to register

AUGUST VIC SIG MEETING

Victoria

SIG Special Interest Group

Thank you to everyone who attended the relaunch of VIC SIG in May, either in person or virtually. It was very well attended and has made us determined to continue to provide these meetings. Our thanks again to Deb Rhodes who hosted this event at The Womens and did a fantastic journal article review.

Our next meeting is being hosted by Priscilla Singh at St John of God Berwick. This is a great opportunity for those who work or live on the South East side of Melbourne to attend a meeting in person. We would really like to encourage as many people as possible to attend in person. It is always encouraging to have a live audience as well as a virtual one. And for those who do attend in person, breakfast has kindly been supported by GAMA Healthcare Australia!

Donna Cameron
VIC SIG Convenor

Date	Friday, 23 August 2024
Time	08:00am
Speakers	To be announced
Venue	Level 3 Gloucester Room, St John of God Berwick, 75 Kangan Road, Berwick
Topic	To be advised

This will be run as a hybrid event (Webex meeting). Details will be provided when you register.

CLICK HERE TO REGISTER

ACIPC
Australasian College
for Infection Prevention and Control

SEPTEMBER WA SIG MEETING

Western Australia SIG Special Interest Group

Many of the WA ACIPC members may remember the regular WA SIG and networking events that were run until just before the pandemic. We are excited to relaunch WASIG with the aim of establishing an ongoing network and forum through which Western Australian ICPs can meet to discuss IPC-related topics, state-based IPC issues, or conduct other professional development activities.

Please join us for our first meeting for the year. We would also like to use this as an opportunity to hear from you to find out what you would like from WASIG. This will be run as a face-to-face event.

Kristie Popkiss
Convenor WA SIG

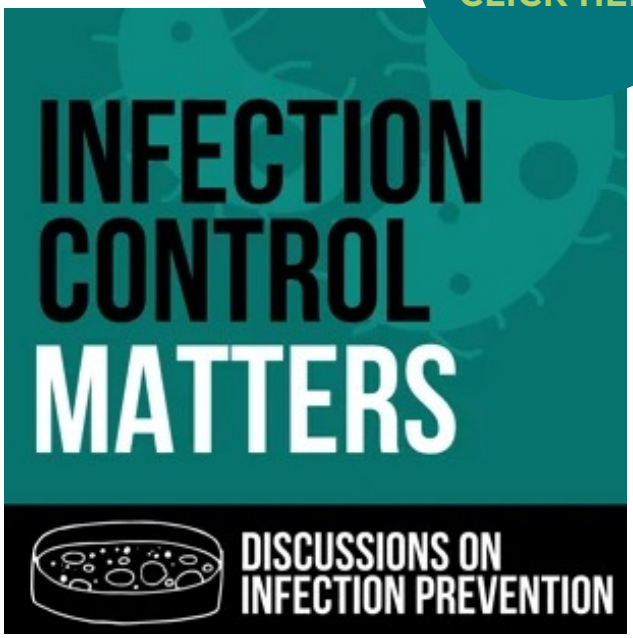
CLICK HERE TO REGISTER

Details for attendance are as follows:

Date	Thursday, 5 September 2024
Time	07:00 - 0830am
Venue	St John of God Health Care, Level 1 556 100 Wellington Street (Kings Square, near Market Grounds), Perth 6000
Food	Breakfast will be provided
Speakers	Dr Chris Blyth Dr David Foley IPPSU Team Poster Presentation
Transport and parking	68 Roe street, Northbridge: Roe Street | City of Perth Parking Or RAC Arena Transportation & Parking - RAC Arena (short walk). The bus and train station are also within 200m walk.

INFECTION CONTROL MATTERS PODCAST

TO LISTEN OR DOWNLOAD CLICK HERE



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

A novel approach to employing environmental service workers and an outbreak (or pseudo-outbreak) of SSI

In this episode, Martin has been on the road again and talks to two poster presenters at the IPAC-Canada 2024 conference. In the first part, Martin talks to Margaret Cameron from Peterborough Regional Health Centre, Ontario about the use of the Multiple Mini Interviewing approach to the selection of suitable candidates to become part of the hospital Environmental Service Attendant team. This innovative approach uses scenarios to test a candidate's suitability for this important role.

In the second part, Karrie Yausie from Saskatchewan health Authority talks about a blip in orthopaedic implant SSI rates that was investigated with some interesting aspects.

You can download Margaret's poster here and Karrie's here

Healthcare Cleaning – a visit to Interclean that's an eye-opener

In this episode, Brett and Martin report on a visit to the massive Interclean Expo held biannually in Amsterdam and the Healthcare Hygiene meeting. We report on the staggering range of equipment available and the fact that IPC often has little say in this especially if there are potential risks, referring to a previous podcast https://infectioncontrolmatters.podbean.com/e/investigating-a-unique-cpeoutbreak-a-possible-new-place-to-look/

Click here for a video of one hall at Interclean (of 12).

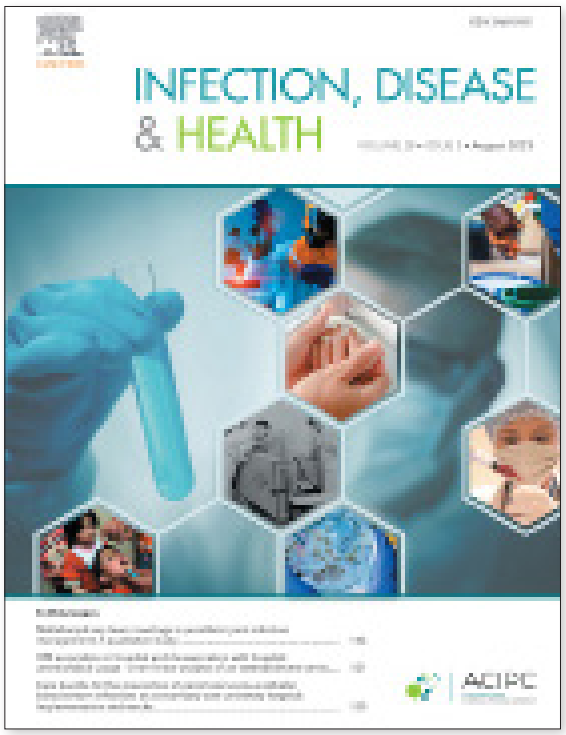
An award-winning MDT collaborative approach to reducing risks from water in a large organisation

In this episode, Martin Kiernan talks to representatives of the Multi-disciplinary Team at Leeds Teaching Hospitals NHS Trust in the UK, Dr Jessica Martin IPC Matron Adele Dyche and Haematology Matron Katie Sweeting . Building on from previously published work, they describe how efforts from the front line can impact on water safety, including initiatives such as sink removal, education programmes and collaborative working. This work won the 2023 award for Infection Prevention and Control at the annual Nursing Times Awards

The original paper from the group can be found here:

Rice W, Martin J, Hodgkin M, Carter J, Barrasa A, Sweeting K, et al. A protracted outbreak of difficult-to-treat resistant Pseudomonas aeruginosa in a haematology unit: a matched case-control study demonstrating increased risk with use of fluoroquinolone. J Hosp Infect. 2023;132:52-61. https://www.ncbi.nlm.nih.gov/pubmed/36563938

Latest articles from Infection, Disease & Health



Reducing candidaemia risk in urology patients: Revised algorithm & Pharmacist-Led Implementation
Nicholai De La Cruz, Ann Whitaker, Nicholas Rukin, Kevin O'Callaghan
https://www.idhjournal.com.au/article/S2468-0451(24)00031-2/fulltext

Selected publications of interest

Study explores long COVID in aged care homes
https://www.agedhealth.com.au/content/infection-control/news/study-explores-long-covid-in-aged-care-homes-1010790658

Recommendations for safely navigating AI in nursing
https://tinyurl.com/mry9efvz

Sepsis: simple change to antibiotic administration could save lives
https://www.hospitalhealth.com.au/content/clinical-services/news/sepsis-simple-change-to-antibiotic-administration-could-save-lives-50347757

Transition to Reusable Surgical Gowns at a Hospital System
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10445178/

Infant RSV immunisation could prevent 10K hospitalisations: IFA
https://www.hospitalhealth.com.au/content/clinical-services/news/infant-rsv-immunisation-could-prevent-10k-hospitalisations-ifa-400421870

New report flags major increase in STIs around the world
https://www.hospitalhealth.com.au/content/clinical-services/news/new-report-flags-major-increase-in-stis-around-the-world-438871185

Veterinary Infection Prevention: A Discussion With Leslie Kollmann, BS, CVT, CIC
https://www.infectioncontroltoday.com/view/veterinary-infection-prevention-discussion-leslie-kollmann-bs-cvt-cic

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