ACIPC
Australasian College
for Infection Prevention and Control

IPC News
July 26

President's report

Dr Sally Havers

Hi everyone, and welcome to the July edition of IPC News.

Earlier this month, I had the pleasure of speaking at the Australasian Society for Infectious Diseases (ASID) Zoonoses Conference on ethical decision-making and risk management in healthcare. My presentation focused on pets in healthcare facilities and the challenges of balancing patient-centred care with infection prevention considerations. It was a timely discussion that highlighted the complexities of assessing risk while ensuring decisions remain compassionate, practical and evidence-based.

One of the highlights of the conference was the opportunity to spend time with colleagues from a wide range of disciplines. Conferences like these are a reminder of how much we can learn from one another and how interconnected our work really is. It was a privilege to hear perspectives from infectious diseases clinicians, veterinarians, microbiologists, public health practitioners and researchers, all working towards the common goal of improving health outcomes. The conference featured an excellent program, including presentations on hantavirus and avian influenza, as well as some exceptional keynote speakers. I encourage you to explore the conference website for more information.

I am also delighted to share some significant news for the College. Following extensive consultation, the Australian Vascular Access Society (AVAS) is in the process of transitioning its membership and activities into ACIPC, with members having the opportunity to join our Vascular Access Special Interest Group (VA SIG).

This is an exciting development and an opportunity to bring together two communities that share many of the same values and goals. At the heart of both organisations is a commitment to improving patient outcomes through evidence-based practice, education, research and a relentless focus on patient safety. AVAS has made an enormous contribution to vascular access practice, education, research and advocacy over many years, and I would like to acknowledge the dedication of its Executive Team, members, volunteers, researchers, educators and industry partners. Their work has had a lasting impact on patient care across Australasia.

This transition represents an exciting new chapter for both organisations. Through the VA SIG, vascular access professionals will continue to have a dedicated home within ACIPC, supported by our governance, networks, communications and educational platforms.

Together, we will continue to champion evidence-based practice, patient safety and the prevention of infections associated with vascular access devices across acute care, primary care, aged care and community settings.

I also want to draw your attention to an important research opportunity currently underway. ACIPC, in partnership with the Infection Prevention and Vascular Access Research Team at The University of Queensland, is inviting members to participate in a national HAI Surveillance Research Project. The aim of the project is to develop consensus on which healthcare-associated criteria and infections should be prioritised for surveillance in Australian acute care settings and to identify preferred measurement definitions for national surveillance.

The survey is voluntary, de-identified and takes approximately 30 minutes to complete. If you have experience in HAI surveillance, I strongly encourage you to contribute your expertise. Your input will help shape the future of surveillance in Australia and ensure surveillance efforts are focused where they can have the greatest impact on patient outcomes.

Please also feel free to share the survey with your colleagues. We are keen to hear from a broad range of healthcare professionals—not just infection prevention and control practitioners. Healthcare-associated infections affect every specialty and every part of the healthcare system, so perspectives from across clinical practice, management, research and leadership are invaluable. The wider the range of voices involved, the more meaningful the outcomes will be. You can access the survey here.

Finally, a reminder that our ACIPC Research Grants remain open. Applications for the Early Career Research Grant and Seed Research Grant close on 17 August, while applications for the Sustainability in IPC Research Grant close on 18 September. If you've been considering applying, now is the time. Further details are available on the ACIPC website.

As always, thank you for the work you do every day to protect patients, support colleagues and strengthen infection prevention and control across our healthcare system. Whether you are leading programs, conducting research, educating others or delivering frontline care, your contribution makes a genuine difference.

Warm regards,

Sally Havers

President, ACIPC

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CONTENTS

ADVANCING IPC PRACTICE AND STANDARDS COMMITTEE UPDATE

The Committee continues to progress its review of position statements, with several now transitioned into guidelines to better support members in practice. These resources are available in the Members section under IPC templates, toolkits and guidelines:

https://www.acipc.org.au/members/ipc-templates-tool-kits-and-guidelines/

Recently published and updated guidelines include:

- Animals in healthcare settings
- The role of infection prevention and control professionals in antimicrobial stewardship programs
- Single-use devices
- Infection prevention and control guidance for tattooing industries

We would like to extend our sincere thanks to the many members who have expressed interest in contributing to the Advancing IPC Practice and Standards Committee working groups. With over 80 members volunteering their time and expertise, we are pleased to have established three active working groups:

- Aged Care
- AS/NZS 5369
- Sustainability

Through these working groups, progress is being made in developing practical tools and resources for members, including toolkits and implementation guidance to support practice across a range of settings.

We welcome ongoing input from members. If there are resources or topics you would like to see developed, please contact the Committee via: *office@acipc.org.au*

Credentialling

The ACIPC Board of Directors would like to congratulate the following members who have received credentialling this month:

Advanced Re-Credentialling: Kate Ryan

Expert Re-Credentialling: Jane Barnett

ACIPC External Representation

Representation of IPC and IPCPs is an important part of the College's advocacy.

If you become aware of an opportunity where ACIPC representation may be beneficial — whether at a local, state, national or international level — we encourage you to contact the College office via email – *office@acipc.org.au*

Also, we are currently updating our records to ensure we have an accurate and comprehensive understanding of where the College is represented across external committees, working groups and advisory bodies.

If you are currently representing ACIPC, we ask that you please complete the online form linked below.

This includes representation at:

- Government or regulatory bodies
- Clinical or professional advisory groups
- Standards or guideline development committees
- Research collaborations
- Industry or sector working groups
- Expert panels or consultations

You can also add past representation activities for our records.

External Representation

Thank you for your support and IPC advocacy.

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Education delivered by GAMA Healthcare Clinical Nurse Educators

Supporting healthcare teams to be confident.

Dispensers provided

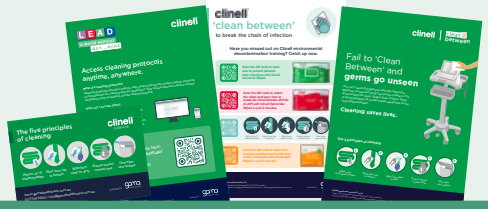
Wipes are available at the point of use, improving compliance and reducing time to locate.

GAMA iQ

An infection prevention learning programme developed by world leading IPC practitioners.

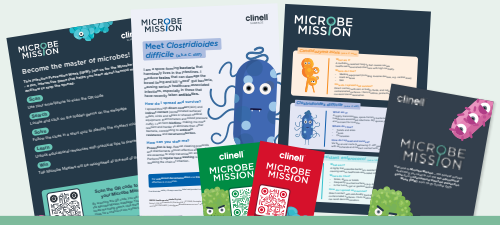
Clean Between resources

Clean Between resources support consistent cleaning and disinfection of shared equipment. Click to access cleaning protocols.



IPC Week toolkits

Supporting engaging education, such as Microbe Mission, a hunt to find harmful pathogens (cartoon images with QR codes) across facilities.

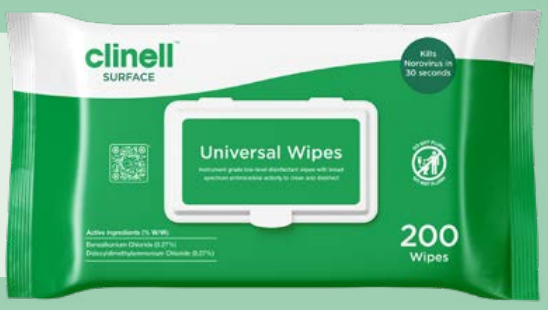


When selecting a disinfectant wipe, ask:

- What support is in place to ensure consistent cleaning practices across your facility?
- Do your teams have access to the training and tools needed to implement best practice?

Scan or click the button for more information.

Find out more



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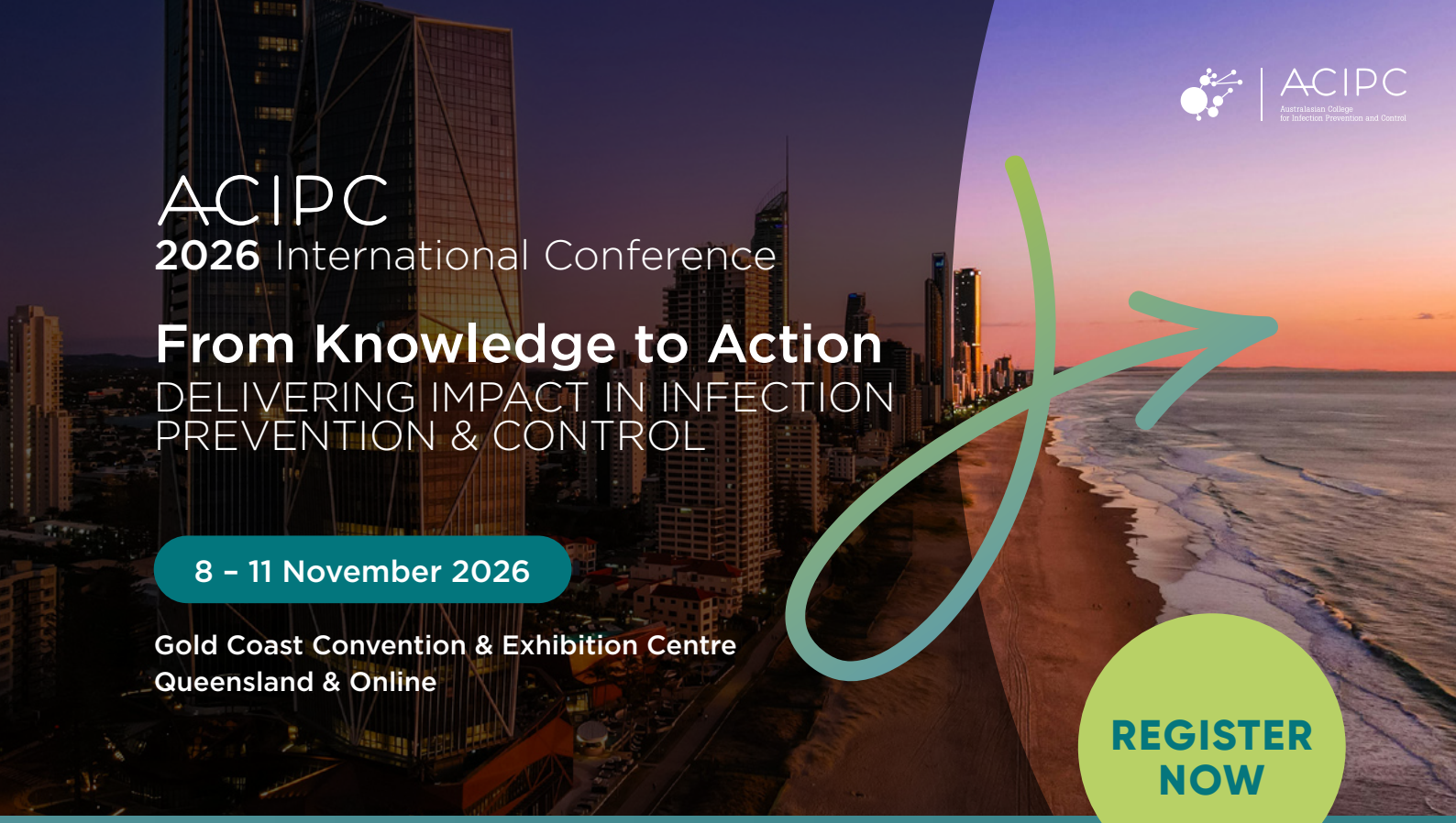


ACIPC 2026 International Conference

From Knowledge to Action

DELIVERING IMPACT IN INFECTION PREVENTION & CONTROL

8 – 11 November 2026

Gold Coast Convention & Exhibition Centre
Queensland & Online

REGISTER NOW

Dear Colleagues,

On behalf of the Board of Directors and Organising Committee, it gives us great pleasure to invite you to attend the 2026 ACIPC International Conference.

Sunday 8 – Wednesday 11 November 2026

Gold Coast, Queensland and Online

The 2026 conference theme, From Knowledge to Action: Delivering Impact in Infection Prevention and Control, will explore how evidence and expertise can be translated into meaningful outcomes across healthcare settings.

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

We encourage delegates travelling to the Gold Coast to extend their trip either side of the conference, so you can visit the many wonderful sights and attractions the city and Queensland have to offer.

More information regarding the conference, including invited speakers, social events, and engagement initiatives, will be released via the conference website as planning proceeds.

So, save 8–11 November in your calendar now — we look forward to seeing you at the conference.

Sally Havers

President, Australasian College for Infection Prevention and Control

Jessica Schultz & Ursula Howarth

Co-Chairs, Scientific Conference Organising Committee

CONFERENCE SCHOLARSHIPS

ACIPC awards scholarships each year to financial members to reduce the out-of-pocket expenses associated with attending the ACIPC International Conference. The ACIPC International Conference Scholarships provide registration for a number of ACIPC members to attend the conference. Attendance at the conference will enable members with infection prevention and control responsibilities to acquire, develop and maintain knowledge and skills. It also provides the opportunity for members to network with colleagues working in infection prevention and control.

Applicants who may be eligible for more than one of the scholarship groups are encouraged to submit to all scholarship groups that may be relevant.

Australia and New Zealand

This scholarship is offered to residents of Australia and New Zealand who are current financial members of ACIPC, and currently employed in IPC or a field closely associated with IPC

For more details, eligibility, and to apply, please *click the link here.*

First Nations

This scholarship is offered to financial members of ACIPC who identify as Māori, Aboriginal and/or Torres Strait Islander People. They must be currently employed in IPC or a field closely associated with IPC, and be a resident of Australia or New Zealand.

For more details, eligibility, and to apply, please *click the link here.*

Pacific Region

This scholarship is offered to IPC professionals working in low-middle income country territory throughout the Australasian region. Applicants must be health professionals working in the IPC field, be fluent in English, and not have received the scholarship within the last 5 years.

For more details, eligibility, and to apply, please *click the link here.*

Rural and Remote

This scholarship is awarded to an applicant working in geographically rural and remote areas of Australia and New Zealand. The applicant must be a current financial member of ACIPC, currently employed in IPC or a field closely associated with IPC, and a resident of Australia or New Zealand.

For more details, eligibility, and to apply, please *click the link here.*

KEYNOTE SPEAKERS

Professor Zoe Wainer

Professor Zoe Wainer is the inaugural Director General of the Australian Centre for Disease Control, responsible for establishing and leading Australia's national public health agency and strengthening the country's preparedness for future health threats. The Australian CDC provides independent, evidence-based advice on disease prevention, surveillance and response to safeguard the health of Australians.

Professor Wainer is a values-driven C-suite health leader with experience across government, academia and the private sector. She previously served as Deputy Secretary for Community and Public Health at the Victorian Department of Health and as Chief Medical Officer for Bupa Australia and New Zealand.

A medical doctor with a background in cardiothoracic surgery and a PhD from the University of Melbourne, Professor Wainer has expertise in public health, value-based healthcare and women's health. Professor Wainer has worked internationally in global health, including public health initiatives in Timor-Leste and surgical programs in Fiji and Tonga.

INVITED SPEAKERS

Dr Sarah Browning

Dr Sarah Browning is an Infectious Diseases Physician, Clinical Director of the Infection Prevention Service at Hunter New England Health, and a Conjoint Senior Lecturer at the University of Newcastle. Dr Browning co-chairs the SDPRIA Infection Control and Infectious Diseases Working Group, supporting implementation of a statewide infection prevention and surveillance platform across New South Wales. Dr Browning is currently undertaking a PhD focused on preventing healthcare-associated infections and antimicrobial-resistant organism transmission in acute healthcare settings.

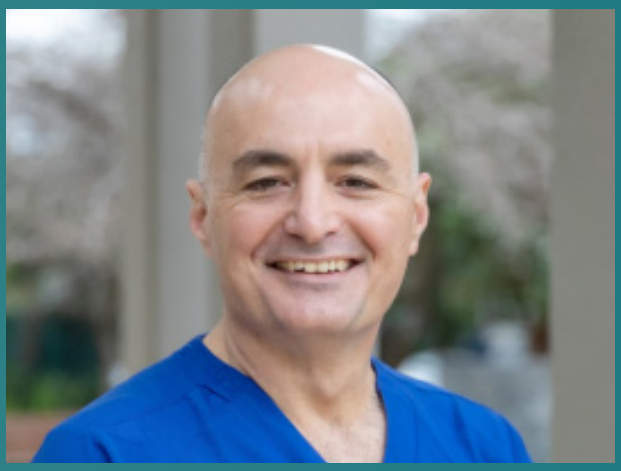
INVITED SPEAKERS

Sarah Bailey

Sarah Bailey has a Masters in Medical Microbiology and a Post Graduate Diploma in Medical Mycology, and has also completed studies in infection control in the hospital environment, legionella control and asbestos management.

With her work at QED Environmental Services, Sarah Bailey applies that microbiological and infection control knowledge to their work in water quality and risk assessment, indoor air quality in hospitals, with cooling towers and with our other various investigations such as mould and other health issues within buildings. Sarah Bailey is also a full member of the Institute of Hospital Engineers Australia and the Australian College of Infection Prevention and Control and has been involved in developing the Australian Standards for mould and moisture remediation.

Professor Ramon Shaban



Professor Ramon Z. Shaban is Clinical Chair of Communicable Disease Control and Infection Prevention at the University of Sydney and Western Sydney Local Health District. He is a leading, internationally credentialed, practising expert infection control practitioner with particular strengths in high-consequence infectious diseases, disease control, emergency care and health protection spanning 30 years of practice.

Professor Shaban is Chief Infection Control Practitioner for Western Sydney Local Health District where he provides strategic and operational leadership of infection prevention and disease control services. He is also an Associate Director of the New South Wales Biocontainment Centre, Australia's first purpose-built state-of-the-art facility for the prevention, containment and management of high-consequence infectious disease located at Westmead Hospital in New South Wales.

Professor Shaban is a Past President and served for many years on the Board of the Australasian College for Infection Prevention and Control. He is a member of ACIPC Credentialling and Fellowship Assessment Panel and is a Senior Editor the College's journal Infection, Disease and Health.

PARTNER WITH US

Interested in showcasing your solutions and supporting the sector? Sponsorship and exhibition opportunities are now available and selling fast – connect with your audience and position your brand at the forefront of infection prevention and control innovation.

For more about sponsorship and exhibitor opportunities, click here.

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THE CLAIRE BOARDMAN MEDAL

Nominations 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.

The Claire Boardman Medal for Leadership in Infection Prevention and Control is bestowed upon a member of the College who demonstrates outstanding commitment and leadership to the College and the profession and practice of infection prevention and control.

The award includes

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

Applications close at 9:00 am AEST on Monday, 7 September 2026.

Further information and the nomination form are available on the website:

The Claire Boardman Medal for Leadership in Infection Prevention and Control

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

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

Since 2024, ACIPC, with the support of our funding partners, provided $70,000 for Sustainability Grants.

Submissions

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.

Applications will close at 5PM Friday 18 September 2026

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.

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 5PM on Monday 17 August 2026

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.

INVITATION TO PARTICIPATE IN STUDY

Barriers and facilitators to implementing standards for peripheral intravenous catheter care: A descriptive qualitative study of hospital clinicians and policy-makers across Australia

Griffith University Ethics Approval Number HREC/2026/0079

Dear Member

We are writing to invite you to participate in a research project: Investigating barriers and facilitators to implementing clinical standards for peripheral intravenous catheter care in Australia.

This study involves the participation of health care professionals who are:

- currently practicing in a hospital, and
- whose role is associated with policy-making or direct care or surveillance for peripheral intravenous catheters.
- For example: Infection Prevention and Control Clinical Nurse Consultants, Infectious Diseases Physicians, Emergency Physicians, Anaesthetists, Vascular Access Clinical Nurse Consultants and Nurse Practitioners, and bedside doctors and nurses in medical, surgical, critical care, oncology, or other wards.

We are looking for participants who meet the above criteria and would be interested in participating in an interview to discuss implementation of the national 'Management of Peripheral Intravenous Catheters Clinical Care Standard' in Australian hospitals. Participation is entirely voluntary. You are under no obligation to agree to participate. If you do participate however, you are free to revoke your consent at any time.

Interviews are estimated to take approximately 30 minutes and will be held online via the Microsoft Teams platform.

The link below invites you to submit an expression of interest form to participate in the study. You will then receive further information via your nominated email.

Please note that this study has been approved by the Griffith Human Research Ethics Committee (approval number HREC/2026/0079).
Many thanks in advance for your time and consideration.

EOI Form

Kind regards,

Dr Josephine Lovegrove
Senior Research Fellow

Email j.lovegrove@griffith.edu.au

NHMRC Centre for Research Excellence in Wiser Wound Care, Griffith University; Herston Infectious Diseases Institute, Metro North Health

On behalf of the research team:

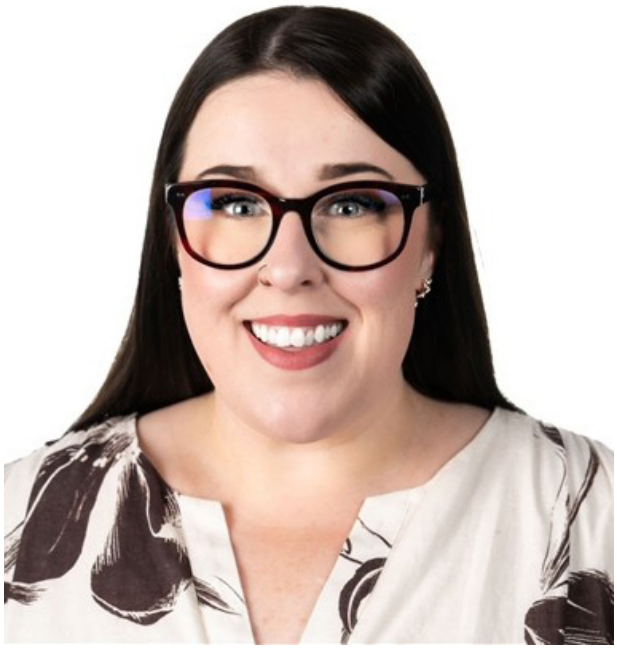
Professor Claire Rickard; Dr Gillian Ray-Barruel; Dr Sally Havers; Ms Emma Williams; Mrs Sarah Smith; Dr Lucy Shinners; Dr Alice Bhasale.

With the record-breaking 2025 influenza season still fresh in mind, ACIPC is encouraging healthcare settings across Australasia to prepare early for winter 2026. Annual flu vaccination remains the single most effective way to prevent infection and reduce serious complications — and this year, children aged 2–17 have an additional option with the introduction of the intranasal vaccine FluMist®. Vaccination of healthcare workers is especially important in protecting vulnerable patients and keeping our workforce strong during peak season. To support your organisation's flu vaccine effort this year, we've developed a downloadable poster for display in your workplace, along with a selection of further resources and recommended reading — all available in the link above.

CLICK HERE FOR ACIPC'S FLU VACCINE RESOURCES

MEMBER PROFILE

Rebecca McNamara



This month we spoke with Rebecca McNamara, Senior Infection Prevention Consultant & Site Lead | Infection Prevention & Epidemiology | Dandenong Hospital

Tell us a bit about yourself and how you came to be working in IPC

I started as an emergency nurse. During my grad year, a rotation through our aged care facility introduced me to Liz Orr, the infection prevention CNC at the time. I remember watching her doing rounds in her yellow dress, thinking her job looked like genuinely happy work. That stuck with me.

Years later, a bit burnt out from ED, I moved into a secondment in infection prevention, eventually landing permanent hours at Monash Health in 2018. A stint covering at Peter MacCallum Cancer Centre in 2019, without a manager in place, pushed my learning fast, though it also taught me how much I valued having a mentor. I returned to Monash, became a site lead, and have been at Dandenong since 2021.

When COVID hit, leading our digital contact-tracing systems accelerated my growth further and shaped how I think about balancing risk with doing no harm.

What does a typical day look like for you?

Honestly, there isn't one. People considering a role in IP often ask what a typical day looks like, and I never quite know how to answer as it can vary enormously.

Across our 458 beds, 41 same-day beds, over 100 mental health beds, and 10+ community-based sites, my day can range from education-heavy to everything falling apart at once.

Alongside the fundamentals like outbreak management, standard 3 assessments, occupational exposure management, a lot of my time goes into relationship-building on the wards, creating a culture where infection prevention isn't seen as the enemy. We're nurses too, wanting the best outcome for patients holistically.

Working within such a large, old organisation also means a lot of my time involves building works and ageing infrastructure. I often joke that I now consult in the same hospital I was born in!

I also lead a team of three clinical nurse consultants, spending much of my time developing and supporting them.

What do you like most about working in IPC?

Teaching, above all, whether that's my own team or staff out on the wards. I love creating a moment or message that people can carry back into their practice, so we try to move away from formal, "death by PowerPoint" education and toward games and activities that actually stick. A bit of humour helps too, judged to the audience.

We have an open-door policy at Dandenong, and it's a genuinely close-knit hospital — everyone knows everyone. My team has strong relationships with engineering and support services through regular check-ins, and while medical staff rotate constantly, unit heads are closely involved, particularly around our surgical site surveillance work in colorectal, ortho and C-sections.

I also have regular contact with our general manager and operations managers, who are genuinely engaged with infection prevention, which makes the job feel good.

What would you say to someone thinking about a career in IPC?

Come in with a drive to learn — you get out of IPC what you put into it. It's a big step up from a bedside role, so you need autonomy and your own sense of purpose. Learn from those around you, think on your feet, and always bring decisions back to what's best for the patient.

Remember to celebrate the wins too, not just the gaps — and stay curious. There's so much more to this role than walking wards with a clipboard.

Are there areas of research you're particularly interested in?

I'd like to see us pivot transmission-based precautions based on actual risk, rather than applying blanket rules. Precautions can isolate patients from staff and reduce their opportunities to ask questions. At Dandenong, where many patients don't speak English as a first language, added barriers can mean losing important moments of connection and care.

Is there a role for AI in your work?

Absolutely. I use it daily for drafting and structuring projects. IPC is incredibly data- and surveillance-heavy, and AI could free up time for the human expertise that data alone can't replace — quality improvement, ward presence, teaching moments. The human touch still matters most; technology should support it, not replace it.

Is there a particular area you're most curious about?

Mould and mould remediation in ageing hospital infrastructure is high on everyone's radar right now, especially across Victoria's older buildings. I'd like to build more expertise in occupational hygiene and ventilation standards, to assess risk more clearly — without overcorrecting.

How do you like to unwind?

I'm a social butterfly! I love travelling (48 countries and counting), book club, and netball. Reading is my main way to switch off, especially fantasy; it's a good way to fully disconnect and quiet the 50 tabs always open in my head.

WHY INFECTION PREVENTION PROFESSIONALS CAN'T AFFORD TO MISS THE ISSA CLEANING & HYGIENE EXPO

Infection prevention, cleaning and disinfection go hand in hand but it has never been more complex. Every decision about products, equipment, surface technologies and environmental hygiene has the potential to influence patient safety. Yet those decisions are often made across multiple disciplines.

That's the opportunity at the ISSA Cleaning & Hygiene Expo, held 8–9 October at the Melbourne Convention and Exhibition Centre. As Oceania's largest B2B event for the cleaning and hygiene industry, the Expo brings together more than 65 exhibitors and thousands of professionals from healthcare, environmental services, facilities management and the cleaning industry to explore the latest innovations, share knowledge and build stronger partnerships.

For infection prevention professionals, the value extends well beyond the exhibition floor. Complimentary education sessions, specialist workshops and networking opportunities provide direct access to the people developing products, delivering healthcare cleaning services, advancing research and shaping the future of environmental hygiene.

New for 2026 is the Healthcare Surfaces Forum, taking place on Wednesday 7 October, the day before the Expo. Hosted by ISSA Healthcare and sponsored by Virtual MGR, the Forum brings together infection prevention professionals, environmental services (EVS) leaders, clinicians, researchers, healthcare executives, manufacturers and building service contractors to explore how evidence-based environmental hygiene, surface selection, cleaning practices and emerging innovation can strengthen patient safety. Designed around collaboration rather than presentations alone, delegates will identify shared challenges, examine current evidence and develop practical solutions that can improve healthcare environmental hygiene.

Learn more about the Forum at:
https://www.acipc.org.au/go/issa-jul-2026-learn-more-forum

Healthcare education continues on Thursday 8 October with The Healthcare Cleaning Masterclass: Practical Strategies for High-Risk Environments workshop. This interactive workshop explores infection prevention principles, healthcare procurement, workforce capability, compliance and operational risk, providing attendees with practical strategies to strengthen healthcare cleaning programs, improve service quality and support better patient and resident outcomes.

Whether your focus is infection prevention, environmental services, research, procurement or healthcare leadership, the ISSA Cleaning & Hygiene Expo offers a unique opportunity to connect with the entire healthcare environmental hygiene ecosystem in one place. From the Healthcare Surfaces Forum through to the Expo and Healthcare Cleaning Masterclass, delegates will gain practical knowledge, build valuable connections and contribute to the conversations shaping safer healthcare environments.

Learn more and register at:
https://www.acipc.org.au/go/issa-jul-2026-learn-more-register

Lunch and Learn Webinar

The NSW Biocontainment Centre

21 AUGUST 2026
12:00PM AEST

ACIPC
Australasian College for Infection Prevention and Control

with Dr Mary Wyer & Dr Patricia Ferguson

The NSW Biocontainment Centre: Capabilities, Preparedness and Recent HCID Responses

Presenters: Dr Mary Wyer and Dr Patricia Ferguson

Date: Friday 21 August, 12:00 PM AEST

CLICK HERE TO REGISTER

Description:

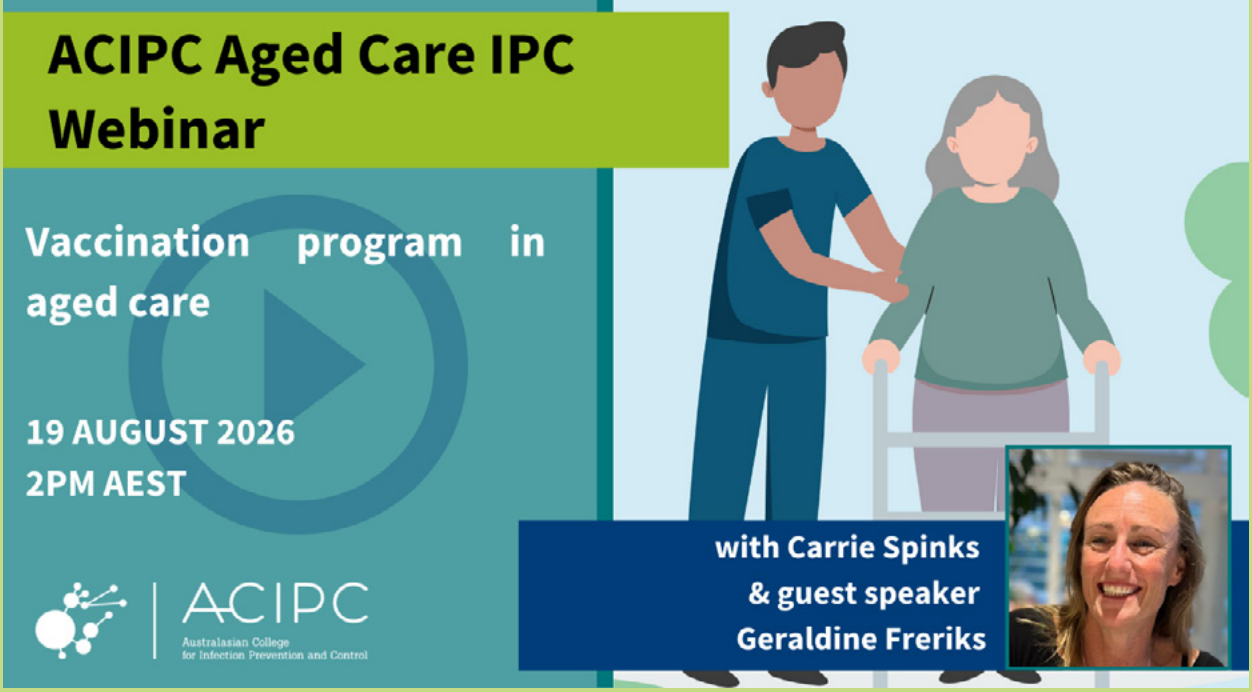
The NSW Biocontainment Centre (NBC) plays a critical role in supporting NSW's preparedness for and response to high-consequence infectious diseases (HCIDs). In this Lunch and Learn session, Mary Wyer and Patricia Ferguson will provide an overview of the NBC, including its facilities, functions, and contributions to clinical care, research, training, and system preparedness. The presenters will also discuss recent responses to the Bundibugyo filovirus disease outbreak in Democratic Republic of Congo and Uganda and the Andes hantavirus cases, highlighting key lessons, challenges, and opportunities for strengthening biocontainment capability and healthcare system readiness.

About the presenters:

Dr Mary Wyer is a Registered Nurse and an Associate Professor of Practice (Biocontainment) at the Susan Wakil School of Nursing and Midwifery, University of Sydney. Her clinical academic role is focused on developing and advancing biocontainment models through research and education. Dr Wyer's research is based at the NSW Biocontainment Centre in Sydney, a purpose-built facility for the care of patients with high consequence infectious diseases, where she leads and supports research to strengthen infection prevention and person-centred care.

Dr Patricia Ferguson is an Infectious Diseases Physician and senior staff specialist at Westmead Hospital and the NSW Biocontainment Centre, where she is the Associate Director (Education & Training). She is passionate about preventing infection and improving safety for patients and staff.


WORLD HEPATITIS DAY
hepatitis australia
Australia can eliminate viral hepatitis – through prevention, testing, vaccination, treatment and equitable access to care.
Communities, health workers and decision makers all have a role in taking the next step forward.
World Hepatitis Day - 28 July #TakeTheNextStep



Topic: Vaccination Program in Aged Care

Presenter: Carrie Spinks

Guest Speaker: Geraldine Freriks

CLICK HERE TO REGISTER

Missed an ACIPC Aged Care webinar?

You can watch recordings of the entire series here.

This presentation explores the development and implementation of a comprehensive immunisation program within residential aged care, encompassing both residents and staff. The program is structured around two interconnected branches: resident immunisation and workforce immunisation, recognising that effective protection requires a whole-of-facility approach.

The session will outline the key components required to establish and sustain a structured immunisation program.

These include:

- Promotion and education strategies to support informed participation
- Recommended vaccine types for residents and staff
- Consent processes and documentation requirements
- Vaccine sourcing and supply coordination
- Cold chain management and storage compliance
- Role delineation, including GP-led vaccination for residents and designated vaccination providers for staff
- Scheduling systems to ensure timely administration
- Accurate recording and reporting, including documentation in the Australian Immunisation Register (AIR)
- The presentation will also examine governance considerations, program coordination, and strategies to address common challenges such as incomplete immunisation histories, consent complexities, and fragmented documentation systems

By implementing a structured and well-governed immunisation program, aged care services can reduce vaccine-preventable disease outbreaks, improve resident health outcomes, protect staff, and minimise hospital transfers.

Our speaker will be Geraldine Freriks. Geraldine is the Infection Prevention and Control Nurse Unit Manager at West Gippsland Healthcare Group. West Gippsland Healthcare Group has acute care, community care and two aged care facilities.

A dedicated nurse since 1987, she has worked across various specialties, primarily Oncology, Haematology, and Palliative Care, holding coordinating roles at St Vincent's, Dandenong, Box Hill Hospital and West Gippsland Healthcare Group.

In 2016, Geraldine transitioned into Infection Prevention and Control, contributing significantly to the sepsis project at West Gippsland Healthcare Group. Over the past four years, she has played a key role in the Warragul COVID-19 response and worked at the Public Health Unit. Passionate about infection prevention, she is committed to education, reducing antimicrobial resistance and improving patient outcomes.

Geraldine has completed studies in Oncology, Haematology, Palliative Care, Management, and Infection Control.

AGED CARE ACTIVITIES UPDATE

NEW AGED CARE IPC TRAINING HUB

The ACIPC Aged Care IPC Training Hub is a new addition to the Aged Care Community of Practice, offering ready-made, high-quality teaching content to streamline IPC education across the sector. The latest bundle focuses on waste management in residential and home care. Coming soon: resources on Bare Below the Elbows, Reprocessing in Aged Care, and Gloving Bundle.

VISIT THE TRAINING HUB

If you are after even more resources, you can visit our one stop shop, IPC Resources for Australasian Aged Care to find a range of resources and links across a wide variety of aged care-related topics. We also have Aged Care IPC Templates and Tools for you to use in the workplace, generously donated by IPC experts from a range of aged care providers. And don't forget our aged care specific online forum, Aged Care Connexion, where you can share ideas, seek advice from peers, and benefit from the experience of other peers. All of our aged care offerings are free and available for you to access right now.Aged care – we have you covered!

FROM CRISIS TO CAPABILITY: INFECTION PREVENTION AND CONTROL IN AUSTRALIAN AGED CARE SINCE THE ROYAL COMMISSION

By Carrie Spinks, ACIPC IPC Consultant

Few issues exposed the fragility of Australia's aged care system as clearly as infection prevention and control (IPC). The Royal Commission into Aged Care Quality and Safety revealed a pattern of systemic weakness: fragmented governance, inconsistent workforce capability, limited outbreak preparedness, and IPC that was often reactive rather than planned [1]. The COVID-19 pandemic amplified these failings, with tragic consequences for residents, families and staff.

In the years since, IPC has moved from the margins of aged care practice to the centre of safety, quality and governance. This article reflects on how far IPC has progressed in residential and home care since the Australian Royal Commission into Aged Care Quality and Safety (2018–2021), and what this tells us about the maturity of the system today.

Before the Australian Royal Commission into Aged Care, IPC in aged care was frequently assumed rather than designed. Outbreaks of influenza and gastroenteritis were common and often regarded as unavoidable. COVID-19 shattered that assumption. The Australian Royal Commission into Aged Care made clear that IPC failures were not isolated technical issues, but symptoms of broader system fragility — weak leadership, inadequate workforce support, and unclear accountability [1]. IPC was reframed as a system responsibility, and that reframing has shaped subsequent reform.

One of the most significant shifts has been regulatory. The Aged Care Act 2024, which came into effect in November 2025, embeds safety and quality — including IPC — as enforceable obligations rather than aspirational goals [2]. This is reinforced through the strengthened Aged Care Quality Standards, where infection prevention is explicitly assessed across clinical care and environmental outcomes [3].

For providers, this has changed the tone of IPC. Evidence from regulatory reviews indicates that IPC is now routinely discussed at executive and board level, incorporated into organisational risk registers, and linked to clinical governance systems [4]. Rather than being activated only during outbreaks, IPC is increasingly treated as an ongoing organisational function.

At service level, perhaps the most visible post the Australian Royal Commission into Aged Care reform has been the introduction of mandatory IPC Lead roles in residential aged care. These roles were designed to address the long-standing absence of designated IPC leadership within services. Evaluations show that IPC Leads have strengthened outbreak preparedness, improved workforce education, and increased consistency in applying standard and transmission-based precautions [4].

IPC Leads themselves report greater confidence and authority to influence practice and escalate concerns — a notable cultural shift in a sector where IPC was historically everyone's responsibility, but rarely anyone's role [5]. However, research also highlights variability in role effectiveness, driven by differences in time allocation, access to training and organisational support [4,5]. The evidence is clear: IPC Leads are most effective when supported by governance, specialist advice and peer networks.

The release of the Aged Care Infection Prevention and Control Guide in 2024, and its subsequent updates, has been another cornerstone of reform. Adapted from Australian Guidelines for the Prevention and Control of Infection in Healthcare but deliberately tailored for aged care, the guide acknowledges that residential and home care settings are people's homes, not hospitals [6].

This has practical consequences. The guide promotes risk-based decision-making that balances infection prevention with dignity, autonomy and quality of life, discouraging rigid hospital-style auditing in favour of respectful, sustainable practice approaches [6].

The integration of antimicrobial stewardship into the IPC framework reflects increasing system maturity. National data continue to show high antimicrobial use in aged care residents, often for prolonged periods [7]. Embedding stewardship within IPC programs positions antimicrobial resistance as a shared safety issue rather than a prescribing problem alone.

Reform has also been supported by a growing ecosystem of tools and implementation supports. Government platforms such as the Aged Care Learning Information Solution (ALIS) provide accessible IPC education for staff and IPC Leads, while the Aged Care Quality and Safety Commission and Australian Commission on Safety and Quality in Health Care offers IPC/AMS self-assessment tools and resources to help services identify gaps early and plan improvement [8].

Alongside formal resources, the emergence of aged care IPC communities of practice through universities, PHU and organisation IPC consultants, has strengthened sector capability. Initiatives such as appointment of the ACIPC Aged Care IPC Consultant and development of their web-based aged care IPC space, and national/international community of practice providing forum, webinars, resources, tools/templates and news and events. Implementation research consistently shows that communities of practice improve confidence, consistency and sustainability of complex interventions, particularly in settings managing workforce turnover and competing priorities [9].

Outbreaks have not disappeared from aged care, nor should that be the benchmark of success. National surveillance data confirm that COVID-19 and other respiratory outbreaks continue to occur [10]. What has changed is severity and response. Compared with the early pandemic, outbreaks are detected earlier, managed more systematically, and associated with lower mortality [11]. Modelling studies support these observations, demonstrating that targeted IPC strategies — particularly those addressing staff movement and contact patterns — significantly reduce transmission risk in residential aged care [12].

Vaccination and workforce health measures remain important components of IPC but are now embedded within broader governance and outbreak preparedness frameworks rather than treated as standalone activities [6].

One of the most promising developments since The Royal Commission into Aged Care is the scale of nationally funded research now focused specifically on IPC in aged care – residential and home care. The National Health and Research Council and Medical Research Future Fund are supporting studies examining IPC governance models, workforce behaviour, outbreak prevention strategies, antimicrobial stewardship interventions, and environmental design factors in residential aged care [13].

This represents a critical shift away from relying on hospital-derived evidence that does not always translate to aged care contexts. The outcomes of this research are expected to directly inform future updates to guidance, standards and practice.

So, how far have we come? The answer is encouraging, but incomplete. Since The Royal Commission into Aged Care, IPC in Australian aged care has evolved from fragmented and under-prioritised practice to a more structured, regulated and supported system. Governance is clearer, leadership roles are defined, guidance is fit for purpose, and a growing evidence base is emerging.

Challenges remain. Implementation is variable, workforce pressures persist, and infection risk cannot be eliminated in communal living environments. The task ahead is consolidation — embedding IPC so deeply into everyday practice that it is no longer seen as a separate activity, but as part of how safe, dignified aged care is delivered.

If The Royal Commission into Aged Care forced the sector to confront its failures, the progress since suggests something equally important: a system learning, adapting, and steadily becoming safer for the people who call it home.

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Latest Resources

ACIPC Resources

Aged Care IPC Training Hub – Bare Below the Elbows

World Health Organization

Preparedness and response to bacterial meningitis outbreaks: toolkit for frontline healthcare workers

Primary Care, Australasian Society for HIV Medicine (ASHM) in collaboration with the National Aboriginal Community Controlled Health Organisation (NACCHO)

Syphilis Guidance for Primary Care

NHS England

Sepsis modern service framework

ACUTE PRE-HOSPITAL SIG

AUGUST 2026 SIG MEETING

Acute pre-hospital SIG Special Interest Group

You are warmly invited to attend the Acute Prehospital IPC Special Interest Group (SIG) meeting on Wednesday, 5 August 2026 at 12:00 PM AEST. This a free event offered online via Microsoft Teams.

ACIPC

Date: Wednesday 5 August 2026

Time: 12:00PM AEST

Location: Online

Topic: Acute Prehospital IPC Special Interest Group (AP-IPC SIG) Meeting

CLICK HERE TO REGISTER FOR THE AUGUST MEETING

Event Description:

This online meeting brings together key IPC people primarily in the ambulance and acute retrieval sector (e.g. Royal Flying Doctor Service). We have unique challenges with IPC in our space and have a need to network, share information, and drive and influence change within services and at a higher level.

Speakers:

Dr. Angela Martin, PhD, FACPara, is an accomplished clinical leader, educator, consultant, and strategist with thirty years of expertise in paramedicine, nursing, integrated care, clinical governance, system redesign, and health research. Dr. Martin will provide an update on the future of community paramedicine and what this may mean for IPC needs in ambulance.

Jemma Shirra-Gibb is the IPC CNC for Queensland Ambulance Service and will present on recent experiences with developing and improving VHF response.

Sara Priest is a paramedic and clinical educator at Wellington Free Ambulance Service and will share some recent interactive education they created for paramedics.

Contact AP-IPC SIG Convenor
Ursula Howarth
ursula.howarth@health.qld.gov.au

SA SIG

JUNE 2026 SIG MEETING

South Australia SIG Special Interest Group

The South Australian Special Interest Group (SA SIG) met on 25 June 2026 and were pleased to welcome guest speaker Emma Denehy, Assistant Director-General, Preparedness Branch, Australian CDC.

ACIPC

The session attracted approximately 10 online and 20–25 in-person participants, drawn from a diverse mix of members and non-members including IPC nurses, clinical workplace health nurses, and quality and compliance personnel. Represented organisations included SA Ambulance Service, metropolitan and regional Local Health Networks, SA Dental Services, private aged care facilities, the Department for Health & Wellbeing, Dementia Australia, and Rural Support Service.

Ms Denehy outlined the timeline from the interim Australian CDC to its formal establishment on 1 January 2026. She explained that the CDC was created to strengthen the development, communication, and trust of public health advice, working alongside rather than replacing existing policy agencies and jurisdictions. Drawing on lessons from COVID-19, she highlighted the need for nationally coordinated surveillance, clearer roles in advice and decision-making, and greater transparency, noting the CDC's role in improving preparedness for both emergencies and ongoing public health risks.

Ms Denehy also detailed the CDC's structure and committees, the National Notifiable Diseases Surveillance System, current diseases of concern, and priorities for strengthening capability.

A post-event survey was circulated to capture feedback and inform future SA SIG topics. The next SA SIG event, an evening session, is scheduled for Thursday 3 September.

Contact SA SIG convenor
Nicole Vause
Nicole.vause@sa.gov.au

BUG OF THE MONTH
SHIGELLA

By Karen McKenna,
ACIPC IPC Consultant

What is it?

Shigella species are gram-negative bacteria, belonging to the Enterobacteriaceae family, and are the causative agents of shigellosis, a highly infectious gastrointestinal illness. (1-3) Shigella can be divided into four species: Shigella boydii, Shigella dysenteriae, Shigella flexneri, and Shigella sonnei. (4) Globally, Shigella flexneri and Shigella sonnei account for the highest proportion of infections and are considered endemic in many regions. (4)

Controlling the burden of Shigella presents several challenges, including the low infectious dose needed for transmission and infection, and the possibility of re-infection from different species being high. (3) The need for antibiotic treatment has resulted in the emergence of multidrug-resistant Shigella genotypes, which now represent a significant and growing public health concern. (3, 4)

Signs and Symptoms

Shigella invades the gut epithelium and causes signs and symptoms of diarrhoea, fever, nausea, vomiting, stomach cramps, and blood in the faeces. (4, 5) Symptoms typically develop within 1 to 3 days following exposure and generally last 4 to 7 days. (5) Shigellosis is usually self-limiting, and most people recover within a week without treatment. (2)

In rare cases, people without symptoms can carry and spread the Shigella bacteria for months. (2)

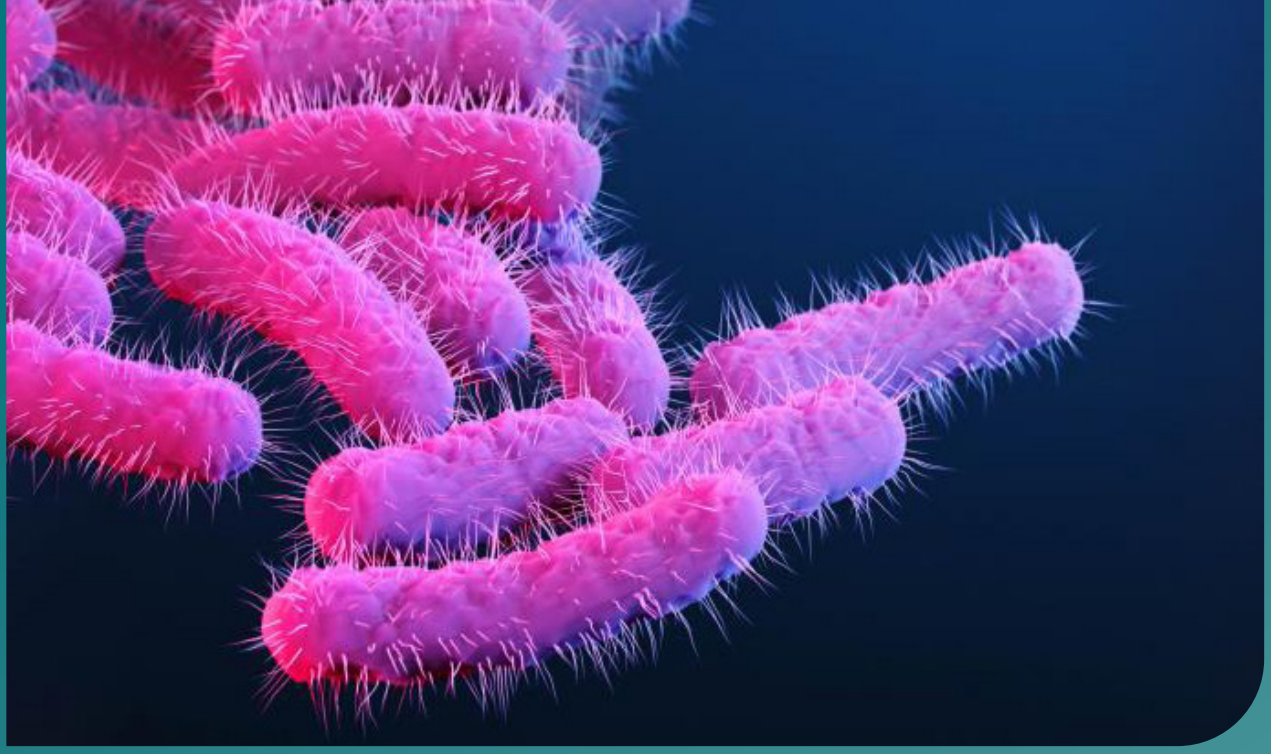
How is it transmitted?

Shigella is primarily transmitted via the faecal-oral route. This includes through ingestion of contaminated food or water, direct contact with infected faeces, handling soiled nappies and linens of an infectious person, or through close or intimate contact with an infectious person. (2, 5) People are most infectious while symptomatic, particularly during episodes of diarrhoea and for up to two days after diarrhoea has stopped. (2)

At risk groups

Shigella is the leading bacterial cause of diarrhoeal disease globally, responsible for an estimated 270 million cases and over 200,000 deaths annually. (3) The burden is highest in low- and middle-income countries with a high incidence in children under the age of 5. (3)

People at risk of Shigella infection include children, the elderly, immunocompromised individuals, people who travel to countries where Shigella is common, and men who have sex with men. (5)



Prevention

There is currently no vaccine available for Shigella; however, there are several vaccines in development and undergoing clinical trials. (3, 6) The rise of multidrug-resistant Shigella and the impact on morbidity and mortality have meant that the development of a Shigella vaccine is an important World Health Organization goal for public health. (6)

Preventative strategies for Shigella infection include infection prevention and control measures, adherence to standard and transmission-based precautions, hand hygiene and safe food practices that include washing fruit and vegetables that are eaten raw. (1, 5)

Safe travel advice is recommended for people who travel to countries where Shigella is common. This includes avoiding the consumption of uncooked or raw foods, unless they are able to be peeled before eating, avoiding untreated water or ice, only drinking bottled or boiled water and ensuring hot food has been thoroughly cooked. (5)

People who have Shigella infection should not prepare food, attend work or care for people while they are unwell, to prevent transmission of infection. (2, 5)

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Health
Northern NSW
Local Health District

PAID ADVERT

CAREER OPPORTUNITY NSW

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

Employment Type: Permanent Full Time

Remuneration: $149, 408.12 - $152,392.73

Hours Per Week: 38

About the role

The Clinical Nurse Consultant (CNC2) Infection Prevention and Control provides an advanced level nursing service as an expert in the specialty field and facilitates linkages and relationships with nurses/midwives and medical officers to support patient management.

Responsible for expert clinical organisation, coordination, leadership and consultancy services within the area of Infection Prevention and Control and target populations within the Northern NSW Local Health District (NNSWLHD).

The CNC2 collaborates with key stakeholders to act as the principal agent of the Infection Prevention and Control Service in implementing the NNSWLHD and site Infection Prevention and Control Program.

Who we are looking for

You'll be a qualified Registered Nurse (NSW) with 3 years' full time equivalent experience in Infection Prevention and Control and postgraduate qualifications or equivalent experience.

You'll have proven clinical expertise and leadership skills in Infection Prevention and Control and ability to work collaboratively within a multidisciplinary framework demonstrating commitment to excellence in Nursing Practice.

You'll have proven leadership in strategic and clinical service planning and experience and expertise in the management of organisational and cultural change.

You'll have high level advanced communication and interpersonal skills and ability to work with people from diverse backgrounds and government and non-government agencies.

Applications close 3 August 2026.

PAID ADVERT

CAREER OPPORTUNITY VIC

Infection Prevention & Control Manager, Austin Health, Heidelberg, Victoria

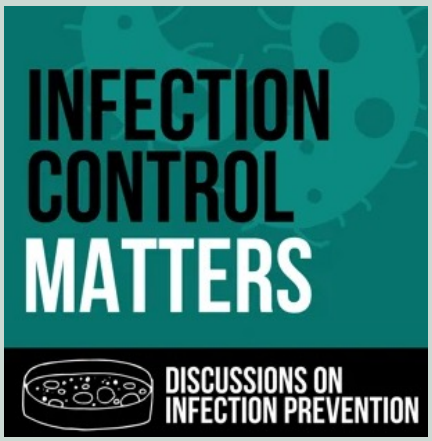
Austin Health is seeking an experienced and dynamic leader to oversee and advance our organisation wide Infection Prevention & Control service across the three campuses, satellite centres and regional pathology sites that comprise a tertiary healthcare facility with state-wide referral services. This full time role leads a team of IPC Clinical Nurse Consultants and plays a pivotal part in delivering NSQHS Standard 3, ensuring a safe, high quality environment for patients, staff and visitors.

As the Manager for IPC, you will provide strategic and clinical leadership, drive evidence based practice, oversee surveillance and accreditation activities, and foster a positive, high performing team culture. You will work closely with Infectious Diseases, executive leaders and multidisciplinary teams to shape infection prevention policy, guide organisational response to emerging infectious threats, and support continuous improvement.

Further information can be found at the following job postings:

- Austin Health Careers: *https://careers.austin.org.au/job/Heidelberg-Infection-Prevention-&-Control-Manager/1358759666/*
- LinkedIn: *https://www.linkedin.com/jobs/view/4441076787/?trk=mcm*
- SEEK: *https://au.seek.com/job/93500350?ref=search-standalone&type=promoted&origin=showNewTab#sol=a09858d96c033f7818b1e57fd393ad8eeba848ab*

Applications close Friday 31 August 2026



Infection Control Matters Podcasts

TO LISTEN OR DOWNLOAD CLICK HERE

Candidozyma auris: Disinfection and the Biofilm Problem

Candidozyma auris has become one of the greatest environmental challenges facing infection prevention teams. Its ability to survive on surfaces, form resilient biofilms and spread within healthcare settings has raised important questions about whether our current cleaning and disinfection practices are enough.

In this episode, Martin and Brett are joined by Aristotelis Papadimitriou from Athens to discuss his newly published systematic review on environmental decontamination of Candidozyma auris. They explore which disinfectants are the most effective, why biofilms change everything, the importance of fungal clades, and the significant gap between laboratory efficacy studies and the realities of cleaning busy healthcare environments.

Open access paper we discuss:

Papadimitriou A, Drosopoulou LP, Tseroni M, Kontopidou FV, Tsakris A, Vrioni G. Breaking the Chain of Infection: A Systematic Review of Environmental Decontamination of Candidozyma auris (2017-2025). J Fungi (Basel) 2026;12(2). *https://doi.org/10.3390/jof12020131*

Brush, Rinse, Prevent: The HAPPEN Trial Story

The tables are turned in this episode. Prof Trisha Peel and Dr Sally Havers guest host this podcast and interview Brett Mitchell, Nicole White and Martin Kiernan about their recent publication in *Lancet Infectious Disease*.

IThe publication showcases results from a recent multi-centre RCT demonstrating the benefit of improving oral care in reducing the risk of non-ventilator associated pneumonia (NV-HAP). The authors are probed about why they did the study, key findings, implementation and other aspects not always published in peer reviewed journals.

Information about the study available here: *https://happenstudy.com/*

Latest articles from Infection, Disease & Health

> **Country-level assessment of infection prevention and control in public hospitals in Peru**

Yagui M, Quispe Pardo Z, Terrazas J, Araujo-Castillo RV. Country-level assessment of infection prevention and control in public hospitals in Peru. Infect Dis Health. 2026;31(2):100397. doi:10.1016/j.idh.2025.100397

> **An investigation of Infection Prevention and Control professionals' experiences during the COVID-19 pandemic: A global perspective**

Mason M, Basseal JM, Walker R, Zimmerman P-A. An investigation of Infection Prevention and Control professionals' experiences during the COVID-19 pandemic: A global perspective. Infect Dis Health. 2026;31(2):100398. doi:10.1016/j.idh.2025.100398

> **Does policy and practice for peripheral intravenous catheters match clinical standards? A point prevalence study**

Lovegrove J, Havers S, Schults J, Ray-Barruel G, Bhasale A, Keogh S, et al. Does policy and practice for peripheral intravenous catheters match clinical standards? A point prevalence study. Infect Dis Health. 2026;31(2):100391. doi:10.1016/j.idh.2025.100391

> **Management, use and documentation of off-label antimicrobials in the operating theatre: A survey of Australian hospital pharmacists**

Hillock NT, Rawlins M, Raby E, Ierano C. Management, use and documentation of off-label antimicrobials in the operating theatre: A survey of Australian hospital pharmacists. Infect Dis Health. 2026;31(2):100401. doi:10.1016/j.idh.2025.100401

> **Behind the mask: Clinician practices and attitudes on reprocessing positive airway pressure (PAP) devices**

McGuiness OA, Sivam S, Menadue C, Melehan KL, Piper AJ. Behind the mask: Clinician practices and attitudes on reprocessing positive airway pressure (PAP) devices. Infect Dis Health. 2026;31(2):100402. doi:10.1016/j.idh.2025.100402

Selected Publications of Interest

> **Reducing Surgical Instrument Contamination Through Multidisciplinary Quality Improvement: A Systems Approach at an Academic Medical Center**

Nkouli K, Tally E, Lutz J, Dao N, Rusco R, Marshall K, et al. Reducing surgical instrument contamination through multidisciplinary quality improvement: A systems approach at an academic medical center. Am J Med Qual. 2026 Jul-Aug;41(4):206-212. doi:10.1097/JMQ.0000000000000320

> **Frontline Healthcare Workers' Reflections on Operationalizing the COVID-19 Pandemic Response: A Qualitative Study**

McKenna K, Bouchoucha S, Redley B, Hutchinson AF. Frontline healthcare workers' reflections on operationalizing the COVID-19 pandemic response: A qualitative study. J Nurs Manag. 2026;2026:8599692. doi:10.1155/jonm/8599692

> **Self-reported competence and confidence following personal protective equipment workshops: A survey**

Jain S, Dempsey K, Wilcox S, Tolhurst N, Wyer M. Self-reported competence and confidence following personal protective equipment workshops: A survey. Infect Dis Health. 2026;31(2):100452. doi:10.1016/j.idh.2026.100452

Events Calendar

Festival of Nursing 2026
30 July – 1 August 2026
Melbourne, Victoria
Register now

APSIC 2026
30 July – 2 August 2026
Kuala Lumpur, Malaysia
Register now

Clinical Research Network Meeting 2026 (ASID)
7 – 8 August 2026
Sydney, NSW
More information and registration here

ACIPC Aged Care IPC Webinar Series: Vaccination program in Aged Care
Wednesday 19 August 2026 at 2:00pm AEST
Register here

NCAS Webinar Series: Audit and Feedback
Wednesday 19 August 2026 at 8.30am AEST
Register here

IPCNC Conference 2026
26-28 August 2026
Wellington, NZ
Register here

ASID Bone & Joint Infection Meeting 2026
4 – 5 September 2026
Melbourne, VIC
Register here

ACIPC Aged Care IPC Webinar Series: Actioning AMS
Wednesday 16 September 2026 at 2:00pm AEST
Register here

IP2026 Infection Prevention Conference
28-29 September 2026
Leeds, UK
Register here

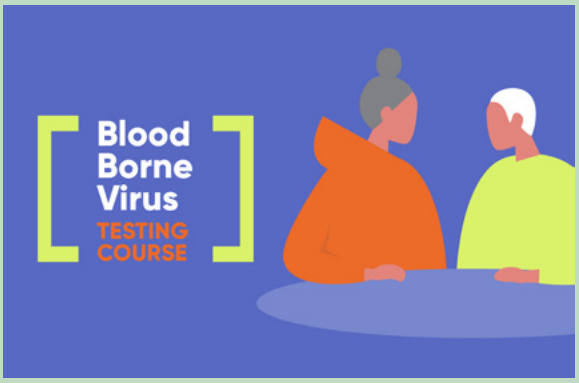
ACIPC Aged Care IPC Webinar Series: Infection Prevention in Community Nursing
Wednesday 14 October 2026 at 2:00pm AEDT
Register here

ACIPC 2026 International Conference
8 – 11 November 2026
Gold Coast, QLD and online
More information here

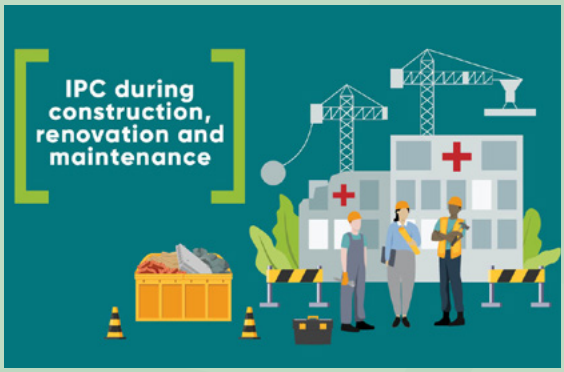
ACIPC EDUCATION

ACIPC offers a range of courses, workshops and professional development activities, open to both members and non-members. As the leading IPC professional body in the Australasian region, all our education is developed with infection prevention and control experts to make sure content reflects current evidence and best practice. Our courses are facilitated by highly qualified IPC practitioners with many years of hands-on experience in the field.

Upcoming courses:

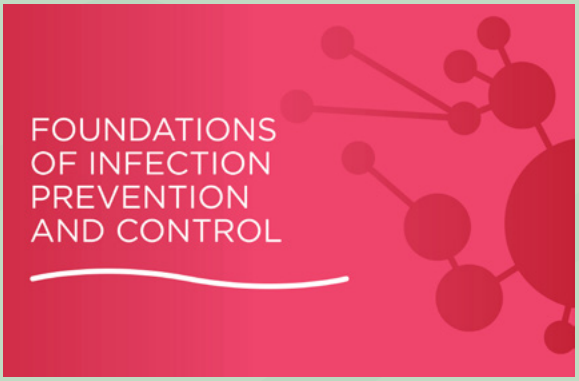


- 4 September 2026
  Blood Borne Virus Testing Course
  Register here



- 16 September
  Short Course in IPC During Construction, Renovation and Maintenance in Healthcare Facilities
  Register here

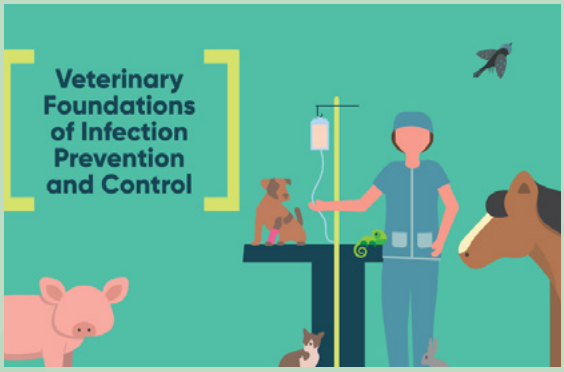
Expressions of interest open for the following courses:



- **Foundations of Infection Prevention and Control**
  Find out more

- **Short Course in Infection Prevention and Control in Aged Care Settings**
  Find out more

- **International Foundations of IPC**
  Find out more



- **Veterinary Foundations of IPC**
  Find out more

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