ACIPC

Australasian College
for Infection Prevention and Control

IPC News

June 26

President's report

Dr Sally Havers

Hi everyone and welcome to the June edition of IPC News. I am sorry this is a particularly long report this month – but I feel like there is just so much to share!

It has been a busy and rewarding few weeks representing the College internationally, with the opportunity to attend both the IPAC Canada Conference in Toronto and the APIC Annual Conference in Nashville. While the venues were separated by thousands of kilometres, many of the conversations were remarkably similar, highlighting both the opportunities and challenges facing infection prevention and control professionals across the globe.

One of the greatest benefits of attending international conferences is the opportunity to step outside our own health systems and hear how colleagues are responding to increasingly complex healthcare environments. Across both meetings there was a strong focus on strengthening collaboration across the health continuum, particularly through closer partnerships between public health, healthcare providers, researchers, policymakers and industry. It was encouraging to see so much discussion centred on building stronger relationships and structures that support coordinated responses to emerging health challenges, rather than working in silos.

Several sessions explored the future of healthcare and the evolving role of technology. A particularly thought-provoking presentation from a health futurist challenged attendees to consider not only what innovations are coming, but whether our systems are prepared to adopt them in ways that are equitable, sustainable and meaningful. These discussions reinforced the importance of IPC professionals being active participants in conversations about healthcare transformation rather than simply responding to change once it arrives.

Equally powerful were the discussions on misinformation and disinformation and their growing impact on public trust, health decision-making and infection prevention practice. At times these conversations were confronting, but they highlighted the increasingly important role healthcare professionals play as trusted sources of evidence-based information. Communicating science clearly, respectfully and effectively is becoming as important as generating the evidence itself.

Research was another strong theme throughout both conferences. While there was much to celebrate in terms of innovation and emerging evidence, there was also considerable discussion about persistent research gaps and the need to strengthen the evidence base in several areas of IPC practice. These conversations were a timely reminder that many of the questions we continue to grapple with in Australasia are shared globally, presenting opportunities for greater collaboration and collective learning. They also reinforced for me the importance of ensuring that research remains connected to practice. Recently, I had the pleasure of co-hosting an episode of the Infection Control Matters podcast discussing the HAPPEN study, which is a wonderful example of how relatively simple care interventions can have a profound impact on preventing infections and improving patient outcomes. Amid discussions of artificial intelligence, emerging technologies and future healthcare models, it was a timely reminder that some of our greatest successes continue to come from understanding, implementing and sustaining the fundamentals exceptionally well.

As always, I spent some time exploring the industry exhibitions. These spaces provide a fascinating glimpse into future directions for healthcare technology and product development. It was valuable to see the range of innovations being showcased while also reflecting on what may have relevance for the Australasian context—and perhaps just as importantly, identifying areas where innovation still appears to be lacking. Understanding both what is coming and what is missing helps shape our thinking about future priorities.

Closer to home, I am looking forward to speaking at the ASID Zoonoses Conference in Brisbane this Friday. It is always a privilege to be invited to contribute to discussions beyond our traditional IPC forums. The intersection between human, animal and environmental health continues to highlight the importance of collaboration across disciplines, and conferences such as these provide valuable opportunities to strengthen relationships and share the expertise that IPC professionals bring to these conversations.

A reminder also that early registration for the ACIPC 2026 International Conference on the Gold Coast closes on 1 October. Whether you are joining us in person or via the hybrid format, we have an outstanding program planned and I encourage you to secure your place if you have not already done so.

Finally, I would like to congratulate ACIPC Board Director Dr Kathy Dempsey AM on being recognised in the King's Birthday 2026 Honours List. Kathy's appointment as a Member of the Order of Australia for significant service to infection prevention and control, patient safety and clinical governance is a wonderful and well-deserved recognition of a career dedicated to improving healthcare outcomes. On behalf of the College, congratulations Kathy, and thank you for your ongoing contribution to our profession.

As always, thank you for the vital work you do every day to protect patients, colleagues and communities.

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 Credentialling: Alissia Reid

Expert Credentialling: Sarah Stewart

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.

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

KEYNOTE SPEAKERS

Two internationally recognised leaders in infection prevention and control will join the **2026 Australasian College for Infection Prevention and Control (ACIPC) International Conference** as keynote speakers, bringing global expertise and insight to the program.

Together, Professor Brett Mitchell AM, Professor of Nursing at Avondale University and Editor-in-Chief of Infection, Disease & Health, and Professor Monika Pogorzelska-Maziarz, Professor at Villanova University's M. Louise Fitzpatrick College of Nursing and Adjunct Faculty at the Thomas Jefferson University College of Population Health, will contribute extensive research experience and practical perspectives to enrich this year's conference.

Professor Brett Mitchell AM

Professor Brett Mitchell AM is an internationally recognised clinician-researcher in infection prevention and control. Brett's work has led major clinical trials and informed best practice in healthcare. He has held senior infection control leadership roles in Australia and internationally and was appointed a Member of the Order of Australia (AM) for his contributions to the field.

Professor Monika Pogorzelska-Maziarz

Professor Monika Pogorzelska-Maziarz is an internationally recognised epidemiologist, certified Infection Preventionist and health services researcher. Monika's work focuses on healthcare-associated infection prevention, antibiotic stewardship and the infection prevention workforce. She has authored more than 100 peer-reviewed publications, led federally funded research, and was awarded the Association of Professionals in Infection Control and Epidemiology's (APIC) Elaine Larson Distinguished Scientist Award in 2026 for her contributions to infection prevention research and practice.

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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Microorganism	Test Method	Contact Time	TGA Approved
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Enterococcus hirae	EN 16615	30 sec	✓
Klebsiella pneumoniae (CRE)	EN 13727	10 sec	✓
Methicillin-resistant *Staphylococcus aureus* (MRSA)	EN 13727	10 sec	✓
Pseudomonas aeruginosa	EN 16615	30 sec	✓
Staphylococcus aureus	EN 16615	30 sec	✓
Vancomycin-resistant *Enterococcus* (VRE)	EN 13727	10 sec	✓
Candida albicans	EN 16615	30 sec	✓
Adenovirus	EN 16615	30 sec	✓
Influenza (H5N1)	EN 14476	30 sec	✓
Coronavirus inc. SARS-CoV-2 (COVID-19)	EN 14476	30 sec	✓
Norovirus (MNV Surrogate)	EN 16615	30 sec	✓
Vaccinia Virus (Mpox)	EN 14476	15 sec	✓

When selecting a disinfectant wipe, ask:

- What test methods have been used?
- Are the test methods in line with the latest TGA Instructions for Disinfectant Testing?
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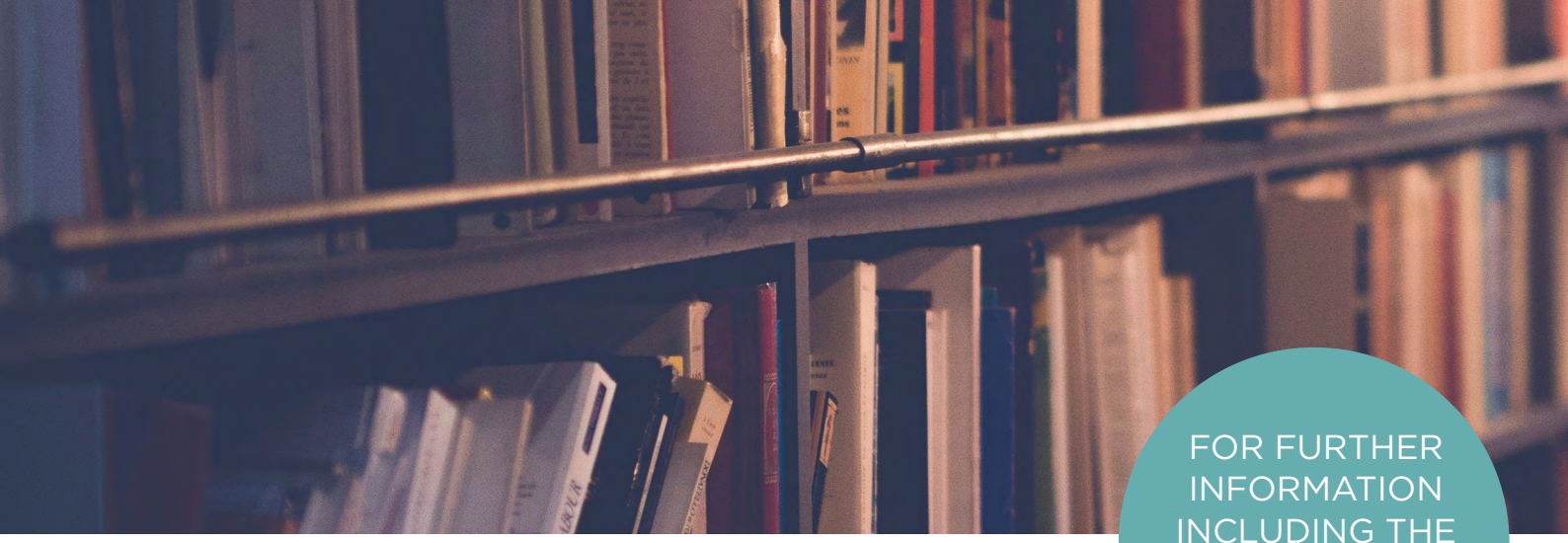


FOR FURTHER INFORMATION INCLUDING THE APPLICATION PROCESS **CLICK HERE**

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 9AM Monday 15 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 9AM 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.

AVAS MEMBERS TO JOIN ACIPC

A new chapter for vascular access in australia

Dear Colleagues,

On behalf of the Australasian College for Infection Prevention and Control, I am pleased to welcome members of the Australian Vascular Access Society (AVAS) into ACIPC and their participation in our Vascular Access Special Interest Group (VA SIG).

AVAS has made a significant contribution to vascular access practice, education, research, and patient safety across Australia. Through the commitment of its members, executive, volunteers, educators, researchers and industry partners, AVAS has helped advance best practice and improve outcomes for patients requiring vascular access devices.

Following extensive consultation, the AVAS Executive Team has commenced the process of dissolving the Society and transitioning its membership and activities into ACIPC. This decision reflects the practical realities facing AVAS, including the absence of nominations for future Executive roles, and the need to secure a sustainable future for the vascular access community.

This transition is not an end to the work of AVAS. It is an opportunity to continue and strengthen that work through ACIPC's governance, platforms, and networks.

The ACIPC VA SIG supports priorities that have long underpinned AVAS, including patient safety, standards of excellence, education, research, evidence-based practice, and the prevention of infection associated with vascular access devices. The SIG provides a focused professional home for vascular access practitioners and will support collaboration across hospitals, primary care, aged care and community healthcare settings. It will also create opportunities for vascular access content through ACIPC communications, the annual conference, webinars, workshops, online education, and advocacy activities.

I sincerely acknowledge the AVAS Executive Team, members, volunteers, past leaders, educators, researchers, and industry partners who have contributed to the Society's work over many years. AVAS has helped shape vascular access practice in Australia and has had a positive impact on patient care across many healthcare settings. While the organisational structure is changing, the commitment to excellence in vascular access remains.

ACIPC looks forward to welcoming AVAS members and working together through the Vascular Access Special Interest Group to support vascular access practice, education, research, and patient outcomes across Australasia.

Kind regards,

Sally Havers

President, ACIPC

DR JOAN FAOAGALI AWARD WINNER 2026

Meet Anna Kolpak, winner of the 2026 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 winner is Anna Kolpak, and we caught up with her to discuss her life and work.

Can you tell us a bit about your current role?

For the last two years I have been working as a Clinical Educator over six residential aged care sites in South Australia.

My role involves developing and delivering training in various forms, to nursing and care staff, to ensure staff understand best practice guidelines, Strengthened Aged Care Quality Standards, and organisational policies and work instructions. These learning needs are often identified and guided by quality improvement initiatives, and include dementia care, restrictive practices, medication safety, palliative and end-of-life-care, falls prevention, documentation, recognising clinical deterioration, wound care and infection prevention and control. A big focus is on ensuring staff at all levels understand their role in IPC, especially with standard, additional precaution requirements, isolation practices and antimicrobial stewardship.

Furthermore, I contribute to the orientation of staff, by providing education on safe, person centred and high-quality care, and by assessing knowledge and skills through clinical competencies to ensure safe practice. I thoroughly enjoy supporting staff to improve their skills and knowledge, build confidence and use critical thinking skills in a safe learning environment.

What attracted you to working in aged care?

I have been nursing for thirty years and have gained experience in numerous diverse settings. For the first half of my career, I worked at various hospitals on surgical wards, then moved into Hospital in the Home in the community, where I completed my certificate IV in Training & Assessment. From there I taught Diploma of Nursing and also worked for a wound company. It was during this time, while visiting students during aged care placements and clients in aged care, that I saw first-hand the great need for education in aged care, and wanted to contribute to making residents' lives better.

What do you think are the particular challenges for IPC in this setting?

IPC in aged care is challenging as residents are susceptible to infection due to their proximity to each other, chronic medical conditions and weakened immune systems. Residents with dementia and challenging behaviours can find it hard to understand and follow infection control guidelines, and high turnover of staff, agency use, and new inexperienced staff to the industry, all impact IPC practice.

What was your experience like doing the Foundations course?

I am thoroughly enjoying the Foundations course. It has exposed me to specialised IPC knowledge and tools, that will greatly assist me with education of staff and resident outcomes. The course is self-paced over six months and easy to navigate, with easy access to amazing resources for all healthcare sectors. Facilitators are very supportive, as are fellow students who provide you with a different perspective of IPC in varying settings.

What would you say to anyone thinking of doing the course?

I would highly recommend this course to anyone working in healthcare. You will gain an understanding of the role of an IPC lead and how to prevent, identify, and manage healthcare infections using IPC frameworks. This will ultimately improve outcomes for your clients by preventing the spread of infection, protecting vulnerable people, yourself and your colleagues.

MEMBER PROFILE

Alissia Reid

This month we spoke with Alissia Reid, Clinical Nurse, Infection Control, Gold Coast University Hospital

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

My interest in IPC was sparked early in my career while working in the UK. The hospital I was based at experienced a significant C. difficile outbreak — serious enough to make the national news. Patients were coming in with one health problem and, through no fault of their own, leaving with another. It was a confronting realisation.

The IPC nurse who came to educate our ward really opened my eyes to what the specialty could do. When I moved to Australia 16 years ago, I joined Gold Coast Hospital as a respiratory nurse, became an Infection Control Liaison Nurse, completed a secondment, and eventually secured a permanent position — one I've held for 11 years. Today I'm part of a team of 15 at Gold Coast Health, and have somehow also managed to fit in three children along the way!

What do you love about the work?

There is always something new to learn in IPC — no two days or years are the same. With emerging infectious diseases and the ever-present possibility of the next pandemic, you never know what's around the corner.

What anchors me is knowing I'm making a real difference to patient safety. IPC moves quickly and the changes you help drive have tangible outcomes for the people in our care. I do sometimes miss direct patient contact, but my work in staff health helps fill that gap — and reminds me why the work matters.

What does a typical day look like for you?

Our team rotates across different portfolios every six months. Right now I'm in surveillance, which centres on infection control environmental audits across 75 hospital areas and around 15 community facilities.

On any given day I'm either out auditing or back at my desk writing reports for Nurse Unit Managers and directors. I love the auditing side because it gets me onto the wards and into genuine conversations — offering informal education as we walk around. Fresh eyes matter; it's easy to become blind to your own environment when you're busy. Patterns and repeated deficits are then presented to the Infection Control Committee, where the bigger picture comes into focus.

Recently I've also been coordinating the mobile flu vaccination clinics, managing a team of eight registered nurses. The people management and problem-solving that comes with that is something I find genuinely fascinating.

What would you say to someone considering a career in IPC?

Don't be put off by how much there is to learn. IPC can seem overwhelming, and many people aren't sure what the role involves day to day. Take it one step at a time, build your confidence gradually, and you will get there — and you will never be bored!

You do need a thick skin. Much of our role involves conversations with staff about practice that hasn't met the standard. Embarrassment can quickly turn into defensiveness — and that's not personal, it's just human nature. Deliver feedback respectfully, from a clear position of patient safety, and how the other person responds is out of your control. Most people aren't being careless — they've genuinely forgotten, or haven't made the connection yet.

What are the main challenges facing IPC right now?

The world is moving faster than ever, and when pressure builds, IPC principles can be the first thing to slip. Constant staff turnover makes it harder to build credible relationships — we are continuously educating an ever-shifting audience, and tailoring the message to that audience matters enormously.

Credibility is everything, particularly when guidance evolves — as we saw during COVID. If people trust you, they'll accept that advice has changed because the situation has changed. Questions are a good sign; engagement lets you gauge understanding and identify gaps.

At Gold Coast there's an extra layer of complexity. As a major tourist destination, we see a constant influx of people from different regions with different health histories. Add major events — the Commonwealth Games, Schoolies, music festivals — and pressure on an already stretched emergency department intensifies. That's precisely when hand hygiene and PPE compliance tend to drop. It keeps us very much on our toes.

How do you like to relax and unwind after a busy week?

As a woman in my forties juggling a career, three kids, a husband and all of life's demands, looking after my physical and mental health is something I actively invest in to avoid burnout.

Meditation, yoga, walking and the gym all help, but my garden is my happy place. Family time is equally restorative — a meal around the table or a movie night with the kids does wonders. Once a month I run a plant library outside my home — a community swap where people bring cuttings or seedlings and take something new home. It reduces waste, keeps costs down, and brings people together. And to top it all off, I'm about to become a Spoodle mum — our new puppy arrives in three weeks!

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

ACIPC 2026/27 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 educational courses
- Discounted registration to the ACIPC Conference on the Gold Coast
- Access to member-only resources and webinars
- Voting rights and eligibility to hold office
- Opportunities to connect with your peers within infection prevention and control

There's never been a better time to be an ACIPC member. The College will be working hard over the next twelve months to advocate and promote IPC across a range of external organisations, both local and international. We appreciate the ongoing support of our members, and aim to support them in turn with the highest quality education and resources.

CHECK YOUR DETAILS ARE CORRECT **HERE**

Emails will be sent out in June for membership renewal for 2026/27

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

Lunch and Learn Webinar

Isolation is a 'Riot'

22 JULY 2026
1PM AEST

ACIPC
Australasian College for Infection Prevention and Control

with Sue Gonelli

Isolation is a "RIOT". Implementation of a risk based scoring tool to determine isolation requirements of patients with known Multi-resistant organisms.

Presenter: Sue Gonelli | Accredited Nurse Immuniser | Masters IP&C

Date: Wednesday 22 July, 1PM AEST

CLICK HERE TO REGISTER

Description:

This presentation will describe the development and implementation of a risk based scoring tool to determine isolation requirements of patients in acute and sub-acute hospital settings at a metropolitan health service.

About the presenter:

Sue is Manager of Infection Prevention and Control Unit at Bayside Health (Peninsula Care Group) in Melbourne. She is a Registered Nurse with a critical care/ vascular access background. Sue has been working in infection prevention since 2011.

ELSEVIER

ELSEVIER EBOLA INFORMATION CENTRE

Elsevier launches free Ebola Information Centre

In response to the World Health Organization's declaration of Ebola as a public health emergency of international concern, Elsevier has launched a dedicated Ebola Information Centre.

The Centre provides free access to Elsevier's Ebola-related content across its journals, medical books and clinical resources, and will be continuously updated with the latest research and clinical information on the viral disease and its treatment. More than 3,800 Ebola-related research articles, book chapters and related content published by Elsevier are now freely available via ScienceDirect.

Content has been curated in consultation with Elsevier clinicians and other experts, and brings together material from scientific journals, medical books, monographs and clinical information solutions, alongside resources from major health and government organisations including the WHO and the US Centers for Disease Control and Prevention. Resources for practising nurses and physicians, as well as patient and family-facing materials, are also included.

All resources will remain freely available for the duration of the Ebola public health emergency. The initiative follows Elsevier's responses to previous healthcare emergencies, including Mpox, SARS, Zika, MERS and COVID-19.

The Elsevier Ebola Information Centre can be accessed at:
elsevier.com/connect/ebola-information-center-2026

Mentoring Program 2026

Following the success of the 2025 ACIPC Mentoring Program, we are excited to Mentoring, we will be offering the program again in 2026. The program aims to contribute to the future of the IPC profession by pairing mentees with suitable mentors across all fields in a professional relationship of growth and development.

Benefits

For mentees

- Explore issues and concerns in a supportive relationship
- Experienced guidance and support in Infection Prevention and Control
- Learn from the real-life experience of others
- Explore your career development plan
- Receive feedback and developmental guidance
- Network and to learn about effective networking

For mentors

- Be recognised as a leader and use your years of experience to contribute back into the industry
- Further enrich your mentoring and leadership skills
- Gain intellectual challenges and new perspectives
- Expand your professional network

There is no fee to participate as a member of ACIPC.

TO REGISTER AS A MENTOR OR MENTEE CLICK HERE

New features in 2026

For mentees

- Goal-setting app
- New training modules for mentors and mentees

Who can apply?

Mentee Criteria

- Must be working in a related field interested in IPC work
- Must be a financial member of ACIPC
- Must have completed or be undertaking IPC-related training/education, including FIPC or a postgraduate course, or have 2+ years of experience in a role with IPC responsibilities

Mentor Criteria

- Must be a current financial member of ACIPC
- Must be educated in any related area of IPC, Public Health, or Epidemiology
- Must have experience in related IPC roles of 4-5 + years minimum

Feedback from past mentees and mentors

'The mentoring program has been invaluable—it helped me narrow my focus within this broad field...It highlighted for me how valuable it is to have someone to share ideas with. Even with systems in place, it's still challenging for those new to the field or transitioning into different roles. Having a mentor to offer guidance can make a huge difference. I truly think it's a big advantage.'

'The mentoring relationship was a very positive experience for me; the highlight was being a resource for my mentees, offering support and advice to help them on their professional journey. I was impressed with how the program matched us so well.'

'I gleaned so much valuable experience just by conversations with my mentor, particularly in terms of managing stress in a high functioning role.'

'Having another person suggest a different way of approaching a situation has enabled me to see I have already pivoted from reactive to proactive – I just hadn't recognised it.'

Topic: Risk management – aged care hierarchy of controls

Presenter: Carrie Spinks

CLICK HERE TO REGISTER

Effective risk management underpins safe, high-quality aged care and is a core expectation of the Aged Care Act and the Strengthened Aged Care Quality Standards. Infection prevention and control (IPC) remains a critical risk area, requiring structured, proactive approaches that extend beyond reliance on individual behaviours.

This presentation uses the Hierarchy of Controls to frame risk management in aged care, emphasising the importance of higher-order controls such as elimination, substitution, and engineering solutions, alongside administrative controls and personal protective equipment. Drawing on the Aged Care IPC Guide and national IPC guidelines, the session will demonstrate how these principles can be applied in practice.

Through practical examples and realistic aged care scenarios, participants will explore how IPC risks can be identified, managed, and monitored while balancing resident safety, dignity, and quality of life.

Objectives

1. Describe the hierarchy of controls in aged care risk management.
2. Link IPC risk controls to legislative and quality standard requirements.
3. Identify practical IPC risk controls across care and environmental settings.
4. Apply the hierarchy of controls to aged care scenarios outbreak prevention and response.

Our speaker will be Carrie Spinks. Carrie is a an infection prevention and control consultant (IPC) in aged care, with extensive experience in clinical governance, leadership, and workforce development. She works with the Australasian College for Infection Prevention and Control (ACIPC) to develop resources and programs that support best-practice IPC across residential and home care services.

Carrie leads educational initiatives, including webinars, online forums, and short courses, fostering knowledge-sharing and collaboration across multidisciplinary aged care teams. She contributes to national research projects and engages with government, regulatory bodies, and aged care providers to advance IPC practice and policy.

A regular contributor to professional publications and conferences, Carrie advocates for practical, evidence-based approaches to IPC, supporting safe, high-quality care for older Australians.

Missed an ACIPC Aged Care webinar?

You can watch recordings of the entire series here.

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!

SUPPORT NATIONAL IPC RESEARCH IN AGED CARE

THE AGED CARE INFECTION PREVENTION AND CONTROL PROJECT

Strengthening Infection Prevention in Residential Aged Care Homes Across Australia

A national research initiative inviting leaders in IPC to help define best practice, improve consistency and enhance outcomes for older individuals living in residential aged care homes in Australia.

Are you an Infection Prevention and Control Lead or Facility Manager responsible for IPC in residential aged care? Join us and contribute to a national research initiative that will support you and your everyday practice with relevant guidelines and standards about what should comprise an infection control program in the residential aged care sector. And, how to professionally prepare and support individuals like yourself to run these programs and protect older individuals from healthcare associated infection and communicable disease.

The Aged Care Infection Prevention and Control Project has been developed in response to the need to help and support IPC Leads and staff to protect older individuals from healthcare associated infection and communicable disease in the residential aged care sector. This national initiative will:

1. Establish the core requirements for the elements and governance of IPC programs in residential aged care homes.
2. Establish minimum professional practice requirements and competency standards for IPC Leads working in residential aged care home settings.

We are seeking individuals with experience and expertise in the practice of infection prevention and control in the residential aged care setting. You have been invited to take part in this study because you meet one or more of the following criteria:

- You are currently employed as a designated IPC Lead within a residential aged care home; OR
- You currently hold a managerial position within an aged care organisation or have held such a position within the last 12 months; AND you have been responsible for overseeing matters pertaining to infection prevention and control for that organisation within this role.

https://www.sydney.edu.au/medicine-health/our-research/research-centres/aged-care-infection-prevention-and-control-project.html

SCAN TO REGISTER YOUR EOI

SCAN TO ACCESS THE SURVEY

Team & Contact Information
Chief Investigator: *Professor Ramon Shaban*
Postdoctoral Research Fellow: *Dr Catherine Viengkham*
Postdoctoral Research Fellow: *Dr Merrick Powell*
Research Officer: Dr Eva Battaglini | *eva.battaglini@sydney.edu.au*
Research Assistant: Ms Sarah Diprose | *Sarah.diprose@sydney.edu.au*

RURAL, REGIONAL AND REMOTE (RRR)

JULY 2026 SIG MEETING

Rural, Remote & Regional

SIG Special Interest Group

ACIPC

You are warmly invited to attend the Rural, Remote & Regional Special Interest Group (RRR SIG) meeting which will be held on Wednesday, 1 July at 2:00PM AEST. This is a free event offered online via Microsoft Teams.

Date: Wednesday, 1 July 2026

Time: 2:00PM AEST

Location: Online

CLICK HERE TO REGISTER FOR THE JULY MEETING

Topic: Re-Emergence of Diphtheria in Australia: Prevention, Response and RRR Impact

Speaker: Tonia Marquardt

Respiratory diphtheria is re-emerging in Australia, raising important questions for those working in rural, regional and remote (RRR) healthcare settings. Join us for this timely and thought-provoking RRR SIG as we unpack what this resurgence means for frontline services and the communities they care for. Presented by Dr Tonia Marquardt, this session will explore the evolving epidemiology of respiratory diphtheria, the current public health response, and the unique challenges faced in RRR contexts. As Chair of the CDNA working group for the Diphtheria Series of National Guidelines (SoNG), Tonia is at the forefront of shaping Australia's response and translating emerging evidence into national practice.

Following the presentation, participants will be invited into an open and interactive discussion. This is an opportunity to ask questions, share experiences and learn from one another, recognising the critical role of collaboration in strengthening outbreak preparedness and response in RRR settings. Together, we will reflect on how lessons from the current situation can support stronger, more responsive systems across RRR settings.

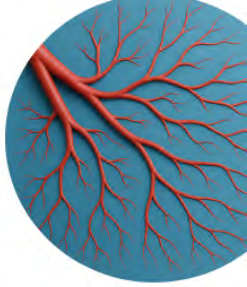
Speaker

Tonia Marquardt is a public health physician who has worked in a range of remote and developing contexts throughout her career. She spent many years working with Medecins Sans Frontieres on a range of projects and outbreaks as a doctor, the women's health advisor and medical lead for the Asia Pacific region. She also worked with the Royal Flying Doctor Service in far north Queensland providing primary health care and retrieval medicine. As a public health physician, Tonia has worked with the NCIRS global health team supporting immunisation in the Pacific region and is currently based in Cairns Public Health Unit focusing on communicable disease control and immunisation.

Contact RRR SIG Convenor:
Maggie Di Giacomo, Clinical Nurse Consultant, Townsville University Hospital,
Magdalena.DiGiacomo@health.qld.gov.au.

VASCULAR ACCESS (VASIG)

JULY 2026 SIG MEETING



Vascular Access SIG Special Interest Group

ACIPC

You are warmly invited to attend the Vascular Access Special Interest Group (VASIG) meeting which will be held online on Tuesday, 14 July at 2:00 PM AEST. This is a free event offered online via Microsoft Teams.

Date: Tuesday, 14 July 2026

Time: 2:00PM AEST

Location: Online

CLICK HERE TO REGISTER FOR THE JULY MEETING

Topic: VASIG Updates, PIVC Initiatives & Member Opportunities

Event Description:

In our upcoming Vascular Access Special Interest Group (VASIG) meeting, we are pleased to welcome guest speaker Melanie Trainor, who will present on the development of a standardised education resource for PIVC insertion and management, alongside Western Australian surveillance data on healthcare-associated Staphylococcus aureus bloodstream infections associated with PIVCs.

We will also hear from Dr Josie Lovegrove, who will present Queensland-wide results from a PIVC point prevalence study.

The meeting will also include updates on the VASIG/AVAS partnership, VASIG vascular access policy repository, the VASIG position statement on ultrasound-guided PIVC insertion, and a special journal issue on VASCULAR ACCESS within the Infection, Disease and Health journal, for those interested in publishing vascular access research. Additionally, we will introduce a new PIVC Point Prevalence Snapshot Study, with an opportunity for members to express interest in participating.

We would also like to highlight an upcoming workshop at the ACIPC conference (Sunday 8 November), organised by the VASIG and led by Associate Professor Evan Alexandrou on Principles and Practice in Difficult Venous Access. We would love to see you all there!

Speakers:

- Ms Melanie Trainor
- Professor Claire Rickard
- Dr Josie Lovegrove

Contact VASIG Convenor:
laire Rickard, Professor of Infection Prevention & Vascular Access, University of Queensland
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ACUTE PRE-HOSPITAL SIG

April 2026 SIG MEETING

Acute pre-hospital SIG Special Interest Group

ACIPC

The Acute Pre-Hospital IPC Special Interest Group (AP IPC SIG) met for the first time in April. We had IPC representation from across Australia and New Zealand ambulance services and the Royal Flying Doctor Service.

We were fortunate to have Associate Professor Nigel Barr from the University of the Sunshine Coast present on IPC research in emergency medical services. Dr. Barr has a background in nursing, paramedicine and academia, and is perfectly placed to advise on the research elements. Including the initial pitch, methodology, funding and current opportunities for IPC research in this area - there are a lot of opportunities!

The leads discussed the many current priorities within their workplace, such as:

- Accreditation. Ambulance services are not currently required to be accredited but many are working towards this goal.
- Antimicrobial stewardship (AMS). The scope of paramedicine is expanding, and this includes considerations for AMS.

We are looking forward to our next meeting in July and are excited to announce one of our presenters will be Dr. Angela Martin, a specialist in community paramedicine. Dr. Martin will update us on the future of community paramedicine and what that may mean for our IPC leads. Future SIGs will include updates from IPC leads, paramedic engagement strategies, and priority topics.

Contact AP IPC SIG convenor Ursula Howarth:
ursula.howarth@health.qld.gov.au

BUG OF THE MONTH
Ebola Virus Disease (Evd) 2

Carrie Spinks
ACIPC IPC Consultant

What is it?

Ebola Virus Disease (EVD) is a severe and often fatal viral illness caused by viruses of the genus Ebolavirus, affecting humans and non-human primates. First identified in 1976 in what is now the Democratic Republic of the Congo (DRC) and Sudan, multiple outbreaks have since occurred across Central and West Africa. The largest, between 2014 and 2016 in Guinea, Liberia, and Sierra Leone, resulted in more than 28,000 cases and over 11,000 deaths.[1]

"Ebola" refers to a group of related viruses. Species capable of causing human disease include Zaire, Sudan, and Bundibugyo ebolaviruses. Although clinical manifestations are similar, case fatality rates and the availability of vaccines and treatments differ by species. Zaire ebolavirus has historically been associated with the highest mortality; laboratory testing is required to confirm the causative species.[1]

Current Global Situation

As of May 2026, an outbreak of Ebola caused by Bundibugyo ebolavirus is occurring in the DRC and Uganda, declared a Public Health Emergency of International Concern (PHEIC) by the WHO. Response activities include surveillance, laboratory testing, case management, infection prevention and control, contact tracing, cross-border preparedness, and community engagement.[2]

Australia's Position

The risk of Ebola occurring in Australia is currently low; however, imported cases remain possible. Australia maintains surveillance, laboratory capability, border health measures, and public health response systems to rapidly identify and manage suspected cases.[3, 4] Healthcare professionals should consider EVD in any person presenting with compatible symptoms and recent travel history to an affected region, and promptly notify public health authorities.

Transmission

Ebola spreads through direct contact with the blood or body fluids (urine, faeces, vomit, saliva, sweat, breast milk, semen) of an infected person, and through contact with contaminated equipment, clothing, bedding, or environmental surfaces. Infection may also occur via contact with infected animals, particularly fruit bats and non-human primates.[1]

Ebola is not transmitted through the airborne route. Individuals are not infectious until symptoms develop. The incubation period ranges from 2 to 21 days, with symptoms most commonly appearing 8–10 days after exposure.[1]

Signs and Symptoms

Symptoms typically begin suddenly and may include fever, severe headache, fatigue, muscle aches, weakness, and sore throat. As disease progresses, nausea, vomiting, diarrhoea, abdominal pain, and rash may develop. Severe illness can result in liver and kidney dysfunction, bleeding, shock, multi-organ failure, and death. While haemorrhagic manifestations are commonly associated with EVD, bleeding does not occur in all cases and is generally associated with more severe disease.[1]

Diagnosis

Ebola can only be confirmed through specialised laboratory testing. A detailed travel history and assessment of potential exposures are critical. Any person with compatible symptoms and recent travel to an affected area should be assessed urgently in consultation with public health authorities.[1 3 4]

Prevention

Prevention relies on avoiding direct contact with infected blood and body fluids, and rapidly identifying suspected cases. In healthcare settings, suspected or confirmed cases should be isolated immediately using strict infection prevention and control measures, including contact and droplet precautions. Strict procedures apply to clinical waste, linen, laboratory specimens, reusable equipment, and deceased persons. Environmental cleaning and disinfection with TGA-approved, hospital-grade disinfectants effective against enveloped viruses are essential.[1 3 4]

Vaccination has been used successfully in outbreaks caused by Zaire ebolavirus; however, no licensed vaccine is currently approved specifically for Bundibugyo ebolavirus, the species responsible for the current outbreak.[1 2]

Treatment

Early medical care significantly improves survival. Treatment is primarily supportive: intravenous fluid and electrolyte replacement, oxygen therapy, haemodynamic support, nutritional support, and management of complications including bleeding, organ dysfunction, and secondary infections. Patients require specialist care in facilities equipped to safely manage high-consequence infectious diseases.[1 4 5]

Monoclonal antibody therapies have demonstrated benefit for Zaire ebolavirus disease; however, no approved species-specific monoclonal antibody therapies currently exist for Bundibugyo ebolavirus. Management of the current outbreak therefore remains focused on supportive care and early recognition of complications.[1 2 5]

References

1. **World Health Organization. Ebola virus disease [Internet]. Geneva: WHO; 2025 [cited 2026 Jun 11]. Available from:** *https://www.who.int/news-room/fact-sheets/detail/ebola-virus-disease*
2. **World Health Organization. Ebola disease caused by Bundibugyo virus, DRC & Uganda [Internet]. Geneva: WHO; 2026 [cited 2026 Jun 11]. Available from:** *https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON606*
3. **Australian Centre for Disease Control. Ebola virus disease information and public health guidance [Internet]. Canberra: Australian Government; 2026 [cited 2026 Jun 11]. Available from:** *https://www.cdc.gov.au/diseases/ebola-disease*
4. **Public Health Laboratory Network. Viral haemorrhagic fever – laboratory case definition [Internet]. Canberra: Australian Government Department of Health and Aged Care [cited 2026 Jun 11]. Available from:** *https://www.cdc.gov.au/resources/publications/viral-haemorrhagic-fever-laboratory-case-definition*
5. **Centers for Disease Control and Prevention. Clinical guidance for Ebola disease [Internet]. Atlanta (GA): CDC; 2026 [cited 2026 Jun 11]. Available from:** *https://www.cdc.gov/ebola/hcp/clinical-guidance/index.html*

Latest Resources

Australian Centre for Disease Control Guidelines for Public Health Units:

Ebola disease – CDNA National Guidelines for Public Health Units

Ebola disease – CDNA case investigation form

ACIPC Resources

Aged Care IPC Training Hub – Waste Management

Infection Prevention and Control for Tattooing Industries Guideline

World Health Organization

WHO guidelines for the clinical management of filovirus disease

Infection Control Matters Podcasts

TO LISTEN OR DOWNLOAD CLICK HERE

ESCMID Global 2026 Posters (Part 2): Patient Partnership, Communication and Collaboration

In the second ESCMID Global 2026 poster tour episode, Brett and Martin found three different and thought-provoking posters that highlight the importance of people, partnerships and communication in advancing infection prevention and control.

We begin by talking to Dr Aline Wolfensberger from Zurich about a Swiss project that used human-centred design and co-production to develop practical tools that engage patients and relatives in the prevention of non-ventilator hospital-acquired pneumonia. Through a process of interviews, observations and co-design workshops, the team created innovative, low-cost solutions to promote oral care and mobilisation, demonstrating how patients and families can become active partners in prevention.

We then examined an innovative researcher–journalist residency programme that explored the challenges of communicating science to wider audiences. The project revealed the differing cultures, expectations and pressures faced by researchers and journalists, while identifying opportunities to strengthen collaboration and improve public understanding of infectious diseases and healthcare.

Finally, we discussed findings from the EU-JAMRAI 2 initiative with the author. This work explored the collaboration needs of infection prevention professionals across Europe. The study highlights the value of mentorship, peer-to-peer learning and international networking in supporting professional development and sharing best practice.

ESCMID Global 2026 – Selected Gems from the Poster Hall (Part 1)

In the first of two special episodes recorded live from the poster hall at ESCMID Global 2026 in Munich, Brett and Martin swap the lecture theatre for the exhibition floor as they explore some of the most interesting infection prevention and antimicrobial resistance research on display.

In this episode we discuss the following posters:

- The hidden cost of contact precautions – Researchers from Greece quantify the enormous bed capacity burden created by patients requiring isolation or cohorting for multidrug-resistant organisms, showing that although only 4% of admissions required contact precautions, they accounted for over 10% of hospital bed-days.
- Can Google Maps reviews tell us something about infection prevention? – An innovative analysis from Germany and Spain explores thousands of online hospital reviews, demonstrating that infection prevention issues feature prominently in patient feedback and are often associated with more negative experiences.
- What lives on shared surfaces in long-term care? – A Dutch environmental microbiology study reveals frequent contamination of high-touch communal surfaces with clinically important Gram-negative organisms, raising important questions about cleaning practices and transmission risks in care facilities.
- Using bacteriophages as environmental disinfectants – Researchers from China describe how a targeted phage cocktail reduced environmental contamination and clinical isolation rates of carbapenem-resistant Acinetobacter baumannii in an intensive care setting, offering a fascinating glimpse into future biological approaches to environmental decontamination.
- Is more screening worth it? – A Norwegian modelling study examines the economics of expanded admission screening for antimicrobial resistance, suggesting that broader screening of higher-risk patients can prevent healthcare-associated infections and remain cost-effective in a low-prevalence setting.
- Making guidelines engaging again – An Irish trainee-led "Infection Guideline Club" demonstrates how peer-delivered education can improve engagement with clinical guidelines, build confidence, and create valuable opportunities for discussion and learning.

Latest articles from Infection, Disease & Health

> **Evaluating the efficacy of disinfectant agents and application times for vascular catheter needleless connector decontamination**

Kuek M, McLean SK, Palombo EA, Brownie S, Rickard CM, Choudhury N. Evaluating the efficacy of disinfectant agents and application times for vascular catheter needleless connector decontamination. Infect Dis Health. 2026;31(2):100392. doi:10.1016/j.idh.2025.100392

> **Transmission dynamics of HBV and HCV in dialysis centres: An overview of standard infection control practices and their efficacy**

Mushtaq S, Alam K, Asif RU, Ghani E, Rathore MA, Islam F. Transmission dynamics of HBV and HCV in dialysis centres: An overview of standard infection control practices and their efficacy. Infect Dis Health. 2026;31(2):100393. doi:10.1016/j.idh.2025.09.006

> **Evaluation of test methods and the efficacy of hypochlorous acid water atomization against Pseudomonas aeruginosa in hospital rooms**

Takahashi M, Simooki O. Evaluation of test methods and the efficacy of hypochlorous acid water atomization against Pseudomonas aeruginosa in hospital rooms. Infect Dis Health. 2026;31(2):100394. doi:10.1016/j.idh.2025.10.001

> **Pediatric ECMO and infection risk: A retrospective study on surgical site and bloodstream infections**

Althagafi S, Alenzi M, Alsuhaibani M, Almalki A, Alrawaf F, Alhuthil R, Albeheri R, Alruwaisan H, Alyabes O, Al-Hajjar S. Pediatric ECMO and infection risk: A retrospective study on surgical site and bloodstream infections. Infect Dis Health. 2026;31(2):100396. doi:10.1016/j.idh.2025.10.002

Selected Publications of Interest

> **Effectiveness of oral care for the prevention of non-ventilator hospital-acquired pneumonia (HAPPEN): a multicentre, stepped-wedge, cluster-randomised trial in Australia**

White NM, Russo PL, Matterson G, Browne K, Cheng AC, Kiernan M, et al. Effectiveness of oral care for the prevention of non-ventilator hospital-acquired pneumonia (HAPPEN): a multicentre, stepped-wedge, cluster-randomised trial in Australia. Lancet Infect Dis. 2026;26(6):[page]. doi:10.1016/S1473-3099(26)00235-5

> **Influenza Vaccine Study in Older Adults Supports Flexible Vaccine Strategies for Health Systems and Long-Term Care Facilities**

Haag M. Influenza vaccine study in older adults supports flexible vaccine strategies for health systems and long-term care facilities. Infection Control Today [Internet]. 2026 May 28 [cited 2026 Jun 23].

> **Virtual Competencies Replace Hands-On Training? APIC 2026 Study Links In-Person Education to Major CAUTI Reduction**

Whitacre Martonicz T. Can virtual competencies replace hands-on training? APIC 2026 study links in-person education to major CAUTI reduction. Infection Control Today [Internet]. 2026 Jun 15 [cited 2026 Jun 23].

> **How to Teach Medical and Dental Students About Infection Prevention and Control? Comparison of Two Learning Methods**

Regad M, Baudet A, Colas A, Rodari S, Florentin A. How to teach medical and dental students about infection prevention and control? Comparison of two learning methods. Eur J Dent Educ. 2026;30(1):4-11. doi:10.1111/eje.13067

> **Enhanced infection prevention and control interventions decreased carbapenem-resistant Acinetobacter baumannii colonization and infection in an intensive care unit: a 4-year retrospective study**

Zhao B, Wang Q, Lu J, Fu Y, Cui D, He J, et al. Enhanced infection prevention and control interventions decreased carbapenem-resistant Acinetobacter baumannii colonization and infection in an intensive care unit: a 4-year retrospective study. J Hosp Infect. 2026;167:9-15. doi:10.1016/j.jhin.2025.10.009

> **Effective nursing interventions for infection prevention and control in acute and critically ill patients with a peripherally inserted venous catheter: an umbrella review**

Costa J, Teixeira J, Sousa E, Pinto MR. Effective nursing interventions for infection prevention and control in acute and critically ill patients with a peripherally inserted venous catheter: an umbrella review. Intensive Crit Care Nurs. 2026;92:104250. doi:10.1016/j.iccn.2025.104250

> **Risk factors of surgical site infection in total knee arthroplasty: Impact of an infection prevention and control intervention in a tertiary hospital in Barcelona, Spain**

Zules-Oña R, Otero-Romero S, Rodrigo-Pendás JA, Minguell-Monyart J, Amat-Mateu C, Lung M, et al. Risk factors of surgical site infection in total knee arthroplasty: Impact of an infection prevention and control intervention in a tertiary hospital in Barcelona, Spain. Am J Infect Control. 2026;54(6):626-631.

Events Calendar

ASID Zoonoses 2026
3 – 4 July 2026
Brisbane, Queensland
Register now

ACIPC Aged Care IPC Webinar Series: Risk management – aged care hierarchy of controls
Wednesday 15 July 2026 at 2:00pm AEST
Register here

ACIPC Lunch and Learn Webinar: Isolation is a "RIOT". Implementation of a risk based scoring tool to determine isolation requirements of patients with known multi-resistant organisms.
Wednesday 22 July 2026 at 1:00pm AEST
Register here

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

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:

- 31 July 2026
  Short Course in Infection Prevention and Control in Aged Care Settings
  Register here

- 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:

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

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

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