ACIPC

Australasian College
for Infection Prevention and Control

IPC News

August 26

President's report

Dr Sally Havers

Hi everyone and welcome to the August edition of IPC News.

It has been a busy month of travel and representation for the College. I attended the 12th International Congress of the Asia Pacific Society of Infection Control (APSIC) in Kuala Lumpur, Malaysia — a valuable few days of presentations, practical insights and discussions with colleagues from across the region and beyond. As part of this trip, I also visited colleagues and hospital staff in Singapore, which provided an excellent opportunity to hear directly about local IPC priorities and shared challenges across the region. Experiences like these reinforce the depth and capability of our global IPC community.

I also travelled to Wellington for the Infection Prevention and Control Professional Network (IPCPN) Conference. The cultural components embedded throughout the program — including the mihi whakatau and the integration of Māori principles into the sessions — provided a strong sense of connection and purpose. I am grateful for the warm welcome from everyone involved and for the opportunity to engage with such a thoughtful and committed IPC community in Aotearoa New Zealand.

Past-President Stéphane Bouchoucha, President-Elect Nicola Isles and I also presented at a Solventum sponsored event centred on the "One Bloodstream" approach — a framework addressing the needs of patients at heightened risk of bloodstream infections across oncology, haematology, ICU and hospital-in-the-home settings.

Our presentation, Infection Prevention in Vascular Access: From Insight to Action, highlighted the College's advocacy activities, including our inclusion in the Australian Centre for Disease Control, the formation of our Special Interest Groups, and the integration of Australian Vascular Access Society members into ACIPC and our new Vascular Access Special Interest Group.

Closer to home, the National HAI Surveillance Research Project continues to progress. The first round of the national surveillance survey is now closed and thank you to everyone who contributed. We will be opening the second round shortly, and your expertise will again be essential as we work toward national consensus on HAI surveillance in Australian acute care settings.

As always, thank you for the vital work you do every day to protect patients, colleagues and communities. I look forward to seeing many of you on the Gold Coast in November — registration details for ACIPC 2026 are on page 4.

Warm regards,

Sally Havers

President, ACIPC

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CONTENTS

CONFERENCE PROGRAM

The 2026 Australasian College for Infection Prevention and Control (ACIPC) International Conference program is now live. Four days of connection, learning, and innovation will take place at the Gold Coast Convention and Exhibition Centre and online from 8 to 11 November 2026.

This year's theme, From Knowledge to Action: Delivering Impact in Infection Prevention & Control, will explore how evidence and expertise can be translated into meaningful outcomes across healthcare settings.

Featuring a line-up of leading national and international speakers, the program will bring together the latest research, practical insights, and emerging innovations shaping the future of infection prevention and control.

Discover a program featuring:

- Inspiring presentations from infection prevention and control leaders and experts.
- Cutting-edge research and evidence-based practice.
- Practical strategies you can apply in your workplace.
- Workshops, networking opportunities, and an extensive industry exhibition.

Workshop and breakfast session tickets can be added when registering for the conference.

KEYNOTE SPEAKERS

Associate Professor Krispin Hajkowicz

Senior Staff Specialist, Infectious Diseases Unit, Royal Brisbane and Women's Hospital

A/Prof Krispin Hajkowicz is a Senior Staff Specialist in the Infectious Diseases Unit at Royal Brisbane and Women's Hospital and the former Director. He is also a clinician-researcher at the University of Queensland Centre for Clinical Research, clinical metagenomics and epidemiology of respiratory viruses.

Associate Professor Suman Majumdar

Chief Health Officer, Burnett Institute

Associate Professor Suman Majumdar is Chief Health Officer at the Burnet Institute. An infectious diseases physician, public health practitioner and researcher who has led tuberculosis programs in PNG and the Asia-Pacific and served as Victorian Deputy Chief Health Officer during the COVID-19 response (2021–23), he works in partnership with communities, organisations and governments, integrating care delivery, public health and research. He leads a pandemic preparedness program on airborne pathogen prevention and two major translational projects on indoor air: the Pathway to Clean Indoor Air project, developing scalable community-based air quality interventions, and ELUCIDAR, a large cluster-randomised trial of germicidal ultraviolet (GUV) light to reduce respiratory infections in aged care.

INVITED SPEAKERS

Madeline Barning

Clinical Nurse Consultant, Infection Prevention & Management Service, Queensland Health

Madeline Barning is a Clinical Nurse Consultant with Metro South Health, Queensland, bringing seven years of IPC experience across practitioner, immunisation, community and oral health roles. She has cultivated a strong interest in building and redevelopment and developed specialised expertise in outbreak management, strengthening local processes to withstand unpredictable events. Maddy is committed to lifelong learning and actively contributes to research initiatives. Her leadership experience in IPC and patient safety is well established, and she is widely regarded for her exemplary communication skills, transformational leadership approach, and steadfast advocacy for patients.

Suyin Hor

Senior Lecturer, Faculty of Health, University of Technology Sydney

Suyin is a social scientist whose research examines how safe and high quality care is accomplished amidst the complexity of health and aged care services, with a specialisation in infection prevention and control (IPC). Her research is done in collaboration with healthcare professionals, patients, residents and their families and carers, and has led to broadened understandings of safety, communication, and IPC; sustained practice and policy changes, as well as reductions in MRSA prevalence.

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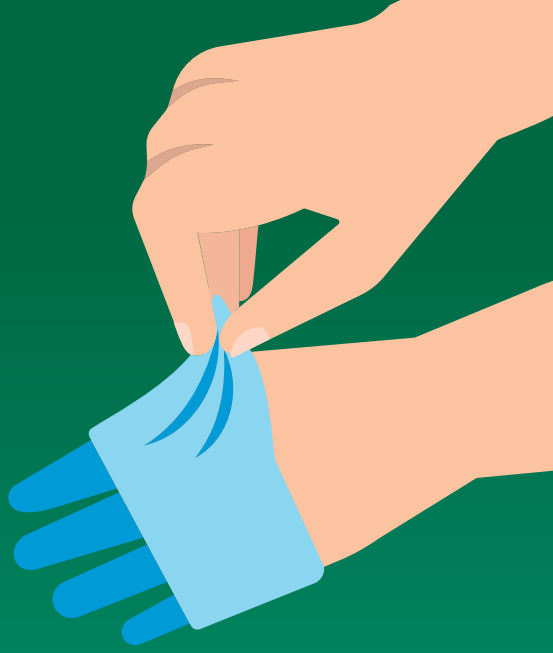

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THE CLAIRE BOARDMAN MEDAL

Nominations are closing soon 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.

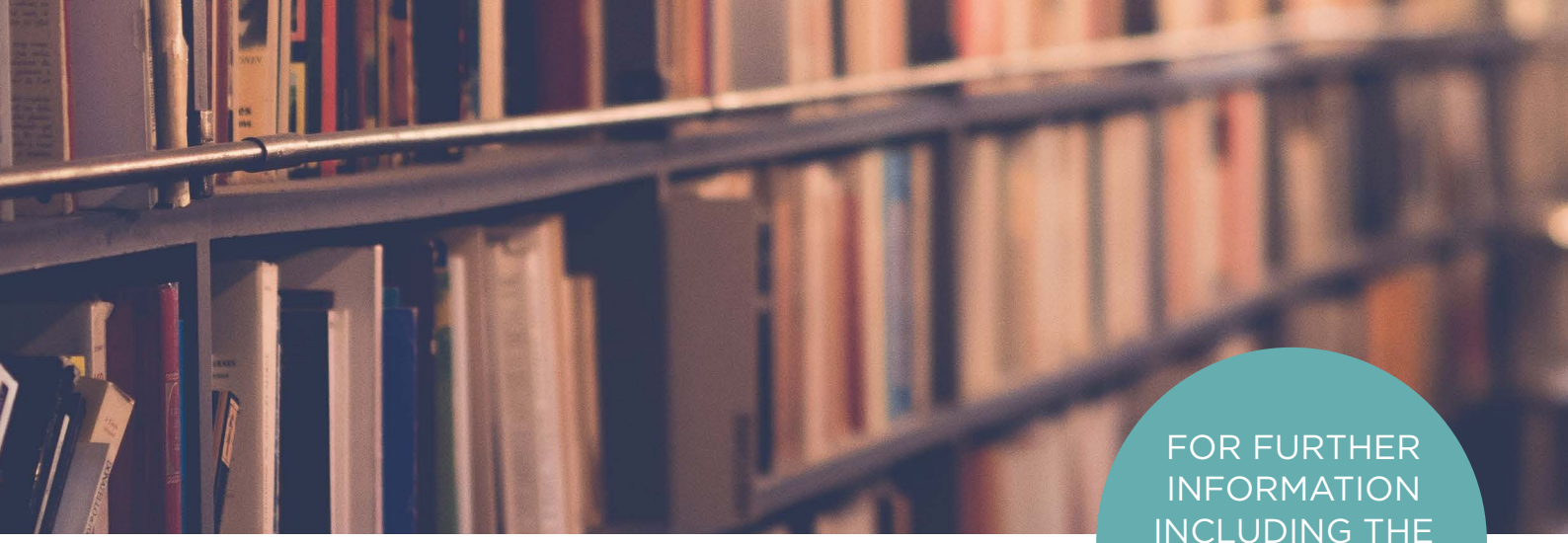
The award includes

- 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, has provided $70,000 in Sustainability Grants.

Submissions

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

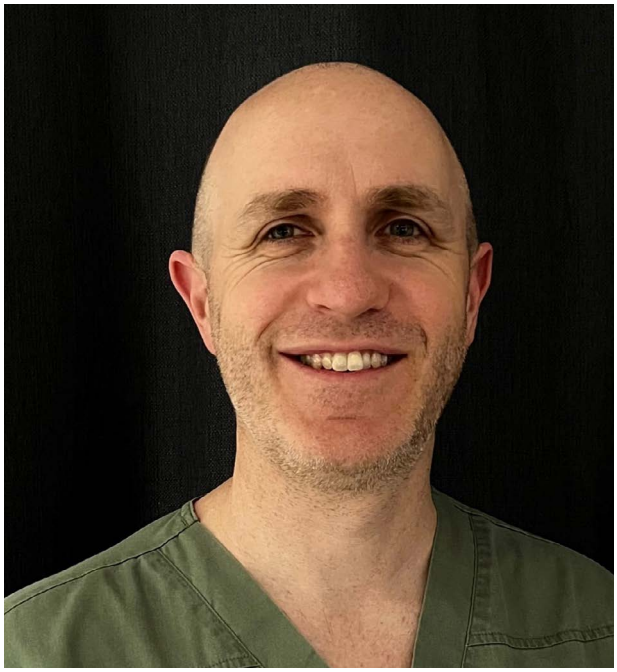
Applications will close at 5PM Friday 18 September 2026

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. Responsibility for the administration and governance of funded research projects will remain solely with the ACIPC Board and, where relevant, the Research Grants and Scholarships Committee.

MEMBER PROFILE

Nicholas Mifflin



The month we spoke with Nicholas Mifflin, Clinical Nurse Consultant, Central Venous Access & Parenteral Nutrition, Liverpool Hospital, NSW and President of the Australian Vascular Access Society (AVAS)

Can you tell us about your background and how you became involved in venous access and IPC?

I've been a Registered Nurse for 23 years but started my career in health as an Assistant in Nursing within aged care 4 years earlier. I applied to undertake my new graduate rotations at Liverpool Hospital. I had heard about the advanced practice roles for nurses being pioneered there and was really impressed by this. When I completed my new graduate year, I had every intention of heading to emergency, but my first rotation took me to ICU, and I never left.

My career in vascular access started back in 2009. I got to know Tim Spencer (current President of the World Congress on Vascular Access) and Evan Alexandrou, pioneers in nurse-led vascular access, and made my interest known, and with a little pestering, got my foot in the door.

Liverpool's Central Venous Access Service is one of the longest-established nurse-led vascular access services in Australia. What began as a service placing central venous catheters using landmark techniques has grown into a comprehensive vascular access service, delivering everything from the humble PIVC to totally implanted vascular access devices.

I have been fortunate to be part of that journey, contributing to advances in clinical practice, education, research, and, most importantly, patient care.

What unique challenges do you see in managing venous access in aged care or community settings?

The older population presents significant challenges. Age-related comorbidities, frailty and cognitive impairment all make establishing and maintaining good vascular access genuinely difficult, and the burden on both patients and the system is substantial.

We conducted a local observational study at Liverpool Hospital looking at vascular access in elderly patients, and the results were not great. Across 215 patients over a median 11-day stay, 65% experienced premature cannula failure, with 232 additional cannulas inserted as a result. The economic burden in this cohort was over 3 times that of the general population.

Community and aged care settings add another layer of complexity. Resources and education are the critical gaps — it is one thing to place a device, but if a patient is discharged to a facility without the support to manage it, that is where issues arise. Vascular access care management education is much needed in this area.

What new technologies or innovations are changing venous access practice?

Ultrasound has been the single biggest evolution in vascular access. It allows us to visualise target blood vessels and access needle in real time beneath the skin, which is much safer than relying on anatomical landmarks alone. By using this technology we can optimise insertion sites, improve patient comfort, and significantly extend device longevity. The difference it has made to our service since moving away from blind techniques has been remarkable and we continue to advocate for broader access to this equipment across facilities.

ECG guidance has been another important advance, for placement of central venous access devices. We published research validating this technology across multiple patient cohorts, demonstrating it is faster, cheaper and safer than waiting for chest X-ray confirmation of placement. That alone saves considerable time, money and resources.

Underpinning all of this is the principle of vessel health and preservation — getting the right device, into the right vessel, at the right time, placed well from the outset. Good insertion technique, optimal exit site selection, and appropriate securement all reduce mechanical complications, infectious risk, and the repeated punctures that deplete venous access over time.

What developments do you think will have the greatest impact on venous access practice over the next five years?

Australia is genuinely fortunate to have world-leading researchers in this space, and I think AI will play a significant role in accelerating what they produce. We have been collecting central line insertion data at Liverpool since 1996 — the largest repository of its kind for a nurse-led service in the country.

Colleagues are already developing AI tools to interrogate that data in ways that would take years through traditional methods. That has real potential to fast-track evidence generation and drive meaningful practice change.

The other development I am passionate about is formal credentialling pathways. Right now, vascular access expertise is largely developed through experience and informal mentorship. A micro-credential in difficult intravenous access is available through the University of Wollongong, and we are working to build upon this targeting more advanced practice. In time I am hopeful that this will evolve into a formal post graduate vascular access certificate. Formalising the pathway would make it far easier for clinicians, particularly in regional areas, to enter and develop in this space.

What advice would you give to nurses and infection prevention professionals wanting to improve patient safety in this area?

The single most important thing is maintenance. You can place a perfectly inserted device, but if it isn't well managed afterwards, it will fail. Education for the staff looking after these devices day to day is fundamental.

Beyond that, I encourage clinicians to think carefully about device selection. It isn't complicated — if a patient is being repeatedly punctured because devices keep failing, and you know they need treatment for an extended period, escalate early and place something designed to last. Similarly, if you are administering medications known to irritate blood vessels, ask whether a different device, a slower infusion rate, or greater dilution might reduce that risk.

Finally, I ask proceduralists, often medical staff, to think like a nurse. Consider at the time of insertion how the device will be managed afterwards: the exit site, the dressing, the patient's comfort and mobility. A device placed with maintenance in mind from the outset makes everyone's job easier and is likely better for the patient.

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Improving Hand Hygiene Compliance in Paediatric Critical Care to reduce Healthcare associated infections: a multi-modal quality improvement project

CLICK HERE TO REGISTER

Presenter: Kylie Fomiatti

Date: Thursday 24 September 2026, 1:00 PM AEST

Description:

This webinar will explore a comprehensive evidence-based strategy to improve hand hygiene compliance in a Paediatric Critical Care Unit. The project identified three key strategies to drive change including peer-to-peer auditing, using data to leverage change and targeted education. This project has now been successfully implemented across a quaternary paediatric hospital. Key principles of this hospital-wide strategy are applicable to all healthcare facilities.

This presentation will discuss the translation of evidence into practice via the development of a hygiene action plan template and strategy bank, with proven results over the last two years. Attendees will learn effective strategies to improve hand hygiene compliance, how to enhance a hospital-led hand hygiene program and develop proactive hand hygiene champions to drive change.

About the presenter:

Kylie Fomiatti is an experienced Clinical Nurse Specialist with over 14 years' experience working in Infection Prevention and Control across the public and private sector. Passionate about safety and quality, using research to drive best practice, she has recently completed a Master of Infection Prevention and Control to advance her knowledge in IPC.

Kylie has successfully led innovative hospital-based Hand Hygiene programs, over the last 12 years. As a Hand Hygiene Educator (HAE) she actively participates in training Hand hygiene auditors and developing the role of local hand hygiene champions.

GOARN OUTBREAK RESPONSE SCENARIO PROGRAM

24-31 July 2026, Nadi, Fiji

By Dr Susan Jain

Principal Clinical Advisor, Research Lead Infection Prevention and Control (IPAC) | HAI Program Adjunct Senior Lecturer – UNSW

I was privileged to attend the Global Outbreak Alert and Response Network (GOARN) Outbreak Response Scenario Program in Nadi, Fiji, from 24–31 July 2026, as Faculty, with the support and approval of the ACIPC Board.

The program brought together 24 participants from 19 countries, creating a rich and diverse learning environment reflecting the realities of international outbreak response. Through immersive, realistic scenarios, participants developed critical skills in leadership, communication, teamwork, decision-making, incident management, cultural awareness and technical outbreak response. The program's structured approach to simulation, reflection and facilitated debriefing provided a safe environment for participants to test decision-making processes and build confidence for future deployments.

As Faculty, I contributed to facilitation, participant support, simulation activities and structured debriefing processes, working alongside experienced GOARN faculty from multiple countries who brought extensive field deployment expertise.

This experience reinforced the value of international partnerships in strengthening global health security, and highlighted the critical role trained faculty play in preparing the next generation of outbreak responders.

I thank the ACIPC Board for its support in enabling my participation, and look forward to continuing to contribute to future ACIPC and GOARN workforce development initiatives.

Topic: Actioning AMS

Presenter: Carrie Spinks

Guest Speaker: Lisa Hall

CLICK HERE TO REGISTER

There is increasing awareness of the importance of antimicrobial stewardship in aged care settings internationally. This seminar will summarise important updates in the field including the latest surveillance data on prescribing patterns, recently released best practice guidelines and contemporary research on models of care. We will focus on what this means for the Australian aged care setting and how we can leverage new opportunities to improve our practice.

Our speaker will be Professor Lisa Hall. Professor Hall is a Professor in Epidemiology in the School of Public Health at the University of Queensland, and a Consultant Epidemiologist for the Guidance Group at Melbourne Health.

Professor Hall is internationally recognized for her innovative and collaborative research in infection prevention and antimicrobial stewardship. Over the past 25 years Lisa has created a vibrant "evidence to clinical and policy translation" pipeline where research and policy needs are identified locally; with innovations designed, implemented, and evaluated in partnership with policy makers, consumers and clinicians. She is passionate about using human-centred design thinking, implementation science and economic evaluation for maximum impact on health services and public health. In addition to her research and policy work, Lisa is an award-winning public health educator and mentor.

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

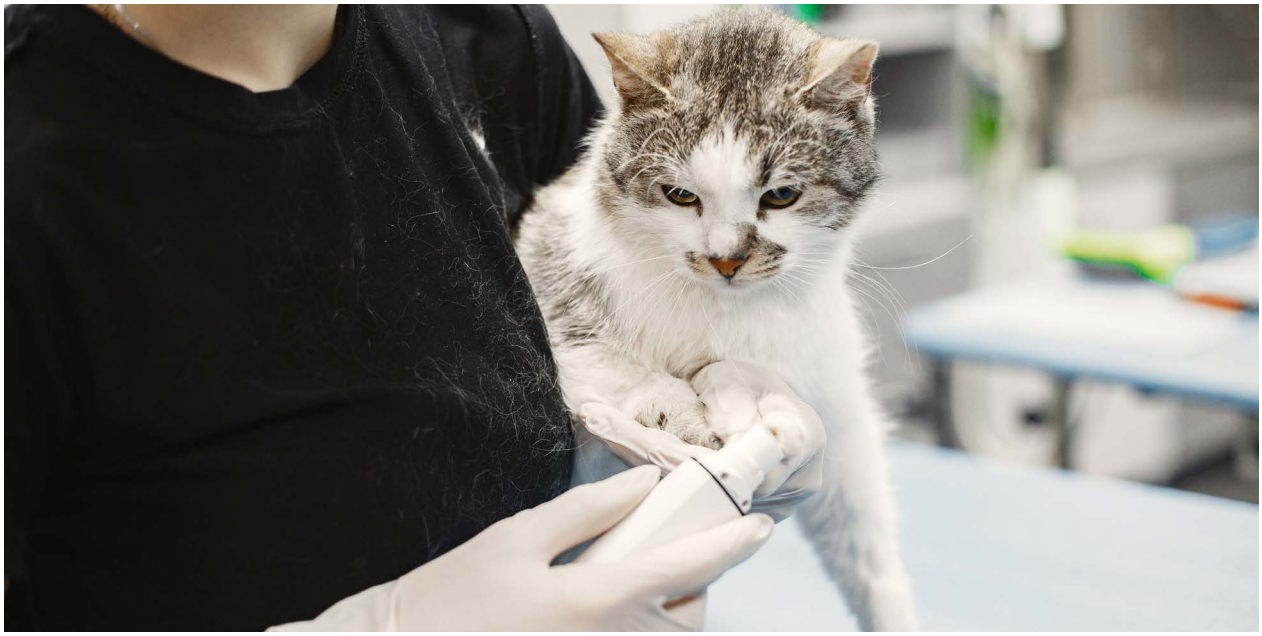
The ACIPC Aged Care IPC Training Hub is a new addition to the Aged Care Community of Practice, offering ready-made, high-quality teaching content to streamline IPC education across the sector.

Our latest bundle focuses on Bare Below the Elbows. Coming soon: resources on reprocessing in agedcare, 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!



WORLD VETERINARY ASSOCIATION SURVEY

The World Veterinary Association (WVA) and collaborating partners have launched a rapid, multilingual global survey examining how One Health and Planetary Health principles are being taught, understood, and applied across the health workforce.

While recognition of these interconnected approaches has grown worldwide, measurable evidence of how well they are integrated into education and professional training remains limited. This survey aims to close that gap, capturing a synchronised global snapshot of current educational and professional preparedness for interdisciplinary collaboration on emerging diseases, environmental change, ecosystem disruption, and other complex health challenges.

Students and professionals across veterinary medicine, medicine, nursing, dentistry, public health, and global health are invited to take part. Taking around 10 minutes, the survey will inform evidence-based recommendations aligned with the UN Sustainable Development Goals, helping strengthen interdisciplinary education and global health security.

Complete the survey here:
https://redcap.uasz.sn/surveys/?s=JEFLNMAED7TKHD8P

SA SIG

SEPTEMBER 2026
SIG MEETING

South Australia

SIG Special Interest Group

ACIPC

South Australians are warmly invited to attend the SA Special Interest Group (SIG) meeting on Thursday, 3 September 2026 at 5:30 PM ACST.

This is a free event offered online via Microsoft Teams and in person. Supper, drinks, and networking opportunities will be available for in-person attendees following the event (time permitting).

Date: Thursday, 3 September 2026

Time: 5:30 PM ACST

Location: - Royal Adelaide Hospital, Level 8D Lecture Theatre, 1 Port Road Adelaide
- Online

Topic: Multi- resistant Organisms, AMS and Genome sequencing. How does this help us in outbreaks?

CLICK HERE TO REGISTER FOR THE SEPTEMBER MEETING

Speaker:

Lito Papanicolas

Clinical microbiologist & Infectious Diseases Physician Clinical Head: Virology, Serology, Molecular Diagnostics, SA Pathology Infectious Diseases Physician, Royal Adelaide Hospital

Contact SA SIG Convenor
Marija Juraja
Nurse Unit Manager – CALHN Infection Prevention & Control Unit
marija.juraja@sa.gov.au

BUG OF THE MONTH

NOROVIRUS

By Carrie Spinks,

ACIPC IPC Consultant

What is Norovirus?

Norovirus is a highly contagious virus and one of the leading causes of acute gastroenteritis worldwide. It commonly causes sporadic illness and outbreaks in hospitals, residential aged care homes, disability services, primary and community healthcare, early childhood education and care (ECEC) services, schools, cruise ships and other communal settings.[1]

Norovirus is a significant healthcare-associated pathogen because it has a very low infectious dose, spreads rapidly from person to person, survives for prolonged periods in the environment, and is shed in large numbers during illness. Early recognition and prompt infection prevention and control (IPC) measures are essential to reduce transmission and minimise service disruption.[1 4]

Epidemiology

Globally, norovirus causes an estimated 685 million cases of acute gastroenteritis and approximately 200,000 deaths each year, predominantly among vulnerable populations.[1]

In Australia, norovirus is one of the leading causes of gastroenteritis outbreaks. Although it occurs year-round, outbreaks are more common during cooler months and frequently affect hospitals, residential aged care homes, disability services and ECEC settings, where close contact and shared environments facilitate rapid transmission.[2 3]

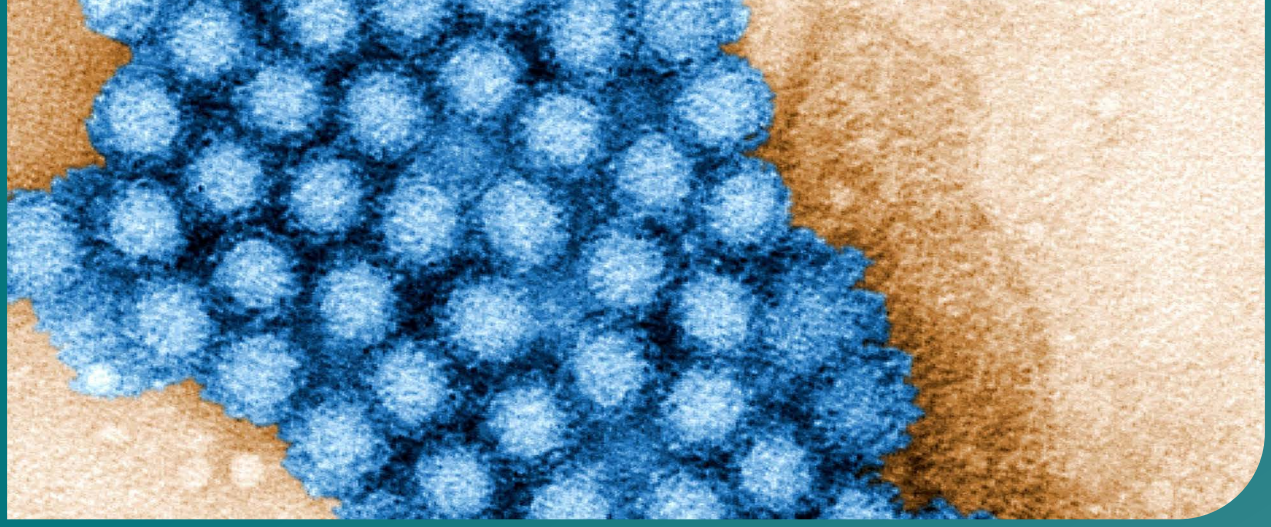
Norovirus Strains

Noroviruses belong to the Caliciviridae family. Genogroups I (GI) and II (GII) cause almost all human infections, with GII.4 responsible for most healthcare-associated outbreaks. New variants emerge over time; however, clinical presentation, diagnosis, treatment and infection prevention and control (IPC) measures remain the same regardless of the circulating strain.[1 6]

How is Norovirus Spread?

Norovirus is primarily transmitted via the faecal–oral route through direct contact with an infected person, contaminated hands, food, water, environmental surfaces, shared equipment or contaminated linen. Vomiting can aerosolise viral particles, contaminating nearby surfaces and increasing the risk of indirect transmission.[2 4 6]

The incubation period is usually 12–48 hours, with illness lasting 24–72 hours. People are most infectious while symptomatic and during the first 48 hours after symptoms resolve, although viral shedding may continue for several weeks.[1 2 6]



Signs and Symptoms

Symptoms usually begin suddenly and commonly include:

- Nausea
- Vomiting
- Watery, non-bloody diarrhoea
- Abdominal cramps
- Low-grade fever
- Headache
- Muscle aches
- Malaise

Dehydration is the most common complication and may be severe in infants, young children, older adults, pregnant women, immunocompromised individuals and those with underlying medical conditions. Illness may be prolonged in immunocompromised people.[1 6 8]

Diagnosis

Diagnosis is usually clinical during outbreaks, based on compatible symptoms and epidemiological links. Laboratory confirmation is recommended during outbreak investigations, severe illness, unusual presentations or when results will influence public health or IPC management. Reverse transcription polymerase chain reaction (RT-PCR) testing of stool specimens is the preferred diagnostic method.[2 4]

Prompt recognition, notification and implementation of IPC measures are critical for effective outbreak management.[2 4]

Prevention

Preventing norovirus transmission requires early recognition of illness, prompt implementation of IPC measures and effective environmental cleaning. In healthcare, Standard Precautions should be used for all individuals, with Contact Precautions for suspected or confirmed cases. Eye protection and a surgical mask should also be considered where there is a risk of exposure to vomit or splashes during care or cleaning.[2 4]

People with suspected or confirmed norovirus should be isolated or excluded from communal activities while symptomatic. In healthcare settings, isolation should continue until at least 48 hours after symptoms resolve. In residential aged care, the Communicable Diseases Network Australia recommends isolation or cohorting for 72 hours after symptoms resolve, where practicable, because viral shedding may continue after recovery.[2 3]

Healthcare workers, disability support workers, educators, food handlers and other staff should not return to work until at least 48 hours after symptoms resolve. Children attending ECEC services should remain excluded until symptom-free for 48 hours.[2 5 7]

Hand hygiene is essential. Although alcohol-based hand rub (ABHR) may be used when hands are visibly clean, soap and water are preferred during norovirus outbreaks because ABHR is less effective against norovirus.[2 4 6]

Environmental cleaning is critical because norovirus survives on surfaces. Vomit and faecal spills should be contained immediately, followed by cleaning and disinfection using a Therapeutic Goods Administration (TGA)-approved hospital-grade disinfectant with virucidal activity, or a chlorine-based disinfectant prepared according to the manufacturer's instructions.

Frequently touched surfaces, shared equipment, toys, bathrooms and food preparation areas require increased cleaning during outbreaks. Reusable equipment should be cleaned and disinfected between use, contaminated linen should be handled, bagged and transported to minimise contamination, and waste should be managed in accordance with Standard Precautions and local organisational waste management procedures.[2 4]

Treatment and Management

There is no specific antiviral treatment or licensed vaccine for norovirus. Management is supportive and focuses on maintaining hydration, correcting electrolyte imbalance and relieving symptoms.[1 6]

Most people recover with rest and adequate oral fluids. Oral rehydration solutions are recommended for people at increased risk of dehydration, while intravenous fluids may be required for severe dehydration or persistent vomiting. Older adults, infants, young children, immunocompromised individuals and those with significant underlying medical conditions should be monitored closely for dehydration and clinical deterioration. Antibiotics are not indicated because norovirus is a viral infection.[1 6 8]

References

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7. NHMRC. Norovirus infection fact sheet [Internet]. Canberra: NHMRC; 2024 [cited 2026 Aug 5]. Available from: *https://www.nhmrc.gov.au/about-us/publications/staying-healthy-guidelines/fact-sheets/norovirus-infection*
8. Healthdirect Australia. Norovirus infection [Internet]. Sydney: Healthdirect Australia; 2025 [cited 2026 Aug 5]. Available from: *https://www.healthdirect.gov.au/norovirus-infection*

Latest Resources

Bare Below the Elbows for Religious Considerations Guideline

https://www.acipc.org.au/wp-content/uploads/2026/08/Bare-Below-the-Elbows-for-Religious-Considerations-Guidelines.pdf

Mould and Water Damage Guideline

https://www.acipc.org.au/wp-content/uploads/2026/08/Mould-and-Water-Damage-Guideline.pdf

ADVANCING IPC PRACTICE AND STANDARDS COMMITTEE UPDATE

The Advancing IPC Practice and Standards Committee has continued to progress a number of important initiatives supporting IPC across the veterinary, aged care and healthcare sectors.

Veterinary IPC – A new resource is being developed through the Vet SIG, focusing on the reprocessing of reusable medical devices in veterinary practice. Coming soon, the resource aims to provide a practical baseline for veterinary practices and support clinicians to progressively strengthen IPC practices for the benefit of animal patients.

Aged Care – Two resources developed by the Aged Care Working Group have been endorsed by the Committee: A guide to the reprocessing of reusable equipment in aged care, and an aged care glove use bundle. These resources will provide practical guidance to support safe and effective practice across aged care settings.

AS 5369 – The AS 5369 working group continues to progress the development of guidelines and resources to support members in the application of the standard and promote best practice in reprocessing.

Sustainability in IPC – The sustainability in IPC working group has commenced work on developing resources and tools to assist IPCPs in identifying practical opportunities to reduce the environmental impact of IPC practices while maintaining safety and quality.

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*

Infection Control Matters Podcasts

TO LISTEN OR DOWNLOAD CLICK HERE

C. difficile: Follow the Faeces

In this episode of Infection Control Matters, Brett and Martin talk to Professor Tom Riley about why we need to look well beyond the hospital to understand where Clostridioides difficile comes from.

Tom discusses the growing importance of C. difficile as a community-acquired infection and explains how antimicrobial use in agriculture, animals, animal faeces, food and the environment may all form part of the transmission pathway. We explore some findings from his research, including C. difficile contamination of potatoes and domestic kitchens.

We also discuss the challenges of controlling highly persistent spores in the environment, the potential role of foodborne transmission, and Tom's recent involvement with the Food and Agriculture Organization of the United Nations, where genomic evidence from an onion-associated outbreak provided compelling evidence for foodborne transmission.

From animal antibiotics and manure to potatoes, kitchen sinks and the wider environment, this conversation challenges us to rethink where C. difficile comes from—and where infection prevention needs to look next.

Perhaps the most important message? To understand C. difficile, we need to follow the faeces.

Access the UN FAO report on toxigenic Clostridia in food here:
https://openknowledge.fao.org/items/cce3d2ab-e8d7-4ab2-a349-dacba4eda392

WISDOM: Using AI to Prioritise Surgical Wound Review

Artificial intelligence has enormous potential in healthcare, but where can it genuinely improve infection prevention without replacing clinical judgement? In this episode, Phil Russo and Martin Kiernan are joined by Professor Judith Tanner (University of Nottingham) and Melissa Rochon (Guy's and St Thomas' NHS Foundation Trust) to discuss a recent paper about the WISDOM study, a randomised feasibility trial evaluating AI-assisted digital surveillance for surgical wounds after hospital discharge.

Following on from a previous podcast in which patients submit wound photographs from home (*https://infectioncontrolmatters.podbean.com/e/surgical-site-infection-surveillance-by-patient-generated-images/*), this paper describes how AI can prioritise images that need urgent clinical review, and why this approach could transform surgical site infection surveillance while reducing unnecessary hospital visits.

The guests discuss developing an AI model from almost 40,000 wound images, ensuring equitable performance across different skin tones, patient acceptance of digital follow-up, workforce redesign, and how remote monitoring could evolve into supported self-care. Rather than replacing clinicians, AI is shown to be a practical tool for helping healthcare teams focus on the patients who need them most.

Rochon M, Tanner J, Cariaga K, Jurkiewicz J, Beckhelling J, Harris R, et al. AI-enabled digital wound monitoring after cardiac surgery: a randomised controlled feasibility, safety, and acceptability trial. J Hosp Infect 2026.

https://doi.org/10.1016/j.jhin.2026.04.020.

https://www.journalofhospitalinfection.com/action/showPdf?pii=S0195-6701%2826%2900159-3

Latest articles from Infection, Disease & Health

> **Comparative study of the performance of the manual backpack sprayer and the advanced handheld electrostatic disinfection device for the sanitization of inanimate surfaces**

Chauhan A, Patel MK, Nayak MK, Manivannan N, Mitchell GR. Comparative study of the performance of the manual backpack sprayer and the advanced handheld electrostatic disinfection device for the sanitization of inanimate surfaces. Infect Dis Health. 2026;31(2):100403.

> **Monitoring urinary tract infections in residents of Australian aged care homes: Clinical and microbiological characteristics identified through a pilot surveillance program**

Lim L, Friedman ND, Tanamas SK, Worth LJ, Mykytowycz R, Bennett N. Monitoring urinary tract infections in residents of Australian aged care homes: clinical and microbiological characteristics identified through a pilot surveillance program. Infect Dis Health. 2026;31(2):100404.

> **Comparison of coding data with clinical diagnosis of antibiotic-resistant healthcare-associated infections**

Horan S, Leung VKY, Kinsella PM, Friedman ND, Thevarajan I, Marshall C. Comparison of coding data with clinical diagnosis of antibiotic-resistant healthcare-associated infections. Infect Dis Health. 2026;31(2):100405.

> **Contact tracing and isolation of Carbapenemase producing Enterobacterales (CPE) in a tertiary referral hospital**

Sparks R, Chavada R. Contact tracing and isolation of Carbapenemase producing Enterobacterales (CPE) in a tertiary referral hospital. Infect Dis Health. 2026;31(2):100406.

Selected Publications of Interest

> **Towards vaccine equity for Aboriginal and Torres Strait Islander children aged 0–5 years: a rapid review of enablers, barriers and characteristics of successful programs**

Ryan C, Tyson C, Baigrie K, Walker C, Seymour LM, Kent R, et al. Towards vaccine equity for Aboriginal and Torres Strait Islander children aged 0–5 years: a rapid review of enablers, barriers and characteristics of successful programs. Aust J Prim Health. 2026;32:PY25238. doi: 10.1071/PY25238.

> **Rethinking occupational health and safety for healthcare workers treating Ebola**

MacIntyre CR, Chughtai AA. Rethinking occupational health and safety for healthcare workers treating Ebola. Int J Nurs Stud. 2026 Jun 27:105626. Epub ahead of print.

> **How to awaken systems thinking in infection prevention and control? Psychology must meet practice**

Al-Tawfiq JA. How to awaken systems thinking in infection prevention and control? Psychology must meet practice. New Microbes New Infect. 2026;70:101729. doi: 10.1016/j.nmni.2026.101729.

> **Elements and governance of infection prevention and control programs in residential aged care homes: A scoping review**

Shaban RZ, Curtis K, Fry M, McCormack B, Parker D, Macbeth D, et al. Elements and governance of infection prevention and control programs in residential aged care homes: a scoping review. Am J Infect Control. 2026;54:1023-32.

> **Strengthening infection prevention and control in humanitarian settings: lessons and opportunities from Médecins Sans Frontières (2021–2023)**

Broomand A, Pereboom M, Mullahzada A, Amirtharajah M, Wagan J, Abi Hanna D, et al. Strengthening infection prevention and control in humanitarian settings: lessons and opportunities from Médecins Sans Frontières (2021–2023). BMJ Glob Health. 2026;11:e023240. doi: 10.1136/bmjgh-2025-023240.

> **A scoping review of urinary tract infection management in residential aged care settings**

Hernandez M, Hutchinson AF, Schoch M, Bouchoucha SL. A scoping review of urinary tract infection management in residential aged care settings. Am J Infect Control. 2026. doi: 10.1016/j.ajic.2026.08.014.

Events Calendar

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
2:00pm AEST
Register here

ACIPC Lunch & Learn Webinar
24 September 2026
1:00 PM 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
2:00pm AEDT
Register here

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

ACIPC Aged Care IPC Webinar Series: Ageing with HIV
Wednesday 16 December 2026
2.00PM AEDT
Register here

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 International Conference, Gold Coast, QLD
- 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

CHECK YOUR DETAILS ARE CORRECT **HERE**

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.

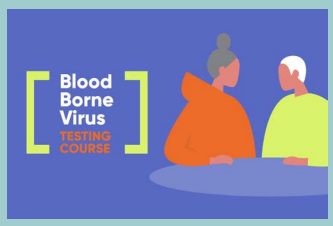
We look forward to continuing to support our members over the next 12 months.

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 2026
  Short Course in IPC During Construction, Renovation and Maintenance in Healthcare Facilities
  Register here

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

Expressions of interest open for the following courses:

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

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

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

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