



ACIPC

Australasian College
for Infection Prevention and Control

IPC News

—
NOVEMBER 2024

ACIPC President Stéphane Bouchoucha

Welcome to the November
2024 Edition of IPC News.



Wow! What a month it has been! It was wonderful to meet so many of you at the ACIPC International Conference, which was a huge success, and a fascinating few days of presentations, workshops, forums, trade exhibition, and social and networking events.

This year's theme was "Succession, sustainability, and the advancement of infection prevention and control," and I'd like to acknowledge the quality of the program put together by the conference scientific committee, led by Marija Juraja. It was fantastic to be able to hear from so many inspiring speakers, both local and international. This year's content also featured a strong focus on aged care, One Health, and IPC in a variety of settings, and it is fascinating to see the breadth of the profession and the impact we have on community safety.

This year, we introduced a range of new awards, and I want to warmly congratulate all award and grant recipients. We will have a full feature on these recipients in next month's newsletter. I also want to thank our conference sponsors, it was great to see the engagement with delegates, sharing industry knowledge, expertise, and fun in the exhibition space.

This year we broke 3 records, we had we had a record number of abstracts submitted, which were of exceptionally high quality, making reviewers' job challenging and we also had a record number of delegate attending the conference. So, thank you for wanting to present your research, share your clinical practice and wanting to attend the conference. It was truly the IPC event not to be missed in the region. The oral presentations, case study and quality improvement presentations, lightning talks and posters, are always a highlight and help to ensure a diverse and engaging conference program. I am really excited for next year's conference in Hobart! The conference organizing committee, chaired by Fiona Wilson, is already hard at work and the theme for the conference is: Circles of Influence: Evidence-based practice and practice-based evidence.

The last record we broke is attendance from the Pacific region and New Zealand. We had more delegates than ever from these regions, clearly cementing ACIPC's as the peak IPC body in Australasia. Thank you to all of you for attending, it was our pleasure to welcome you, and I hope you enjoyed the conference. I was pleased to see a number of presentations throughout the conference program which focused on Pacific, NZ, and remote and rural areas.

The ACIPC Annual General Meeting was held at the conference on 19 November, and I thank those who attended. I was pleased to present a summary of the College's activities in the areas of education, resources, credentialing, advocacy and representation, aged care, and engagement with membership. During the past year, a new constitution was also approved, which will allow us to continue to be sustainable in our vision for IPC and ensure that we maintain corporate knowledge and are able to manage risks. The College remains in a strong position financially, and I am grateful for the support of members and my board colleagues.

In other news, the College continues its advocacy work and is working with the Safer Air Project, on the recognition of the importance of good quality indoor air. Improving Indoor Air quality is as a key step towards improving IPC outcomes across the community. We are strongly advocating for the newly established Australian Centre for Disease Control (CDC) to fully include IPC in its remit. It is vital that IPC be recognised as a specialist field, integrated within the framework of the new CDC. You can read more about our work in this space [here](#).

In the next month's edition of IPC News, we will be sharing all the award winners and highlights from ACIPC 2024, along with some terrific images captured at the conference. In the meantime, I thank you all for your continued support of ACIPC.

Stéphane Bouchoucha



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ACIPC INTERNATIONAL CONFERENCE WRAP UP



Our annual conference was this year held at the Melbourne Convention and Exhibition Centre, where over 480 delegates enjoyed a huge program of keynote presentations, workshops and sessions with a focus on a variety of IPC settings, networking and social opportunities, and a huge trade exhibition, including the always popular poster displays.

17-20 NOV 2024

MELBOURNE CONVENTION AND EXHIBITION CENTRE, VIC & ONLINE

This year's theme was "Succession, sustainability, and the advancement of infection prevention and control," a theme which was embraced by our invited speakers and the presentations in concurrent sessions.

Our three pre-conference workshops were well attended, and the additional aged care and One Health content this year proved popular with delegates. We were excited to host several prominent local and international guest speakers, who provided insights into a range of topics including air quality, climate strategy, IPC in aged care, evidence to practice gaps in IPC, certification (credentialling) in IPC, behaviour theory, One Health and pandemic prevention, and veterinary AMS.

The IPAC Summit was once more held, and it was great to hear from IPC professionals all around Australia and New Zealand. Professor Brett Mitchell AM delivered this year's ACIPC lecture and also presented (with Nirmali Sivapragasam) the results of the CLEaning and Enhanced disiNfection (CLEEN) study: A stepped-wedge cluster randomised trial.



ACIPC INTERNATIONAL CONFERENCE WRAP UP



A number of awards were presented at the Conference Dinner, and ACIPC congratulates all of the award recipients. A list of all award recipients will appear in next month's IPC News, along with a full wrap-up of conference activities and images.

ACIPC thanks all delegates who attended, both in-person and online, and our conference sponsors, whose support is vital to a successful and engaging annual conference.

We look forward to welcoming everyone to Hobart, Tasmania in 2025.





ACIPC MENTORING PROGRAM 2025

Following the success of the 2024 ACIPC Mentoring Program, we are excited to announce that, in conjunction with Art of Mentoring, we will be offering the program again in 2025.

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.

The benefits of mentoring:

- Take your personal and professional development to new levels
- Reflect on personal challenges and achievements
- Help others and contribute to the future of the industry/profession
- Develop your mentoring and leadership skills

Applications open on 4 March 2025 and close on 31 March 2025.

There is no fee to participate as a member of ACIPC. Members will receive details on how to apply via email in early 2025, so make sure your details are up to date by contacting office@acipc.org.au

We chatted with a mentee and a mentor from this year's program about their experiences.

MENTEE

Anna Blishen

Laboratory Supervisor
Scone Equine Hospital



Anna recently completed the ACIPC Mentoring program as a mentee, and kindly joined us to chat about her experience.

Can you tell us a bit about your current role?

I'm the Laboratory Supervisor at Scone Equine Hospital, located in the Hunter Valley. I've been with Scone Equine since 2001, with a short break mid-way, returning in 2012, and I've been here ever since.

Scone Equine Hospital has grown to include multiple satellite locations, with clinics in Tamworth and Avenel, Victoria. We also have a pet medical side that provides services for small animals. My role primarily involves overseeing the lab, which supports our equine veterinarians with haematology, biochemistry, microbiology, and various other tests. Occasionally, we assist outside vets as well.

My background is in Medical Laboratory Science, having graduated from Wagga. I started my career in human pathology, working in haematology at Liverpool and at Bathurst Base Hospital, but I've been in the veterinary field since 1999.

Scone Equine Hospital operates as a referral hospital with an intensive care unit, staffed by several medicine specialists, and a large surgical facility with boarded surgeons. We serve a range of clients, from thoroughbreds to performance horses, and even beloved ponies and miniatures, although our primary focus is on thoroughbreds.





How did you hear about the mentoring program, and what made you decide to participate?

I completed the Foundations of Infection Prevention and Control course a few years ago, and through maintaining contact with ACIPC, I heard about the Mentoring Program. I really wanted to get involved, because there are so many unique challenges in our field, and IPC is such a huge topic, and so I was really hoping for a mentor with a veterinary background.

In our work we have unique health and safety challenges, including exposure to *Chlamydia psittaci* and multidrug resistant salmonella in equine populations. Handling neonatal foals with infections like *Cryptosporidium* also risks staff exposure, as infection can spread throughout stables during care.

Managing these risks is crucial. Some facilities overseas have even had to rebuild due to persistent salmonella contamination. In our lab, we support stable hygiene with environmental swabbing, and screening new patients for salmonella. A proactive approach is needed to address both infection control and antimicrobial resistance concerns in equine healthcare.

That's why it was so fortunate I could be matched up with a veterinary mentor, who's been amazing.

What were the main advantages of having a mentor?

Having background knowledge of the theory is important, but for me, it felt overwhelming because my workplace doesn't have an Infection Prevention Committee like you'd find in a hospital. Without this, I was left wondering where to start.

The mentoring program has been invaluable—it helped me narrow my focus within this broad field. Through discussions, we identified three key goals: establishing an IPC structure within our business, improving hand hygiene, and highlighting the importance of antimicrobial stewardship. This focus has made a huge difference, giving me clear steps to start making impactful changes without feeling so overwhelmed.

What would you say to someone who was considering taking part in the program as a mentee?

Just dive in, put yourself out there, and go for it. I was a bit surprised during an initial meeting with the other mentees, I assumed that people working within healthcare systems, with formal committees and structures, would feel more in control in their ICP roles.

But I was struck by how many people actually feel overwhelmed in that environment, despite having structured systems in place. 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.

MENTOR

Nicola Herbert

**Infection Prevention &
Clinical Advisor
Fiona Stanley Hospital for SERCO**



Nicola has just completed the ACIPC program as a mentor and shared her insights about the program.

What attracted you to the mentoring program and why did you decide to participate as a mentor?

I was eager to be part of a professional mentoring program and felt that it would be a great opportunity for my personal and professional growth.

Also, I remember the time when I was a novice IPC nurse, and it would have been so helpful for me back then to have had a mentor for support and advice.

It was the right time for me to give back to the profession. I've reached the stage in my career where I'm able to do that, and I feel very passionate about helping others. I have mentored in the past on an ad hoc basis; it often happens organically and is always important. This program was more structured, which I found really helpful. There were numerous resources available to help mentors and mentees build their relationship, we had access to online training tools, guides and seminars.

What did you hope to bring to the experience for you and your mentee?

I hoped to bring reassurance and perspective on issues that we often face in IPC. As infection prevention and control is continuously evolving, arguably even more so since COVID-19- being able to support and build mentee confidence is very rewarding.

I am also a good listener; when you are present with the other person, you often find you've created a safe space for them to workshop their own ideas and come up with solutions themselves.

I do believe that sharing experiences in IPC offers valuable insight to working in this speciality. Reflecting on past events helps to put things in perspective, and from there you can explore what can be learned from the experience.

What were the highlights for you during your mentoring journey?

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 felt that we had a lot in common and we connected fairly early on.

One of my mentees was based overseas; being able to connect with a like-minded person living thousands of kilometres away was very special, and I am grateful for that opportunity.

What would you say to someone thinking of becoming a mentor in the program?

Consider the wealth of experience, knowledge, and skills you could share with a colleague and how you could contribute to a mentee's professional development. If you're willing and able, I encourage you to make the commitment.



CREDENTIALLING

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

Primary credentialling: Benjamin Okwuofu- Thomas

Expert re-credentialling: Fiona De Sousa, Kathy Dempsey

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

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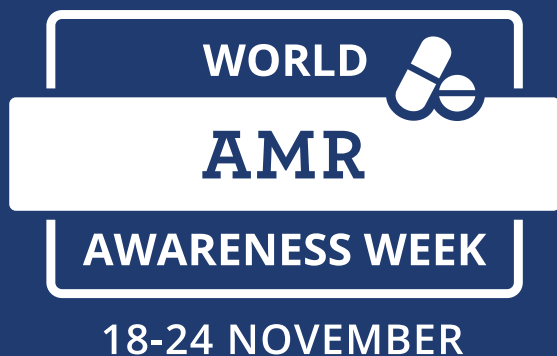
See you at the ACIPC 2024
International Conference!
Don't miss our talk about an
innovative way to remove biofilm

FIND OUT MORE ►

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FIGHT!**
for infection
prevention



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**EDUCATE.
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ACT NOW.**

World AMR Awareness Week (WAAW) is celebrated from 18 - 24 November each year.

This WAAW, we seek to raise awareness and understanding of AMR and promote best practices to reduce the emergence and spread of drug-resistant infections.

Key messages:

- Antimicrobials are a precious resource, but their usefulness could be lost without appropriate use.
- Antimicrobial resistance is happening now – it is a worldwide problem that affects human and animal health.
- Antibiotic resistance happens when bacteria stop an antibiotic from working effectively – meaning some infections may become impossible to treat.
- Few new antimicrobials are being developed to help support this challenge.
- Misuse of antimicrobials contributes to antimicrobial resistance.
- Whenever antimicrobials must be used, they must be used with care.

The Australian Commission on Safety and Quality in Health Care has some great resources on AMR, which you can find [here](#).

And take a look at our ACIPC resources page [here](#), where we have AMR resources and links to information for a range of settings including acute, aged care, veterinary, and pharmacy.

SHORT
COURSE

BOOK NOW
FOR THE COURSE
COMMENCING
17 JAN 2025

*LIMITED
SPACES
LEFT*

INFECTION PREVENTION AND CONTROL IN AGED CARE SETTINGS

WHAT IS THE COURSE FOR?

This course is designed to provide staff with the fundamental principles and concepts of infection prevention and control practice as they apply to various Aged Care settings in particular Residential and Community Aged Care settings. This course is for all aged care staff, including (but not limited to) RNs and EN/EENs supporting aged care IPC clinical leads, and facility managers needing up-to-date best-practice IPC knowledge and skills.

The modules can be undertaken over a six-to-eight-week period and a certificate of completion will be issued to students who complete the course.

MODULES INCLUDE:

- ✓ Principles of Infection Prevention and Control
- ✓ Management of the environment, resident and staff health
- ✓ Management of invasive devices, hygiene and aseptic techniques
- ✓ Management of outbreaks
- ✓ Organisms of significant AMS
- ✓ Governance and leadership

COST: \$500



If you have any questions,
please email learning@acipc.org.au
or go to our website for more
information [acipc.org.au](https://www.acipc.org.au)



**MORE
INFORMATION**

**BOOK NOW
FOR COURSES
COMMENCING
IN 2025**

**LIMITED
SPACES
LEFT**

Blood Borne Virus

TESTING COURSE



The course has been designed for healthcare practitioners involved in undertaking testing in all healthcare settings including midwifery, acute care, community health, women's health, correctional health, rural and remote health, refugee health, sexual health, and infection prevention and control practitioners.

DURING THE COURSE YOU WILL LEARN ABOUT:

- ✓ Epidemiology, transmission, management options and prevention of HIV, hepatitis B and hepatitis C
- ✓ Different tests available to correctly diagnose, testing intervals post exposure and window periods for testing
- ✓ Post incident pre- and post-test discussion for both the recipient and the source following the incident
- ✓ The personal impact and medical consequences of HIV, hepatitis B and hepatitis C
- ✓ Conducting a risk assessment for HIV, hepatitis B and hepatitis C
- ✓ Strategies and resources for effective health promotion and prevention education
- ✓ Basic counselling skills including listening, questioning, reflecting and summarising

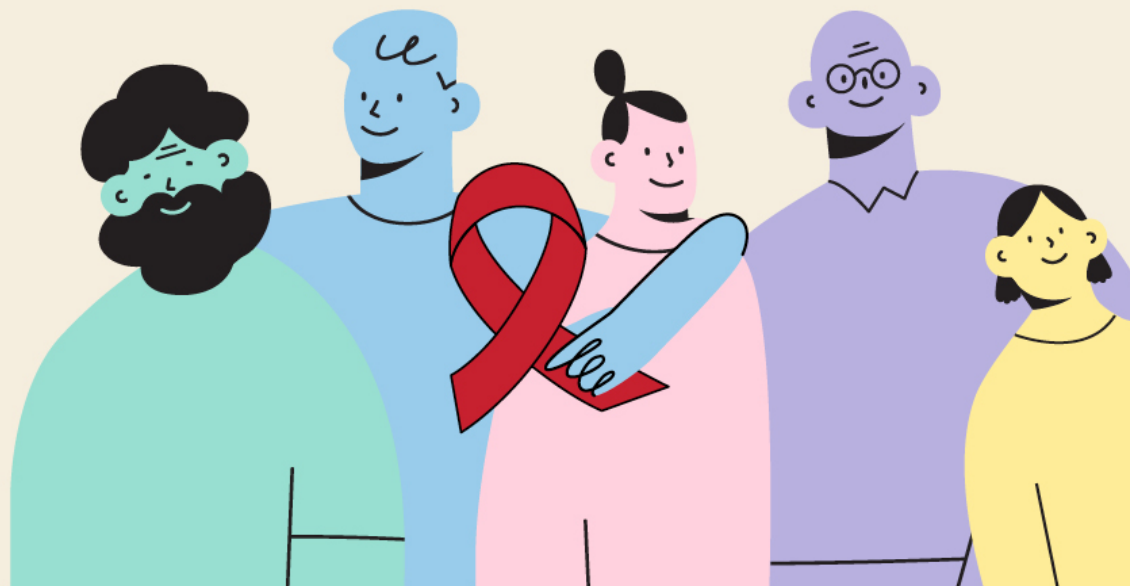
COST: \$350

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

**It starts
with me.**



World AIDS Day

1 December

World AIDS Days is held on 1 December each year to help raise awareness about HIV and AIDS.

Living Positive Victoria have created a fantastic video to address some of the stigma associated with HIV.

The video, Let's Talk About HIV (Stigma), is a conversation between healthcare workers and people living with HIV. They have also produced a free learning resource to download which contains key messages about best practice for healthcare workers, tips for being an HIV ally, reflective practice and self-directed CPD learning (1.5-2 hours), and links to further information.

Take a look at the video and resource sheet by clicking the link **here**.

MEMBER PROFILE

Claire Nayda

Clinical Nurse Consultant



This month, we chat with Claire Nayda, who is a Clinical Nurse Consultant at The Children's Hospital at Westmead.

Can you tell us about your career background and what led you to a career in IPC?

Reflecting on my 35+ years in nursing, the majority of it has been in the field of paediatrics, or the work focus has been advocating and working for children and families. My career journey has taken me to places I would never have initially considered possible. I agreed to gain experience on a paediatric ward in my first year as an RN in Sydney in 1988 and quickly realised that I found my niche in nursing. Paediatric nursing took me to the UK to study, love brought me back to Sydney, followed by Adelaide and back to Sydney. I have worked in a variety of health care settings including hospitals, community health (child & family health), Ministry of Health in immunisation/communicable disease control, nursing regulation, education, and for the last 15 years back to the Children's Hospital at Westmead for education, project work, then back onto the ward for clinical work that landed me into the realm of IPC since 2016 and the Clinical Nurse Consultant position from 2018. What a journey, what a life! What a privilege.

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

Infectious diseases fascinate me, how they're transmitted, managed and prevented. Children present to hospital with a variety of respiratory and gastro symptoms, with the observation of the seasonal patterns of diseases (that is

certainly shifting) and I have an interest in emerging new pathogens. IPC is certainly the place to be in hospital and I get to use my post graduate education in immunisation, public health and infection control all the time. Challenges that come up include: how do we keep the patients/families, staff, and ourselves safe; what have we learnt from COVID-19; and how do we keep healthcare workers motivated to risk assess and act appropriately?

IPC encompasses communication (answering the phone, meetings, drafting emails/reports), collaborating with people, problem solving, environmental cleaning and contact tracing. I like that I do not have all the answers, that I work in a team and that there are colleagues to discuss issues, question the perspective of a paediatric setting and ask for help and evolve processes. I appreciate the knowledge and skills of others, and like that our engineers will draw me a diagram to explain an issue/problem and suggestion solutions.

It is true that an infection control practitioner (ICP) grows over time, acquires experience, knowledge and skills that shape us. I believe an ICP learns the language and taps into the people and leaders we trust, who provide support and mentorship. I am aware that ICPs cannot be lone rangers, we cannot work in silos, and we must be flexible and ready for anything.



What are the particular challenges for IPC in paediatrics?

For an IPC service in a paediatric tertiary health care setting, the current IPC guidelines do not always address the unique needs of paediatric patients. National standards and quality clinical indicators often do not have a paediatric perspective. During the winter season when acute respiratory illnesses are at large, and isolation bed spaces are at a premium, it can be challenging to recommend the best solution for patients.

Children are a unique population with specialised IPC requirements, they are not compliant in staying in their bed, touching nothing; they explore, touch and play. Benchmarking against other adult health facilities may not be as beneficial for our service deliverables and KPIs.

A colleague summarised a particular challenge for paediatrics nicely, it is the +1 or two, sometimes the complexities of working with families and visitors for the best outcome for all patients (for the greater good), takes effort, time, and juggling. Sometimes saying no entry to patients with infections wanting to visit the Starlight room or attending school can be tough for families to hear. Its important that our IPC message is clear, concise, and consistent.

Isolation for extended periods can have the potential impact on a child's or young person's development and mental health, especially if there is no parent/carer with them. Discussions with Nurse Unit Managers and Team Leaders to strategise activities and programs with allied health is important. I believe that ICPs take into consideration all aspects of the patients' needs to recommend the best solution and keep others safe for a good outcome.

Tell us about a typical day for you.

No day is the same. Phone calls, lab results, whatever happens overnight, and events in the hospital that involve IPC may influence and reprioritise our service for the day.

I would say that our service is reactive (often due to resourcing and competing priorities). While I write this it is Friday and we've already had an early 'Friday special,' where a 9yr old patient attending Day Service for treatment decided it was 'a good idea' to bring a parrot with them to clinic. I am still asking myself why? We have days like these...

Of course, there are the usual contact tracing events; currently for pertussis, VZV, TB and COVID-19. Also ongoing patient surveillance, management and providing advice to clinical areas regarding cohorting patients, COVID-19 management and trying to keep a handle on hand hygiene auditing across the hospital.

Meetings, committees, and phone conversations from clinical areas, medical teams about patients, their families, regarding MROs management, building and refurbishment, also enquiries from hospital schools, Captain Starlight, or Clown Doctors... or Ronald McDonald House. Phone calls can change from one issue to another like scabies, headlice, to gastro, respiratory illnesses, or deisolating. It's like being on alert for anything, and realising you need to be at your best for the entire shift (to maintain consistency and practice).

Providing advice is part of the service, and we sign off on public relation activities that include visits from sport heroes, fire brigade, police horses or patting farms. The next big event is Party Day when Santa, superheros and fairies/princesses are visiting - it's an infection control nightmare on steroids! Children's hospitals have a big day, wards are decorated and staff work in costumes, and this leads us into the Christmas celebrations.

A 'typical day' has lots of twists, and turns, and is usually never the same.

MEMBER PROFILE - Claire Nayda

What has been your career highlight so far?

Having opportunities to study and practice overseas and in Australia, learning from research and others to implement into practice.

Providing a service for children, young people, and their families, identifying as a Paediatrics nurse working in IPC and using my education/study to perform my job.

Being able to successfully negotiate with a 3 or 4-year-old (without bribes) is an essential skill of which I am proud of and maintain by practicing regularly. Children keep 'us' honest. Hearing the same 'knock knock' joke every year from different children is a treat and pleasure, I still laugh. I have learnt that growing old is a privilege, working with children with illnesses reminds me that every day.

Working as a member of the paediatrics IPC Team, the experiences, challenges, and life lessons learnt has taught me that life is not always fair, but it is good. I get to collaborate with amazing colleagues, and peers (including and not limited to cleaners, maintenance and engineering, Clown Doctors, Captain Starlight, volunteers, and healthcare workers) all contributing to the positive health outcomes of patients.

Acknowledging our team's contribution to our organisation's management of COVID-19, leading the contact tracing events, working in partnership with our Infectious Diseases and Executive Teams; we were effective, we did excellent work.

How do you like to relax and unwind? Any hobbies or interests you would like to share with us?

I take every opportunity to look up and watch clouds, my favourites are cirrus, cumulonimbus, and nimbostratus. I am a proud member of the cloud appreciation society (and a founding member of World Cloud Appreciation Day).

I ride to and from work most days, it helps to unwind. During the dark period of COVID, I was riding home through our local Mental Health hospital in the dark of night after a long day at work... it certainly changed my focus of the day. I ride in all types of weather, sometimes arriving home from work soaked through to the bone, it makes me laugh at myself.

I swim, a couple of times a week, following the black line. It keeps me grounded and I get to process ideas for work. When I feel overwhelmed with life in general, I swim, the only noise I hear is my breathing and the sounds of my kick.

Taking photos brings immense pleasure, I appreciate the memories made with people I care about and natural patterns in things. If you spend time with me long enough, I will grab you for a group photo.

I enjoy spending time attending to our old steel yacht (she was very neglected during COVID), we sailed her from Hobart to Sydney in 2009 when we moved back to Sydney. My partner and I get to spend time working on her, cruising out of the Sydney Heads, and I love the simplicity of dropping the anchor in Sydney Harbour, the view is amazing and rewarding.

Collaborating informally over the years with my paediatric IPC colleagues in other States sharing issues, ideas, and innovations. Prior to COVID, we had discussed the establishment of an ACIPC IPC Paediatric Special Interest Group (SIG). It is now coming to fruition and currently under development. I am looking forward to promoting the SIG to share information, knowledge, and ideas with ACIPC members interested in paediatrics IPC in 2025.

Paediatric



SIG Special Interest Group



OCTOBER LUNCH & LEARN WEBINAR

FROM BIG THINGS BIGGER
THINGS CAN GROW: OPTIMISING
OPPORTUNITIES TO MOVE
THE NEEDLE FOR INFECTION
PREVENTION AND CONTROL
POST-PANDEMIC



During IPC Week this year, we heard from Professor Ramon Shaban about optimising learning from the COVID-19 pandemic. Here is a summary of the webinar, which members can view on our website.

Established in 1986, IPC week promotes IPC awareness focussing on new themes annually. This year's theme is Moving the needle on infection prevention. IPC Week is where we celebrate our craft, our profession and what we do.

COVID-19 brought us many challenges, even though we knew a pandemic was probably coming. As we know, it began on the 25th of January 2020, when we had our first Australian case confirmed. On 18 March, the Australian Government declared a human biosecurity response, and isolation began. The 22nd of February 2021 saw the rollout of the vaccination program, and on 20 October 2023, the Australian Government declared the end of the emergency response.

COVID-19 has a disproportionate effect on particular populations, and arguably COVID and the infection more broadly has caused great harm to aged care residents, who are at significantly higher risk of severe disease and mortality following infection.

By late 2020, residents of aged care facilities comprised less than 1% of total cases in Australia, but accounted for over 75% of fatalities. In the Western Sydney Local Health District during 2020, outbreak management teams (OMTs) were deployed to coordinate infection prevention and outbreak control measures in residential aged care health services.

Our aged care colleagues, healthcare workers and residents faced challenges working out how to isolate those who were suspected of or confirmed with having COVID, setting up cohorts, and a whole range of mechanisms in very different circumstances. At the same time, we were all bombarded with media coverage which was relentless, as well as the daily press briefings from politicians and healthcare leaders.

In Western Sydney Local Health District, we set up Project HIRAIID® to assist RNs and care staff to assess residents for risks of COVID in systematic ways.

OCTOBER LUNCH & LEARN WEBINAR

HIRAID® - an overview

The program supports nurses in systematically assessing infection and other preventative adverse event risks in aged care residents using HIRAID® —a nursing assessment framework created by nurses for emergency departments (EDs). Although EDs and aged care settings differ, they share key similarities: nurses are central to both initial and ongoing patient care.

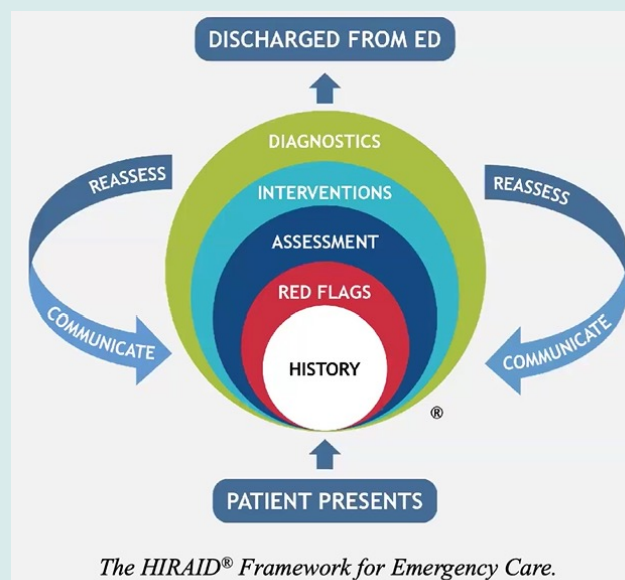
A significant number of ED patients are older Australians, often from aged care facilities, and as our population ages, their complex health needs are increasingly evident. Aged care residents frequently manage multiple chronic conditions such as heart disease, arthritis, and mental health issues, creating a growing demand for high-quality care.

The Royal Commission into Aged Care Quality and Safety emphasized these challenges, recommending minimum staffing standards and at least 200 minutes of direct care per resident daily, with 40 minutes by a registered nurse (RN). However, retaining and recruiting aged care staff remains a challenge, with the proportion of RNs in the sector declining over many years.

COVID-19 further highlighted the need for robust nursing frameworks, as RNs are responsible for the initial assessment and ongoing clinical management of residents with both acute and chronic conditions. Surprisingly, despite these critical roles, aged care has lacked systematic, evidence-based nursing assessment frameworks to guide RNs in evaluating resident health changes.

Using HIRAID® in a clinical trial emergency departments has resulted in:

- A 50% reduction in patient deterioration
- Improved accuracy, quality and quantity of nursing documentation
- Fewer treatment delays
- Decreased RN anxiety
- Cost benefit of \$1.9 million per hospital



Although EDs and aged care differ, they share important similarities—especially the pivotal role of RNs who lead patient care in both settings. Observing how critical RN practices are in EDs inspired me to consider adapting this approach for aged care.

Our ED study, funded by the NHMRC, has yielded promising early results. In 2022, after navigating the challenges of the 2021 lockdowns, I saw an opportunity to translate this evidence to aged care. I proposed the idea to Professor Kate Curtis, co-creator of HIRAID®, an ED nursing assessment framework, and we decided to apply for a Medical Research Future Fund grant to adapt this approach.



We successfully secured the grant, and I assembled a team of six aged care partners I'd worked closely with in Western Sydney. They were enthusiastic, having firsthand experience of our on-the-ground work during the pandemic, from configuring outbreak zones to managing vaccination rollouts.

Launched in early 2023, our HIRAID® Aged Care study has five main goals:

- to reduce resident deterioration events due to nursing care
- decrease clinically inappropriate transfers from aged care to ED
- minimise adverse events based on national quality indicators.
- improve resident and carer satisfaction with care and aged care
- to improve the completeness of nursing documentation and nurse satisfaction with handovers to other healthcare workers

Our study has engaged six partner agencies, including Gallipoli Healthcare, Minchinbury Manor, Opal Healthcare, UPA, Hardy, and Southern Cross Care, with 23 aged care facilities participating. Key collaborators include the Australian Commission on Safety and Quality in Healthcare and the Aged Care Quality and Safety Commission. In 2023, we adapted the HIRAID® framework from emergency departments to aged care through a Delphi process with industry experts. This year, we entered phase two: a stepped-wedge, cluster-randomized control trial to evaluate HIRAID®'s impact in aged care.

This study, like the original HIRAID® program, applies a behaviour-change framework focusing on motivation, capability, and opportunity. My experience supporting aged care staff during COVID inspired this approach. By working directly with teams to improve infection control measures, I observed the importance of providing tools, training, and support to help staff adapt and perform under challenging conditions.

This practical experience highlighted that motivation and capability, paired with real opportunities to practice, are essential for effective change.

The federal government's post-COVID emphasis on infection control led to new mandates requiring each aged care facility to have an infection control practitioner (ICP) onsite. However, these roles lack well-defined evidence and standards. Recognizing this, we initiated a project, GoPPRACH ICP, backed by an NHMRC grant, to establish evidence-based standards for infection control in aged care. The study has two streams: one focused on governance and core program elements and the other on setting practice and competency standards for ICPs.

This multi-phase project includes a literature review, current-state analysis, and a Delphi study to establish evidence-informed infection control protocols and standards. We'll consult directly with aged care facilities to understand existing infection control practices, challenges, and needs, engaging partners such as the Aged Care Quality and Safety Commission. Our goal is to create comprehensive standards that will support ICPs in aged care to work effectively, equipped with the necessary resources, training, and guidance.

Reflecting on this journey, I'm struck by the opportunities that emerged from the unprecedented challenges of the pandemic. Working directly in aged care settings during COVID gave me firsthand insight into the needs of residents and staff. Through collaboration, resilience, and a commitment to improving care, we've been able to develop initiatives that promise to elevate infection control standards across aged care. None of this would be possible without the support of a dedicated team at the University of Sydney and countless staff across the health and aged care sectors. It truly takes a village to drive impactful change, and together, we're making strides to shape a safer, more resilient future for aged care.

Aged Care Community of Practice Webinar

Organisms of concern – managing multi-resistant organisms (MRO) in aged care

11 DECEMBER 2024
12PM AEDT



ACIPC
Australasian College
for Infection Prevention and Control

with Carrie Spinks and
guest speaker Penny Radalj



LAST AGED
CARE CoP
WEBINAR
FOR 2024!

Topic: Organisms of concern – managing multi-resistant organisms (MRO) in aged care

Presenter: Carrie Spinks, ACIPC IPC Consultant

MRO are not necessarily managed the same way in aged care as they would be in the acute sector. This session will look at common aged care MRO infections and how the risk can be assessed and managed. We look at infection location and transmission means to apply (or not apply) IPC precautions. This will also help attendees with the management of non-MRO infections.

Our guest speaker will be Penny Radalj. Penny is a registered nurse with qualifications in critical care nursing and infection prevention and control. Her main area of clinical expertise is 15 years of acute cardiac nursing. She has worked as an IPC consultant for 12 years in a large regional health service, and now works for the Barwon South West Public Health Unit (BSW PHU). For the past three years, Penny has been leading the BSW PHU supporting the 74 public and private residential aged care facilities in the Barwon South West region to provide advice and review IPC and acute respiratory outbreaks through onsite visits and offsite communication.

The floor is open for comments, input and sharing ideas and concerns. Bring your phone to engage and participate in polls during the webinar.

To register for this webinar, please click [here](#)



AGED CARE CONNEXION FORUM

Have you checked out our Aged Care Connexion Forum yet?

ACIPC's online forums are the College's platform to facilitate communication, share ideas, seek advice from peers, and benefit from the experience of industry colleagues.

Our Aged Care Connexion Forum allows you to post and answer questions, subscribe to email notifications, and search online archives suitable to their specialty.

We invite those working in aged care (residential and home care) to join the Aged Care Connexion Forum and participate in IPC conversations and network with those in the industry.

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COVID-19 RESPONSE INQUIRY REPORT RELEASED

Outcomes of the inquiry into Australia's response to the COVID-19 pandemic have been released, identifying key issues and guiding recommendations for a successful pandemic response, with further recommendations for phased functions of the proposed Centre for Disease Control - these outcomes have an impact on Infection Prevention and Control (IPC) and IPC professionals.

The President of the Australasian College for Infection Prevention and Control (ACIPC), A/Prof Stéphane Bouchoucha, has highlighted that the inclusion of IPC expertise in the CDC structure is essential and that ACIPC is advocating for a dedicated IPC branch of the Centre.

“The review identified the need for the CDC to establish a public health surveillance system to operate at a national level, providing a comprehensive surveillance infrastructure that facilitates disease detection and monitoring,” he said. “Once established it recommends this system be expanded to include chronic and communicable disease surveillance. Communicable diseases have a major impact on the lives of Australians and such surveillance is the foundation of the work IPC professionals undertake.

“Surveillance and reporting activities aim to reduce the burden of disease and improve outcomes for individual and the community. Having reliable data on the prevalence of disease and infection within Australia will strengthen prioritisation and allocation of resources and enable infection prevention and control (IPC) innovations to reduce infections.

“The inquiry has stated “Working with the Department of Health and Aged Care, states and territories and the advice of relevant professional bodies, the CDC would be responsible for the development of best practice guidelines on infection prevention and control across a wide range of settings, including testing for and tracing of emerging diseases”. While this recognises the lack of IPC resources at a national level, there are no planned systems or infrastructure within the CDC to include IPC expertise, with the CDC indicating that IPC will remain the remit of the Australian Commission on Safety and Quality in Health Care.



“Given the lack of IPC expertise and acknowledgement of IPC as a specialist field within the CDC, the College has significant concerns about how outcomes recommended by the Inquiry will be achieved. IPC is an established discipline that influences and strengthens both health systems and community settings. It is vital that the CDC includes an IPC branch with key experts to provide a source of authority and leadership across the health and public sectors.”

Integrating IPC into the CDC is not only logical but imperative for safeguarding public health, optimising resources, fostering collaboration, demonstrating leadership in disease prevention and control and being fully prepared for the next pandemic.”

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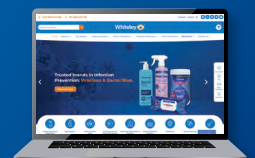
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BUG OF THE MONTH

Mycobacterium tuberculosis

Karen McKenna



What is it?

Mycobacterium tuberculosis (M. tuberculosis) is the bacterium that causes Tuberculosis (TB) an infectious disease that damages the lungs and other parts of the body¹. There are 2 types of TB, latent TB infection when someone is infected with TB but does not get sick and are not considered to be infectious, and active TB when someone is infected with TB and develops symptoms².

Symptoms of TB include a prolonged cough, fever and night sweats, chest pain, weakness, fatigue and unintended weight loss³. The incubation period from infection to reaction is about 3 – 9 weeks⁴.

In 2022 an estimated 10.6 million people became ill with TB globally, with 18% of these cases falling in the Western Pacific region³.

Multidrug-resistant TB

Multidrug-resistant TB (MDR-TB) is a form of TB that is resistant to rifampicin and isoniazid⁵. MDR-TB continues to spread due to person-to-person transmission and mismanagement of TB treatments, including inappropriate or incorrect use of TB drugs, ineffective formulations, poor quality medications or poor storage conditions and ending treatments early⁵.

How is it transmitted?

M. tuberculosis is primarily transmitted via the inhalation of aerosol particles that are produced by a person with pulmonary TB⁶.

At risk groups

People at increased risk of acquiring TB include, close contacts of an infectious TB case, healthcare workers who were born or have worked in countries with a high incidence of TB, people from countries with a high incidence of TB, recently returned travellers from high TB countries, and people who live in overcrowded conditions where TB cases occur⁷.



Key messages:

TB vaccination is not routinely provided.

The most effective prevention of transmission is early diagnosis and treatment.

Prevention

The most effective way to prevent transmission are public health measures of early diagnosis, treatment and contact tracing⁷.

While the bacille Calmette-Guérin (BCG) vaccine for TB does not prevent a person from TB infection, it can help in preventing severe or life-threatening TB². The BCG vaccine efficacy is more limited in adults compared to children, and it is recommended for children who live in areas where TB is prevalent, children travelling to areas where TB is common, and some healthcare workers^{8,9}.

People with pulmonary TB should be isolated at home or in hospital on airborne precautions, until they have had anti-TB therapy for 14 days and sputum smears are negative⁴ Local health departments will undertake contact tracing and provide advice as needed.

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4. Victorian Department of Health. Mycobacterial infections (tuberculosis). Victorian Department of Health Accessed 30 October, 2024. <https://www.health.vic.gov.au/infectious-diseases/mycobacterial-infections-tuberculosis#key-messages>
5. World Health Organization. Tuberculosis: Multidrug-resistant (MDR-TB) or rifampicin-resistant TB (RR-TB). WHO. 2024. [https://www.who.int/news-room/questions-and-answers/item/tuberculosis-multidrug-resistant-tuberculosis-\(mdr-tb\)](https://www.who.int/news-room/questions-and-answers/item/tuberculosis-multidrug-resistant-tuberculosis-(mdr-tb))
6. National Health and Medical Research Council (NHMRC). Australian Guidelines for the Prevention and Control of Infection in Healthcare. National health and Medical Research Council; 2019.
7. Tuberculosis. CDNA National Guidelines for Public Health Units (CDNA) (2022).
8. Health direct. Whooping cough. 2024;
9. Australian Technical Advisory Group on Immunisation (ATAGI). The Australian Immunisation Handbook. Australian Government Department of Health and Aged Care; 2022.

WHO 2024 TUBERCULOSIS REPORT

WHO today released its latest Global Tuberculosis Report, revealing TB remains the top infectious killer, with a record 8.2 million new diagnoses in 2023, up from 7.5 million in 2022. Although TB deaths fell slightly to 1.25 million, the disease continues to impact millions, with 10.8 million people becoming ill in 2023. India, Indonesia, China, the Philippines, and Pakistan account for over half of cases, while treatment gaps persist, especially for multidrug-resistant TB.

WHO Director-General Dr Tedros Adhanom Ghebreyesus urged countries to honour commitments to end TB, emphasising that effective tools to prevent, detect, and treat TB already exist.

“The fact that TB still kills and sickens so many people is an outrage, when we have the tools to prevent it, detect it and treat it,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “WHO urges all countries to make good on the concrete commitments they have made to expand the use of those tools, and to end TB.”

In 2023, the gap between estimated and reported TB cases narrowed to 2.7 million from 4 million in 2020-21, thanks to global recovery efforts post-COVID. TB preventive treatment coverage remains steady for people with HIV and is improving for household contacts. However, multidrug-resistant TB is still a crisis; treatment success reached 68%, yet only 44% of the estimated 400,000 MDR/RR-TB cases were diagnosed and treated.

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THE FULL
REPORT
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INFECTION CONTROL MATTERS PODCAST

Could you have an ERCP-related outbreak? Sequencing to the rescue but you'll have to trash the scope!

In this episode, Martin talks to Cansu Cimen, a researcher at University Hospitals Groningen in the Netherlands, about a recent paper that documents an outbreak and in particular the critical role of next-generation sequencing (NGS) in tracking and controlling the transmission of MDROs via contaminated duodenoscopes.

Focusing on an outbreak linked to ESBL-producing *Citrobacter freundii* and *Klebsiella pneumoniae* after endoscopic retrograde cholangiopancreatography (ERCP), standard culture methods failed to detect contamination. After many negative cultures using established methods, destructive dismantling of the implicated scope revealed contamination on hard-to-clean components, highlighting NGS as an effective tool for identifying pathogen transmission pathways.

Cimen C, Bathoorn E, Loeve AJ, Fliss M, Berends MS, Nagengast WB, et al. Uncovering the spread of drug-resistant bacteria through next-generation sequencing based surveillance: transmission of extended-spectrum beta-lactamase-producing Enterobacterales by a contaminated duodenoscope. *Antimicrob Resist Infect Control* 2024;13(1):31. <https://doi.org/10.1186/s13756-024-01386-5>.

Download the paper here:
https://pmc.ncbi.nlm.nih.gov/articles/PMC10924313/pdf/13756_2024_Article_1386.pdf



Reducing glove use in the ambulance service

In this episode recorded live at the IPS Conference in Birmingham UK in September 2024, Martin talks to Claire Fitzsimons, Senior Infection Prevention and Control Practitioner at the Northern Ireland Ambulance Service Health and Social Care Trust. We discuss a poster that she presented at the conference that looked at ways of reducing glove use in the ambulance service through a range of improvement methodologies.

<https://infectioncontrolmatters.podbean.com/e/reducing-glove-use-in-the-ambulance-service/?token=79496afef1b7b87df4107a8c54097d81>

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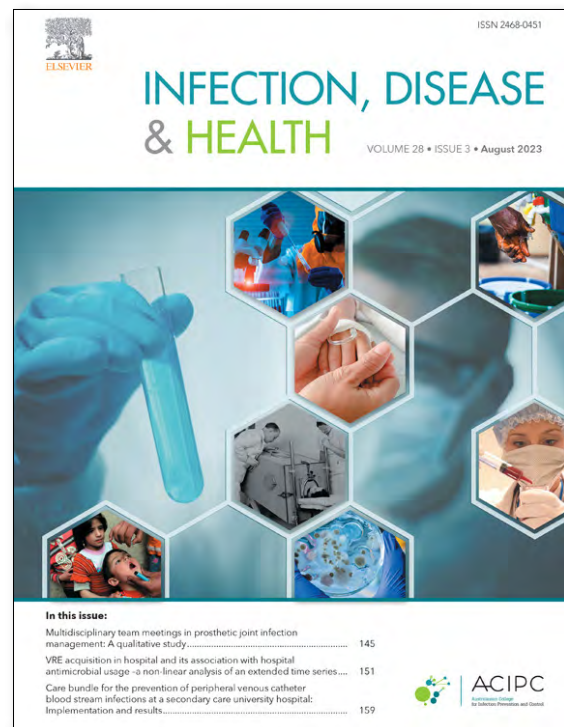


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Infection prevention and control professionals: Stress, resilience, personality traits and views about their workforce and profession

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Selected publications of interest

Clean Hospitals Corner With Alexandra Peters, PhD: The Issues Around Outsourcing

https://www.infectioncontroltoday.com/view/clean-hospitals-corner-alexandra-peters-phd-issues-around-outsourcing?utm_source=www.infectioncontroltoday.com&utm_medium=relatedContent

Oral Wellness Measures Show Mitigation in Hospital-Acquired Pneumonia

https://www.infectioncontroltoday.com/view/oral-wellness-measures-show-mitigation-hospital-acquired-pneumonia?utm_source=www.infectioncontroltoday.com&utm_medium=relatedContent

Study identifies flaws in disease surveillance

https://www.hospitalhealth.com.au/content/clinical-services/news/study-identifies-flaws-in-disease-surveillance-323661408?utm_campaign=13%2F11%2F2024%20Hospital%20Healthcare&utm_content=Study%20identifies%20flaws%20in%20disease%20surveillance&utm_term=&utm_medium=email&utm_source=Adestra

Biofilm removal assessed using an AECC and manual cleaning

<https://www.nanosonics.com.au/resources/customer-resources/clinical-resources-hub/biofilm-removal-assessed-using-an-aecc-and-manual-cleaning>

Mind the gap: knowledge, attitudes and perceptions on antimicrobial resistance, antimicrobial stewardship and infection prevention and control in long-term care facilities for people with disabilities in the Netherlands

<https://link.springer.com/article/10.1186/s13756-024-01415-3>

Co-design of a nurse handover tool to optimise infection control and antimicrobial stewardship in a low resource setting intensive care unit: A nurse led collaboration

<https://wellcomeopenresearch.org/articles/9-583>

Perspectives and awareness of environmental sustainability in the infection prevention and control community nationally

https://www.researchgate.net/publication/384712874_Perspectives_and_awareness_of_environmental_sustainability_in_the_infection_prevention_and_control_community_nationally



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