



ACIPC

Australasian College  
for Infection Prevention and Control

# IPC News

OCTOBER 2024

# ACIPC President

## Stéphane Bouchoucha

### Welcome to the October 2024 Edition of IPC News.



A few days ago, the Australian Government COVID-19 Response inquiry's findings were released in this [report](#). The College issued a press release and response to some of the findings, we call on the government to fully include IPC experts in the upcoming CDC. You can read the full statement [here](#).

Well, it is official, there are less than 60 sleeps before Christmas and just over 21 sleeps before we all come together at the ACIPC annual conference! I want to thank the organising committee chaired by Marija Juraya for putting together a program that will no doubt appeal to many infection prevention professionals.

The program really showcases the breadth of the profession, with sessions from acute care to aged care and veterinary care, there will be something for you whatever your IPC interest is. This year, we have also included a panel session with leaders in IPC from across the world, sharing challenges and highlights in their 'neck of the woods.' If you have not registered yet, you can register [here](#).

There are day options and online options if you are not able to travel to Melbourne, and the social calendar around the scientific conference is not to be missed.

With Melbourne being the home of the Australian Grand Prix, a Grand Prix theme for the dinner has been announced, and someone even shared with me (and apparently this is top secret) that we might have a prize for the best dinner outfit this year!

Earlier this month we launched the first Veterinary Foundations of IPC course. I am glad to see that such a course reaffirms the College's strategic direction of being a key

player in the One Health space, recognising the interconnectedness of human, animal and environmental health. It is pleasing to see that we have students from seven countries, really emphasising the need for such a course.

IPC week has just concluded, and we are announcing the winners of the competition we ran during IPC week in this issue of the newsletter. We had many entries, all of them of fantastic quality and it was extremely challenging to pick the winner!

On 6 November, we are also concluding the first iteration of the ACIPC mentoring program. It has been a big success and keep an eye out for the next program coming soon. We are also extending an invitation to mentors, mentees, and those interested in the 2025 program to participate in a workshop during the conference. You can find out more about this on page 6.

The College's AGM will be held during conference, on Tuesday 19 November from 5.15 – 5.45PM in Plenary 1, and it would be great to see as many members there as possible. Come along and have your voice heard, and hear about the College's operations and finances. If you are unable to attend in person, the meeting will be streamed on Zoom and the link sent to members to register prior to the meeting.

Don't hesitate to use the President's email address [president@acipc.org.au](mailto:president@acipc.org.au). I am looking forward to reading your emails.

Thank you for your continued support of ACIPC, until next month.

*Stéphane Bouchoucha*





# Contents

<b>ACIPC President</b>	<b>2</b>
<b>ACIPC International Conference</b>	<b>4</b>
- Conference Program	5
- Pre-conference workshops	6
- Mentoring Masterclass	7
- ACIPC BOOTH	8
- Social Events	9
- 2024 Pacific Region Conference Scholarship winners	10
- Conference Sponsors	12
- Exhibitors	13
<b>Notice of AGM</b>	<b>16</b>
<b>Seed Grant Recipients</b>	<b>17</b>
<b>Credentiailling</b>	<b>18</b>
<b>Aged Care Pre-Conference Workshop</b>	<b>19</b>
<b>Australia's First Standard Of Care For COPD</b>	<b>20</b>
<b>IPC Week</b>	<b>21</b>
<b>September Lunch &amp; Learn Webinar</b>	<b>26</b>
<b>Comparison Of Ipc Aged Care Guidelines</b>	<b>30</b>
<b>Bug Of The Month - <i>Escherichia Coli (E. Coli)</i></b>	<b>35</b>
<b>Infection Control Matters Podcast</b>	<b>37</b>
<b>Latest Articles from Infection, Disease &amp; Health</b>	<b>40</b>
<b>Selected Publications of Interest</b>	<b>41</b>



# ACIPC INTERNATIONAL CONFERENCE

## SUCCESSION, SUSTAINABILITY, AND THE ADVANCEMENT OF INFECTION PREVENTION AND CONTROL

**On behalf of the Board of Directors, it gives us great pleasure to invite you to attend the 2024 ACIPC International Conference.**

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

The conference is the peak event for infection prevention and control professionals (ICPs) in the region and includes Australasia's largest trade exhibition dedicated to showcasing IPC industry suppliers.

Delegates include nurses, IPC managers, and consultants, aged care workers, scientists, academics, educators, policymakers, medical practitioners, hospital managers, and those responsible for managing and delivering IPC programs in non-healthcare settings.

**More information regarding the conference including invited speakers, social events, and engagement initiatives can be found on the conference website [here](#).**

### Registration

This year's conference will feature new registration categories designed to make attendance easier for delegates whether joining us in Melbourne or online.

**These initiatives include:**

- **Onsite Shared Registrations:**  
This option grants access for three individuals to attend, with each person allotted a single-day entry, allowing multiple team members to benefit from the event without separate registrations.
- **Online Day Registration:**  
Attendees can choose specific conference days aligning with their interests, focusing on sessions most relevant to their professional goals.
- **Dinner Inclusive Registrations:**  
Delegates can opt to include dinner with their registration, customising their conference experience according to their preferences.

An early registration discounted fee will be offered and will be available until the 8th of October 2024.

**You can find out more about conference registration [here](#).**

17-20 NOV 2024

MELBOURNE CONVENTION  
AND EXHIBITION CENTRE,  
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**CLICK HERE  
FOR THE  
PRELIMINARY  
PROGRAM**

## **CONFERENCE PROGRAM**

**The preliminary program for the 2024 ACIPC International Conference is now available.**

For onsite attendees, the scientific program will be complemented by a comprehensive social program, commencing Sunday evening with pre-conference drinks hosted by College President Stéphane Bouchoucha.

For online attendees, all conference-invited speakers and free paper sessions will be live-streamed, with recorded content available for viewing on demand for 3 months following the conference.





# ACIPC INTERNATIONAL CONFERENCE

## SUCCESSION, SUSTAINABILITY, AND THE ADVANCEMENT OF INFECTION PREVENTION AND CONTROL

### PRE-CONFERENCE WORKSHOPS, SUNDAY 17TH NOVEMBER.

#### Aged Care

*Sunday, 10:00AM – 5:00PM*

The 2024 ACIPC Aged Care Workshop aims to immerse in-person and online delegates in an interactive experience. This year's workshop will feature a total focus on engagement, hands-on learning, collaboration and feedback, rather than presentation only.

***The day will include three different workshop sessions:***

- Navigating surveillance in aged care
- AMS implementation in aged care
- Animals in health care.

The Aged Care Workshop is targeted to those involved in, responsible for, or interested in aged care IPC. All graduates of the ACIPC Foundation of Infection Prevention and Control course receive ACIPC educational membership, and will once again receive free registration to the workshop (online). Delegates attending in-person and online must register.

We look forward to welcoming all delegates and collaborating on this interactive learning experience

#### Let's rein in blood stream infection from vascular catheters!

*Sunday, 10:00AM – 5:00PM*

This pre-conference workshop will delve into infection prevention strategies, focussing on bloodstream infections caused by vascular catheters.

#### ***Organisers***

AVATAR/AVAS, with support from Solventum

#### ***Solventum guest speaker:***

##### ***Dr Evan Alexandrou***

Evan Alexandrou is a Clinical Associate Professor at the University of Wollongong and a Clinical Nurse Consultant in the ICU at Liverpool Hospital, where he heads the renowned Central Venous Access Service.

#### ***Fellow presenters***

Andrew Stewardson, Claire Rickard, Diana Egerton-Warburton, Gillian Ray-Barruel, Jessica Schults, Rebecca McCann, Josie Lovegrove, Sam Matthias.

#### **Leadership & mentoring**

*Sunday, 10:00AM – 5:00PM*

This workshop will feature presentations to empower IPC professionals to maintain resilience, explore emotional intelligence, leads high-performing teams, and become more effective leaders.

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LIMITED  
SPOTS  
AVAILABLE!  
**Register Now**

***Chaired by Marija Juraja and Carol O'Sullivan, we will be hearing from presenters:***

John Dare, Angela Giacomos, Kathy Dempsey, Liam Caswell, Sue Hawes, Anthony McGillion and David Stanley.

### ***About the Sessions***

Sessions will cover the link between emotional intelligence and healthcare performance, challenges of being a leader in times of turmoil, self-regulation practices to enhance personal wellbeing and better team and patient outcomes, the role of effective leadership and clinical governance in risk mitigation, and how to become a congruent leader.

### **Mentoring Masterclass**

***Wednesday, 11:15AM - 2:35PM***

Don't miss this exclusive in-person Masterclass at the ACIPC Conference. This session is open to those who participated in the 2024 mentoring program, and those interested in the 2025 program. Please note you must be a registered conference attendee.

### ***About the Session***

Led by Gina Meibusch, Chief Research and Development Officer at Art of Mentoring, this Masterclass is a rare opportunity to deepen your mentoring skills. With over 12 years of experience and multiple accreditations from the European Mentoring and Coaching Council,



Gina brings a wealth of knowledge to help you create impactful mentoring relationships. The session will begin with a 20-minute refresher for participants who haven't mentored this year, followed by advanced discussions and practical exercises. Key topics include:

- Exploring the latest theories and techniques for effective mentoring
- Sharing practical tools and solutions for real-world mentoring challenges
- Developing a personalised growth plan as a mentor.

***Please note*** that this event will not be available online and will not be recorded. Ensure you're registered for the ACIPC conference.



# ACIPC INTERNATIONAL CONFERENCE

## SUCCESSION, SUSTAINABILITY, AND THE ADVANCEMENT OF INFECTION PREVENTION AND CONTROL

### ACIPC BOOTH

**Come and say hello to the ACIPC team at booth 25-26! We're in the back right hand corner next to the Juice Cart.**

Chat with our team and committee members. Learn more about our wide range of education options and how they can help you further your IPC career.

You'll also have the opportunity to have Coffee with Carrie!\*

Come along and meet Carrie Spinks, ACIPC IPC Consultant and our aged care guru.

*\*please BYO your beverage of choice!*





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**SOCIAL EVENTS**

**Don't miss the chance to unwind, network  
and have fun with industry colleagues.**

**Be quick, events are filling fast!**

**Pre-conference drinks, hosted by ACIPC  
President Stéphane Bouchoucha**

**Date** Sunday 17 November

**Time** 17:00 - 18:30

**Venue** Level 3, Melbourne Room Foyer

**Cost** Inclusive for delegates

**Networking breakfast**

**Date** Monday 18 November

**Time** 08:00 - 08:45

**Venue** Exhibition & Poster Viewing,  
Melbourne Room

**Cost** Inclusive for delegates

**Welcome reception, sponsored by  
Rhima Australia**

**Date** Monday 18 November

**Time** 16:55 - 18:30

**Venue** Exhibition & Poster Viewing,  
Melbourne Room

**ACIPC Gala Dinner and Awards  
Presentation Night**

**Date** Tuesday 19 November

**Time** 19:00 - 23:59

**Venue** Sovereign Room, Melbourne  
Convention and Exhibition Centre

**CLICK HERE  
TO  
REGISTER**

**Some of the conference guest speakers will  
also be stopping by to chat with members:**

**Jessica Dangles**

**Francette Geraghty-Dusan**

**Professor Breet Mitchell AM**

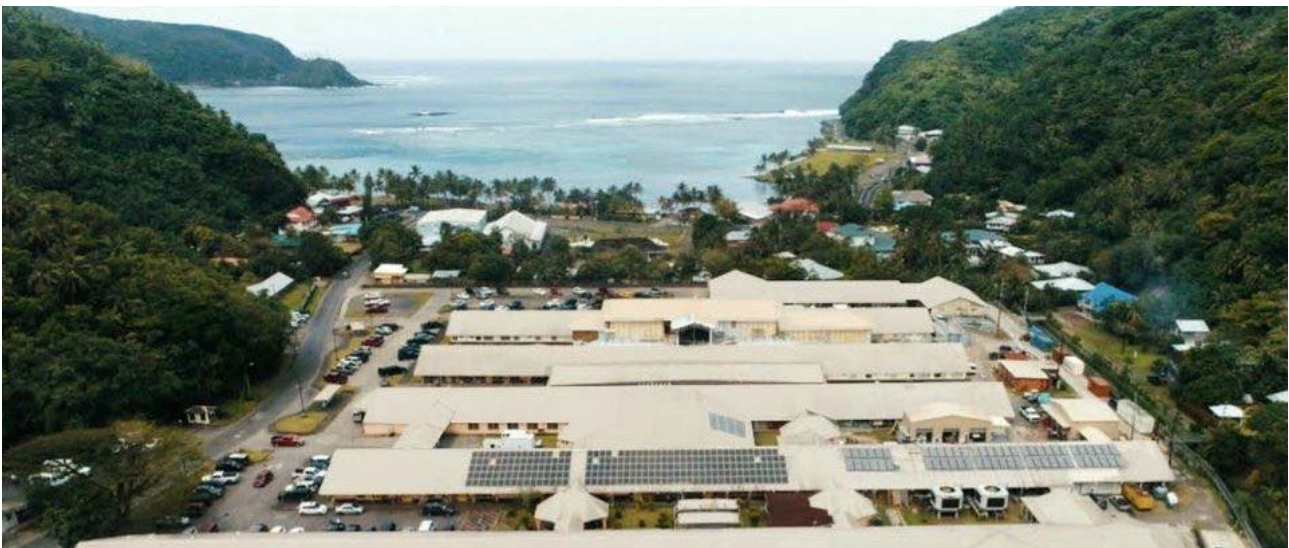
**Carrie Spinks**

Follow us on social media for more about  
dates and times speakers will be available.



# ACIPC INTERNATIONAL CONFERENCE SUCCESSION, SUSTAINABILITY, AND THE ADVANCEMENT OF INFECTION PREVENTION AND CONTROL

## 2024 PACIFIC REGION CONFERENCE SCHOLARSHIP WINNERS



### **Katie Desobry**

My name is Katie Desobry. I was recently hired as the Director of Infection Prevention at LBJ Tropical Medical Center in American Samoa. I have a strong background in the US healthcare system and have worked in Infection Prevention for the past decade, but this new position challenges me to address the unique infection prevention needs of a South Pacific Island healthcare system. I lead the Environmental Services, Laundry, and Infection Prevention departments, all working together to strengthen our 150-bed hospital's infection prevention efforts and build local capacity. To me, attending the ACIPC conference is an invaluable opportunity to network and gain region-specific insights and solutions

to infection prevention challenges that I am facing. My primary hope in attending the conference is to enhance my understanding of local infection prevention issues and learn about successful strategies from other island healthcare systems.

I am particularly interested in improving our real-time surveillance and outbreak detection at LBJ Tropical Medical Center. By gaining new perspectives and building connections with other infection prevention professionals, I really hope I can refine and advance our infection control practices, ultimately leading to better patient safety and outcomes in American Samoa.

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### **Savneel Shivam Kumar**

My name is Savneel Shivam Kumar, and I am currently the Team Leader Infection Prevention and Control Department at the Colonial War Memorial Hospital, Fiji's largest and main referral hospital. I have a Bachelor's in Nursing and a Foundations in Infection Prevention and Control attained through the Australasian College for Infection Prevention and Control. I have 12 years of nursing experience including medical/stress management, surgical pre and post operative nursing, bed/admission management and the Infection Prevention and Control Department where I lead the IPC team to ensure patient safety and quality care by advocating infection prevention

and control standards while striving to reduce healthcare-associated infections in the hospital.

One of the major objectives of my abstract submitted to the ACIPC conference 2024 includes establishing the best and most practical solutions to surveillance, prevention and control methodologies on Carbapenem-resistant organisms in Colonial War Memorial Hospital. These methodologies will assist other middle and low-income countries to adopt and overcome common impacting attributes. I am eager to attend the ACIPC Conference 2024 to gain valuable insights into the latest advancements and best practices in infection prevention and control. I hope to learn about emerging trends, innovative strategies, and evidence-based approaches to combatting antimicrobial resistance and healthcare-associated infections. Additionally, I am keen to network with other IPC professionals, share experiences, and learn from their expertise.

By attending this conference, I aim to enhance my knowledge and skills, ultimately contributing to improving patient safety and outcomes within my organization in Fiji.



# ACIPC INTERNATIONAL CONFERENCE

## SUCCESSION, SUSTAINABILITY, AND THE ADVANCEMENT OF INFECTION PREVENTION AND CONTROL

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## EXHIBITORS



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### EXHIBITORS





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## EXHIBITORS





# NOTICE OF AGM

**Notice of Annual General Meeting  
Australasian College for Infection Prevention and Control Ltd  
(ACIPC)  
ABN 61 154 341 036**

Dear Member,

Notice is hereby given that the Annual General Meeting of the Australasian College for Infection Prevention and Control Ltd will be held on Tuesday 19 November commencing at 5:15 pm (AEDT) at the Melbourne Convention and Exhibition Centre. The meeting will be streamed on Zoom and Members will be sent registration details prior to the meeting.

**On the website you can read:**

- the agenda
- the minutes of the last Annual General Meeting
- the proxy appointment form

**[Click here to go to the website](#)**

**At the AGM members will have the opportunity to:**

- find out about the College's operations and finances
- ask questions about the College's operations and finances
- speak about any items on the agenda
- vote on any resolutions proposed

**At the meeting members will be asked to vote on resolutions to:**

- accept the minutes of the last Annual General Meeting
- accept the annual report
- accept the auditor's report and annual financial statements
- appoint an auditor
- appoint Directors

**Appointment of Directors**

Eligible members were invited to nominate for the Board by the 30 September 2024.

Regards,

**Stéphane Bouchoucha**  
President, ACIPC Ltd



# SEED GRANT RECIPIENTS

## Dr Amanda Corley

A key strategy focus of the College is to enable members to identify areas for research that will lead to improved knowledge, evidence-based education and practice, and improved outcomes. In alignment with this strategy, the College provides opportunities for our members to undertake research with the assistance of research grants.

**We are excited to announce the recipient of the Seed Research Grant for 2024/25, Dr Amanda Corley.**

**Griffith University and Royal Brisbane and Women's Hospital.**

***"Invasive medical device utility and harm: a point prevalence study"***

## A Complete and Innovative Surgical Rub, Scrub and Medicated Wash offer

Carefully developed for frequent surgical and clinical use by healthcare professionals.

### ALCOHOL-BASED SURGICAL RUBS

- Skinman Soft Protect and Skinman 90 have 90 and 120 second protocols with improved clinical outcomes
- Skinman Soft Protect contains skin care and nourishing ingredients that protect hands and skin
- Skinman Soft Protect and Skinman 90 are registered in the ARTG; Skinman Soft Protect AUST R 371740, Skinman 90 AUST R 195543



### SURGICAL AND MEDICATED WASH

- Microguard 475 and Microguard 404 are 3 minute antiseptic surgical scrub solutions which are gentle on hands for improved compliance
- Microguard 402 is a clinical hand and body wash
- Microguard 475, Microguard 404 and Microguard 402 are registered in the ARTG; Microguard 475 AUST R 203573, Microguard 404 202697, Microguard 402 220663



PLEASE SPEAK TO YOUR HEALTHCARE MANAGER ON **0800 425 529** FOR FURTHER INFORMATION

ECOLAB HEALTHCARE ANZ  
2 Drake Avenue, Macquarie Park, NSW 2113  
T: 1300 425 529

[www.healthcare-au.ecolab.com](http://www.healthcare-au.ecolab.com)

ECOLAB HEALTHCARE ANZ  
4B Pukekiwiriki Place, East Tamaki, Auckland 2013, New Zealand  
T: 0800 425 529

[www.healthcare-nz.ecolab.com](http://www.healthcare-nz.ecolab.com)

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October 2024





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## CREDENTIALLING

### Renee Strotton

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

**Advanced Re-Credentialling; Renee Strotton**

*For information on how you can become credentialled, [visit the ACIPC website.](#)*

FOR MORE  
INFORMATION  
**CLICK HERE**

# AGED CARE PRE-CONFERENCE WORKSHOP

**Sunday 17 November 10.00am – 5.00pm**

The 2024 ACIPC Aged Care Workshop aims to immerse in-person and online delegates in an interactive experience. This year's workshop will feature a total focus on engagement, hands-on learning, collaboration and feedback, rather than presentation only.

The workshop will be opened by ACIPC President A/Prof Stéphane Bouchoucha, followed by a brief overview of the ACIPC Aged Care Strategy.

**The day will include three different workshop sessions, targeting topics that are on the forefront of IPC change in aged care.**

1. ***Navigating surveillance in aged care*** will kick off the first workshop. Delegates will review aged care surveillance and current research outcomes, undertaking collaborative activities and discussions to enhance surveillance understanding and knowledge.
2. A team from the Aged Care Quality and Safety Commission will facilitate the second workshop, ***AMS implementation in aged care***. Discussions will focus on AMS SAT, working with various AMS tools, and exploring strategies to achieve sustained improvements.
3. The final workshop is ***Animals in health care***, which connects with the principles of 'person-centred care.' Using the guide *Safe Animal Friendly Environments* (University of South Australia), the audience will be on an interactive journey to embrace, enable, and manage animals in aged care.

The Aged Care Workshop is targeted to those involved in, responsible for, or interested in aged care IPC. All graduates of the ACIPC Foundation of Infection Prevention and Control course receive ACIPC educational membership, and will once again receive free registration to the workshop (online). Delegates attending in-person and online must register.

**We look forward to welcoming all delegates and collaborating on this interactive learning experience.**

## AGED CARE IN THE MAIN CONFERENCE

**In addition to the aged care workshop, aged care has three dedicated sessions.**

### Session topics include:

- Aged care governance: advancing IPC in aged care
- Sustaining the IPC in aged care community and facility care
- Antimicrobial stewardship

**There is further a plenary session with presenter Prof Lisa Hall:**

- Succession, sustainability, and advancement of IPC in aged care

For more information visit  
[acipcconference.com.au](https://acipcconference.com.au)  
or scan the QR code



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October 2024

19

# AUSTRALIA'S FIRST STANDARD OF CARE FOR COPD

**The Australian Commission on Safety and Quality in Health Care have released the Chronic Obstructive Pulmonary Disease (COPD) Clinical Care Standard.**

Released on 17th October 2024, the standard aims to address the gaps around COPD care in Australia. The standard provides a framework for best practice care in community and acute settings, that focuses on accurate diagnosis, optimised therapy and reduced hospitalisation rates, as well as increased considerations of palliative care needs for people with COPD.

Endorsed by 20 peak health bodies, including ACIPC, the Thoracic Society and Lung Foundation Australia, the standard aligns with best practice guidelines to provide healthcare services with 10 quality statements and a set of indicators to support the implementation of the standard, and to provide high quality care to patients,

By implementing this standard, the Commission hopes to reduce the burden of COPD, prevent hospitalisations and improve outcomes for people with COPD.



View the  
Standard  
**HERE**

### IPC Week in October is a great opportunity to shine a light on infection prevention and control, and the crucial role IPC professionals play in keeping the public safe and healthy.

This year's theme was 'Moving the Needle on Infection Prevention,' and ACIPC co-branded with the Association for Professionals in Infection Control and Epidemiology (APIC) to outline five areas of focus:

- Professional development
- Healthcare worker safety
- Patient safety
- Public health preparedness
- IPC in all settings

We hope you enjoyed the resources we produced, and it was great to see the photos of people celebrating IPC Week across the country and worldwide.

Our IPC Week winners were Lismore Base Hospital, who celebrated in style with a special visit from Sterri-Matt's IPAC-themed mascot, Percy PPE, making his debut appearance in Australia! Congratulations to the team at Lismore Base Hospital, who received a copy of Healthcare-Associated Infections in Australia.





# Take a look at how our competition entrants celebrated IPC Week 2024.

## Lismore Base Hospital (winners)



## Birmingham Healthcare Trust, Moseley Hall Hospital, England



## Catholic Healthcare





Central Gippsland Health



Corowa Health Service



Central Queensland Hospital and Health Service

**THANKYOU WMPHS OSO TEAM FOR HELPING US**

**Break the chain of infection**

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Macquarie Hospital Campus





## Mental Health Drug and Alcohol



17 OCTOBER THURSDAY  
Macquarie Hospital  
Piccolo Me Café Courtyard  
10.30-12.30 hrs

Schulke / SC Johnson / Whiteley  
Gloves in a Jar / Hole in One /  
Q & A playing cards  
Schulke: Here to Win It



## Northern Sydney Local Health District: Hornsby Ky-ring-hai Hospital Brookvale Safe Haven



## Northern Beaches Community Mental Health Services



## Rural Northwest Health





Royal North Shore Hospital



Racecourse and Peninsula Grange Mornington



St John of God Berwick Hospital



South West Healthcare



Worrabina Hospital







# OCTOBER LUNCH & LEARN WEBINAR

This month we learned about indoor air quality with Distinguished Professor Lidia Morawska.

*Here is a summary of the webinar, which members can view on our website.*



## Indoor air: sources, pollutants and impacts

Indoor air is a dynamic mix of pollutants, with complex physical, chemical and microbiological properties.

Indoor quality is affected by sources we operate or introduce, conditions we create for biological agents, pollution from outside, and directly from ourselves. Factors affecting concentrations of indoor pollutants include:

- Meteorological conditions
- Outdoor pollution
- Building characteristics
- Ventilation rates
- Indoor air sources
- Air mixing
- Indoor pollutant sinks
- Air cleaners

We ourselves are a source of respiratory particles, we have respiratory fluids, and from the fluid particles are formed during all our respiratory activities, and emitted through the mouth and nose. Particles from respiratory activity travel in the air through flow dynamics.

The majority of particles are smaller than 1 micrometre and the vast majority are smaller than 10 micrometres. Such small particles are light and can stay suspended in the air for a long time and travel long distances.

All respiratory activities (including breathing) generate particles, but vocalisation generates higher emissions than other activities.

### Virus in the particles:

- Overall, smaller particles contain higher loads of virus
- Smaller particles are generally from deeper parts of the respiratory tract
- Larger particles tend to contain less virus, as they originate from the mouth
- Therefore, breathing and speaking are the main source of small, virus-laden particles.

### Different pollutants can have health impacts on every area of our bodies, including:

- Allergy and other effects on the immune system
- Cancer and effects on reproduction\ respiratory effects
- Irritable effects on skin and mucous membranes oy eyes, nose and throat
- Sensory effects on nervous system
- Effects on cardiovascular system.

The impacts of air pollution can also be financial, and even affect a country's GDP. Particulate matter also accounts for a high rate of DALY (Attributable disability-adjusted life years) in most countries.

## **Indoor air quality guidelines and standards Guidelines:**

These guidelines importantly refer to both indoor and outdoor air quality. Most countries don't yet meet the WHO guidelines, but Australia is not far behind. In addition, interim targets serve as benchmarks to support countries as they work towards achieving the WHO air quality guidelines concentration levels.

## **Standards:**

An air quality standard is a level of air pollution which is promulgated by a regulatory authority and adopted as enforceable. We have air quality standards for outdoor air quality (emission standards for vehicles and industry, and air quality performance standards with monitoring stations across Australia). However for indoor air we have only National Construction Codes, we do not have performance standards or monitoring.

In many cases we find that indoor air quality is worse than outdoors. Why can't we monitor indoor air the same way we monitor outdoor air?

1. Every indoor space is different, so monitoring is necessary in every public indoor space.
2. We cannot use bulky and expensive compliance monitors for every indoor space.
3. The pathogens responsible for the transmission of indoor airborne infections cannot yet be routinely monitored in real-time.

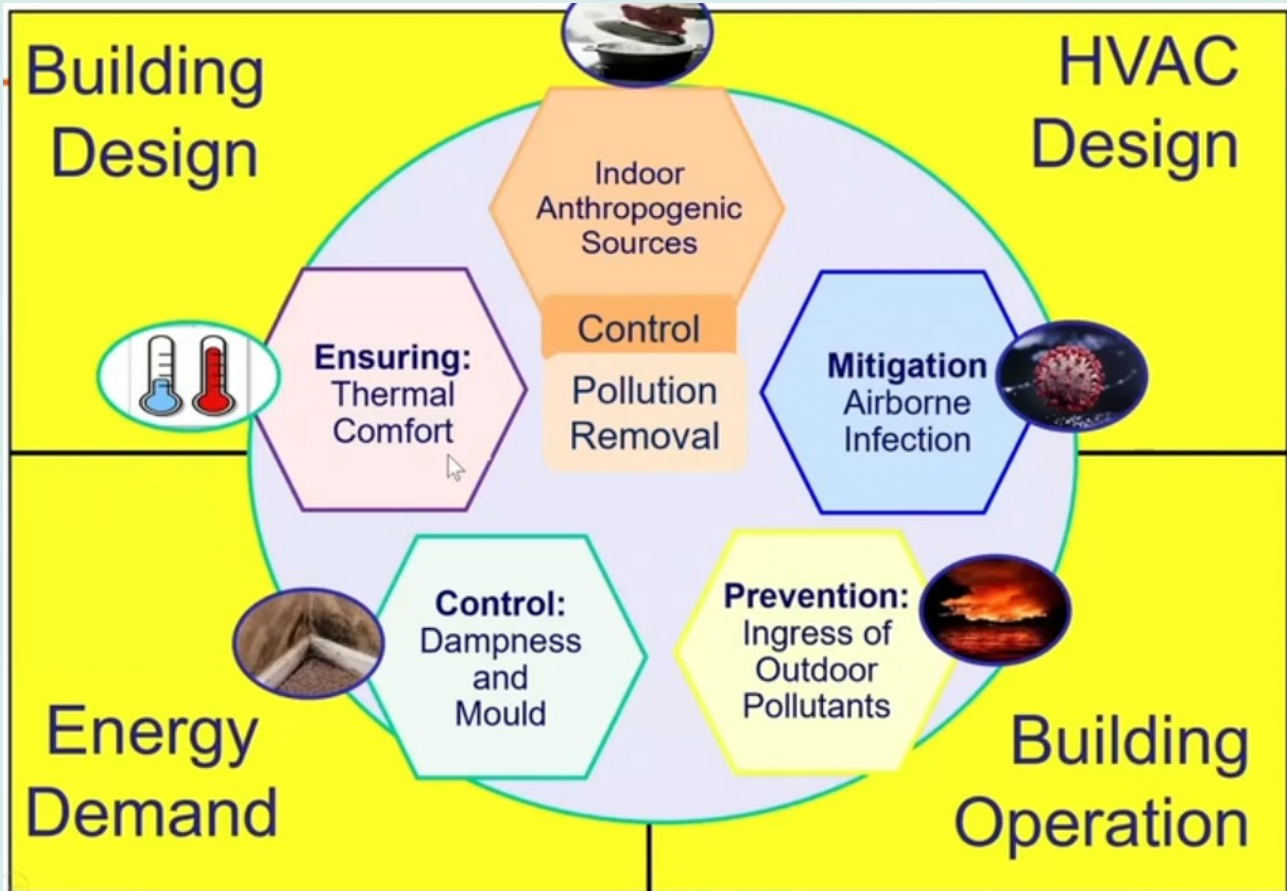
**CLICK HERE  
TO VIEW  
GUIDELINES**

## **Proposed indoor air quality regulations**

We must take the complexity of the indoor environment into consideration, and balance design, operations and energy demands.

Following the 2023 Parliamentary inquiry into long COVID, the Standing Committee recommended the Australian Government establish and fund a multidisciplinary advisory body including ventilation experts, architects, aerosol scientists, industry, building code regulators and public health experts to:

- Oversee an assessment of the impact of poor indoor air quality and ventilation on the economy with particular consideration given to high-risk settings such as hospitals, aged care facilities, childcare and educational settings
- Which would lead the development of national indoor air quality standards for use in Australia.



Although this is still yet to happen, we are working towards it, and have developed a blueprint for how to mandate indoor air quality, with the below proposed IAQ standards:

	Level	Averaging time or setpoint
PM <sub>2.5</sub> , µg/m <sup>3</sup>	15 <sup>(i)</sup>	1-hour
	800 (absolute value) <sup>(ii)</sup>	threshold
CO <sub>2</sub> , ppm	350 (delta) <sup>(iii)</sup>	threshold
	100 <sup>(iv)</sup>	15 minutes <sup>(iv)</sup>
CO, mg/m <sup>3</sup>	35 <sup>(iv)</sup>	1 hour <sup>(iv)</sup>
	10 <sup>(iv)</sup>	8 hours <sup>(iv)</sup>
Ventilation (L/s/person)	14 <sup>(v)</sup>	When the space is occupied

(i) 2021 AQG 24-h level; (ii) when 100% of air delivered to the space is outdoor air, assuming that outdoor CO<sub>2</sub> concentration is 450ppm. It is calculated based on a classroom scenario as described in the Supplement; (iii) Delta (Δ) is the difference between the actual CO<sub>2</sub> concentration and the CO<sub>2</sub> concentration in the supply air (iv) 2010 IAQG level; only including the 8h averaging time; (v) clean air supply rate in the breathing zone, where clean air is as defined earlier in section 3 (Allen et al. 2022). At 25°C and 1 atm (standard atmospheric pressure) for CO 1 ppb = 1.15 µg/m<sup>3</sup>. Threshold is the concentration level of CO<sub>2</sub> that must not be exceeded.

For more information and to read the blueprint, [click here](#).



# OCTOBER LUNCH & LEARN WEBINAR

## What can we do (practically) to improve indoor air quality?

It's not as simple as just opening a window!

### In the short term it is necessary to:

- Increase awareness of the consequences of indoor air pollution and the benefits of clean air among all levels of society
- Conduct large-scale surveys to understand the scale and magnitude of indoor air pollution
- Apply existing science and technologies to improve indoor air quality.

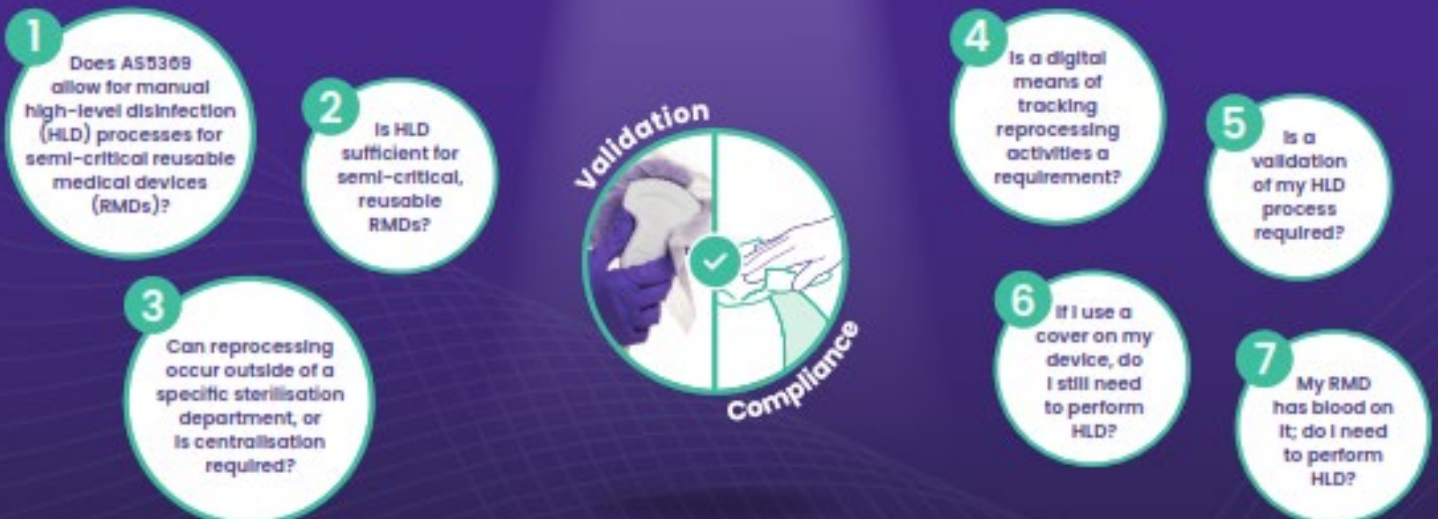
### In the long term it is necessary to:

- Introduce performance regulations to safeguard indoor air quality
- Design buildings according to standards that include protection against indoor air pollution from indoor and outdoor sources, in the context of local climates and climate change, while maximising energy efficiency.

Our goal is to make clean, healthy indoor air the norm!

## Unsure how your disinfection products and practices fit into the new standard?

The implementation of AS5369:2023 requires healthcare professionals to understand the requirements for reprocessing RMDs as they transition to the new Standard. Tristel answers some commonly asked questions.







# COMPARISON OF IPC AGED CARE GUIDELINES

Earlier this year, the Australian Commission on Safety and Quality in Health Care (ACSQHC) released its Aged Care Infection Prevention and Control (IPC) Guide.

The Commission developed the Guide to support implementation of the strengthened Aged Care Quality Standards and to supplement the Australian Guidelines for the Prevention and Control of Infection in Healthcare for those providing care for older people.

ACIPC has received feedback from the industry raising concerns about the differences between the Aged Care IPC Guide, the Communicable Diseases Network Australia (CDNA) Guidelines and the Australian IPC Guidelines. In response we have compiled a comparison resource to help in understanding the main differences.

Aged Care Infection Prevention & Control Guide (Australian Commission on Safety and Quality in Health Care, 2024)	Australasian Guidelines for Infection Prevention & Control in Healthcare (NHMRC, 2019)
<p><b>4 transmission-based precautions terms:</b></p> <ul style="list-style-type: none"> <li>• Contact precautions</li> <li>• Respiratory precautions</li> <li>• Combined contact &amp; respiratory precautions</li> <li>• Combined contact &amp; respiratory (PFR) precautions</li> </ul>	<p><b>5 transmission-based precautions terms:</b></p> <ul style="list-style-type: none"> <li>• Contact precautions</li> <li>• Droplet precautions</li> <li>• Contact and Droplet Precautions</li> <li>• Airborne precautions</li> <li>• Contact and Airborne Precautions</li> </ul>
<p><b>PPE:</b></p> <p><b>Contact precautions:</b></p> <ul style="list-style-type: none"> <li>• Gown &amp; gloves</li> </ul> <p><b>Respiratory precautions:</b></p> <ul style="list-style-type: none"> <li>• Respiratory - surgical mask, eye protection</li> </ul> <p><b>Combined contact &amp; respiratory precautions:</b></p> <ul style="list-style-type: none"> <li>• Contact and respiratory: surgical mask, eye protection, gloves &amp; gown</li> <li>• Contact and respiratory with PFR: PFR, eye protection, gloves &amp; gown</li> </ul> <p><b>PFR risk assessed.</b></p>	<p><b>PPE:</b></p> <p><b>Contact precautions:</b></p> <ul style="list-style-type: none"> <li>• Gown &amp; gloves</li> </ul> <p><b>Droplet precautions</b></p> <ul style="list-style-type: none"> <li>• Surgical mask, eye protection</li> </ul> <p><b>Airborne precautions</b></p> <ul style="list-style-type: none"> <li>• N95/P2 mask, eye protection</li> </ul> <p><b>Combined contact &amp; droplet precautions</b></p> <ul style="list-style-type: none"> <li>• Surgical mask, eye protection, gloves &amp; gown</li> </ul> <p><b>Combined contact &amp; airborne precautions</b></p> <ul style="list-style-type: none"> <li>• N95/P2 mask, eye protection, gloves &amp; gown</li> </ul>
<p><b>PPE signage:</b></p> <p><b>Contact precautions:</b></p> <ul style="list-style-type: none"> <li>• Contact precaution poster</li> </ul> <p><b>Respiratory precautions:</b></p> <ul style="list-style-type: none"> <li>• Droplet precautions poster</li> </ul> <p><b>Combined contact &amp; respiratory precautions:</b></p> <ul style="list-style-type: none"> <li>• Contact and droplet precautions poster</li> </ul> <p><b>Combined contact &amp; respiratory (PFR) precautions:</b></p> <ul style="list-style-type: none"> <li>• Contact and airborne precautions poster</li> </ul>	<p><b>PPE Signage:</b></p> <p><b>Contact precautions:</b></p> <ul style="list-style-type: none"> <li>• Contact precaution poster</li> </ul> <p><b>Droplet precaution:</b></p> <ul style="list-style-type: none"> <li>• Droplet precautions poster</li> </ul> <p><b>Contact and droplet precautions:</b></p> <ul style="list-style-type: none"> <li>• Contact and droplet precautions poster</li> </ul> <p><b>Airborne precautions:</b></p> <ul style="list-style-type: none"> <li>• Airborne precautions poster</li> </ul> <p><b>Contact and airborne precautions:</b></p> <ul style="list-style-type: none"> <li>• Contact and airborne precautions poster</li> </ul>



Aged Care Infection Prevention & Control Guide (Australian Commission on Safety and Quality in Health Care, 2024)	Australasian Guidelines for Infection Prevention & Control in Healthcare (NHMRC, 2019)
<p><b>PFR use:</b></p> <ul style="list-style-type: none"> <li>• PFRs only required in high-risk situations - aerosol-generating procedure for an older person diagnosed or suspected of a respiratory infection- administration of a nebulised medicine and suctioning.</li> <li>• In unusual and higher risk situations a PFR might be required IF advised by the IPC Lead following completion of a risk assessment.</li> </ul>	<p><b>PFR use:</b></p> <ul style="list-style-type: none"> <li>• N95/P2 required for all airborne transmission organisms</li> </ul>
<p><b>PFR fit testing:</b></p> <ul style="list-style-type: none"> <li>• Fit testing and checking are recommended to support the use of PFRs.</li> <li>• Refer to national guidelines</li> </ul>	<p><b>P2 Respirator fit testing</b></p> <ul style="list-style-type: none"> <li>• State/territory jurisdictional requirements and risk assessment.</li> </ul>
<p><b>Mask terms:</b></p> <ul style="list-style-type: none"> <li>• Surgical mask</li> <li>• Particulate filter respirator = PFR (P2 / N95 addressed in relation to PFR)</li> </ul>	<p><b>Mask terms:</b></p> <ul style="list-style-type: none"> <li>• Surgical mask</li> <li>• P2 / N95 respirators</li> <li>• P2 respirators</li> </ul>

### Precautions and exclusion/isolation periods by organism comparison:

Organism – precautions and isolation periods	Aged Care Infection Prevention & Control Guide (Australian Commission on Safety and Quality in Health Care, 2024)	Australasian Guidelines for Infection Prevention & Control in Healthcare (NHMRC, 2019)	National Guideline for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Aged Care Homes (CDNA, 2024)
<i>RSV</i>	<p><b>Precautions: R</b></p> <p>Exclusion: Duration of illness</p>	<p><b>Precautions: S+C+D</b></p> <p>Exclusion: Duration of illness</p>	<p><b>Precautions: Align with the Australian Guidelines for the Prevention and Control of Infection in Healthcare and supplementary resource the Aged Care Infection Prevention and Control Guide</b></p> <p>Exclusion: Once acute symptoms resolved.</p>
<i>Rhinovirus</i>	<p><b>Precautions: R</b></p> <p>Exclusion: Duration of illness</p>	<p><b>Precautions: S+C+D</b></p> <p>Exclusion: Duration of illness</p>	
<i>Parainfluenza</i>	<p><b>Precautions: R</b></p> <p>Exclusion: Duration of illness</p>	<p><b>Precautions: S+D</b></p> <p>Exclusion: Duration of illness</p>	
<i>Influenza</i>	<p><b>Precautions: C+R</b></p> <p>Exclusion: Until after 72 hours of the older person receiving anti-influenza medication;</p>	<p><b>Precautions: S+C+D</b></p> <p>Exclusion: Until after 72 hours of the patient receiving anti-influenza</p>	<p><b>Precautions: Align with the Australian Guidelines for the Prevention and Control of Infection in Healthcare and supplementary resource the Aged Care Infection Prevention and Control Guide</b></p> <p>Exclusion: After 5 days from symptom onset, or until acute symptoms resolved, whichever is longer <b>OR</b> 72 hours after antivirals commenced regardless of symptoms. No testing required.</p>



## Precautions and exclusion/isolation periods by organism comparison cont...

Organism – precautions and isolation periods	Aged Care Infection Prevention & Control Guide (Australian Commission on Safety and Quality in Health Care, 2024)	Australasian Guidelines for Infection Prevention & Control in Healthcare (NHMRC, 2019)	National Guideline for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Aged Care Homes (CDNA, 2024)
<b>COVID 19</b>	<p><b>Precautions: C+R</b> or <b>C+R (PFR)</b></p> <p><i>In unusual and higher risk situations a PFR might be required IF advised by the IPC Lead following completion of a risk assessment.</i></p> <p>Exclusion: Duration of illness, and at least 24 hours after resolution of symptoms.</p>	<p><b>Precautions: S+D+A*</b></p> <p><i>PPE recommended for respiratory viruses generally includes a surgical mask, protective eyewear and face shields.</i></p> <p><i>*In some unusual and higher risk situations, a PFR should be used instead of a surgical mask; however, this should be decided by the IPC lead or the person(s) responsible for IPC.</i></p> <p>Exclusion: Duration of illness + 10 days after resolution of fever, provided respiratory symptoms are absent or improving.</p>	<p><b>Precautions: Align with the Australian Guidelines for the Prevention and Control of Infection in Healthcare and supplementary resource the Aged Care Infection Prevention and Control Guide</b></p> <p>Exclusion: After 5 days since symptom onset (or positive test if asymptomatic) provided that acute symptoms have resolved and COVID19 RAT is negative OR After day 7 if acute symptoms resolved and no fever for 24 hours. No testing required.</p>
<b>TB</b>	<p><b>Precautions: C+R (PFR)</b></p> <p>Exclusion: Until GP or specialist deems the person if no longer infectious.</p>	<p><b>Precautions: S+A</b></p> <p>Exclusion: ID assessed</p>	
<b>Pertussis</b>	<p><b>Precautions: R</b></p> <p>Exclusion: Duration of illness</p>	<p><b>Precautions: S+D</b></p> <p>Exclusion Until at least 5 days after commencement of appropriate antibiotic Pre-employment booster/ vaccination recommended; postexposure prophylaxis for Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) - National Health and Medical Research Council (NHMRC) 284 of 409 Disease or Organism Disease / Organism Type of infection Transmission Route Required precautions Duration of precautions Additional comments therapy, or; for 21 days after the onset of symptoms if not receiving antibiotic treatment, or; for 14 days after the onset of paroxysmal cough (if the onset is known)</p>	
<b>CDI</b>	<p><b>Precautions: C</b></p> <p>Exclusion: Until 48 hours after symptoms resolve.</p>	<p><b>Precautions: S+C</b></p> <p>Exclusion: Duration of illness.</p>	



## Precautions and exclusion/isolation periods by organism comparison cont...

Organism – precautions and isolation periods	Aged Care Infection Prevention & Control Guide (Australian Commission on Safety and Quality in Health Care, 2024)	Australasian Guidelines for Infection Prevention & Control in Healthcare (NHMRC, 2019)	National Guideline for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Aged Care Homes (CDNA, 2024)
<i>Rotavirus</i>	<b>Precautions: R</b> Exclusion: Until 48hrs after symptoms	<b>Precautions: S+C</b> Exclusion: Duration of illness.	
<i>Norovirus</i>	<b>Precautions: C+D</b> <i>(respiratory precautions may be required after a risk assessment)</i> Exclusion: For a minimum of 48 hours after the resolution of symptoms or to control institutional outbreaks.	<b>Precautions: S+C+D</b> Exclusion: For a minimum of 48 hours after the resolution of symptoms or to control institutional outbreaks.	<b>Norovirus and suspected viral gastroenteritis – CDNA National Guidelines for Public Health Units 2010</b> <b>Precautions: S+C+D</b> Exclusion: The recommended time for isolation of residents and restriction of usual functions of the facility is for 72 hours after symptoms have settled in the last case.
<i>Wound infections (bacterial)</i>	<b>Precautions: C</b> Exclusion: Duration of illness.	<b>Precautions: S+C</b> Exclusion: Duration of illness.	
<i>Chickenpox</i>	<b>Precautions: C+R (PFR)</b> Exclusion: Until lesions dry and crusted over.	<b>Precautions: S+C+A</b> Exclusion: Until lesions dry and crusted over.	
<i>Herpes zoster Shingles localised</i>	<b>Precautions: C</b> Exclusion: Until lesions dry/healed Risk assessed precaution	<b>Precautions: S+C</b> Exclusion: Until lesions dry/healed Risk assessed precautions	
<i>Measles</i>	<b>Precautions: C+R (PFR)</b> Exclusion: Until 4 days after rash appears: duration of illness in immune compromised patients	<b>Precautions: S+C+A</b> Exclusion: Until 4 days after rash appears: duration of illness in immune compromised patients	
<i>Scabies</i>		<b>Precautions: S+C</b> Exclusion: Until 24 hours after treatment commenced	
<i>Hep B</i>		<b>Precautions: S</b> Exclusion: Nil	
<i>Hep C</i>		<b>Precautions: S</b> Exclusion: Nil	



The requirements of the IPC lead in RACF are very broad, enabling the role to be customised to the needs of the facility. The Aged Care Quality and Safety Commission provide information on the role via the Infection Prevention and Control IPC Lead web page and the Aged Care Infection Prevention and Control (IPC) Guide. Below is a comparison table between the two resources.

### Aged Care IPC Leads role requirement comparisons:

	<b>Infection Prevention and Control Leads. (Aged Care Quality and Safety Commission, 2022)</b> <b>Web resource:</b> <a href="https://www.health.gov.au/our-work/infection-prevention-and-control-leads">https://www.health.gov.au/our-work/infection-prevention-and-control-leads</a>	<b>Aged Care Infection Prevention &amp; Control Guide (Australian Commission on Safety and Quality in Health Care, 2024)</b>
<b>RACF/provider requirements of an IPC lead:</b>	<ul style="list-style-type: none"> <li>• Member of the nursing staff, completed an identified IPC course</li> <li>• Employed by and report to the provider</li> <li>• Must work on site and be dedicated to a facility</li> <li>• Is the key infection control contact</li> <li>• May have a broader role in the facility</li> <li>• IPC leads for each RACF to be reported in the My Aged Care Service and Support Portal.</li> </ul>	<ul style="list-style-type: none"> <li>• IPC system must be led by an IPC lead or an IPC team</li> <li>• Have an on-site IPC lead</li> </ul>
	<ul style="list-style-type: none"> <li>• Ongoing staff capability assessment and education</li> <li>• Observes, assesses and reports on IPC of the service</li> <li>• Routine IPC process oversight audit and review</li> <li>• Provides IPC advice within the service</li> <li>• Helps develop procedures</li> <li>• Service-specific outbreak planning, preparation and readiness and on-site outbreak management.</li> <li>• Prevent and respond to infectious diseases, including COVID-19 and influenza.</li> </ul>	<ul style="list-style-type: none"> <li>• IPC-related training and education for the workforce and older people</li> <li>• Identifying gaps in IPC-related practice or training and identifying opportunities for continuous quality improvement and learning</li> <li>• Conducting IPC-related monitoring and audits</li> <li>• Providing updates to the workforce and older people on IPC issues and initiatives, as well as on relevant new local and national guidance.</li> <li>• Overseeing antimicrobial stewardship (AMS) and IPC practices</li> </ul>
<b>Additional expectations RACF:</b>		<ul style="list-style-type: none"> <li>• Hazard risk assessment</li> <li>• Consult on irritant contact dermatitis assoc. with HH</li> <li>• Consult on staff failed fit testing</li> <li>• Determine appropriate PPE for aerosol-generating procedure</li> <li>• Risk assesses for PFR requirement</li> <li>• Determine risk-based isolation</li> <li>• Develop a facility outbreak management plan in conjunction with others</li> </ul>
<b>Home/Community Care:</b>		<ul style="list-style-type: none"> <li>• Residential and centre-based aged care home and community aged care organisations are not required to have a dedicated IPC lead</li> </ul>

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# BUG OF THE MONTH

*Escherichia coli (E. coli)*

- Carrie Spinks



**Escherichia coli (E. coli) is a gram-negative, rod-shaped bacterium commonly found in the intestines of humans and animals. It was first identified by Theodor Escherich in 1885.**

While most strains are harmless or even beneficial, some can cause illness ranging from mild to severe. Young children, the elderly, and immunocompromised individuals, are at higher risk for severe E. coli infections

## Characteristics and Habitat

E. coli are rod-shaped, gram-negative bacteria that can be found in:

- Intestinal tracts of humans and animals
- Soil and water
- Food products
- Healthcare environments

As facultative anaerobes, they can survive with or without oxygen. Many strains are motile, using flagella for movement.

## Role in Human Health

In the gut microbiome, E. coli aids digestion, produces vitamins, and helps protect against harmful bacteria. It ferments undigested carbohydrates, producing beneficial short-chain fatty acids.

## Pathogenic Strains

Several E. coli strains can cause illness:

- Enterotoxigenic (ETEC): Causes traveler's diarrhea
- Enterohemorrhagic (EHEC)/Shiga toxin-producing (STEC): Can lead to severe complications like haemolytic uremic syndrome
- Enteroinvasive (EIEC): Causes dysentery-like symptoms
- Enteropathogenic E. coli (EPEC): Associated with diarrhea in infants.

## Transmission

E. coli spreads through:

- Contaminated food (especially undercooked ground beef and raw produce)
- Contaminated water
- Person-to-person contact
- Animal contact
- Contaminated environments

### **Illness Mechanisms:**

E. coli can evade host defences and develop antibiotic resistance. It is the leading cause of uncomplicated UTIs and can result in severe conditions like haemolytic uremic syndrome (HUS) due to Shiga toxins, a potentially life-threatening condition affecting the kidneys.

### **Symptoms**

Intestinal illness:

- Diarrhea (watery or bloody), abdominal pain, fever, dehydration

### **Extraintestinal infections:**

- UTIs: Urinary frequency, pain, fever
- Pneumonia: Cough, fever, shortness of breath
- Meningitis (in newborns): Fever, irritability, rapid breathing
- Sepsis: Fever, chills, rapid heart rate, confusion

### **Diagnosis**

Diagnosis involves assessing clinical symptoms and may include culturing blood, urine, or sputum.

### **Treatment**

Treatment generally focuses on managing symptoms and preventing dehydration. Intestinal Illness: Managed with rehydration; antibiotics are typically avoided due to the risk of resistance. In severe cases, antibiotics may be considered, but not for suspected EHEC/STEC infections to prevent HUS.

**Extraintestinal Infections:** Treatment depends on the site and severity of the infection, with antibiotics prescribed as necessary based on culture results. Antibiotic resistance, particularly with extended-spectrum beta-lactamase (ESBL) and carbapenemase-producing strains, complicates treatment.

### **Prevention**

To reduce E. coli infection risk:

- Practice good hygiene, especially handwashing
- Cook meats thoroughly
- Avoid unpasteurized dairy and juices
- Wash produce before eating
- Drink treated or boiled water when traveling
- Clean/disinfect environments

## **References**

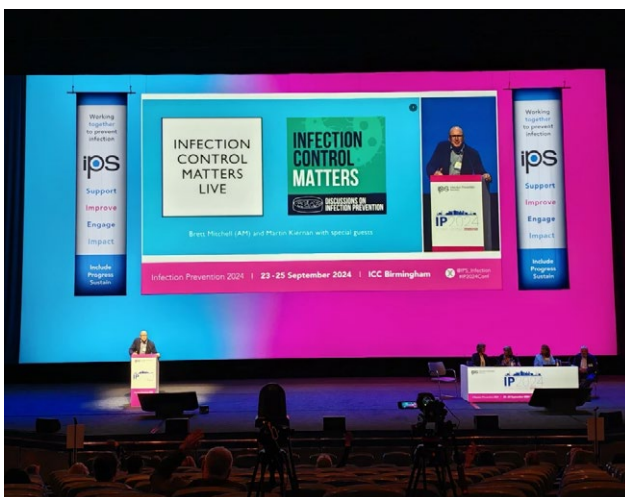
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# INFECTION CONTROL MATTERS PODCAST

## Live from the Infection Prevention Society conference

In our second live session at a major conference, this episode of Infection Control Matters was recorded live at a plenary session to close day 1 of the Infection Prevention Society conference (Birmingham, UK). Our guest panelists include Dr Berit Muller-Pebody an Epidemiologist from the UK Health Security Agency, Prof Jennie Wilson from the University of West London and Dr Jacqui Prieto from The University of Southampton. The panel also fielded many questions from delegates from the floor.

Topics covered include the role of mandatory surveillance, de-implementation, community based IPC, point prevalence studies, the UK PPS, fundamentals of care, urinary tract infection, pneumonia and the direction of IPC.



## Can sensors and AI improve cleaning and patient safety?

In this episode, recorded at the 2024 Infection Prevention Society Conference in Birmingham (UK) Brett and Martin talk to Conor McGinn, Assistant Professor in the Department of Mechanical and Manufacturing Engineering at Trinity College Dublin and CEO of Akara AI, a robotics company spin-off from Trinity. We talk about a presentation that Conor gave, demonstrating how infrared sensors analysed by AI can provide feedback on techniques in the operating room and how they could improve cleaning standards in hospitals.

[Here's a link to the video we discussed.](#)

[You can see Conor's talk here.](#)

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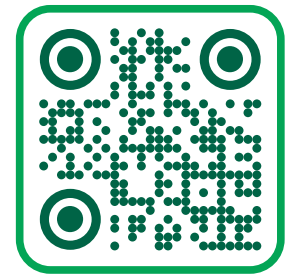


# Randomised control trial shows enhanced cleaning of shared medical equipment with Clinell Universal Wipes resulted in a **34.5% reduction in HAIs**



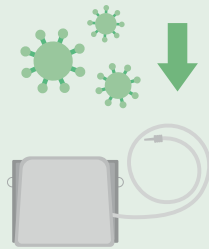
**CLEEN study:** Investigating the effects of enhanced cleaning and disinfection of shared medical equipment on healthcare-associated infections.

Scan the QR code to download the Summary and Case Study.

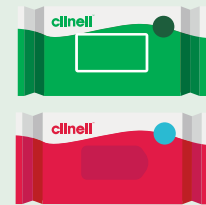


## Key highlights of the paper

The CLEEN study demonstrated a significant reduction of 34.5% in HAIs through targeted cleaning and disinfection of shared medical equipment.



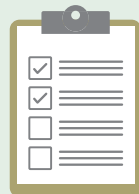
Clinell Universal Wipes were used to clean equipment and Clinell Sporidical Wipes were used to clean commodes during outbreaks.



The study's intervention involved introducing extra dedicated cleaning time, education, audits using Clinell EvaluClean™ and Clinell Clean Indicator Notes, alongside communication of equipment readiness through labelling and feedback for cleaning staff. This did not require new technology, making it a practical and scalable solution for all healthcare facilities.



The study underscores the importance of clear accountability for regularly and correctly cleaning shared patient equipment. By dedicating specific cleaning staff and providing continuous feedback, the thoroughness of cleaning was significantly improved.



The findings advocate for systematic, evidence-based cleaning strategies as a crucial element in reducing HAIs, providing healthcare facilities with practical and actionable recommendations.



# Wiping away infections – the CLEEN way!

**Cleaning shared medical equipment with a disinfectant wipe at least once a day saves lives by reducing infections in hospitals, according to groundbreaking new research.**

Infection control has always been a critical focus in healthcare, but new world-first research highlights just how impactful even the simplest of measures can be. The CLEEN study, a **landmark randomised controlled trial led by Professor Brett Mitchell** from Avondale University in Australia, has shown that cleaning shared medical equipment at least once a day has a profound impact on patient outcomes.

The study, conducted in a hospital on the Central Coast, involved **introducing an enhanced cleaning protocol using Clinell Universal and Sporicidal (PAA) wipes**. This intervention included not just additional cleaning, in conjunction with routine cleaning, but also comprehensive education on effective techniques, as well as meticulous audits and feedback on cleanliness standards through the Evaluclean™ auditing system. Importantly, this wasn't left to already overstretched healthcare workers. Instead, dedicated cleaners were brought in, who committed an extra three hours each day to disinfecting shared equipment, using Clinell Universal on items such as infusion pumps, blood pressure monitor, drip stands, and walking aids and Sporicidal (PAA) wipes on commodes and during outbreaks.

These products were specifically chosen for their effectiveness in reducing microbial loads on surfaces. To assess the effectiveness of these efforts, researchers employed the Evaluclean method: placing fluorescent marker gel dots on the surface of the equipment. These dots, invisible to the naked eye once dried, can only be detected under special light and resist removal by anything less than a thorough clean. Before the intervention, thorough cleaning was sporadic, with the hospital removing only about 25% of the fluorescent dots placed on equipment. However, following the implementation of the enhanced cleaning protocols—where cleaners spent an additional three hours daily on this task—this figure jumped to **65%**. Most importantly, the study recorded a **34.5% reduction** in all healthcare-associated infections (HAIs). This reduction was statistically significant, with the **prevalence of HAIs dropping from 14.9% in the control phase to 9.8% during the intervention phase**. Moreover, the thoroughness of cleaning improved substantially, with the **percentage of cleaned equipment rising from 18.2% to 56.6% during the intervention**. The intervention was also

effective in reducing specific infections, with bloodstream infections, urinary tract infections, pneumonias, and surgical site **infections decreasing from 6.3% to 4.0%**.

These findings are particularly significant given the broader context: previous research by Professor Mitchell and his colleagues estimated that 165,000 HAIs occur in Australian hospitals each year.<sup>1</sup> The impact of these infections is not just financial but also deeply personal, with lives lost due to complications arising from these infections.

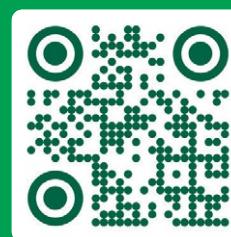
Randomised controlled trials in this area are rare, this is largely due to the complexities involved in controlling the numerous variables that can affect study outcomes, as well as the large number of participants needed to produce reliable data. Overcoming these challenges also requires significant investment.

Gould et al. have praised the CLEEN study as a significant success, highlighting its robust design and practical implementation. They noted that the trial was well-executed and emphasised the importance of its findings for infection prevention and control (IPC). However, they also pointed out some limitations, such as the study being conducted in a single hospital, which may limit the generalisability of the results. Despite these constraints, the study is seen as a crucial step forward in demonstrating that rigorous IPC research is both achievable and impactful

The implications of the CLEEN study are clear: hospitals should be investing more—not less—in cleaning. The CLEEN study demonstrates that with the right tools, training, and commitment, hospitals can make a significant impact on patient safety. This study serves as a powerful reminder that improvements in cleaning protocols lead to substantial health benefits.

1. Russo, P. L., Stewardson, A. J., Cheng, A. C., Bucknall, T., & Mitchell, B. G. (2019). The prevalence of healthcare associated infections among adult inpatients at nineteen large Australian acute-care public hospitals: a point prevalence survey. *Antimicrobial Resistance & Infection Control*, 8 (1). <https://pubmed.ncbi.nlm.nih.gov/31338161/>

Scan the QR code to learn more about the CLEEN study.





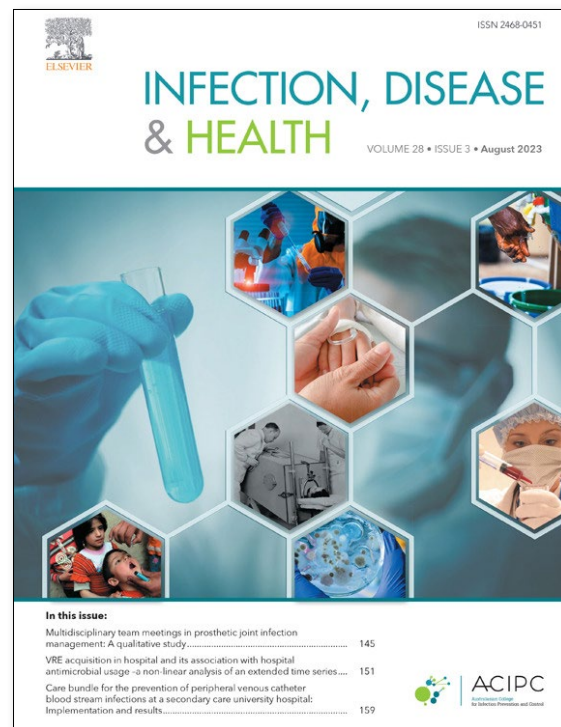
# Latest articles from Infection, Disease & Health

## Improvement in antibacterial use in intensive care units from Argentina: A quality improvement collaborative process evaluation using Normalization Process Theory

Javier Robertia, Juan Pedro Alonso, Natalí Inia, Cecilia Loudet, Wanda Cornistein, Inés Suárez-Anzorena, Marina Guglielmino, Ana Paula Rodríguez, Ezequiel García-Elorrio, Facundo Jorro-Barón, Viviana M. Rodríguez  
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## Microbial laden mobile phones from international conference attendees pose potential risks to public health and biosecurity

Matthew Olsen, Adrian Goldsworthy, Mark Morgan, John Leggett, Thibaut Demaneuf, Natalia Van Der Bruggen, Gobinddeep Singh, Rose Ghemrawi, Abiola Senok, Reem Almheiri, Simon McKirdy, Rashed Alghafri, Lotti Tajouri  
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# Selected publications of interest

**A collaborative approach to support people with a disability living in Australian group homes during the COVID-19 pandemic: a case study**  
<https://www.publish.csiro.au/AH/AH24070>

**Healthcare Environmental Hygiene Self-Assessment Framework (HEHSAF)**  
<https://cleanhospitals.com/hehsaf/>

**Strengthening Defenses: Integrating Infection Control With Antimicrobial Stewardship**  
<https://tinyurl.com/3znhz95r>

**My healthy home: home health factsheet series**  
<https://healthinonet.ecu.edu.au/key-resources/resources/49273/>

**A collaborative approach to support people with a disability living in Australian group homes during the COVID-19 pandemic: a case study**  
<https://www.publish.csiro.au/AH/AH24070>









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