

# President's Message

**The NSW Conference Committee are to be congratulated on a great conference and a job very well done. The time and energy spent on such an endeavour does not go unnoticed and reward comes in the form of success as they undoubtedly had.**

The committee dared to be different not only in the programme content but also in scheduling lengthy lunch breaks. The lunch breaks not only gave the trades greater exposure but allowed people to network effectively which is such an important part of any such gathering.

I thoroughly enjoyed this time and came away from the conference feeling assured of the association's health and sound future. We have many members who possess a depth of knowledge in a variety of expertise who were all eager to contribute to issues currently under review by the executive. Many were particularly interested in the future directions for Infection Control and all interested practitioners need to be part of this decision process.

The Australian Infection Control Association has to make some difficult decisions about its own future in the next few months. It may not survive with its present funding. One option is to increase the capitation fee. The fact that members in my state pay only \$8 a year capitation fees to their national body which has or should be the voice of Infection Control Practitioner's in Australia is not acceptable. The other option I would suggest, is that we follow the example of the US and the UK and have a national organisation with the states becoming sub-branches of the organisation.

In this way the association has the potential to become a stronger and more economical united force in the healthcare field.

I urge you to take this suggestion seriously before it is put to a vote at the 1997 Annual General Meeting.

By now you will all have received the questionnaire circulated by Cathryn Murphy as part of her doctorate. Cathryn was awarded a Scholarship by AICA to undertake this study and the information gained will be used by AICA to evaluate the needs of its members and plan to meet those needs.

Those of us who work as part of a multi-disciplinary team in teaching hospitals must be mindful of those who have no access to specialties or even library facilities and plan to better meet their educational needs.

Recently there has been considerable debate in the journals about the benefits or otherwise of handwashing. It is interesting to remember that even though the need for such a basic principle of infection control was scientifically proven by Ignaz Semmelweis in 1844 it remains a controversy. Our medical colleagues frequently have the finger pointed in their direction and, understandably, do not respond kindly to the way in which that finger is pointed.

To learn from Semmelweis's mistakes should be a sufficient lesson to us all. It has been suggested that the reason why the results of his classical study on the benefits of handwashing were ignored for so many years was because of his unprofessional attitude towards his colleagues. If they challenged his ideas he called them murderers and antagonised everyone to the extent he was asked to leave. This lesson is still relevant today. Medical staff do not want ridicule or innuendo and we certainly don't want to be asked to leave. Where is the balance?

The need for professional attitude and scientific support for recommendations we make including handwashing will gain respect from colleagues. It is no longer sufficient for us to make a recommendation because we think it's the right one, we are required to support it with evidence and respect, which I believe is the beginning of a true relationship with compliance hopefully following.

The advent of Universal Precautions in 1986 saw the emphasis change from handwashing to wearing gloves with all their associated problems. We are now entering yet another era of change as these precautions seem to have failed the objective of preventing the spread of infection.

Infection control in the health care setting *Guidelines for the prevention of transmission on infectious diseases*, which was launched by the National Health and Medical Research Council in May has recommended a change from Universal Precautions or Body Substance Isolation to Standard and Additional Transmission Based Precautions in line with recommendation from the Centers for Disease Control.

Standard precautions are used to



describe the basic level of hygiene that should be practiced for all patients which includes handwashing. Additional precautions are used for patients known or suspected to be infected with epidemiologically significant or highly transmissible diseases that can cause infections such as tuberculosis.

Each institution will have to decide whether or not to follow this path that is bound to cause considerable confusion for some.

Whilst most hospitals have a practitioner educated in the area of infection control, there are many who do not and they have been confused from the very beginning about the variety of recommendations and titles all meant to prevent the spread of infection in healthcare settings. A generation of health care workers have been taught that Universal Precautions is all that is required to prevent the spread of infections and they are now being asked to think again.

Those practitioners who have adopted this change must be prepared to help others who lack the resources.

The Australian Infection Control Association Standards for Infection Control Practice, now completed, have chosen to refer to "Isolation Practices Standard (Universal) and Additional Precautions."

The words "changes" and "challenges" are frequently used in infection control even to the point of being titles for conferences. They are what makes this specialty so interesting and so vital.

The future emphasis for infection control will be the areas of Epidemiology, Infectious Diseases and Microbiology with each dependant on the other. The continued need for the basic courses presently on offer around the country will always remain, but education beyond that will be in these three areas for those who wish to advance in the field.

The future is as exciting as it is challenging and skills must change to meet the needs of modern medicine. Meeting the needs of tomorrow may require added resources but they will only be forthcoming when this need is supported by facts.

**Madeleine McPherson, President**