President's Message

The AICA executive met in Melbourne on the weekend of 19 and 20 October 1996 for their mid-term meeting, which is always the most productive meeting of the year.

wo new members were welcomed to the committee at this meeting, Dolly Olesen from the Princess Alexandra Hospital in Brisbane, who was recently appointed president of Queensland replacing Mary Mott. Mary has served periodically on the executive since its inception in 1985 and her unique contributions at meetings and to the organisation have been invaluable and we sincerely thank her for her years of service. Such expertise will always be required by the members and I can guarantee her that she will continue to be recognised as a valuable resource by the association. In the meantime, I am sure she will have no difficulty filling those hours usually given to executive affairs.

Passionate is a word that can be used to describe Dolly Olesen's attitude to Infection Control and the impact of that passion was felt and will be felt for some time to come around the executive table.

Melissa Aberline from Monash Medical Centre in Melbourne is the second new member and Melissa replaces Bronwen Mander as Treasurer of AICA. The members in Victoria have chosen to depart from the tradition of having their president serve on the AICA executive and appointed an independent person who was asked to give a two year commitment to her position. This may herald a change in direction for all states.

Both new executive members are young and enthusiastic, possessing well developed skills in dealing with difficult Infection Control and management issues, which makes them very suitable members of an executive in a changing era.

The meeting began with discussion about the long-term future of the association and it was agreed that even though the constitution was now finalised and passed by the members, a review of the structure and purpose of AICA was necessary if it was to serve the members and be representative of

Infection Control in Australia in the 20th century.

To this end an afternoon was set aside to plan strategies for the future. Several organisational and functional aspects were discussed and designated tasks assigned to sub-committees who will meet separately and report back to the executive three monthly. Recommendation from these groups will be put to all members for ratification. It was also agreed that until this thorough review was completed there would be no move to change the name of the organisation or to increase the capitation fee.

The committees formed are:

Strategic Planning Committee: Five members of executive where charged with the total review of AICA including the election and terms of officers of executive members of the feasibility of a more equitable form of proportional voting.

This group will meet for the first time in Sydney on 11 November and subsequent meetings will be conducted via a telephone link. It may be necessary to seek advice from an outside consultant on some of these issues and executive agreed to such an appointment. Presidential elections throughout the states occur at different times of the year leading to inconsistencies and disruptions to the function of the executive and alternative structures would be considered.

Journal Committee. No-one will deny that the job of Editor-in-Chief of the national journal is an enormous tasks and both the editor and her committee of state sub-editors have done well to advance the journal to the stage it is now. However, a review of the format and content is timely if it was to achieve the ultimate goal of becoming a journal worthy of publishing good Australian scientific work comparable with other such journals around the world. A group of four members was appointed to meet with a consultant, produce a five year plan and report back to the executive. Members will be given adequate notice of any proposed changes prior to decisions being made. All proposed changes will be brought to an Annual General Meeting for members.

Credentialling and Certification of Infection Control Practitioners. Names



of representatives from each state were tabled and teleconferencing between these delegates will commence as soon as possible. This committee was charged with designing a set of criteria and competencies required for Infection Control. Some members have enormous experience in this area and they will be relied on to guide others. Marilyn Leaver from South Australia who has represented AICA at the National Nursing Organisation since its inception has agreed to head this committee.

National Standards for Infection Control. These standards will be under constant review and a committee comprising representatives from all states was formed.

The Standards will now be on sale through your state president.

A questionnaire will be circulated to all members of the association to develop a register of expertise and interest and the names of members willing to work on future projects. Two executive members will be responsible for the design of this form. Members who wish to know more about the review now being undertaken should get in touch with their state representative.

National Conferences. A proposal will be put to the members at the 1997 Annual General meeting for future national conferences to be conducted once every two years alternating with the Wound Care Association. The possibility of linking the conferences with the Australian Society of Microbiologists would be explored by executive. It is becoming increasingly difficult for members to obtain leave and funding to attend annual conferences and we hope that by making this change, future conferences will attract more sponsorship and be better attended. Already the planning for the 1998 conference in Perth is well advanced and will go ahead. South Australia had placed a deposit on a venue for 1999 but this may be able to be deferred in which case after 1998 the next conference will be in the year 2000 with your permission.

A permanent address for correspondence has been established and that is: PO Box 378, Moonah, Tasmania 7009. Jenny Tuffin and Shasta Tonk have offered to sort, log and distribute AICA mail.

The closing date for the scholarships this year has been extended to 30 November and an expert panel appointed to adjudge submissions for Scholarship B which is valued at \$1500. These scholarships are offered yearly, closing at the end of each September and anyone considering applying for 1997 or beyond should discuss it with their state president who has all the necessary information.

The weekend meeting was tiring but very worthwhile. It is a privilege to work with such a professional dedicated group of people and I thank them for their support and hard work.

Recently I was able to have discussions with executive members of the Infection Control Nurses Association in the United Kingdom. Having the benefit of their experience was helpful and I am sure that we now have set in place a mechanism that will not only ensure our growth but what is more important, our survival.

My primary reason for going

overseas was to attend the Fourth International Conference and Exhibition on Infection Control.

Vancomyicin Resistant Enterococci MRSA and Creutzfeldt-Jakob disease were all discussed.

When discussing the problems with spread of resistant organisms two issues arose time and time again. Poor housekeeping and poor handwashing. The 1970s were described as the age of complacency in infection control when we were able to relax certain measures particularly in relation to the environment but this was all changing with the advent of an organism like VRE that so efficiently contaminates environmental surfaces.

Universal precautions heralded an era of glove wearing often instead of handwashing. There was continual lack of agreement about the importance of this basic infection control measure especially when gloves were used.

There is no doubt that handwashing remains the single most important infection control measure today as it was in Semmelweis's day. It seems incredible to me that there is still a need to prove this simple fact.

The end of Universal Precautions is timely but must be accompanied by an understanding of why this system failed to prevent the spread of infection and what new measures are required to limit further problems.

Australia is fortunate in having the opportunity to learn from the experience of other countries in the case of Vancomycin Resistant Enterococci as well as other infectious agents. Most states have now produced policies for prevention of transmission of VRE in health care facilities and we should all be familiar with their intent.

Standard 12 in the AICA National Standards for Infection Control Practice refers to Multiple-Resistant Organisms and should be of added assistance.

The changing face of infection control should be accompanied by a change of direction for the association and the executive is very mindful of this fact. It is important that Infection Control Nurses continue their representation on decision making bodies around the country and that the association is seen as a professional organisation able to lead and give direction. I trust that the review that is about to be undertaken will benefit this cause and I trust that it has your support.

Madeleine McPherson





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Cortex Marketing
PO Box 6066

Silverwater NSW 2141
Australia

Tel: (02) 9289 5555 Fax: (02) 9289 5573