



# Australian Infection Control Association

## National News

### Issue 40

June 2011

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*The aim of this newsletter is to keep all members informed and updated with the activities of the AICA Executive team. This newsletter is distributed to members quarterly as an insert to Healthcare Infection.*

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#### Mission:

*AICA provides infection control practitioners with a professional profile, identifies and promotes professional standards and lobbies with one voice on behalf of infection control practitioners*

### From the President's Desk

Many of you would be aware that 18 months ago I took a position in the Torres Strait with a view to returning to a clinical setting that would provide opportunities to work closely with Public Health to improve health care outcomes for marginalised and vulnerable communities. The transition has not been without its professional challenges and several issues have arisen such as national registration which highlights the need for well planned processes to enable smooth transition, transparent processes and systems that avoid duplication and provide strength by way of National alignment and strategic direction.

*AHPRA and the impact of National registration upon health professionals moving between states.* In May 2011 a Senate inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA) was launched and recommendations have been handed down and are available from: [www.aph.gov.au/senate/committee/fapa\\_ctte/health\\_practitioner\\_registration/report/index.htm](http://www.aph.gov.au/senate/committee/fapa_ctte/health_practitioner_registration/report/index.htm) the recommendations have significant impact on workforce development. One of the potential frustrations for clinicians holding qualifications from other states is that the qualification is still not recognised under the basic registration functions of AHPRA. For example, qualifications in Victoria for Immunisation are not recognised in Queensland therefore staff wishing to work in such an area are required to undertake a Queensland based course or, to work under standing orders for administration of immunisations indefinitely. Whilst this issue potentially only affects those working in Staff Health services linked to an Infection Prevention and Control program it is likely that other nursing related disciplines are experiencing the same difficulties regarding National Registration. AICA is lobbying for review of appropriate qualifications held by Infection Control Professionals to be recognised under the new National registration scheme. I personally am looking forward to completing the final exam of the Queensland Immunisation Program Registered Nurse Health (Drugs & Poisons) Regulation course to enable me to practice independently again.

While on the topic of immunisation, again the importance has been highlighted with the recent deaths attributed to vaccine preventable diseases (VPDs) of a 22 year old female who died of diphtheria in Queensland and a young Victorian baby who died of pertussis in the Royal Children's Hospital prompting renewed calls for parents to immunise their babies. Each year ICPs around Australia tirelessly debate the merits of influenza vaccination with healthcare workers (HCWs) as we attempt to protect our vulnerable patient populations while we are also plagued by outbreaks of other VPDs such as measles and pertussis. The responsibilities and accountability of the HCW cannot be ignored. AICA has recently joined as a corporate partner with the Influenza Specialist Group (ISG), a not-for-profit organisation made up of leading medical and scientific specialists from Australia and New Zealand, who have particular expertise in infectious and respiratory diseases and virology. We welcome the opportunity to work with like minded bodies to promote and facilitate measures to protect our patients and communities against a range of VPDs. More information is available on page 8.

*Claire Boardman, AICA President*

**AICA Newsletter proudly sponsored by**



## State and Territory News

### South Australia

#### Education

Over 40 people attended an interesting evening at the seminar in March on TB which provoked interesting discussions. Evaluations were very positive. The next Seminar is booked for June 23<sup>rd</sup> – the topic is “Our environment- are water and animals our friends or foe?”

#### State Conference

“Driving Infection Control to Infinity and Beyond” - is the theme for this years conference. Friday 19<sup>th</sup> August at the Convention Centre, Adelaide is the date to put in your calendar. The day looks very interesting with state and interstate speakers and provides members with an opportunity to hear about new trends and network with other ICPS. We also have over 20 plus trade presenting at the conference. Early bird registrations close July 15<sup>th</sup>. Keep checking the ICASA website for further details.

[www.icasa.org.au](http://www.icasa.org.au)

#### ICASA Conference Scholarships

The ICASA Executive would like to offer 5 “early bird” scholarships to its members to attend the state conference. Please go the ICASA website to download an application form. [www.icasa.org.au](http://www.icasa.org.au)

#### Update on Website

ICASA now has a new look website. Members can now access the member’s only section to see previous conference PPTs/presentations and past and current Newsletters. They also are able to pay their membership via the new Bpay functionality on the website.

#### State Scholarship

Nicole Vause from Mount Gambier has applied and was successful in receiving a \$1000 scholarship towards completing her postgraduate studies -Masters of Advanced Practice (Infection Prevention and Control).

#### ICASA AGM

The ICASA Executive Committee will be holding its annual AGM at the ICASA Conference and encourage all members to attend. The AGM will be held at the Adelaide Convention Centre 19<sup>th</sup> August, 2011 @ 12.15pm.

#### Linda Henderson

Newsletter Representative

### New South Wales

AICA 2012 7<sup>th</sup> Biennial National Conference – “Building, Believing, Balancing, & Beyond...” is to be held in Sydney, October 8<sup>th</sup> – 10<sup>th</sup>. ASHM has been announced as the Professional Conference Organiser (PCO). Lindy Ryan, our Executive Vice President, has taken on the guiding role for the conference. Lindy has sent out expressions of interest for the Steering Committee. The EOI has been sent to all States/Territories in an effort to have a national committee to oversee the national conference. By the time this goes to

print the committee will be selected from the applications received. Stay tuned for further updates.

**Education:** We are organizing a number of one-day education programs over this year due to the workload involved in hosting the 2012 National conference. These will be held in Port Macquarie, Inverell, and Sydney. One of our newer Executive members, Leigh Boivin, is now our Education Officer.

**NCSC:** The Executive have taken part in a teleconference with the National Consultative Steering Committee, as have other State/Territory Executive committees. We had spent considerable time at a face-to-face meeting just prior to this teleconference looking at various models, finding common ground as a group, and trying to take into account the views of some of our members that we had already heard from. We found the NSCS members easy to talk to, and prepared to listen to our views. They raised further points for us to consider, both as a group and individually. We encourage our members to check the website regularly and ensure that they have their say on the proposed changes to AICA.

#### Helen O’Harae

Newsletter Representative

### Tasmania

#### 2011 TICA Conference: “Keeping it Clean”

The dates are the 29<sup>th</sup> and 30<sup>th</sup> Sept. at the Wrest Point Casio in Hobart. The last TICA conference saw over 130 delegates and this year promises to be even bigger. The organising committee has managed to retain an impressive number of very prominent speakers. Speakers include Professor Tom Riley, Dr John Ferguson, Claire Boardman, Professor Nicholas Graves, Professor Chris Baggoley, Phil Russo, Chris Hunt, Saffron Brown and Dr Alistair McGregor, for the program and full list of speakers please visit the web site <http://www.thetica.net.au/bb.ht>

We have also secured an international speaker, Dr Stephanie Dancer, Editor of the *Journal of Hospital Infection*. Dr Dancer will be presenting a key note address on cleaning and infection control.

The TICA continues to offer affordable conferences, with conference registration starting at just \$175 (for a two day conference, including a cocktail reception).

Interstate delegates are welcomed and are encouraged to review the conference program. The conference program is tailored to ensure intra and interstate travel is supported.

#### TICA Meetings

Our 1<sup>st</sup> meeting for the year was held at Campbell Town in March. The group had a very lively discussion on the AICA restructure. We actively encourage all members to provide feedback re the restructure and they can do so through the TICA Executive. Overall, TICA members were supportive of the change.

#### Current TICA Developments

As many of you are aware Anne Wells is the Professional development officer and is currently planning several education sessions in conjunction with TIPCU both in the north and south of the state. The sessions will be planned for in 2011 Please check TICA website for updated information – [www.thetica.com.au](http://www.thetica.com.au).

### **Scholarships**

A number of scholarships are available this coming year for members. The scholarships and awards on offer include:

- Professional development scholarship - \$1000
- Published article in *Healthcare Infection* - \$200
- Accepted poster at the TICA conference 2011- \$100
- AICA Credentialing support - \$100
- Research grant - \$2500

Full details are posted in the TICA website.

**Jenny Stubbings**

**Newsletter Representative Tasmania**

## **Australian Capital Territory**

**AICA ACT Education Seminar**

Our education seminar 'An A-Z Practical Approach to Infection Control' held on 25 March saw a great attendance of over 114 delegates attending and 20 company displays during the day's events. One of the highlights from the day was the presentation by Sandra Roodt 'Struggles of a new Infection Control Nurse' Sandra (recently arrived from South Africa) gave a very humorous presentation about her role as a new Infection Control nurse in the ACT. Sandy Wynn from the ACT Health Protection Service presented an eclectic slide show on audits conducted on businesses performing skin penetrations procedures. This talk proved to be one of the highlights of the day with its graphic photos.

Sue Greig from the Sydney Eye Hospital presented 'Zoster of the eye and face'. The committee would like to thank Prof Peter Collignon, Dr Ashley Watson, Dr Karina Kennedy, Dr Sanjaya Senanyake, Dr Kathryn Daveson, Ralph Bradbury and Ian Trewella who took time out of their day to present.

We also saw Prof Frank Bowden chair the annual 'Hypothetical' at the end of the day, which proved to once again be a great way to unwind from the day's proceedings. Other members of AICA ACT who presented were Philippa Keating, Wendy Beckingham, Jan Roberts and Sharon Eriksson.

**AICA ACT Scholarships**

Scholarships are available to assist members in further education or study or to attend a conference. Information is available from the President /philippa.keating@act.gov.au.

A reminder to all members our next breakfast education session will be held on 5th July when Karlee Johnson

Pharmacist from Canberra Hospital will speak on Antibiotic Stewardship.

**Ailsa Stevenson**

**Newsletter Representative ACT**

## **Victoria**

**Bi-monthly VICPA/VICNISS Journal Club**

The Second Journal Club this was held at Southern Health - Monash Medical Centre. Victoria Hamilton & Louise Wright both from Southern Health – Kingston Centre were the presenters. Attendance was once again very good.

Date and venues for the rest of the year are as follows:

14 <sup>th</sup> July 2011	Royal Melbourne Hospital
September	Peninsula Health
December	VICNISS

For speakers and articles to be discussed see the VICPA website [www.vicpa.org.au](http://www.vicpa.org.au) closer to the date.

**VICPA AGM and Half Day Seminar Thursday 14<sup>th</sup> July 2011**

The VICPA Annual General Meeting (AGM) will be held this year on Wednesday 20<sup>th</sup> July, commencing at 1700 hours at the Royal Melbourne Hospital, Grattan Street, Parkville.

A notice of AGM, proxy form and nomination for Executive will be emailed to all members in mid May. At this stage there will be four current Committee members who are up for re election on the VICPA Executive, although only two have confirmed their interest in seeking a further term on the committee. If anyone is interested and would like further information please don't hesitate to contact Wendy Bacalja (ph 9341-1151 or email [bacaljaw@dhsv.org.au](mailto:bacaljaw@dhsv.org.au)) or any other member of the current VICPA Executive.

A half-day seminar including the VICPA/VICNISS journal club is planned prior to the AGM. There will be a variety of speakers lecturing on a number of different topics at the seminar. Further details will be available on the VICPA website.

**APSIC 2011**

The call for abstracts is now open for APSIC which is being held in Melbourne 8 – 11 November 2011. The submission deadline is Friday, 15<sup>th</sup> July 2011.

The program is shaping up to be very interesting. There are a number of international invited speakers which include Dr William Jarvis, Dr Robert Weinstein, Professor Andreas Widmer, Professor Anthony McMichael, and Professor Didier Pittet.

Registration is also now open. Earlybird registration closes Thursday, 16<sup>th</sup> September 2011. For more information on the conference and key dates please visit the website at [www.APSIC2011.com](http://www.APSIC2011.com).

**VICPA Honour Role to Recognise Past ICPs – Call for Nominations**

The VICPA Honour Roll, launched in 2009, recognises the significant professional contributions made by retiring or deceased members of VICPA.

As there is no state conference this year the honour role will be presented at the VICPA AGM on the 14<sup>th</sup> July 2011.

Each nomination requires two referees to substantiate the nomination. To inform the VICPA executive, the nomination should include a 500 word briefing of the nominee's achievements. The VICPA Executive will then decide who will be added to the VICPA Honour Roll. Go to the VICPA website to view selection criteria.

If you nominate someone and they are selected you will be asked to provide a photo suitable to include in a PowerPoint presentation. You will also be invited to speak about the person at the AGM.

If you require further information or wish to nominate someone please contact [enquiries@vicpa.org.au](mailto:enquiries@vicpa.org.au) or Wendy Bacalja (ph 9341-1151 or email [bacaljaw@dhs.vic.gov.au](mailto:bacaljaw@dhs.vic.gov.au)).

**Nominations close Friday 17th June 2011.**

**Donna Cameron**

**Newsletter Representative**

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## **Queensland**

### **Brisbane – AICA: Infection Control during Construction and Maintenance Workshop.**

The Wesley Hospital in Brisbane hosted the AICA Infection Control during Construction and Maintenance workshop run by Glenys Harrington, Infection Control Consultant, on March 18<sup>th</sup>, which was part of a series of workshops conducted by AICA around Australia.

The workshop was well supported with 48 participants attending from a mix of backgrounds including infection control practitioners, engineers, architects, building workers and construction project managers. The building industry expressed surprise and dismay at how serious and potentially deadly the fungal agents in dust are, and identified that this type of information was important for everyone working in construction or maintenance in health care facilities.

### **Queensland Floods & Cyclones**

Several facilities around the state were affected by this year's disasters. To show our support for members, ICPAQ donated \$1000 to the premier's disaster appeal. In a wonderful show of support from across our Southern border, the Infection Control Association of New South Wales (ICANSW) also contributed \$1000 to the appeal. We thank them for their generous donation and collegial support.

### **ICPAQ Conference 2011**

Queensland's biennial conference will be held at The Sebel & Citigate King George Square Brisbane, Queensland, from 12-14 October. The theme is "Helping Hands" – focusing on the importance of Infection Control Practitioners helping each other by sharing knowledge and experiences to strive

for optimal outcomes. Our scientific program will encompass key topics to highlight this and will include Infection Control and Prevention across various healthcare settings. Please visit our website for more information <http://www.icpaq2011.com/>

**Meagan Hunter**

**Newsletter Representative**

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## **Western Australia**

### **ICAWA Membership**

As of 14 April 2011, ICAWA membership consisted of 110 members. Individuals with an interest in infection control benefit from ICAWA membership by the provision of current and timely infection control information via email and newsletters; networking opportunities and education sessions. Scholarships are also available to members. New and renewing members are welcome and the 2011 membership form is available for download via the AICA website.

### **AICA Building and Construction Workshop**

The Perth "Infection Control During Construction, Renovation & Maintenance: a simulated training workshop" conducted by Glenys Harrington, was held at St John of God Subiaco on 12 March 2011 -thirty-nine delegates attended. Anecdotal comments indicate the workshop was very successful. It provided delegates with relevant information, strategies and tools to prevent hospital renovation associated illnesses in patients, staff and visitors.

### **Change of ICAWA Executive Members**

Following the ratification of the 2010 Annual General Meeting, there have been changes to the ICAWA Executive. It is with great appreciation for the voluntary hard work, that we farewell the following outgoing ICAWA Executive Members: Danielle Engelbrecht - President; Mary Williman—Treasurer; Allison Peterson-Newsletter Editor; and Mary-Rose Godsell-Ordinary Member.

Currently, all of the positions on the ICAWA Executive are not filled. Vacant positions are: Treasurer (a bookkeeper has been appointed) and Education Coordinator. ICAWA Members interested in applying for these positions are encouraged to contact an ICAWA Executive Member for further information.

### **ICAWA Scholarships**

ICAWA members have been informed via email of four scholarships of \$500 each for regional/rural ICAWA members to attend the Australian Commission on Safety and Quality in Health Care (ACSQHC) Infection Control Guidelines Implementation Workshops. The workshops will be held on the 8 and 9 June 2011. By the time of publication, this scholarship application period will have expired.

ICAWA will also be sponsoring four scholarships of \$1500 each for ICAWA members to attend the APSIC Conference to be held in Melbourne from 8-11 November 2011.



Further scholarship details will be circulated to members via email in May 2011.

### ICAWA Newsletter

Members are reminded that a \$50 book voucher is being offered for any member's articles that are published in the newsletter throughout the year. The first recipient of the book voucher was Rosie Lee for her inspiring Member Profile. All ICAWA members are encouraged to share infection control related knowledge and experiences by submitting an article to the ICAWA Newsletter Representative.

**Susan Swaby**  
Newsletter Representative

## Other news

### Global Outbreak Alert Response and Alert Network (GOARN) - World Health Organisation (WHO) Summary Report for Field Training Held in Kampot District, Cambodia. 25/02/2011 to 03/03/2011 GOARN Training - Kampot

**Background:** The WHO, through the GOARN, is



responsible for providing assistance and support to those countries which have limited resources or lack expertise, to adequately investigate outbreaks of disease that have the potential for wide ranging public health impacts on populations at large.

GOARN field team composition varies from situation to situation and is highly dependent on the specific outbreak needs identified at the time. In general, field teams comprise multi-nationals with specialists from public health medicine and nursing, epidemiology, diagnostic laboratories, infection control and environmental health. Entomologists and veterinarians are being called upon frequently to provide expert advice and support where there is an interface between animal and human health. GOARN team members have been actively involved in the investigation of several outbreaks of disease across the world including: SARS, Pandemic H1N1, HIV, tuberculosis, Japanese Encephalitis, dengue, cholera, ebola and melioidosis.

**GOARN Training:** To enable individuals specialists to prepare for the rigors and complexities of outbreak investigation on the field (often in unsupported environments), WHO has developed a training program that brings international experts together to train as teams. For many experts, outbreak investigation on the field is new and confronting, being far removed from the security and comforts of a normal working environment.

The GOARN scenario based field training held in Kampot District, Cambodia, is a new concept in training methods adopted by the WHO. This being only the second time it has been used. The first scenario based training was held on the Island of Saba, Malaysia at the end of November 2010.

**Aim of Training:** To create an 'as close to real life situational' experience on the field that will allow participants to experience the challenges of working within a multi-national, multi-disciplinary team in a time constrained and pressured emergency environment. The important aspect of this training was that course participants were selected on the basis of their individual expertise that would directly feed into a comprehensive outbreak team. The training was not designed to equip participants with expert knowledge of other specialty fields.



### TRAINING IN KAMPOT - TEAM WORK

**Kampot District, Cambodia:** Twenty two team members from across the five continents, assembled in Phnom Penh city on the 24/02/2011. The course participants were supported by 10 facilitators (led by Amy Cawthorne) from WHO and their support staff.

Following team meetings in Phnom Penh on the 25/02/2011, covering team dynamics, aims of training, learning goals, teaching methods, the team was transported by bus to Kampot District, a four hour drive to the coast. The entire team was accommodated within the 'Mango Tree Village'. This was home for the next seven nights. Accommodation was basic but comfortable, food was exceptional and hospitality was outstanding, with all provided against the beautiful river environment of Kampot, that supported the local villages in their daily activities of fishing.

**Scenario Based Learning:** Participants were presented with the following scenario:

- Where - Country of Gornali, in South-East Asia. When - January 2009. Socio-Economic status - poor
- several cases of an acute respiratory febrile illness associated with 'strange neurological symptoms' had been reported from some villages across Gornali
- concerns had been raised that three nurses had recently died from this mysterious illness
- there appeared to be some clustering with family groups
- all reports were anecdotal
- GOARN team had been invited by the Gornali Ministry of Health (MOH) to assist them in investigating this strange illness



**How was the learning achieved?** The 22 course participants were divided into three teams. Over the next seven days, each team was to meet with key stakeholders within the MOH, local hospital and local community to gather information, facts, data and pathology samples. This information would then allow the teams to develop a working probable case definition and a working probable diagnosis based on epidemiological data, interpretation and analysis. From this platform, the teams could then provide infection control advice for the local community and health care facilities and education advice on staying healthy for the local community.

Actual scenario based meetings through role play, were held with the key stakeholders (facilitators), for participants to experience real life situations of interviewing and working in culturally diverse environments. Role play was observed with course participants being given immediate feedback from observers and facilitators.

#### **Scenario Based Learning Experience - Field Work**

Throughout the week, teams were given set specific tasks that had to be completed within a time pressured environment. Tasks included the documentation of investigations leading to case finding and management, the development of a case questionnaire, protocols for applying the case questionnaire, case definition, data analysis,

pathology sampling and testing, infection control advice and recommendations for healthcare facilities and the community, development of health promotional material for community and situational reports. Feedback from the course facilitators was provided on completion of each task. As the outbreak investigation progressed over the course of the week, teams were provided with regular updates on laboratory findings, analysis of epidemiological data requests and update son the outbreak situation.



As well as the scenario based teaching, sessions were held on security in the field. This hands on training, complemented the two online modules on UN security training that course participants were required to complete prior to attending the course. Team leadership and team work was an essential component of the training course. Under the guidance of an independent HR facilitator, course participants were guided through the challenges of building strong cohesive teams under difficult and diverse situations. Participants were encouraged to be self-reflective as well as exploring team dynamics and synergies. For many course participants, the aspect of working with a multi-disciplinary highly professional team in a pressured and diverse setting was new and confronting at times.

**The Outcome:** On the final day of training, the teams had to present their final reports, including, findings and recommendations to the Gornali hospital board (role play). Following the presentation of these reports, teams were critically evaluated by the course facilitators as well as their peers. One on one interviews completed the training course where participants were provided with individual performance assessments and suitability to be placed on the active register for outbreak response for GOARN.

The overall consensus from the group was that the scenario based approach to learning was an excellent and innovative mode of teaching. Training reflected the 'real life' situation of travel, cultural diversity, potential difficulties of working in partnership with foreign governments and community leaders and organisations, limited resources, severe time constraints, unreliable communications, uncertain security conditions and basic

living conditions. The opportunity to participate in further GOARN training is highly recommended for any public health professional involved in outbreak investigation and management and who is looking to use existing knowledge and skills to go beyond the safe and predictable.

*Terry Culleton - Director of Nursing, Thursday Island Hospital, Queensland. RN, RM, MPH (Communicable Disease Control), Grad Cert Health Management, Bachelor Health Services Management*

## **AICA Credentialing Committee Activities**

In March the AICA Credentialing Committee held a face-to-face meeting in Sydney to plan for the year ahead. A review of 2010 identified allowed the committee members to reflect on the activities and outcomes for 2010 and consider strategies for 2011. A summary of the activities is provided.

### **Activities**

1. Promotional activities
  - a. "Nursing Review" article on the role of the ICP
  - b. Credentialing workshops/presentations at
    - i. NSW State Association meeting
    - ii. NSW Illawarra region
    - iii. SA State Association meeting
    - iv. National conference WA
2. Review of credentialing and recredentialing packages resulting in:
  - a. Development of assessment report templates
  - b. Revision of supportive information around reflective practice
  - c. Development of "Do's" and "Don'ts" around the application process
3. Ongoing participation in the CoNNO national credentialing project framework.

### **Outcomes**

Feedback from members indicates that credentialing is becoming a requirement in ICP position descriptions. This is also reflected in: *Reducing harm to patients from healthcare associated infections: An Australian infection prevention and control model for acute hospitals*, released by the Australian Commission on Safety and Quality in Healthcare June 2009. This important national document indicates recommended minimum experience and requirements for those working in infection prevention and control including:

**"all ICPs with more than 2 years experience hold or are working towards an AICA credential"** p20 - 22

Three Credentialing Committee members completed Royal College of Nursing Australia (RCNA) workshops thereby qualifying them to allocated CNE points to AICA educational activities on behalf of RCNA. This will make it easier for AICA nurse members to utilise their participation in AICA activities to meet their ongoing professional development requirements for licensing.

The committee members expressed disappointment at the low number of members who participated in the

workshops and ultimately submitted a credentialing application. This outcome is not congruent with the number of attendees and the evaluation results so further work will be undertaken to try and encourage workshop participants to follow through and meet their goals.

### **Strategies for 2011**

Major new strategies include:

1. Formalised mentoring of workshop participants following the workshop by nominating a specific Credentialing Committee member to act as mentor during the application process;
2. Asking participants to complete a postcard at the end of the workshop stating a deadline for application submission and then sending them their post-card at a defined interval after the workshop as a reminder of their commitment.
3. A body of work designed to identify whether AICA has reached its credentialing capacity based on membership profiling.

We look forward to welcoming many of our colleagues into the company of AICA credentialed ICPs in 2011.

**Deborah MacBeth**

**Chair, AICA Credentialing Committee**

## **National Change Consultative Steering Committee (NCSC)**

Work on the proposed structure for a new national body continues. One hundred and sixty eight responses to the online survey were received when it closed on Friday 13th May. The responses (available for viewing at [www.ncsc.org.au](http://www.ncsc.org.au)) indicated overwhelming support for a move to a national body. Many good suggestions were received and the NCSC has considered all comments submitted.

The NCSC has now entered Consultative Round 3 and are busy working on the next version of the proposal prior to presenting it to the AICA Executive. Consultation Round 4 commences in early August where the proposal will be available for open community consultation.

For updated information please keep your eye on the NCSC website. If any further information or clarification is required, please use the Feedback area of the website.

**Phil Russo**

**Chair, NCSC**

## **Reminder - AICA AGM**

The AICA AGM will be held during the Asia Pacific Society of Infection Control (APSIC) Conference to be held 8 – 11 November 2011 at the Melbourne Convention Centre. This will be your opportunity to hear the latest news and vote on important matters relating to the structural changes.



## Influenza Specialist Group (ISG)



The Influenza Specialist Group (ISG) is a not-for-profit organisation made up of leading medical and scientific specialists from Australia and New Zealand, who have particular expertise in infectious and respiratory diseases and virology. It is a prime source of information on influenza, and is highly regarded among medical and consumer audiences. The ISG's aims include:

- Raising awareness among healthcare professionals and the general public regarding the prevention and treatment of influenza
- Facilitating (and where possible, implementing) measures to effectively protect the community against influenza by encouraging cooperation between the health community, government and the pharmaceutical industry.

The ISG undertakes a number of activities throughout the year, including a flu awareness program, and an annual scientific meeting. In addition, the ISG continues to develop a range of educational resources, including discussion papers, consumer brochures and posters, and educational videos.

### Translated Flu Information

This year a translated version of its flu brochure Help Stop The Spread (a consumer brochure that describes influenza, and explains prevention and treatment in simple language), has been developed in 13 different languages. The information is available as a download from the website, or in hard copy from the ISG office.

The link to the relevant section of the ISG website is:

<http://www.influenzaspecialistgroup.org.au/resources/brochures-posters>

or directly to the translated documents:

<http://www.influenzaspecialistgroup.org.au/resources/brochures-posters#Translations>

Hard copies can be ordered from the website, or by emailing: [info@isg.org.au](mailto:info@isg.org.au)

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