

President's message

Cathryn Murphy • President AICA

I am delighted to be writing this, my first message as president of the AICA. As mine was the only nomination received, the appointment was unopposed and made by the executive on Friday, 3 October 1997.

The most daunting task associated with this role will be filling the shoes of previous AICA presidents – in particular, those of immediate past president Madeleine McPherson. Madeleine has made a unique and valuable contribution to Australian infection control in her years as a practitioner and as a member of the West Australian and national executives. In her role as president of the national executive she has been an outstanding role-model, mentor and advocate for all Australian infection control practitioners and, as her friend, I wish her every success in any future ventures and thank her for leaving the AICA in such a fertile position.

The presidency presents me with an exciting challenge, that of leading Australia's foremost infection control body. The challenges and opportunities facing the AICA executive team are no different to those we face as individual infection control practitioners working in rural or metropolitan Australia: our customers are our livelihood and we must strive to meet their needs.

Our first major challenge is to consolidate the AICA executive and align our missions and goals for the next 2 years. An executive meeting was held in Sydney on 15 and 16 November, to discuss various strategies and welcome on board new members and key stakeholders: Margot Ward from the ACT, who replaces Helen Bedford, and Gabby Robathan from WA, who has volunteered to oversee the production of our journal, a very demanding and often frustrating task which was previously undertaken by Dianne Dalton from NSW. On behalf of the executive and the membership, I would like to thank both Helen and Dianne for their dedication and commitment over the past few years.

The second challenge is establishing the needs of the AICA membership. The executive team is keen for the association to provide the services that our members will find most useful. To identify these, a 'membership needs analysis' is being developed for distribution to members. Once member-

ship needs have been clearly identified, we will be seeking the opinions and enlisting the assistance of the broader membership in developing and providing a range of services. AICA subcommittees will be formed to look at addressing current issues such as surveillance, information technology, research and epidemiology. Members who have indicated their interest in assisting the AICA will be invited to work with the executive, and additional recruiting will be undertaken. Increased involvement of the membership in the AICA is crucial to the association's survival and to ensure that the vision of the executive team remains closely aligned to the needs of members.

The 1997 AICA executive looks forward to serving the membership and encourages members to contact us with any comments on the association or *Australian Infection Control*.

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