

# President's Message



**The Annual conference heralds in a new year for the association and with every new year comes new challenges. Each conference with its scientific and social programme provides us with the intellectual nourishment to face those challenges.**

**T**here is no doubt that AICA will grow in stature as a professional organisation within the health care field. In the twelve months that I have been privileged to serve as your president I have been very aware of the talent and knowledge that surrounded me. The members of the executive are enthusiastic, hard working and wise. Through them, great achievements have been made and will continue and I thank them all for their support and friendship through a busy year.

People who take on executive positions, either in their state/territory or nationally are committed to the advancement of the association and this commitment comes at a price. It is not an exaggeration to say that all Infection Control Nurses are very busy people throughout their working day. Being a member of an executive extends that working time into precious free time usually regarded as sacred.

There are groups of infection control nurses around the country who excel in the work they do for the benefit of infection control and quality patient care nationally.

One such group is the conference committee. Planning for a national conference begins at least two years before the event and builds up to a frantic pace in the last few months before the event. This conference is our

showcase to the country and a high standard has been set over the years reflecting of our maturity and professionalism of our organisation.

The hours that go into such an event are staggering.

The second group is the editorial committee. Five editions of the Australian Infection Control have now been produced. It has certainly developed into a credible, quality journal. The Editor in Chief, Dianne Dalton, communicates with her Sub Editors in each state/territory via the telephone but the final work rests with her. The difficult task of this committee would be made easier if members were more forthright with articles for publication. It is evidenced in the papers presented at the annual conferences that work worthy of publication is already being produced around the country. Why is it not reaching the editorial committee? I personally think some of the work done in Australia is second to none and should be proudly displayed in our own journal. The future success of this journal rests with us all, not just a few.

Other members have been working on the formation of the Standards for Infection Control. Add to this the various committees on which we have representation and you find dedicated people giving freely of their own time for the benefit of infection control in Australia. Through promotion of our organisation these commitments will increase and it is hoped that those who are unable to commit time to such projects will support those who do in whatever way possible.

Work continues with the National Nursing Organisation with Marilyn Leaver as our representative. Currently being discussed are the definitions of progression in nursing skills and the criteria for designation of nursing specialities as well as the issue of

certification. As a multidisciplinary group, we have been assured by the ANF that our unique structure will be acknowledged and respected by that organisation. In the meantime a group of Infection Control Nurses in NSW are considering the formation of a national working party to formulate criteria for credentialling within our organisation. Any interested people should contact their state president for more information.

## **What of the future**

More than any other specialty, our future remains a moving target. Gone are the days of simple infection control ideology with the unproven, unscientific environmental sampling, reliance on disinfectants and indiscriminate isolation of patients, depriving them of their individual rights and freedom. The future is in good epidemiology (and hopefully in the not too distant future this will be incorporated in our title), surveillance both for the purpose of statistical analysis, prevention of the spread of infection and early detection of problems with the object of overall improvement in the quality of care and patient outcomes.

Ensuring a safe environment for patients and staff in these days of new and emerging pathogens, some with multiple antibiotic resistance, short stay patients and minimally invasive surgery with equipment that is difficult if not impossible to sterilise as well as the multitude of invasive devices and complex patients are daily events.

The pathogens may be changing but what about our attitudes.

The future is exciting and with a strong organisation we will be well equipped to enjoy its fruits.

**Madeleine McPherson**  
**President**