



August 2018

IPCNC

From the Editor

By Claire Underwood

Hello and welcome to the August edition of the Infection Controlla.

In this edition there is a report from Justine Wheatley who won the BD award for best new speaker at the 2017 conference. Her prize was spent on attending the HQSC study day in May. We have an excellent and thought provoking piece on reusable shopping bags by Francie Morgan. There is no chairperson report in this issue as Robyn is away on leave.

There is a Conference update on page 6, one of our keynote speakers had to withdraw so this has delayed the programme being circulated. A replacement speaker has been found. The conference programme is now on the conference and IPCNC website. Once again we have excellent sponsorship so there will be good representation from the industry which supports the work of IP&C. **Please remember that travel and scholarship funds are available to assist you to come to conference if you have been a member of the college for two years.**

Website Report

Following on from a recent IPCN College Regional Co-ordinators teleconference, the option of having tabs on the home page for each region so that regional IPC activities and news can be showcased, is currently being investigated.

The Forum has been quieter these past two months. Popular topics have been:

- Sterile gowning and gloving at the scrub bay vs in the operating theatre
- Virtual pets and effective cleaning between uses (or not!)
- Purchasing of Glitterbug type potions

Please access our National Conference 2018 registration through the Home Page where there is the link to the conference website.

Francie Morgan

Website Administrator

Financial Report

Currently we still have healthy bank accounts.

As of 23-5-18 we have:-

\$20,465 in the cheque account and

\$12,202 in the savings account

\$59,031 in Term deposit which renews in January 2019 &

\$ 26,196 in the term deposit which renews in October 2018.

All well in our bank account. We are still ironing out some kinks in the on-line banking system. Please approach the IPCNC if you have Infection, Prevention and Control study that needs funding. See the member part of the website for details.

Carolyn Clissold

Treasurer

Membership

We had a productive regional coordinator meeting in May and we are currently working through a plan for improved access for regional areas on the website.

There has been a steady stream of membership enquiries with conference just around the corner.

Please remember to update your details on both the IPCNC website and the NZNO website to ensure you are receiving our newsletters and regional coordinator education events details and of course access to our wonderful forums!

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Alison Carter, Christchurch
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Putting prevention first

Leadership and action on preventing healthcare associated infections

By Justine Wheatley

17th May 2018 9-4pm at Te Papa,
Wellington

A review of the day and key learnings:

Preventing Catastrophic Outcomes: multiple barriers of defense

Speaker Mathew Ames was truly inspirational. He discussed his 20 year career of managing risk in the energy and resources industry and used the Deepwater Horizon oil spill in 2010 to examine the multiple barriers in place. The human error in down grading each breach of barrier and the lack of communication for the big picture before the oil pipe blew caused this catastrophic event. He then discussed the healthcare system in the same light. He used the event of having a debilitating infection as healthcare's catastrophic outcome from a mantra of 'do no harm'. He had the perfect mix of professionalism and personal experience with an in-depth understanding of strategy, risk and culture change.

His personal experience with catastrophic outcomes was an emotional and motivating story. He became unwell with a sore throat and a skin rash that was never taken seriously. After many visits to the doctor and several ED visits, he arrived at hospital and was diagnosed with invasive group A streptococcus infection and fell into a coma for 3 weeks. He was given a 1% chance of survival, and had to have all four limbs amputated to save his life. He was 39 years old at the time with a wife and four young children.

Key learnings: Build a culture of safety at the hospital you work at! From tapping someone on the shoulder and getting them to clean their hands; helping when a nurse is doing a dressing if they need more sterile supplies; incident reporting a near miss; discussing a case at the theatre team briefing – all builds a culture of safety for the patient and the staff.

www.infectioncontrol.co.nz

Clinical Governance and Leadership

This was a review of leadership from Gillian Bohm HQSC through eyes of inspirational leaders and focusing on healthcare and our development of leadership to influence others toward the achievement of goals. I learnt we should measure what matters, ask the patient what matters, and ask myself what I can do to improve regularly.

Key learning on Leaders:

- Should be visible and lead by example
- Creates conditions for others to flourish – challenge, enable, inspire,
- Are resilient – grow in a climate of change

Challenges we face in healthcare are that populations and disease patterns are changing. The world knowledge is now doubling every year with 4 billion internet users and 5 billion smart phone users. We live in complex systems where old models need to be evaluated for fit for purpose. It is important to learn to reflect daily.

Key Learning: Highly connected people have twice as much power to influence change as people with hierarchical power. Effective clinical governance is when everyone in our organisation truly understands their shared responsibility and contribution to clinical care.

Panel discussion on Clinical Engagement

Nothing about us, without us – discussing what patient-centered care actually means (to health professionals and to patients)

Peripheral Intravenous Line (PIV) Management

We had discussions from Nikki Grae from HQSC; Lynette Lennox from IVNNZ; Doctor Mathew Kelly from Hutt Valley DHB PIVC project and Carolyn Kirker from Capital and Coast DHB IV nurse specialist. Nikki introduced the need to re-evaluate a peripheral access lines and Lynette discussed the IVNNZ's national wide platform. She addressed the essentials of caring for PIVC; good hand hygiene practice, a small gauge, an extension set, and to understand the complications of treatment. She emphasised that if a patient has pain at the PIVC site this an important precursor to phlebitis.

Key learning: PIVC should be above the wrist and below the ACF. The forearm is the perfect place for a PIVC as it is naturally splinted with minimal movement. This area does have lots of adipose tissue so the needs to be more use of ultrasound for placement of lines. 'Scrubbing the hub' (cleaning the PIVC port) when using alcohol for 15 seconds is 73% effective while using chlorhexidine/alcohol for 15 seconds is 95% effective.

Mathew Kelly ID physician at HVDHB, discussed how a rise in SABSI infections related to PIVC's had prompted the IPC team to work with ACC to design and promote a campaign around how HCW use and care for PIVC's. This is called 'Know Your IV lines' and the bundle is centered on ready, review, remove. Giving information cards to patients at the time of insertion prompts ongoing conversations regarding their PIVC care. These were: "it's a bit sore", "it's loose", "when can it come out?", "what is it in for" This idea was really great to empower the patient. Matt also talked about the importance of having the phlebitis assessment on the EWS chart.

We all participated in an 'unconference' session to finish the day. We had to pick IPC topics we were passionate about and then sell the topic to others. We had to promote and engage followers to write a poster proposal that people could vote on. It was a great yet challenging workshop and the rules of engagement were clearly defined to make respectful but interesting banter. The whole theme was to develop a participant driven process where the agenda is set by the working party.

We finally had the closing remarks by Sally Roberts clinical lead from ADHB and all our ideas were to be used by ACC to develop resources for putting prevention first (the theme of the workshop). I was proud and excited to be part of the decision making process towards IPC across New Zealand and learnt a great deal from the robust panel discussions and the wealth of experience from the speaker's discussion points. I will endeavor to bring all these ideas and methods into my practice to further build a culture of safety for staff and patients in our organisation.



Hospital cleaning and glove use were among two hotly debated topics in the unconference section of the day!



Poetry Corner

Haiku is a traditional form of Japanese poetry. Haiku poems consist of 3 lines. The first and last lines of a Haiku have 5 syllables and the middle line has 7 syllables. The lines rarely rhyme.

Dunedin poet Ruth Arnison has written a Haiku poem for the Infection Controlla this month. Thank you Ruth.

Isolation ward

Infectious smiles

Welcome

An “ethically correct” trip to the Supermarket with your reusable grocery bag!

Ongoing “do-gooding” about getting rid of plastic bags from the supermarket in favour of reusable grocery bags (RGBs) opens the “for the good of all” discussion. Environmentalism is hugely alive and bursting with all the virtues that cast second glances at those who throw their rubbish into the wrong colour coded recyclable bins! Even more deserving of evil glares is when you choose to reuse your dreaded plastic bag for other life uses before its final demise.

So when we next visit our local supermarket and proudly boast our reusable grocery bag with the purpose of ceasing environmental and animal life destruction (and more efficient carrying of less bags, though heavier, remembering our manual handling training tips - not so many back and forth trips from the car to the kitchen cupboards!) We may need to be prepared for a different type of consequence.....

Supermarkets are not clean places and neither are reusable grocery bags. Shoppers tend to not wash their RGBs and faecal bacteria can be found on RGBs. Big deal you say? What’s a few faecal organisms between RGBs.....after all we do ingest faecal bacteria all the time don’t we?

A delightful study was undertaken by some fastidious public health people with MD and PhD and other well-earned credentials in California. This study was published in the June 2018 Volume 80 Number 10 issue of the *Journal of Environmental Health*. They set up a study to investigate the potential for contaminated RGBs to distribute viruses within a public grocery store. The study hypothesis was that norovirus could be spread from a contaminated RGB to various public surfaces in the grocery store. Three large grocery stores were chosen and volunteer shoppers were recruited in front of the store upon entering. After verbally consenting, shoppers were instructed to undertake their shopping using an RGB provided to them by the study team. The volunteers would shop using a store-provided grocery cart and were followed by a study team member who swabbed surfaces and items touched by the volunteer shopper.

A microbial surrogate was used to safely trace the norovirus transmission pathway in the presence of customers. This surrogate was a bacteriophage, non-infectious laboratory strain not found in the natural environment or on fomites. For this reason, it was not necessary to decontaminate the bags and surfaces in the three grocery stores before the study commenced.

The new RGBs were purchased for less than US\$1 each and bags were made from unwoven polypropylene. The bag and its handles were thoroughly sprayed with 5ml of the bacteriophage in solution. To cut a very detailed microbiological description short - the concentration of the surrogate solution used in this study was a similar high concentration of

norovirus that can be shed by an infected individual’s vomit or faeces. The RGBs were hung to dry in ambient outdoor air for 15mins then folded and placed in individual sealed zip lock bags. The shopper would be given the RGB and told to go about their shopping using the bag and then arriving at the checkout to still use the same bag.

Did the shoppers get an incentive? Yes, they did but they were not told what it actually was until after they had completed their shopping! Each volunteer was given a \$10 - \$15 store credit on a gift card.

It’s a no brainer to predict that all surfaces touched by the shopper were culture positive for the bacteriophage and some surfaces were more heavily bio burdened than others. Hands from the volunteer shoppers, packaged food items, unpackaged produce, customer check out screens, checkout scale, checkout conveyor, checkout operator keyboards were all found to be covered in bacteriophage.

This study is a good read particularly if you have a phobia on norovirus and communal touch surfaces. This will feed your phobia quite nicely!

The RGBs are touched by people, come into contact with many surfaces and are used to carry a variety of household items in addition to groceries. As hands are (no surprises here!) the most frequent point of contact, the risk of cross contamination and possible infection can be mitigated through promotion of an in-store hand hygiene campaign, more frequent surface disinfection of checkout counters and keyboards and probably a few other infection prevention and control gems as well!

So whilst basking in the heart-warming feel good of “for the good of all” in our support of RGBs it may be yet another challenge of true utopianism to keep our RGBs clean, to cleanse our hands often and approach the supermarket with more dread than we currently confess to!

Francie Morgan

Reference

Sinclair,R.,Fahnestock,L.,Feliz,A.,Patel,J.& Perry,C.(2018).The spread of a norovirus surrogate via reusable grocery bags in a grocery supermarket. *Journal of Environmental Health*. 80 (10) 8-14.





Early Bird Registration closes August 30th!

<https://www.ipcconference.co.nz/>

Key Note Speaker topics include:

- **Professor Dinah Gould:** Hawthorn effect on hand hygiene; Attitudes to Infection Prevention & Control; Aseptic technique.
- **Terry McAuley:** The challenges involved in implementing AS/NZS4187:2014 and Reprocessing of reusable medical devices in office-based practice – what does the future hold?
- **Glenys Harrington:** IPC in the operating theatre and environmental cleaning

Talks from local speakers will include updates on:

- The history of Antibiotics
 - HIV and AIDS
 - Tuberculosis
 - Shivers Study
 - Management of MDRO's
- Emerging issues such as CRE and Candida auris

Pre-conference session on Steam and Microfibre cleaning

Contact Claire Underwood for more information: claire.underwood@huttvalleydhb.org.nz

Regional Reports and future study days

Northland/Auckland Region

Our region was extremely fortunate to have OBEX MEDICAL sponsor our regional education forum which was held on July 3rd. The theme of the forum was "Water in patient care environments" and those attending were a mix of both DHB, private surgical hospitals and community and long-term care settings. OBEX MEDICAL provided a great venue at their Conference and Education Centre. The theme of "water" was chosen due to numerous requests following on from the Auckland IPCN College Conference 2017 after awareness was raised through speaker presentations on water in hospitals. Topics presented at this regional forum were:



Water for Public Safety in Auckland presented by Shanshan Li, Programme Supervisor, Drinking Water Assessment Unit, Auckland Regional Public Health Service.

Water Filtration presented by John Matthews, Marketing and Strategic Leader (Engineer) Pall Medical Australia/New Zealand, for Medical Technologies in Breathing, Intravenous, Cardiovascular, Surgical, OEM, Cell Therapy and Water.

Copper Silver Water Treatment presented by John Prasad, Water Engineer, IRM Ltd

Reticulated water systems in hospitals and Legionella presented by Dr Matthew Rogers, Clinical Microbiologist and Lead, Microbiology Department, Waitemata DHB.

Water in medical equipment – heater cooler units used in cardiac bypass surgery – NZ MOH IP&C Guideline/Minimum Requirements presented by Francie Morgan, IPCNS, MercyAscot Hospital.

At the conclusion of the forum open discussion was held about the formation of a 'Water Roundtable' for which a TOR is currently in development. It is envisaged that this group will be a coming together of healthcare professionals who can discuss the challenges of water safety programmes in hospitals and share resource so that the vast region of Northland and Auckland can have some consistency in water safety programme content and protocol.

The Northland/Auckland region has recently benefited from an email member group update and there are many new members.

I have expressed my intention to stand for Chairperson of the College in the upcoming 2018 AGM and should I be successful I would be welcoming of any interest amongst regional members to take up the challenge of the role of Regional Co-coordinator for the Northland/Auckland region.

Francie Morgan

Regional Co-coordinator

Northland/Auckland Region

Canterbury

Here we are enjoying a milder than usual winter with much lower than predicted influenza numbers – fingers crossed it continues.

Our last meeting was held on 11th May where our guest speaker, Prof Steve Chambers provided an interesting discussion around antimicrobial resistance and MDRO and Rosie Greenless, Scientist CHL provided a great presentation on the optimal test samples for microbiology testing. This was followed by the usual meeting agenda items. Jane Barnett tendered her resignation as regional coordinator as she will be moving to Auckland and I was nominated to take over the post - very big shoes to fill!! Julie White has kindly agreed to take on the secretary role, I'm sure she will keep me on track! Our thanks and very best wishes to Jane for the future.

We are busy with preparations for the 2019 conference here in Christchurch with some exciting key note speakers confirmed. More details will be revealed at the 2018 conference in Hutt. Apart from the conference it will be a great opportunity to see how Christchurch has changed since the 2011 earthquake.

Mike O'Callaghan

Regional coordinator South Island

Greater Wellington Region

There was no meeting for the Greater Wellington Region.

Southern report

The Southern region held its Study day and meeting in Dunedin at the lovely Balmacewen Golf Course on Friday 8th June.

It was a full day programme and attended by over 50 participants. A large number of these were non-member participants who thoroughly enjoyed the educational component of the day.

Drs Arnold and Ussher gave presentations on Antibiotic stewardship, outlining the increasing importance of these programmes and how we can all contribute to better outcomes.

Miriam Vollweiler gave a spotlight on vaccination within her private health facility and the time and effort these programmes take of a single practitioner's time. Miriam runs a slick campaign and is rewarded with good responses. This is often hard work and most people in the room understood where she was coming from.

Marcella Cotton presented a number of questions for participants on MDRO scenarios – this got the thinking caps on, and lots of discussion was held as many different type of healthcare facilities were represented at day.

Clostridium difficile and lab result interpretation was discussed by Gayleen Parslow from SCL and Jo Stodart rounded up the day with the topic heading, "Where is IPC heading in NZ?"

With the conference being held end of October early November we will try for a webinar type meeting for our regional get together at the end of the year. This will certainly stretch my IT knowledge, and was discussed at our regional meeting.

IT / social media is the way of the future and we need to embrace these opportunities. We are also looking into opening a "closed" group Facebook page for Southern members so watch this space.

Keep warm this winter

Jane Miedema

Southern Regional Co-coordinator

Midland Region

There will be a meeting on the 24th August – feedback in the next Infection Controlla.

Central Region

There was no recent gathering for the Central Region, the next one is planned for 7th November 2018 at Wanganui Hospital contact Jacqui Pennefather to register for the day.

jacqueline.pennefather@wdhb.org.nz



Webber Training Teleclasses

www.webbertraining.com

To listen to these lectures visit the web site for information on joining. Free to members.

June 13, 2018	<p><i>(South Pacific Teleclass)</i> <u>INVOLVING PATIENTS IN UNDERSTANDING HOSPITAL INFECTION PREVENTION AND CONTROL USING VIDEO-REFLEXIVE METHODS</u> Speaker: Dr. Mary Wyer, University of Sydney, Australia</p>	View
June 21, 2018	<p><i>(FREE Teleclass)</i> <u>THE FUTURE OF INFECTION CONTROL – BRIGHT OR BLEAK?</u> Speaker: Martin Kiernan, University of West London</p>	
July 17, 2018	<p><i>(FREE European Teleclass)</i> <u>HOSPITAL INFECTION CONTROL FROM A DEVELOPING COUNTRY'S PERSPECTIVE</u> Speaker: Dr. Aamer Ikram, Director, National Institute of Health, Islamabad, Pakistan</p>	
July 19, 2018	<p><u>FLOOD REMEDIATION IN HEALTHCARE FACILITIES – INFECTION CONTROL IMPLICATIONS</u> Speaker: Andrew Streifel, University of Minnesota</p>	
August 16, 2018	<p><i>(FREE Teleclass)</i> <u>INTERPRETING RESEARCH EVIDENCE: A KEY SKILL FOR INFECTION CONTROL PROFESSIONALS</u> Speaker: Prof. Donna Moralejo, Memorial University School of Nursing, Newfoundland</p>	
August 22, 2018	<p><i>(South Pacific Teleclass)</i> <u>CONTROL OF CARBAPENEMASE-PRODUCING ENTEROBACTERIACEA IN AN ENDEMIC SETTING: DO CLASSICAL IPC METHODS WORK FOR NEW AGE BUGS?</u> Speaker: Dr. Kalisvar Marimuthu, Tan Tock Seng Hospital, Singapore</p>	
September 6, 2018	<p><u>MOLECULAR DIAGNOSTICS AND ITS ROLE IN INFECTION PREVENTION</u> Speaker: Sanchita Das, University of Chicago</p>	
September 13, 2018	<p><i>(FREE Teleclass)</i> <u>NEONATAL SEPSIS PREVENTION IN LOW-RESOURCE SETTINGS</u> Speaker: Prof. Dr Angela Dramowski, Stellenbosch University, Cape Town</p>	
September 27, 2018	<p><u>CHLORHEXIDINE USE AND BACTERIAL RESISTANCE</u> Speaker: Prof. Jean Yves Maillard, Cardiff University, Wales</p>	
September 30, 2018	<p><i>(FREE European Teleclass - Broadcast live from the 2018 IPS conference)</i> <u>Cottrell Lecture ... SURVEILLANCE BY OBJECTIVES: USING MEASUREMENT IN</u></p>	

THE PREVENTION OF HEALTHCARE ASSOCIATED INFECTIONS

Speaker: **Prof. Jennie Wilson**, University of West London

(FREE CBIC Teleclass)

October 11, 2018

INFECTION CONTROL CHAMPIONS ARE MADE, NOT BORN

Speaker: **To be announced**

(South Pacific Teleclass)

October 17, 2018

BIOFILMS IN THE HOSPITAL ENVIRONMENT - INFECTION CONTROL IMPLICATIONS

Speaker: **Prof. Karen Vickery**, Macquarie University, Australia

INFECTION PREVENTION CORE PRACTICES: RESETTING THE BAR FOR SAFE PATIENT CARE

October 18, 2018

Speaker: **Prof. Ruth Carrico**, University of Louisville

Sponsored by GOJO (www.gojo.com)

(FREE Teleclass)

October 25, 2018

"AHEAD" – A CONSOLIDATED FRAMEWORK FOR BEHAVIOURAL INFECTIOUS RISKS IN ACUTE CARE

Speaker: **Prof. Hugo Sax** and **Dr. Lauren Clack**, University of Zurich Hospitals

MYTHS AND FACTS REGARDING INFECTION PREVENTION AND CONTROL IN OUTBREAK SETTINGS

November 8, 2018

Speaker: **Prof. Adriano Duse**, University of the Witwatersrand, Johannesburg, South Africa

[View](#)

HEPATITIS C IN PRISONS - FROM INDIVIDUAL CARE TO VIRAL ERADICATION STRATEGY: A BENEFIT FOR THE COMMUNITY

November 15, 2018

Speaker: **Dr. Roberto Ranieri** and **Dr. Ruggero Giuliani**, Penitentiary Infectious Diseases Unit, Santi Paolo e Carlo Hospital, University of Milan, Italy

[View](#)

INFECTIOUS DISEASE HIGHLIGHTS AND LOWLIGHTS IN 2018, AND WHAT TO EXPECT IN 2019

December 6, 2018

Speaker: **Dr. Larry Madoff**, ProMED Editor, Director, Division of Epidemiology and Immunization, Massachusetts Dept. of Public Health

Sponsored by the World Health Organization, Infection Prevention and Control Global Unit

WE WILL ALSO BROADCAST LIVE FROM THESE CONFERENCES ...

I hope that you can attend them in person, but if not, we will broadcast one or more lectures live from each of the following conferences:

- ... [Infection Control Africa Network](#) (July 8-11)
- ... [Infection Prevention Society](#) (September 30-October 2)
- ... [New Zealand Infection Prevention and Control Nurses College](#) (October 31-November 2)
- ... [Healthcare Infection Society](#) (November 26-28)

ABBREVIATIONS

Below is a list of some of the abbreviations used in the Infection Prevention & Control world. Feel free to email me with more.

ABBREVIATION	MEANING
IP&C	Infection Prevention & Control
IPCNC	Infection Prevention & Control Nurses College
NDICN	National Division Infection Control Nurses
HQSC	Health Quality & Safety Commission
HAIGG	Healthcare Associated Infections Governance Group
SSI	Surgical Site Infection
ACC	Accident Compensation Corporation
ASID	Australasian Society for Infectious Diseases
ACIPC	Australasian College for Infection Prevention & Control
SIPCAG	Strategic Infection Prevention & Control Advisory Group

A word from the Editor

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