



- Chairperson Report
- Treasurer Report
- Membership Report
- IPCNC Committee
- Conference 2022
- Angie's Story: A covid diary!
- The Sepsis Conference: Nita Brown
- Pandemonium
- Education Section
- Food for thought
- Last Word 😊

STAY INFORMED: STAY CONNECTED



- IPCNC Twitter account :@IPCNCNZ
- IPCNC Facebook page:
Infection Prevention and Control Nurses College, NZNO

www.infectioncontrol.co.nz



EDITORIAL: By Anne-Maree Wagg

By the time you receive this edition of the Controlla, which I started in March, I hope it's not Christmas!!

These past few years have sure been tough. Who could have predicted! Though I count myself one of the lucky ones when it comes to nursing, I still find myself succumbing to the stress that is COVID. As they say, my get up and go got up and left. For me that was my creative ability to put this publication together. I have come to the stage where the uncertainty in the world is just crippling.

By now, Hand Hygiene Day and International Nurses' Day, amongst many other celebrations on our calendar have passed. And we should celebrate all the things we have achieved. The world has a greater understanding of IPC. Mask wearing is not just for criminals. There is more awareness of correct hand hygiene, and

phrases like 'breaking the chain of infection' and 'viral load' now roll off the tongue in everyday language. Even 'self-isolation' has become a dictionary word!

Hope is on the horizon. Our conference is planned for November, a face-to face one at that! I'm feeling 'third time lucky'. Also, our borders are opening, so we can once again travel to reunite with family or take a much-needed rest.

Take care of yourself,
be kind to yourself.



ACTING CHAIRPERSON'S SPIEL: Lisa Gilbert

Welcome to 2022 – another year, another challenge. COVID seems to be the gift that keeps giving. ***At the moment it seems like trying to hold back a tsunami.*** It really doesn't matter in what part of the health system you work; IPC advice is in high demand.

Carolyn Clissold has decided to stand down as chair and I (for better or worse) am doing my best to step into the void that she has left. I would like to take this opportunity to thank Carolyn for her leadership and vision over the past few years. She has worked tirelessly behind the scenes to have IPC at the table nationally, and her advocacy on the COVID-19 IPC TAG (among many other committees and groups) has raised the profile of the College.

To introduce myself, I have been working in DHB IPC since 2002 – thinking I would pick up a nice little part time job while my children were little. Over the next nearly 20 years I caught the IPC bug and moved into full time IPC work looking after DHB, primary care and aged residential care. In 2021 I took a secondment to the COVID-19 vaccination programme and became the logistics manager for Taranaki, working with providers to set up their COVID-19 vaccination services. I am now working in the private surgical sector and am still finding challenges and gaps in my knowledge. I live in a small village just outside New Plymouth with my partner and three of our shared seven children.

Along with a change in chair, there has been yet another change to our (2021) conference. It is now locked in for November 2022 – ***more on that later in the newsletter.*** The conference organising committee have shown amazing commitment with the changing dates, meaning they have effectively organised three conferences.

It is with sadness we farewell Ruth Barrett from the IPC Fundamentals Programme administration role, one that she has filled with her trademark attention to quality and tireless enthusiasm. Joanne Baigent has now taken over and is ensuring cohorts of learners are being matched with mentors, as well as the other administrative work.

For those of you still having issues logging into the website there are some helpful guidelines later in this issue. I look forward to hearing your sage advice in the now functional forum. This is an excellent tool that I have used innumerable times over the years. If there is one thing the IPC practitioners excel at, it is leveraging off their peers to find solutions and support.



Take care of yourself out there.

Lisa

Hi All,



The Infection Prevention and Control Nurses College recognises that for the past two- and a-bit years all our IPC members have been central to the effectiveness of the New Zealand response to COVID-19.

This Hand Hygiene Day (5th of May), the College would like to thank each and every member for their contribution to the Health of New Zealanders. We acknowledge the impact COVID has had personally and professionally on each and every one of us.

The committee understands that members of the college do not currently have time to complete puzzles, quizzes or to nominate fellow members. With this in mind, a random draw was held for members of the college to win 1 of 10 Pressie cards.



The winners of the draw were

- Penny Barber-Tidd
- Letitia Brewin
- Tracey Cables
- Theresa Davis
- Louise McIntosh
- Siew Ling Ong
- Jeanette Paterman
- Catherine Salcedo
- Morgan Sando
- Anne Scollay

Congratulations to the winners and our thanks to all members.

Kind Regards,
Lisa
Acting Chair
NZNO Infection Prevention and Control Nurses College.

TREASURER'S REPORT: Sue White

Treasurers Report 20th June 2022

IPC conference	\$ 78,498.46
Committee Support	\$ 22,115.59
Regional Education	\$ 2,214.80
Long Term Deposit	\$ 63,781.51
<u>Foundation programme</u>	<u>\$ 480.00</u>
Total	\$167,090.45

Outgoing \$847.07 reimbursement to committee for face-to-face meeting.

Foundation Programme Account:

Outgoing	\$ 2500.00	Mentoring	(03/06/2022)
	\$ 3500.00	Mentoring	(Awaiting payment)
Incoming	\$ 480.00	x 4 \$120.00	Fundamental Programme

Sue White

IPCNC Treasurer

ipcnctreasurer@outlook.co

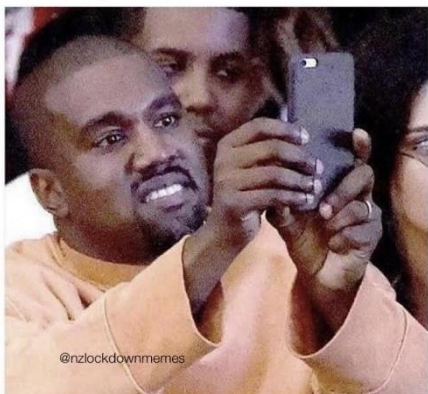
sueterry.white@xtra.co.nz

MEMBERSHIP REPORT: Aleisha Taylor

Kia ora IPCNC members. I hope you are all doing well as we continue what feels like the never-ending story of COVID-19 and now influenza.

I have just recovered from COVID myself so apologies if you have been waiting on membership queries, I am back on board and getting through the backlog. I don't know if many of you use Instagram, but some of the joke pages have given me something to laugh at during the crazier times. If you have Instagram @nzlockdownmemes has been a constant source of mindless entertainment for me! I definitely recommend you follow a long if you need a pick me up.

Literally everyone taking a pic of their covid test for instagram



In terms of our membership numbers, we continue a steady climb. Welcome to our new IPC enthusiasts!

If you haven't stopped by yet our new website is up and running. Over 600 members were added during the new site on launch so please do get in touch if you have been unable to login. Visit us at this link: [IPCNC \(infectioncontrol.co.nz\)](https://infectioncontrol.co.nz) and click reset password if you cannot gain access. Your email address is which ever you used to sign up with NZNO or the college so if it has been some time and you cannot remember which one you registered with email me at: membership@ipcnc.co.nz or Aleisha.snep@gmail.com and I will check our database. New members can sign up here:

[Join Us – IPCNC \(infectioncontrol.co.nz\)](https://infectioncontrol.co.nz)

Here are the current membership numbers:

Region	Full members	Associate	
Canterbury	155	3	
Central	67	-	
Auckland	186	11	
Midlands	134	5	
Southern	98	3	
Wellington	81	2	
Total members	721	24	
Overall total			745

Until next time! Look after yourselves and keep up the wonderful work 😊

Kia Kaha,

Aleisha Taylor

IPCNC Membership & Regional Coordinator

0212641109

Aleisha.Snep@gmail.com | membership@ipcnc.co.nz

The IPCNC Committee:



Acting Chair: Lisa Gilbert
PH: 027 448 8339
chair@ipcnc.co.nz

Secretary: Henrietta Sushames
PH: 027 2823720
secretary@ipcnc.co.nz

Incoming Treasurer: Sue White
sueterry.white@xtra.co.nz

Outgoing Treasurer: Jo Stodart

Website Co-ordinator: Lisa Gilbert
PH: 027 448 8339
Lisa.Gilbert@schl.co.nz

Membership Coordinator:
Regional Group Coordinator: Aleisha Taylor
PH: 0212641109
membership@ipcnc.co.nz
Aleisha.Snep@gmail.com

Publications (Controlla): Anne-Maree Wagg
PH: 021 442 662
waggles_nz@hotmail.com



Wow! We have had a great response.

Watch this space!! 😊



****New Date: November 23rd – 25th, 2022****



IPCNC CONFERENCE | ASCOT PARK HOTEL, INVERCARGILL, NZ | 23-25 NOVEMBER 2022

Conference Website:

<https://www.ipccconferencenz2022.co.nz/>



Ascot Park Hotel

INVERCARGILL • NEW ZEALAND



Invite from the Convenor:

We warmly welcome you to the Deep South.

The Infection Prevention and Control Nurses College (IPCNC) Conference in 2022 is to be held at the Ascot Park Hotel, Invercargill, NZ, Wednesday 23 to Friday 25 November 2022.

Infection Prevention and Control is exciting work. We are in a time dynamic and unpredictable global change. We welcome you to join other inspired IPC personnel and renowned experts for the benefit of all.

Our conference theme “Just Bluffing It” refers to both our southern roots and the many metaphorical bluffs, mountains, and valleys we traverse each day.

The conference will include clinical and patient perspectives, and specialist sessions on infrastructure; cleaning; MDROs; Covid-19; IPC in the community; and interactive forums on topical issues. We will also take time to look at our own wellbeing as we are the most valuable IPC resource!

Due to current international travel restrictions, we will not be confirming international speakers until early 2022.

We will celebrate IPC Nursing through posters and presentations. By sharing our stories and hearing one-another we can grow stronger and wiser.

With true Southern hospitality we offer a relaxed, interactive, and dynamic conference that will both consolidate and challenge our current practices alongside exploring new theories/developments and initiatives.

The Ascot Park Hotel is the conference venue, and provides accommodation on site, including fitness area, spa, sauna and indoor heated pool. Consider extending your stay to enjoy Fiordland, The Catlins, Stewart Island or Queenstown.

We look forward to seeing you in Southland in 2022!

COVID vaccination policy

In line with the current Public Health Response Order, all attendees at the IPCNC conference 2022 must be fully vaccinated, for COVID-19, to attend and will be required to provide proof of vaccination (or official exemption). If you are unable to provide confirmation, admission will be declined. This may be subject to change as per MOH guidelines

<https://www.ipccconferencenz2022.co.nz/useful-info/registration-information/>

REGISTER NOW!

CALL FOR ABSTRACTS



Poster submissions have been extended

The Infection Prevention & Control Nurses College (IPCNC), New Zealand conference organising committee invites submissions for oral and poster presentations for the biennial conference to be held in Invercargill from 23-25 November 2022.

Our conference theme "*Just Bluffing it*" refers to both our southern roots and the many metaphorical bluffs, mountains and valleys we have encountered over the past 2 years and will continue to experience in the foreseeable future. Our signpost incorporates some of the many qualities that IPC nurses display in their profession particularly when meeting new challenges. IPCNC especially wishes to invite and encourage new IPC practitioners to submit abstracts.

This is an ideal opportunity to share your challenges, experiences, innovations, knowledge and your successes with other IPC and healthcare professionals.

KEY DATES

- **Abstracts close:**
Friday 29 July
- **Authors advised of selection:**
Friday 12 August 2022
- **PowerPoint presentations to be received:**
Friday 11 November 2022

FOR FURTHER INFORMATION:

<https://www.ipccconferencenz2022.co.nz/>

REGISTRATION:

If your abstract/poster is accepted, you are required to register to attend. All presenters receive a \$100 discount of the published registration fee.

Abstract Submission Form

Title of Abstract:

Authors Name/s *Presenter's name to be highlighted*

Hospital / Organisation

Email

Telephone

Mobile

Oral:

Poster:

Are you a first-time presenter at the IPCNC Conference? No Yes

Awards To be eligible for the awards you must be a full member of the Infection Prevention & Control Nurses College.

Please indicate below which award.

Best New Oral Presenter Award Yes No

Best Oral Presentation Award Yes No

IPCNC Conference Poster Yes No

Email abstract to:

joanne@conferenceteam.co.nz

Receipt of Abstract:

Notification will be by email only

Acceptance:

Acceptance will be advised by email by Friday 12 August 2022

Presentations: All oral presentations must be by PowerPoint files. You will be supplied with PowerPoint template to use – 16:9



My personal COVID-19 experience- March 2022

Angie Foster, currently the Infection Prevention & Control Nurse for the South Canterbury DHB, has written a diary, while isolating at home with COVID-19 during the pandemic, to share the experience of her feelings, and thoughts in the hopes others might benefit from reading her experience, as well as an account for history. **Some names have been changed for privacy.

How I Caught COVID-19

We are currently in the “peak” of the COVID-19 pandemic, and the dominating strain is the very infectious Omicron variant. Although I am an Infection Prevention Nurse, and fully aware of the risks of illness transmission and the rules in place for preventing spread, I was also accepting of some risk to continue to live within the rules, understanding that catching Omicron was likely inevitable.

My family and I are all up to date with our vaccinations- my husband Nev and I with 3 vaccinations, Lauren (17) has had 2, and Both Ethan (9) and Charlotte (5) have had one and almost time for their 2nd, so I don't feel worried about our health at this stage, just the inconvenience of having to self-isolate for an unknown length of time if one of us does develop COVID. Also, the biggest fear of spreading it to others if we do unknowingly catch COVID.

I have a passion. I'm a lead singer in a local band and we are still pretty new together as we had recently gotten a great new bass player. Our band was thrilled to have our very first paid gig on St Paddy's Day, at a local restaurant. We weighed up the risks of performing but felt satisfied that the establishment was following all the rules. And you can't be a rock star from home.

When we arrived at the gig, totally pumped, trailer of gear in tow, we popped on our masks, scanned in, hand sanitized and headed to the bar to meet the staff to find out where to set up. On entry, we were greeted by the staff, excited to play.



We set up for the gig, did our sound check, and awaited the guests. It was probably about 20 minutes after we were to start playing that the first guests arrived. Some of the staff were mask exempt, and everyone started relaxing a bit more with leaving tables, and a couple people even got up for a boogie (meant to be a no-no but no one seemed to worry, and everyone was having a great time).

Early that following morning I left for a fantastic trip away to Wellington with my hubby Nev and a couple of our besties.

Sunday (Day 0)

On Sunday I awoke feeling great. I felt slightly stuffy, and my ears were itching, a usual sign of allergies for me. This is when I found out

that one of our band members had tested positive for COVID. He had tested before going to a wedding. I thought about the gig, but then thought that's awfully soon to test positive on a Saturday morning from a Thursday exposure. It left my mind. On the plane home, dutifully wearing my N95, my throat was feeling a consistent scratchy type of itch.

My symptoms were beginning to feel more like a cold than allergies. As soon as I got home, I whipped out my RAT test I had stored away for "just in case". Before even 3 minutes was up, I saw that taunting little blue line on the T along with the line on the C. I knew without a doubt this meant I had COVID.

Nev also tested that night with me and was negative. Yay. We agreed that if he hadn't caught it yet from me, we should try and keep him from it if possible. So off to the spare room he went. Plan in place for me to stay in the room and wear a mask in the main areas.

Monday Day 1

I awoke feeling much more like I had a head cold on Monday. There was also a lot of sneezing all day. My throat was very scratchy, and I had a light headache. Returning back from our weekend, we didn't have many groceries in the house, so Nev's brother collected our paid for online order.

That night I was feeling a lot more stuffed up, wanting to cough, a bit of a fuzzy foggy feeling inside my forehead. I found out that more of the bands family that were there at the gig were testing positive.

Tuesday Day 2

Tuesday, I started feeling rougher, although not too much to complain about. Just a stronger head cold, my nose had stopped dripping, but my throat was still slightly sore. I coughed up about a litre of green phlegm

from my chest that morning and I thought, that's it, I'm going to end up on a ventilator!!!

I woke up in the middle of the night with a coughing fit. It scared me actually. I remembered our chats in the TAG (Technical Advisory Group) about proning (lying on your tummy) so I thought I'd give it a whirl (also had a cough drop). It actually worked.

Our drummer also now has tested positive for COVID and a few more from the gig. Our guitar players both remain negative.

Wednesday Day 3

I woke up on Wednesday feeling great (on my back even after falling asleep on my tummy). Slightly stuffy in the nose region, but no headache and I could tell I had a bit more energy.

Nev's day 3 to test- STILL FRIGGIN NEGATIVE. I attempted working from home which sucks a lot when the hubby is on the phone all day and the kids are bouncing off the walls (all in the house otherwise totally asymptomatic). After doing morning tea and lunch I agreed to let the hubby cook tea tonight.

A co-worker brought me some work stuff and a good big coffee- yay! More notifications of people from the gig dropping like flies with a positive result. Eek. By the afternoon, and several loads of emails and washing later, I had enough and decided to lie down for a couple of hours. Again, that helped, and I got up feeling refreshed, had dinner and headed back to bed. Bit of up and down emotions with everyone in the house, I might add.

Fog and ringing in my ears at this stage has made me feel a bit dizzy. I thought the change in sense of taste or smell had not really affected me until I realised about 10 minutes after lathering copious amounts of Vicks onto my body that I couldn't actually smell it.

Trying to get to sleep, I was haunted by a conversation with a friend that day who called

me out on my poor decision to do the gig despite knowing that some of the staff had recently come out of isolation, fully aware that there would be some risk involved. "Angie, tell me you didn't know about this?" How could I have been this stupid? I kept going over in my head that technically everything was above bar with them going ahead, but in the end did my stupid drunk addiction to singing mean I put everyone at risk? It could have been any patron at the restaurant that night, and I guess we will never know, but the dilemma stuck with me. I couldn't shake it, and then couldn't get to sleep, so I started this diary to put it all down.

Thursday Day 4

It turns out my brain was switched to "ON" last night. After trying everything, I still didn't end up getting to sleep until after 2am. Knowing this would affect me today added to the anxiety about not going to sleep and probably made it worse. I'm feeling ok but I have a couple of work Zoom meetings I really need to attend so need to soldier on. Coffee!

Our friends who went to Wellington with us, were feeling fine, not even going to bother testing today as no symptoms at all. I'm thinking there really must be something in this booster-to-booster immunity phenomenon. I ended up working until 4pm, getting heaps accomplished for work, but absolutely hit a wall by then.

I laid down for a couple hours, trying to get some sleep, but I just couldn't. I still have the weird ringing in my ears and the pressure in my head, but no other respiratory symptoms.

Friday (Day 5)

Couldn't fall asleep until after 11pm despite going to bed at 830pm. Awoke at 430am and couldn't get back to sleep again. Got up around 7.30am feeling pretty good. Most of

my symptoms have resolved apart from the tiny lingering congestion just at my nose, and the ear ringing/pressure continues. I otherwise feel good within myself.

My sense of smell returned all of a sudden and I noticed both the smell of our raspberry fragrance in the bathroom and the remainder of the eggs on toast I got for brekkie. The band has been messaging each other. Everyone has varying degrees of symptoms- The bass and I are faring the best so far. Our drummer is not flash, but not too bad either. Our guitar players are still negative. We think we might change our name to "The Quarantines" ...

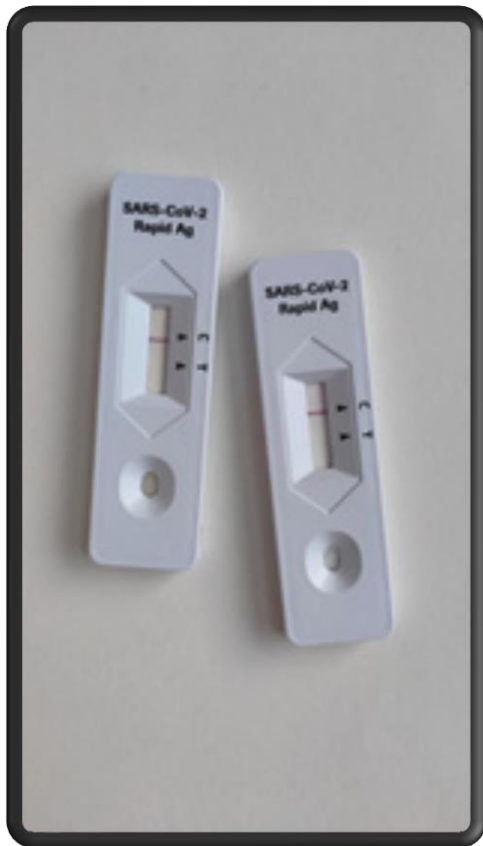
Saturday (Day 6)

Last night I managed to finally get to sleep at a respectable 930 pm, however I woke up at about 530am and couldn't get back to sleep again. That's ok, I'll take what I can. Feeling relatively good today- slight ear thing still but no congestion. I had a slight cough when I awoke but it left in about an hour. I did my day 6 test and there was the tiniest smidgiest little line by Mr T. Our rule for work is that we have to have 2 consecutive negative tests two days in a row before returning to work. This will mean if I'm negative tomorrow and Monday I can return to work on Monday. Yay

Sunday (Day 7)

Nev brought me eggs on toast for a special Sunday brekkie in bed with his day 7 negative RAT test on the tray-lol. Yay, he's officially out of isolation today!!! He brought me mine to do as well, and heck yes NEGATIVE too!!!!!!!.

Today's agenda: The house is getting a full post COVID clean. I spent the day cleaning every door handle (including pantry cupboards, microwave buttons, fridge handles, etc etc etc) and every light switch in this house, plus both bathrooms and the laundry, lounge, and kitchen, getting ready for tomorrow's total negative day and our house will be ready again for visitors.



The 3 kids have their final tests to do tomorrow morning. If clear, they can go back to school too! Fingers crossed.

Monday (Day 8)

Speaking with Karen the other day in our meeting she did jokingly (not jokingly) say "Well, if our infection control nurse gets COVID what hope is there for me?". Yeah, I knew this would be a thing. I also know that it would be inevitable that my family will also come across COVID at some point, and maybe get it too. But you know what, I feel like I need to prove that I can prevent the spread of this bug. If anyone can, it's me!

So, about 6:50am everyone starts awaking, one after the other. I had taken my second COVID test, NEGATIVE again. Yup, guess that means I'm off to work today. Ethan next- he says his bones hurt today (Oh no). COVID test- NEGATIVE (and now he feels totally fine). Charlotte managed to do her own swab today - COVID test NEGATIVE! Woop, one more. Lauren graces us with her presence around 730- all of us waiting with baited breath..... She looks fine, seems fine.....and.....NEGATIVE!!!! WOOOOOOO HOOOOO. We did it. Infection Prevention Redemption is MINE!

By Angie Foster

Infection Prevention & Control Nurse for the South Canterbury DHB

SEPSIS CONFERENCE.



The IPCNC-NZNO very kindly granted me \$500 so that I could attend the Sepsis Conference in Rotorua on the 18th-20th Sept 2021. Due to covid restrictions the conference became virtual. They returned \$100 to me as a virtual

conference does not require catering and a venue. I used this money to join the Virtual Paediatric Conference which also covered some infection control topics. I am writing this article to share with you the awesome time I had and the topics that were presented by such amazing presenters.

Massimo Giola spoke on how HIV has moved from being a deadly crippling pandemic. It can now be prevented by education and safe sex and can be treated with prophylaxis PREP within 28 days if exposed. People with HIV can now live a long life with good quality, lifelong medication. However, there is emphasis on diagnosis being mistaken for sepsis. HIV along with other STIs don't always show up for many years after exposure. Medical staff are advised to switch our brains on and not just follow policy when someone presents with sepsis. HIV does mimic sepsis, and NZ is experiencing a syphilis pandemic now. Undetected HIV and STIs can result in an ICU admission.

Dr Anna Mulvaney: spoke on the Whakaari eruption and the mass casualty event it caused in the burns centre in Middlemore hospital. Anna spoke of the devastation medical staff and nurses were faced with visually, physically, emotionally, and mentally. Then came the enormous problems faced with sepsis, which is the biggest problem when a person's defence system, the skin, is damaged to such a major proportion. As time went on it was discovered that contamination was already embedded in the burnt skin at the scene from antibiotic resistant bugs that came from the hot ash. Some people had their skin cooled with water from the rescue boats tanks which also had bugs in it. Even when cooled by sea water they presented with bacteria, but they did not pose a problem.

Once the skin organ is damaged the problem becomes complex. Volume distribution is altered causing renal problems, enteral absorption, protein loss. This requires preciseness in balancing the amounts of fluid resuscitation and the amounts and the types of antibiotics that can be given. The burn wounds also grow fungal infections which need treating with antifungal.

The nurses did an amazing job nursing these complex people, with 2 nurses per patient. Each part of the patient required different nursing care or different dressings which became a real challenge, so the nurses developed a colour coded diagram to help them with the wound care. Different colour code for debrided skin, good skin, 1st degree burn, 2nd degree burns etc to make sure the same piece was treated the same every day.

Professor Mark Thomas spoke on 'Antimicrobial Resistance'.

Mark's message was that anybody can catch an antibiotic resistant bug. It's not because you had an antibiotic. The bug becomes resistant through overuse of the antibiotics in general. The antibiotic might be being used in animals, getting into the soil or water, through others using it excessively in the community, overusing antibiotics or not using correctly when actually needed. Antibiotics don't work for most viruses, but GPs still prescribe for sore throats without doing throat swabs to get a bacterial diagnosis first. There is public demand. But all this is not achieving the right result to prevent antibiotic resistance.

Dr Sally Roberts spoke on **'Infection Control'**.

The rate of Health Acquired Infections increases.

Over half of HAI are from invasive medical devices, surgical sites, procedures, catheters, peripheral lines, burns, pressure sores, epidurals, ventilation, and haemodialysis lines.

Sally's advice is for health care workers to know your lines, remove when not needed, and always use an aseptic technique.

Dr Nicholas Rawcliff spoke on **'Time to give 1st antibiotics to neonates'**.

Nicholas talked about Sepsis in the neonates and the red flag for any fever of 38 degrees at home or if they present with it within 28 days. Antibiotics should be administered within 1 hr, but doesn't always happen due to overcrowding in ED, or fever not actually spiking on presentation or no other obvious symptoms.

Sarah Primhak: gave an interesting talk on managing skin infections in children, for example impetigo.

Impetigo generally starts in a break in the skin where staphylococcus aureus and or staphylococcus pyogenes enter the wound. Both microorganisms can co-exist in the same lesion. An interesting discussion was presented about the treatment for impetigo. These organisms are showing resistance to Bactroban (Mupirocin) and Fusidic acid (Foban). Previous treatments of just cover and clean don't work.

To prevent antibiotic resistance the first line of treatment is to disinfect then use topical crystaderm or topical Fusidic acid

2nd line of treatment is oral Cefalexin or IM Benzathine Penicillin

Microbiologist and Dr Paul Huggan gave 2 factual presentations on Sepsis.

The first presentation was on **'Comparing Sepsis with Covid'**. He compared the end results of covid and sepsis as sharing life threatening organ failure due to a dysregulated response to infection. Most cases of sepsis have started off with a viral or other illness where sequelae of events have led to a septic infection.

Dr Paul Huggan presentation on the **'increased Awareness of Sepsis'**.

A case was presented of how a Pt Arlene Cozette had an unconscious stay in ICU which could have been prevented if there had been early recognition of the sequelae of initial presentation to ED.

The Dr or nurse needs to listen to the Pt and ? partner as they know if there is a difference in the person's behaviour/skin colour etc. Husband was saying his wife was not looking right or talking right. Early care makes better outcomes. If the first person in triage setting gets it wrong, then it carries on through being missed. Everybody needs to rule out infection. Get in early with recognition. Early detection, use screening tool for nursing care.

RAISE THE FLAG.



Surviving sepsis - Living life unlimited: Ms Korrin Barrett

Korrin had a perforated bowel but was mis diagnosed. This took her to ICU with sepsis where she became a quadruple amputee. She spent 233 days in hospital and had to learn to do everything again. She had massive fatigue, clouded thinking, no strength, learning to walk and cough again.



All because the RED FLAG OF SEPSIS was never picked up. Korrin states she had 3 choices:

- Give up
- Give in, or
- Give it all you've got.

DR John Garrett spoke on 'Implementing the Red Flag at Canterbury Hospital'.

His presentation points were –

- Lack of recognition and use of sepsis pathway for children
- Lack of or difficult to gain IV access.
- Lack of experience and training.
- Lack of times to monitor.

DR Janine Ryland from ACC did a presentation on 'The Role of ACC Prevention in Infection and Prevention'.

The main points in her presentation are to

- Promote measures to reduce incidence in severe personal injury by providing a safe work environment.
- Prevention of health associated infections to self and the patient through post-surgery, line infections, and adverse infections due to drugs.

If a person gets an HAI they can lodge a claim to ACC costing a lot of money, plus causing the patient a long stay in hospital. Antibiotic resistance and a treatment plan.

ACC Healthcare Associated Infection Programme: are coming next year to educate on:

1. Know your IV lines. READY-use aseptic technique. REVIEW- phlebitis. REMOVE - no longer indicated.
2. Sepsis ready programmes
3. Guiding principles for HAI
4. Scoping report: National Antibiotic guidelines, appropriate prescribing, reduce antibiotic resistance, reduce adverse reactions.
5. New Z aseptic technique education package
6. Hospitals are not doing this START CLEAN & STAY CLEAN

There were 2 presentations by 2 survivors of having an ICU admission of Sepsis.

Surviving ICU – the clinical perspective: Dr Alex Psirides

Alex describes it as being a "Bad Survivor"

POST INTENSIVE CARE SYNDROME. (PICS)

Many families who have helped make patients decisions for them when they were too sick to do so, and then the patients themselves actually wishing they'd died.

You come out with:

Mental health:

- Anxiety
- Depression
- Post-Traumatic Stress Disorder

Physical Impairment:

- Respiratory
- Weakness
- Frailty

Cognitive Impairment:

- Memory
- Attention span
- Poor decision making

Alex has compared ICU with prison:

- Clothes are taken off you and put in a uniform
- Told what to do, rights are taken away or you can't do it for yourself
- Given meals and there is no choice.
- Tied to the bed, can't function, or mobilize yourself.
- Isolated in own room with limited visitors.

DR ASAD KHAN's presentation was called '**Surviving with a new illness**'.

Asad got Covid and thought he had recovered, but Long Covid Syndrome set in. He has however, been diagnosed with ME. Even as a Dr he was told his symptoms are psychological, but he declares he will crack this diagnoses with the help of some committed clinicians.

DR JOE SCOTT-JONES acknowledges that long Covid does exist. It has a range of presentations. He states it is an emerging syndrome equal to that of Post Viral Syndrome, Tapanui Flu, Chronic fatigue syndrome.

Joe states that hospital and health professionals need to acknowledge the disease exists. Define the syndrome. If you can't measure it, you can't manage it and DHBs won't invest in it. It can happen 3 months after onset of symptoms.

We need to understand the 3 presentations

Cluster 1 prolonged symptoms

Cluster 2 ongoing symptoms

Cluster 3 Delayed symptoms, Brady, palpitations, bulging veins, peeling skins.

It is easy to listen to presentations on the day and then forget the next week, but to sit down and write about what I have learnt and put them into context of my nursing has made for great education. Thank you to the Infection Control and Prevention College of NZNO for giving me this opportunity.

Nita Brown RN.

Infection Prevention & Control Nurses College, NZNO Infection Prevention and Control Fundamentals Programme

Infection Prevention and Control Fundamentals Programme



This course introduces new and existing infection prevention and control practitioners to the key concepts of infection prevention and control (IPC) which underpin IPC practice in all healthcare settings.

The practitioner will complete 9-10 learning modules via self-directed distance learning, supported by an experienced infection prevention and control mentor. Learning will be enhanced via regular Zoom meetings with your mentor and other course participants.

This course is suitable for a healthcare worker who has a role or an interest in IPC and can commit to around 60 hours of study over 4 months. A certificate will be awarded to participants on completion of the course.

Participants can claim up to 60 hours professional development hours.

- Standard and Transmission-based Precautions,
- Hand hygiene,
- Microbiology, Surveillance,
- Outbreak Management,
- Communicable Diseases,
- Occupational Health,
- Cleaning, Disinfection and Sterilization, and
- Construction and Renovation.



Te Kaporeihana Āwhina Hunga Whara

Cost

The programme is currently supported by ACC and is free for NZNO IPCNC members. Non-IPCNC members will be required to pay a levy of \$120.

Contact the course administrator – Joanne Baigent via secretary@ipcnc.co.nz - for an application form.



Infection Prevention and Control Fundamentals Programme

Expression of interest for mentoring

- ✓ Are you interested in supporting and mentoring new and unsupported IPC practitioners?
- ✓ Are you a skilled IPC practitioner with a broad range of experience and knowledge?
- ✓ Are you able to apply IPC principles across a variety of acute, community and private healthcare settings?
- ✓ Do you enjoy facilitating adult learning?

The IPCNC is currently seeking members with the above credentials to mentor learners who enrol with the IPCNC IPC orientation course. As a mentor you will support 6 learners over 4 months as they work through the 10 self-learning modules. There is a fixed remuneration for this work, payable at the end of the four months.

What will the mentor role involve?

- ✓ Liaising with the course administrator and contacting the six individuals for the course intake that you will mentor
- ✓ Arranging an initial and subsequent monthly Zoom meetings with the cohort to discuss topics
- ✓ Working with individuals to apply the learnings to their own workplace
- ✓ Assessing the returned module workbooks from the individual learners

To submit an expression of interest, send a brief CV and contact details to the IPCNC secretary secretary@ipcnc.co.nz



PANDEMONIUM by David Smith

It's not fair to deny healthcare to those unvaccinated against Covid-19

<https://interactives.stuff.co.nz/2022/the-whole-truth-te-maramatanga/>



Graphic from Stuff 08 June 2022

A once-in-decades opportunity now exists to make sustained improvements to public and private **indoor air quality**, reduce COVID-19 risk, and improve school, workplace, and consumer health and safety.

<https://jamanetwork.com/journals/jama/fullarticle/2793289?guestAccessKey=>

Dogs can detect Covid by sniffing. Diagnostic accuracy of non-invasive detection of SARS-CoV-2 infection by canine olfaction



Picture BBC. Article PloS One

<https://pubmed.ncbi.nlm.nih.gov/35648737/>

There is a growing black market for covid-19 antiviral drugs. Unequal distribution of covid-19 antivirals means patients are buying pills online that may not be safe when taken without medical supervision.

https://www.bmj.com/content/377/bmj.o1282?utm_source=

Tuberculosis Is the Oldest Pandemic, and Poverty Makes It Continue. Tuberculosis is preventable and curable, yet it afflicts one quarter of the world's population—mostly because of poverty.. Even before the pandemic, we were not making good progress. But the past two years have been so bad that we have lost something like ten years of progress in TB. In 2021, for the first time in more than a decade, TB mortality increased. https://www.nature.com/articles/d41586-022-01348-0?utm_source=

Intramuscular AZD7442 (Tixagevimab–Cilgavimab) for Prevention of Covid-19. The results of this trial support the use of a single dose of AZD7442 (two consecutive intramuscular injections) for the prevention of symptomatic and severe Covid-19. AZD7442 has an extended half-life of approximately 90 days. But antibody treatments for Covid have had a chequered history

<https://www.nejm.org/doi/full/10.1056/NEJMoa2116620?query=>



Kai Tiaki Nursing New Zealand December 2020/January 2021 by New Zealand Nurses Organisation

Covid-19 is having impact on already-high rates of nursing students dropping out. These ones stayed the course, but nearly one in three nursing students drop out before qualifying, due to financial pressure, family responsibilities and other factors made worse by Covid-19.

<https://www.msn.com/en-nz/news/national/covid-19-having-impact-on-already-high-rates-of-nursing-students-dropping-out/ar-AAAY9hk8?rt=>

Monkeypox vaccination begins in US Countries including Canada, the United Kingdom and the United States have begun implementing a strategy called 'ring vaccination' to try to halt the spread of monkeypox. This involves administering smallpox vaccines — which are thought to be about 85% effective against monkeypox because the viruses are related — to people who have been exposed to monkeypox through close contact with an infected person. But researchers see challenges ahead.



Picture of monkeypox outbreak in London, mostly in young men – BBC news. Vaccination article is at

https://www.nature.com/articles/d41586-022-01587-1?utm_source=

Identification of SARS-CoV-2 Variants in Wastewater. Genomic sequencing of SARS-CoV-2 variants in wastewater appears to be sensitive, specific, and cost effective. This raises the questions of how readily this approach could be expanded nationally, and whether wastewater surveillance could be used to track the spread of other infectious pathogens such as enteroviruses or influenza. https://wwwnc.cdc.gov/eid/article/28/6/21-1821_article

<p>Covid-19 and the Heart. The fear of SARS-CoV-2–related cardiac complications in young athletes is exaggerated. In this large prospective registry study, myocarditis was rare, and cardiac events even rarer. While we still need to work up and treat athletes with cardiac symptoms, universal screening of all athletes who acquire SARS-CoV-2 infection is unnecessary. https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.121.058272</p>	<p>Ocean viruses. Examples of RNA viruses abound in human disease; for instance, coronaviruses and influenza viruses are both RNA-based. However, when it comes to the RNA viruses in the ocean, scientists are only just learning about the variety that can be found and the range of hosts they can infect. https://www.livescience.com/marine-rna-viruses-function?utm_source= AND more at https://www.science.org/doi/10.1126/science.abm5847</p>	<p>If a link does not work, copy and paste it into the address bar of your browser or into a Google search dialog.</p> <p>Science papers are just another step forwards, never the final answer, but the best available at the time.</p> <p>Always consult with those who know better.</p>
--	---	---

[Have you joined our Facebook page yet??](#)

Great place to stay informed, share relevant news and articles.

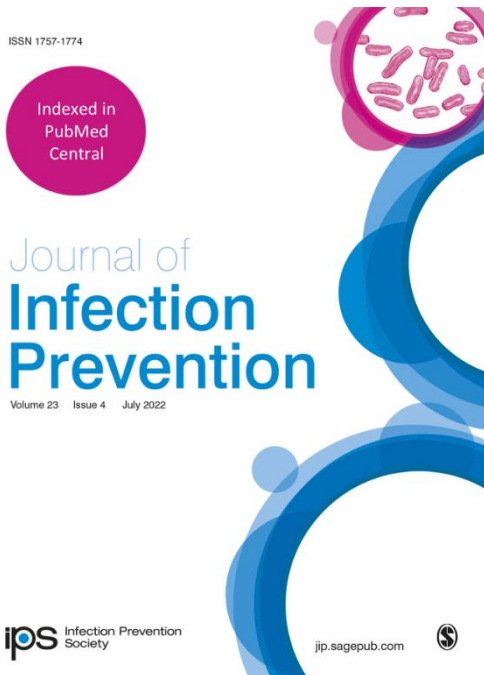


Private group 141 members

<https://www.facebook.com/groups/276336942979329>



Journal of Infection Prevention:



The NZNO Library holds the *Journal of Infection Prevention*.



You can go to the journal website here: <https://journals.sagepub.com/home/bji> and sign up to be sent the table of contents for each issue (the table of contents for May and July 2022 are below).

The NZNO library receives the print journal and can then supply you with up to two free articles.





CONTENTS:

Original articles:

- ✓ **Using FaceReader to explore the potential for harnessing emotional reactions to motivate hand hygiene.** Pg 87

Sophie Rutter, Marc Bonne, Catherine Stone, and Colin Macduff

- ✓ **Role perception of infection control link nurses; a multi-centre qualitative study.** Pg 93

Mireille Dekker, Rosa van Mansfeld, Christina MJE Vandenbroucke-Grauls, Tessa E Lauret, Bernadette CFM Schutijser, Martine C de Bruijne and Irene P Jongerden

- ✓ **An assessment of infection prevention and control preparedness of healthcare facilities in Nigeria in the early phase of the COVID-19 pandemic (February–May 2020).** Pg 101

Tochi Joy Okwor, Josephine Gatua, Chukwuma David Umeokonkwo, Stephen Abah, Ifeanyi Franklin Ike, Abiodun Ogunniyi, Oladipupo Ipadeola, Timothy Attah, Hassan Assad, Jerome Dooga, Adebola Olayinka, Jafiya Abubakar, John Oladejo, Olaolu Aderinola, Chibuzo Eneh, Elsie Ilori, Priscilla Ibekwe, Chinwe Ochu and Chikwe Ihekweazu

Reviews:

- ✓ **The use of behaviour change theory for infection prevention and control practices in healthcare settings: A scoping review** Pg 108

Carolynn Greene and Jennie Wilson

- ✓ **Association between coronavirus disease morbidity and mortality rates and BCG vaccination policies in OECD countries. Authors' reply.** Pg 118

Yuki Senoo, Yousuke Suzuki, Kenji Tsuda, Tetsuya Tanimoto and Kenzo Takahashi

Short Stories:

- ✓ **Enhancement of infection prevention case review process to optimize learning from defects** Pg 120

Staci S Reynolds, Christopher Sova, Halie Lozano, Kalpana Bhandari, Bonnie Taylor, Erica Lobaugh-Jin, Charlene Carriker, Sarah S Lewis, Becky A Smith and Ibukunoluwa C Kalu

- ✓ **A COVID-19 outbreak in a long-term care facility in Massachusetts: Rapidity and extent of spread, resident symptoms, and mortality.** Pg 125

Nicholas Whitcomb, Maureen Monteleone, Paul Johansen, Mark Matthews, Paula Aucoin, Donald Burt and Winthrop Whitcomb

Diary:

Pg 128



CONTENTS:

Original articles:

- ✓ **Knowledge and compliance to prevention of central line-associated blood stream infections among registered nurses in Jordan.** Pg 133

Abd Alrahman Matlab, Mahmoud Ogla Al-Hussami and Maha Alkaid Albqoor

- ✓ **Carbapenems consumption and Klebsiella resistance in intensive care units in Egypt: A study to evaluate the effect of an antimicrobial stewardship program.** Pg 142

Hozaifa Elsayah, Ahmed Samir, Mahmoud Elrazzaz, Abdallah Ramadan, Amr Elnaggar and Khaled Taema

- ✓ **A single institution pre-/post-comparison after introduction of an external urinary collection device for female medical patients.** Pg 149

Nathan Jasperse, Oscar Hernandez-Dominguez, Jacob S Deyell, Janani P Prasad, Charlene Yuan, Meril Tomy, Catherine M Kuza, Areg Grigorian and Jeffry Nahmias

- ✓ **Mycobacterium tuberculosis infection and disease in healthcare workers in a tertiary referral hospital in Bandung, Indonesia.** Pg 155

Lika Apriani, Susan McAllister, Katrina Sharples, Isnur Nurul Aini, Hanifah Nurhasanah, Rovina Ruslami, Dick Menzies, Philip C Hill and Bacht Alisjahbana

Reviews:

- ✓ **Infection prevention and control strategies against carbapenem resistant Enterobacteriaceae – a systematic review.** Pg 167

Catarina Santos-Marques, Helena Ferreira and Sónia Gonçalves Pereira

Short Stories:

- ✓ **Beware what lurks on the surface – persistent contamination of high-touch surfaces on slit lamps despite regular cleaning.** Pg 186

Cassandra XC Chan, Berdjette YY Lau, Xin Le Ng, Dawn KA Lim, Blanche XH Lim and Chris HL Lim

Letter to the Editor:

Feasibility of hygienic clinical attire for doctors during COVID-19: A university hospital experience. Pg 190

Hannah James and Andrew Phillips

Diary:

Pg 192

New to the NZNO Library:



The following standards will be held in the NZNO Library collection and can be borrowed by members of the IPCNC for a period of 4 weeks. We are happy to renew an item for a further 4 weeks, provided there is no-one else is on the waiting list for it.

Please email library@nzno.org.nz if you would like to borrow any of these standards. We usually courier items out so please provide a street address when you request any items.

NZ Standards available in hardcopy:

Sharps injury protection .Requirements and test methods www.standards.govt.nz/shop/bs-en-iso-23907-12019

AS/NZS 4146:2000 www.standards.govt.nz/shop/nzs-41462000

AS/NZS 1715:2009 www.standards.govt.nz/asnzs17152009 Selection use and maintenance of respiratory protective equipment

ISO 16975-3:2017 www.standards.govt.nz/shop/iso-16975-32017 Respiratory protective devices

AS/NZS 4815:2006 www.standards.govt.nz/shop/asnzs-48152006 Office based healthcare facilities reprocessing of reusable medical....

AS/NZS 4187: 2014

AS/NZS 4187:2014 A2 :: Standards New Zealand Reprocessing of reusable medical devices in health service organizations, Amendment 2

Standards available free of charge:

NZS 4304:2002

CURRENT SPONSORED Date published: 26/05/02

Management of Healthcare Waste

The Building System Performance branch of MBIE has sponsored access to view and print a single downloadable PDF copy of this standard at no charge

[NZS 4304:2002 :: Standards New Zealand](http://www.standards.govt.nz/standards/nzs-4304-2002)

Health care services standards:

The Ministry of Health has sponsored several health and disability and fertility services standards to view online at no charge.

NZS 8134:2021 Ngā Paerewa Health and disability services standard

On 28 February 2022 the updated Ngā Paerewa Health and disability services standard NZS 8134:2021 will come into effect.

[Interim Standards for Abortion Services in New Zealand - Ministry of Health Manatū Hauora](#)

[NZS 8134:2021 Ngā Paerewa Health and disability services standard](#)

NZS 8134:2008 Health and disability services standards

Providers of health and disability services are required to continue to meet the requirements of these standards until 28 February 2022, when the revised NZS 8134:2021 Ngā Paerewa Health and disability services standard comes into effect.

[NZS 8134.0:2008 Health and disability services \(general\) standard](#)

[NZS 8134.1:2008 Health and disability services \(core\) standard](#)

[NZS 8134.2:2008 Health and disability services \(restraint minimisation and safe practice\) standard](#)

[NZS 8134.3:2008 Health and disability services \(infection prevention and control\) standard](#)



Articles of interest:

Monkeypox in the United States: What You Need to Know



https://apic.org/monthly_alerts/monkeypox-in-the-united-states-what-you-need-to-know/?fbclid=IwAR3MUjFpxJOvyKSVEjLXsN_aiwJ_t3GtKjW7oOsOJ-dfqiogPbjlIE5zXUY

Websites of interest:



<https://www.cdc.gov/>



<https://www.who.int/>

**IF YOU SEE
ANYTHING
INTERESTING
PLEASE LET
SOMEONE KNOW
IMMEDIATELY!**

Webber Training Tele classes

<https://webbertraining.com/>

(FREE South Pacific – Broadcast live from the New Zealand Infection Prevention and Control Nurses College conference)

UNDERSTANDING THE SCIENCE BEHIND AOTEAROA NEW ZEALAND'S COVID-19 RESPONSE

June 15, 2022

Speaker: **Prof. Michael Baker**, University of Otago, New Zealand

[View](#)

Live broadcast sponsored by Schulke

schulke 

(European Teleclass)

HOW EFFECTIVE ARE INTERVENTIONS TO IMPROVE CLEANING OF HEALTHCARE ENVIRONMENTS IN LOW-RESOURCED SETTINGS?

June 21, 2022

Speaker: **Prof. Giorgia Gon**, London School of Hygiene and Tropical Medicine, UK

[View](#)

(FREE Teleclass)

SHARING KNOWLEDGE: LEARNING FROM THOSE WHO HAVE CHALLENGED THE CIC

June 30, 2022

Speaker: **Sam MacFarlane**, Public Health Ontario, **Sandra Petersen**, Ottawa Public Health, and **Jeff Lee**, Canadian Armed Forces Health Services Headquarters

[View](#)

HEALTHCARE INFORMATICS LESSONS FROM THE PANDEMIC

July 14, 2022

Speaker: **Prof. Keith Woeltje**, Medical College of Wisconsin

[View](#)

(European Teleclass)

RISK FACTORS FOR THE ENVIRONMENTAL SPREAD OF DIFFERENT MULTI DRUG-RESISTANT ORGANISMS

July 27, 2022

Speaker: **Dr. Jean Ralph Zahar**, Hôpitaux de Paris, France

[View](#)

(South Pacific Teleclass)

HEALTHCARE ASSOCIATED PNEUMONIA – WHY SHOULD WE BOTHER AND WHAT CAN WE DO?

August 10, 2022

Speaker: **Prof. Brett Mitchell**, University of Newcastle, Australia 

[View](#)

(European Teleclass)

DATA QUALITY INDICATORS IN NATIONAL TB INFECTION CONTROL PROGRAMS: READING BETWEEN THE LINES

August 23, 2022

Speaker: **Dr. Eltony Mugomeri**, Africa University, Zimbabwe

[View](#)

(South Pacific Teleclass)

THE COST-EFFECTIVENESS OF TEMPORARY SINGLE-PATIENT ROOMS TO REDUCE THE RISK OF HAI

September 14, 2022

Speaker: **Prof. Nicholas Graves**, Duke-NUS Medical School, Singapore

[View](#)

INFLUENZA: WHAT WE CAN EXPECT

September 15, 2022

Speaker: **Prof. Rodney Rohde**, Texas State University

[View](#)

(European Teleclass)

RESERVOIRS OF PATHOGENS: THE MICROBIOLOGICAL RISKS OF RESPIRATORY MEDICAL DEVICES

September 20, 2022

Speaker: **Professor Colum Dunne**, University of Limerick, Ireland

[View](#)

NO MAN IS AN ISLAND – THE UTILITY OF LINK WORKERS IN ENHANCING IPC PROGRAMS IN HEALTHCARE SETTINGS

September 29, 2022

Speaker: **Martin Kiernan**, University of West London

[View](#)

October 6, 2022	<u>BUILDING (ENHANCING) EVIDENCE-BASED ANIMAL-ASSISTED THERAPY PROGRAMS IN HUMAN HEALTHCARE</u> Speaker: Prof. Jason Stull , College of Veterinary Medicine, The Ohio State University	View
October 13, 2022	<i>(European Teleclass)</i> <u>ADDRESSING MRSA BACTERAEMIA IN A HIGHLY ENDEMIC HOSPITAL – A BEHAVIOUR CHANGE APPROACH</u> Speaker: Prof. Michael Borg , Mater Dei Hospital, Malta	View
October 20, 2022	<i>(FREE Teleclass)</i> <u>SPECIAL LECTURE FOR CLEAN HOSPITALS DAY</u> Speaker: Prof. Didier Pittet , University of Geneva Hospitals, Switzerland	View
November 3, 2022	<i>(FREE Teleclass)</i> <u>CIC ... PATHWAYS TO CERTIFICATION</u> Speaker: Sandra Callery , CBIC President, 2022	View
November 9, 2022	<i>(South Pacific Teleclass)</i> <u>WHERE IS THE STRENGTH OF EVIDENCE? A REVIEW OF INFECTION PREVENTION AND CONTROL GUIDELINES</u> Speaker: Prof. Philip Russo , Cabrini Monash University Department of Nursing Research, President ACIPC	View
November 10, 2022	<i>(FREE Teleclass)</i> <u>SHARING KNOWLEDGE: LEARNING FROM THOSE WHO HAVE CHALLENGED THE CIC</u> Speaker: Sam MacFarlane , Public Health Ontario, Sandra Petersen , Ottawa Public Health, and Jeff Lee , Canadian Armed Forces Health Services Headquarters	View
November 17, 2022	<i>(FREE Teleclass)</i> <u>INFECTION PREVENTION AND CONTROL IN CONFLICT-AFFECTED AREAS</u> Speaker: Prof Wendy J Graham , London School of Hygiene and Tropical Medicine, UK	View
November 22, 2022	<i>(European Teleclass)</i> <u>SANITATION INTELLIGENCE AND PUBLIC HEALTH</u> Speaker: The Toilet Board Coalition , Switzerland	View
November 24, 2022	<i>(FREE South Pacific – Broadcast live from the New Zealand Infection Prevention and Control Nurses College conference)</i> <u>UNDERSTANDING THE SCIENCE BEHIND AOTEAROA NEW ZEALAND'S COVID-19 RESPONSE</u> Speaker: Prof. Michael Baker , University of Otago, New Zealand	View

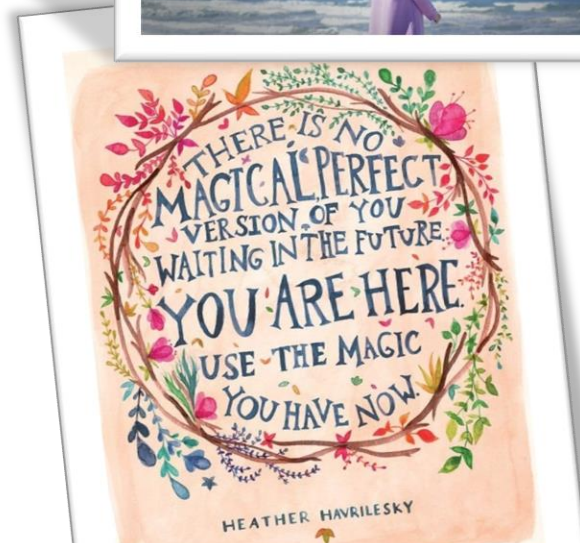
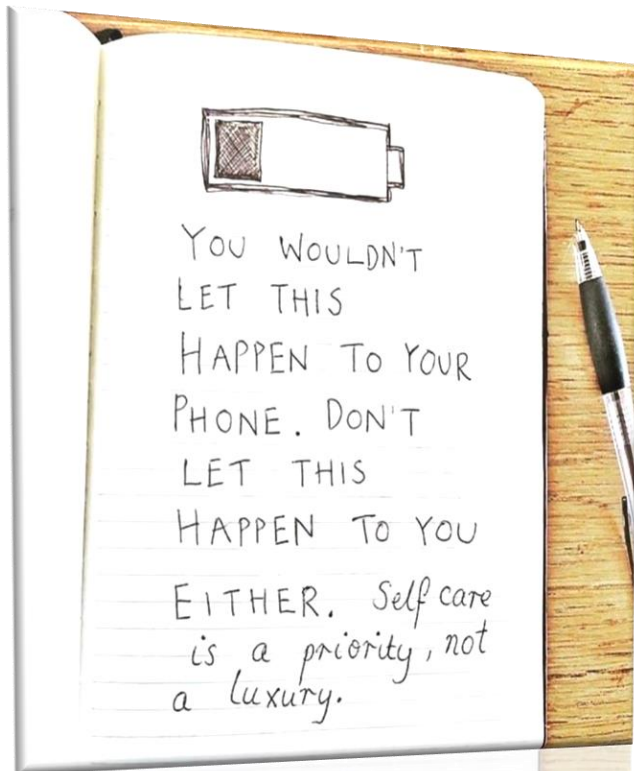
Live broadcast sponsored by Schulke



<https://webbertraining.com/>

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

Food for thought:



Your Value Does Not Decrease Based On Someone's Inability To See Your Worth

12 Steps for Self Care

1. If it feels wrong, don't do it.
2. Say "exactly" what you mean.
3. Don't be a people pleaser.
4. Trust your instincts.
5. Never speak bad about yourself.
6. Never give up on your dreams.
7. Don't be afraid to say "No".
8. Don't be afraid to say "Yes".
9. Be KIND to yourself.
10. Let go of what you can't control.
11. Stay away from drama & negativity.
12. LOVE

13. TOLERANCE
11. 2f9λ 9m9λ πlow qh9m9 8 ηed99iv9λ
10. Γετ do οτ m99τ λoπ c9uτ cou9ioτ
9. 9τ 96 KIND to λoπι9ετ

NEXT CONTROLLA ISSUE: September 2022

- Deadline for content: **September 16th, 2022**
- Publication date: September/October 2022
- SEND TO: waggles_nz@hotmail.com

Subject: September 2022 Controlla

THANKS, 😊

