



IPCNC : MARCH EDITION 2021

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STAY INFORMED: STAY CONNECTED



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

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From the Editor

By Anne-Maree Wagg

Here is the first issue for 2021...

We have enjoyed a lovely summer where we could travel, attend gatherings, festivals, and celebrations. I hope you have been able to take advantage of this to rest, relax, relish time with friends and family and restore for 2021.

However, as I write this Auckland and NZ enter level three and two again, perhaps you still feel that you are, as Ashley described it, "on a rollercoaster that you didn't buy a ticket for", feeling like you started where 2020 left off.

The IPCNC committee were to meet in Nelson to debrief, restore, review progress and work through our current task list. Unfortunately, our retreat was replaced by the all too familiar zoom platform. Though we had a very productive two days as far as tasks go, the debriefing and restoring aspects were lacking.

Nurses need that face-to-face interaction; we nurse face to face; we restore with face-to-face hugs and comfort, telling stories, cups of tea and other

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beverages! Yet we find ourselves nursing with barriers, PPE, phone triage, protocols, procedures, and fear. The barriers continue with conferences and meetings via computer screens, incapable of the human touch, a needed hug.

What am I saying? **You are important.** Be kind to yourself. Don't feel guilty for taking 'me' time. We are expected to be self-denying, as IPC nurses of today we are pulled in all directions, working long hours, not taking breaks, having information overload. My hope is that the Controlla can also be a forum to restore us. Perhaps we should have a page titled "Hugs, Cuppas and other Beverages!" Who's keen?

So

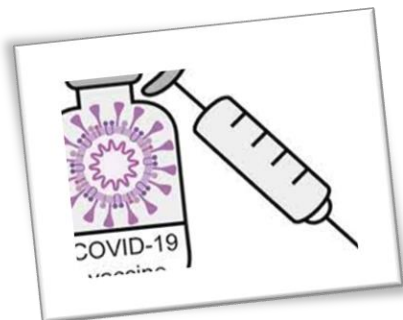
Drumroll please.....we introduce "The Historic Corner" by Francie Morgan (not new to our IPCNC family). I look forward to these jewels of past IPC experiences.

The Controlla informs, is a resource tool, shares stories, experiences, lessons learnt and interesting articles. **So please feel free to contribute.**

Kia Kaha Kia Atawhai (Be strong Be kind)

Chair's Report

Hi all,



I felt so excited and relieved last week when my work roomies, Karen Corban and Aiddie Plimmer, got the COVID-19 vaccine - they both cover IPC in the Wellington MIF. Both were fine afterwards! We are clearly onto the next stage: The vaccination campaign, which is a very exciting stage to be in the COVID-19 pandemic. The World Health Organisation's COVID vaccination and IPC document was an excellent resource before IMAC/ MOH resources were released (WHO, 15th January 2021).

In related news, I see that Guinea has also started vaccinating for Ebola. "Ebola vaccinations were launched just 9 days after the outbreak was declared. To date, 1317 people have been vaccinated and 32 000 vaccine doses have so far been delivered". (WHO, 3 March 2021). In the gloom of such IPC threats there is certainly hope.

I'm also hoping that by the time this is read that the alert levels have been decreased in Auckland and elsewhere; fingers crossed.



The IPCNC committee was to meet for our 'work retreat' in Nelson. With the alert level rising this was called off; however, we could still meet via Zoom. The College committee will update you later in the year as our IPC orientation programme is reviewed and our new website unveiled. **We encourage volunteer applications for committee membership; do not wait until the AGM in Invercargill. See committee candidate information.**

Strong IPC services going forward – well staffed and represented at senior level will make a huge difference to the resilience of our health system. So kia kaha - stay strong!

Happy to chat via email.

Kind Regards,

Carolyn

Carolyn Clissold,

carolyn.clissold@ccdhb.org.nz

IPCNC-NZNO Chairperson

References:

WHO (15th January 2021) Infection prevention and control (IPC) principles and procedures for COVID-19 vaccination activities. <https://www.who.int/publications/i/item/who-2019-ncov-vaccination-ipc-2021-1>

WHO (3rd March, 2021) West African health ministers in joint fight against Ebola.

[https://urldefense.com/v3/https://www.afro.who.int/news/west-african-health-ministers-joint-fight-against-ebola-!!A3teau8g8Q!A5BiBmnCM3Tlo-bS3s_jcuoaYmejjktUeQ3ruD3tKRbOe5IkGMoJSY2AeeeY LX4B56AoK_OO\\$](https://urldefense.com/v3/https://www.afro.who.int/news/west-african-health-ministers-joint-fight-against-ebola-!!A3teau8g8Q!A5BiBmnCM3Tlo-bS3s_jcuoaYmejjktUeQ3ruD3tKRbOe5IkGMoJSY2AeeeY LX4B56AoK_OO$)

Treasurer Report:

Treasurer Report March 2021

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As a national committee and me as treasurer, we take the responsibility of managing IPCNC funds seriously and realise that the funds we have gives us the opportunity to support our IPCNC members and to promote IPC within New Zealand. For this month's financial report in the Controlla, I will take the opportunity to remind you what we are using our funds for as per our 2021/22 budget 😊

The funds that we receive from the NZNO do not cover all of the IPCNC committee costs and this is subsidised from the IPCNC funds. This allows attendance at face-to-face meetings, a laptop for the secretary, publications etc. The national IPCNC organising conference committee utilises seeding money from the IPCNC to organise a successful conference this usually is reimbursed to the committee perhaps even with a profit. Of note, the conference has changed to biennial with a reduction in potential funds.

There are travel and education scholarships that our members can apply for with the information on the website. I would encourage you to apply, as most times, the amount available is not allocated. A focus is on supporting our regional groups with money to run meetings and educational forums.

The committee has acknowledged that to enable the IPCNC to be successful it is dependent on our members to give their time free of charge. Acknowledging this, the committee has provided partial payment to a member supporting the change of the website. We have been successful with an application for financial support from ACC to provide an orientation programme for members with partial payment from the IPCNC. Members receive payment to assist with the administration of this programme including the mentoring.

With the forecast from the 2021/2022 budget there will be a reduction in our funds by \$47,853 leaving \$153,397 in our accounts. This is with the assumptions that there will be little profit from conference and with all the money allocated for education and initiatives spent. I am asking you, as an IPCNC member to contact me with your thoughts on where we should be spending our money as I prepare for the September AGM.

Jo Stodart
IPCNC Treasurer
0274434631
Jo.stodart@xtra.co.nz



Membership report February 2021

Hello everyone and welcome to the craziness that has been 2021 so far.

Firstly, I would like to start by saying I hope you are all doing well and maintaining some sanity as our cohort moves into the next learning curve – COVID-19 vaccinations!

I trust you are all resting where you can and supporting one another through these challenging times. Remember we always have the forum where you can ask questions and seek support, or you can visit the IPCNC Facebook page, someone has usually shared something worth a good giggle.

I myself have been navigating things as best I can on top of ironing out the challenges of stepping into wonderful Justine's shoes as the new membership and education coordinator.

If you have recently joined us, welcome! And I am sure you have heard about my sign-up woes with our current website. If you have colleagues wishing to sign up and they don't hear a peep from me, please ask them to reach out at aleisha.snep@schl.co.nz as I will definitely respond to you there!

That's me for now! Good luck for this next step, we can do this together.

Kia Kaha team and keep doing what you do best, you are appreciated!

Membership numbers:

Region	Members
Greater Auckland	182
Midlands	123
Central	59
Greater Wellington	76
Greater Canterbury	142
Southern	91
Total (including associate)	673

Aleisha Taylor, Membership and Education

THE IPCNC COMMITTEE:



Chair: Carolyn Clissold

PH: 04 918 6515

carolyn.clissold@ccdhb.org.nz

Secretary: Henrietta Sushames

PH: 027 2823720

Henrietta.Sushames@ccdhb.org.nz
ipcsecretary@outlook.com

Treasurer: Jo Stodart

PH: 03 470 9555

Jo.stodart@southerndhb.govt.nz

Website Co-ordinator: Lisa Gilbert

PH: 027 448 8339

Lisa.gilbert@tdhb.org.nz

Membership Coordinator:

Regional Group Coordinator: Aleisha Taylor

PH: 0212641109

Aleisha.Snep@gmail.com

Publications (Controlla): Anne-Maree Wagg

PH: 021 442 662

waggles_nz@hotmail.com



JOINING THE INFECTION PREVENTION & CONTROL NURSES COLLEGE (IPCNC-NZNO) COMMITTEE

WHAT IS THE IPCNC COMMITTEE?

The IPCNC committee is a team of 7 IPC nurse volunteers who provide governance to the IPCNC-NZNO. The IPCNC is one of the NZNO professional colleges. We are supported by a Professional Nursing Advisor from NZNO and receive other financial and legal support from NZNO.

Why join the IPCNC committee?

This opportunity will engage you with other IPC nurses, national IPC policy makers, and give you committee and governance experience. Usually there are three 1–2-day meetings per year. Sometimes these are in a retreat setting, so that new committee members can get to know each other and concentrate on their IPCNC role.

You will hold a national committee role- either as Secretary, Web administrator, Membership coordinator, Publications Officer, or Chairperson. Role descriptions and orientation will be provided.

Who can be an IPCNC Committee member?

Any full member of IPCNC (a qualified nurse employed in an Infection Prevention & Control role, who is a financial member of NZNO) can apply to be on the IPCNC committee. You will need to have at least 2 years previous work experience in the field of infection prevention and control.

What commitment is required from me?

The term of office is 2 years with right of re-election for a further 2 years.

There are three 1–2-day meetings per year, the Annual General Meeting, and some teleconferences. Travel and accommodation to meetings is covered by the College. Admission to the Bi-annual Conference, is also covered by the College.

NZNO informs your Employer of your appointment, to support your work on the College committee.

The Committee workload is variable, however allow 1 hour per week. You will need to have access to a computer and have some computer skills in all roles.

Interested? Send in your application now. You need not wait till the AGM.

Contact the Chair carolyn.clissold@ccdhb.org.nz or Secretary ipcsecretary@outlook.com if you have any questions.



CONFERENCE 2021:

15-17 SEPTEMBER 2021: NOT TO BE MISSED

Online registration will open April 2021



IPCNC CONFERENCE | ASCOT PARK HOTEL, INVERCARGILL, NZ | 15-17 SEPT 2021

Website: <https://www.ipccconferencenz2021.co.nz/>

IPCNC 2023 CONFERENCE

The Infection Prevention and Control Nurses College Conference 2023 (IPCNC) is available for IPCNC Regions to register their interest in the hosting of our biennial conference. This is typically a three-day conference, with a welcome function on day one and a conference dinner on day two and usually held in September.

Typically, there is over 200 full registrations including stand attendees and more than 25 attending one day. This includes a strong Exhibition and Sponsorship component including approx. 33 exhibition stands (with catering in the exhibition area) and 3 concurrent sessions. It is important the successful venue can host the catering/exhibition in the one area.

History:

2021 - Invercargill

2019 - Christchurch

2018 - Lower Hutt

2017 - Auckland

2015 - Napier

Organising Committee:

The Conference Team organised the 2019 and 2021 IPCNC conferences and are willing to continue in this role. Whilst based in Christchurch, The Conference Team works throughout NZ. To have the history of the IPCNC conferences, relationships with sponsors/exhibitors is huge.

The Organising Committee make the decisions and The Conference Team makes it happen!

If you are interested, or require any further information please contact Jo Stodart jo.stodart@xtra.co.nz or phone 0274 434 631

REGIONAL NEWS:

COVID-19 and increased workloads are still impacting on meetings and planned study days. Please contact local Coordinators in your area as below:



❖ Auckland:

Auckland continues with challenges of being in and out of different levels. Due to this education and meetings might not be able to be face to face. Amanda is looking at other ways of delivering education, like via zoom.

Our thoughts are with you Auckland..

Update: Potential face to face regional meeting planned for the 8th of July so keep an eye on your emails. 😊

❖ Midlands:

Had their meeting on Friday 19th March. Three fantastic speakers see below 'Midlands Regional Study day'.

❖ Central

With COVID sadly we are really tied up. The planned regional study day has been postponed for now, will reschedule once we are back at level one

❖ Greater Wellington

Regional meeting 15th April at HVDHB

Details of meeting:

The greater Wellington regions Infection Prevention and Control Nurses College meeting will be held next month. Please come along to share lunch, learn, collaborate, and network with your colleagues in infection control.

❖ Canterbury:

Are Busy Busy Busy....

❖ Southern:

Jane is planning a zoom meeting in April and a face-to-face later in the year (and is planning the conference).

REGIONAL COORDINATORS:

Greater Auckland Region

Amanda Hynes

AmandaHy@ormistonhospital.co.nz

027 703 6078

Central Region

Jacqui Pennefather

Jacqueline.Pennefather@wdhb.org.nz

021 243 6334.

Southern Region

Jane Miedema

Jane.Miedema@southerndhb.govt.nz

027 455 2178



Midland Region

Elsie Truter

trutere@outlook.com

021 172 1994

Greater Wellington Region

Angela Corn

angela.corn@huttvalleydwb.org.nz

022 108 5682

Canterbury Region

Mike O'Callaghan

Mike.Ocallaghan@cdhb.health.nz

021 577 640

REGIONAL COORDINATORS NEEDED:

Many of our regional coordinators have been in their roles doing fabulous job and now feel it is time to step down and hand on the baton.

Regional coordinators have their registration fee to the biannual IPCNC conference paid for.

The role:

- Organising meetings and study days.
- Forward any correspondence from the Chair
- Provides support regarding IPC in their region.

Also looking for 2IC's (second in charge) to support coordinators and mentorship into the coordinator role.



MIDLANDS REGIONAL STUDY DAY: 19th March 2021

(face-to-face) 

THE SPEAKERS:

- **Dr Massimo Giola (Infectious Diseases and Sexual Health Physician)**

COVID 19 ONE YEAR LATER: A highly informative and well-presented talk. Massimo outlined the COVID 19 virus and transmission. He mentioned that the quality of one's immune system determined the severity of the illness. An interesting point he also mentioned was that the symptoms in the first week of the illness is the effect of viral replication on the body and on about day seven it is your immune response! He outlined the different vaccines and went on busting some myths. To those suggesting that the mRNA vaccine could have an impact on your DNA he likened it to reconstituting an oxo cube in your panty trying to turn it back into a cow, it just cannot happen. 'Be prepared for media hysteria' he warned.

Recommended reading <https://jamanetwork.com/journals/jama/fullarticle/2777059>

He presented a very interest point of view and did some number crunching when he talked about herd immunity:

Clinical presentation

- **Mean incubation time: 5 days (range 4.1 to 7)**
- **At least 50% (but probably closer to 80%) of infections are asymptomatic or minimally symptomatic**
- **Of those symptomatic, 15% have severe disease requiring hospitalisation and 5% need ventilatory support**
- **ICU mortality was 50% at the start of the pandemic, is now around 30%**
- **What would that mean for Aotearoa/NZ?**
- **Assuming the whole population (5M) catches it if widespread in the community**
- **1M (20%) symptomatic**

Of these:

- **150K (15%) hospitalised**
- **50K (5%) ventilated**
- **BUT our hospitals and ICUs would be overwhelmed much sooner than that:
ICU bed capacity = 358, ventilators = 334 (MOH, Apr 2020).**

I have not even begun to do justice to this amazing talk (so fascinated were we that we missed our morning tea !!!!!).

- **Victoria Smith: (Infection and Prevention Coordinator Managed Isolation facilities.**

ROTORUA ISOLATION FACILITIES – HOW THEY WORK: A truly behind the scenes view. We learnt of the process. The frustrations, the triumphs, the heartaches, and the laughter. Through our lunch (food and cuppa of course) we continued to listen and question.

Arohanui to all those who work in these facilities.



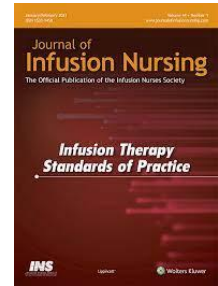
- **Kate Laidlow: (Clinical Nurse Specialist – Infusion Therapy)**

BUGS AND BLOOD – HOW TO AVOID THE PARTY: Our final vibrant speaker truly knowledgeable and passionate about her topic. Kate talked about access to the blood through various methods, biofilms and the practices needed to prevent the party from happening! Kate always referred to her 'bible' (a must have) of all things related to infusion therapy (Infusion Therapy Standards of Practice 2019, superseded by the 2021 version)



Also mentioned was the Aseptic Non-Touch Technique website as an invaluable free resource:

http://www.antt.org/ANTT_Site/home.html



That concluded an amazing education session packed with lots of take-home messages.

THE MEETING: This was special as we were able to chat with each other in person, after an eighteen-month break.

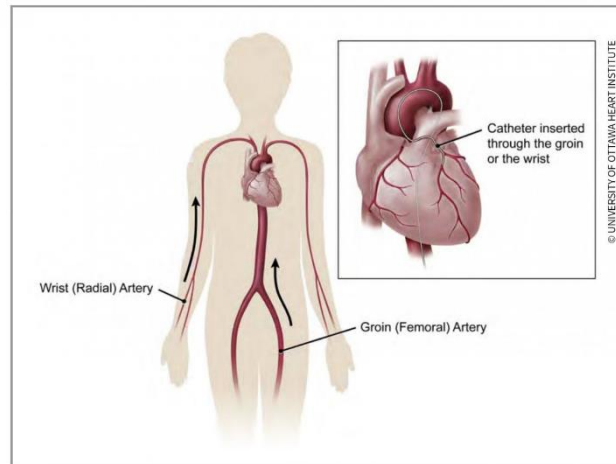
We concluded the day with a wee meeting and even perhaps a volunteer for the 2023 Conference.....Watch this space!

Thanks goes to Elsie Truter



HISTORIC COURNER

REPROCESSING ELECTROPHYSIOLOGICAL CARDIAC CATHETERS



This topic caught my eye recently and I thought it an example of rhetorical news best shared. It took me back to the 1980s when, as a novice IPCN, I worked in a NZ hospital that was heavily engaged in reprocessing electrophysiological cardiac catheters. The sterile reprocessing department had a designated team to clean and sterilize these catheters, which was closely monitored, and overseen by the hospital pathologist and microbiology team. Each catheter underwent microscopic inspection and catheters which had had a maximum number of reuses or if found to have any surface abnormality were discarded. Patients undergoing cardiac catheter procedures stayed in hospital overnight or longer. All procedure approaches were femoral and post procedure bleeding at the insertion site was a constant concern. During their stay patients were monitored for immediate inflammation or systemic infection reactions. It was not until the early 1990s that the hospital ceased reprocessing and changed to single use catheters, despite forwarding a strong case to continue the reprocessing practice. Many considered the increased cost of single use as prohibitive.

In 2019 M2PressWIRE released a journalistic press release, saying the reprocessing market forecast to 2024 was poised for robust growth for reprocessed electrophysiological cardiac catheters. The single-use medical device reprocessing market was valued as USD 1,858.2 million in 2018 and is forecast to register a compound annual growth rate of approximately 15% for 2019-2024. (I note, this was pre-COVID!)

Interventional cardiology has been, and continues to be, booming, not only because of demographic factors like an aging population and increasing obesity and diabetes. Broad research reported in 2016 supported use of percutaneous options across an ever-increasing number of patient populations. (M2PressWIRE, 2017). Newer advances in cardiology include the percutaneous mitral valve intervention, now an option for those whose comorbidities preclude surgical treatment.

The American Society of Cardiac Arrhythmias told the US Food and Drug Administration (FDA) that it supports reprocessing of electrophysiological devices. The FDA classifies electrophysiological cardiac catheters as Class 2 surgical devices and allows their reprocessing. In New Zealand, MEDSAFE is the regulatory authority for medical devices <https://www.medsafe.govt.nz/regulatory/devicesnew/3-7RiskClassification.asp>. The cardiac catheter is a non-lumened device.



Reuse of single-use devices involves regulatory, ethical, medical, legal and economic issues and has been controversial for the past 20 years. The resurging interest in reprocessing single use devices for interventional cardiology is driven by assessment of the economic burden.

The claims of substantial savings is sometimes dismissed against counter claims that the resource required to reprocess is as expensive, if not more, than the cost of the catheters.

Electrophysiology and ablation cardiac catheters, which come in contact with blood during clinical use, are required to be non-pyrogenic (<20 endotoxin units (EU)/device). Tessarolo et al (2006) demonstrated that in vitro spiked catheters reduced their pyrogenic loads from 40,80,200 EU/device to less than 11 EU/device when sterilised using hydrogen peroxide gas plasma. Lucas et al. (2009) studied degradation of the catheter and found more pronounced surface roughness of the catheter material after the fourth reprocessing cycle.

Note that much of the work examining the integrity of reprocessed cardiac catheters is now at least 15 years old. New plastic polymer materials are used in the new design and technology of interventional cardiology procedures. However, they may not have undergone the rigour of reprocessing and monitoring. They are designed to be single use and less tolerant of reprocessing procedures. Nevertheless, such material may impact the environment more if they cannot biodegrade or if they release toxic by-products during high temperature incineration.

Last but not at all least: The ethical debate involving the principle of beneficence – to prevent harm to the patient. To define ‘harm’ can be problematic...what is harm to one may not be harm to another. Is ‘harm’ an inflamed insertion site, or a post procedure temperature spike? Is the “harm” a complication? A risk?

So, 30 or 40 years on, we remain in a controversial space; a reprocessing practice that continues elsewhere in the developed world.



Francie

References

Lucas,T.,Orefice,R.,Pinotti,M.,Huebner,R.(2009).Surface evaluation of cardiac angiographic catheter after simulated use and reprocessing. *Applied Surface Science*.256.1419-1425.

M2PressWIRE, May 02, 2019. Newspaper Source Plus.

Tessaralo, F., Caola,I., Nollo,G, Antolini,R.,Guarrera,G., Caciagli,P.(2006).Efficiency in endotoxin removal by a reprocessing protocol for electrophysiology catheters based on hydrogen peroxide plasma sterilisation. *International Journal of Hygiene and Environmental Health*. 209. 557 – 565.

Somewhere a cleaner.



Where would we be without cleaners in health care facilities? Their work is integral in preventing the spread of infection by maintaining clean and safe healthcare facilities. But how often are you contacted when the cleaners have done a great clean? Or is it only complaints of a poor job that come your way?

'Somewhere a cleaner' is an anthology of poems and short stories that honours the work of cleaners. It is published by Landing Press. The writers who contributed included established and first-time writers from across New Zealand, many of whom are cleaners. It was delightful to have my poem, 'Awesome' included. The anthology's launch was hosted by MP Ibrahim Omer at the Grand Hall, Parliament. How honoured I felt when asked to read it at the launch.

You may wonder how a Clinical Nurse Specialist in Infection Prevention and Control with the Canterbury DHB came to write a poem about hospital cleaners. In 2020 I achieved a bucket list goal and attended Hagley Writer's Institute. The poem developed from a writing exercise during class. It sprang from several influences.

One of my inspirations was a presentation by Dr Peter Pronovost, the now Chief Clinical Transformation Officer at University Hospitals in northeast Ohio. Pronovost is responsible for drastically reducing central line catheter infections throughout the world after developing an insertion checklist. During his presentation he spoke about love and kindness in the healthcare facilities. For him it was essential to thank the cleaning staff he came across during his working day because without a clean hospital healthcare acquired infections would increase.

His words have stayed with me ever since. My daily practice changed immediately to ensuring I speak to cleaning staff, even if it's just to smile and say hello. Having worked as a cleaner whilst I was a student, I know how hard and thankless the work is. It is not surprising that I have been disturbed when observing the off-hand treatment of cleaners that occasionally occurs in healthcare. Many hospital cleaners are immigrants who work with English as their second language which is admirable.

The book captures the spirit of cleaners as both indispensable and invisible. Perhaps a copy would be an interesting addition to your Infection Prevention library. For more information on the book go the Landing Press website [here](#).

Eds. Adrienne Jansen

Te Rongomai Tipene-Matua, Joan Begg,
Wesley Hollis, Nicky Subono

During the Covid-19 pandemic, we've all been thinking about essential services. Including cleaning. Cleaning is universal.

It's steeped in tradition and culture. It's essential, it's ordinary and it's surprisingly poetic.

Somewhere a cleaner captures the spirit, the highs and the lows, of this occupation that often falls below the radar. The poems range across hospitals, offices, marae, clocks, schools, boat hulls, sneakers and more.

The poets themselves, a mix of novice and established writers, are equally diverse.

Through songs, rhymes, deeply insightful poems and poignant small stories, this anthology gives a voice to a profession both invisible and indispensable.

Having walked the corridors of hospitals for more than a few years, I can tell you that cleaners can sometimes be the best doctors of all. And now I find they can write some great poems too. This book is wonderfully democratic. The art here is in the work done

before and beyond the writing. The endless picking up, mopping, smoothing and shining. And always, it seems, for someone else. These are poems with strong forearms. My deepest congratulations to every poet in this collection – and my long overdue thanks. I will never walk on a neatly mopped floor again."

– Glenn Colquhoun



Awesome

*Today I want to say something for
cleaners, going quietly about their work,
unnoticed in hospitals, wiping away*

*dirty spots, fingerprints on door knobs,
dusty shelves, undersides of hand basins,
bacteria, fungi, or virus left behind.*

*How do you explain in Thai, Nepali,
to name a few; Portuguese, Bengali,
perhaps Filipino, Vietnamese, Hindi?*

*Confused, cleaners flick through a mental Kardex
of languages until they hit English. But not quite –
Kiwi English, which is good as gold, with fluffy ducks*

*in boxes. Giddy, kia ora, that's choice bro.
Take a squiz at the instructions,
stop taking the piss and rattle your dags.*

*That's why I want to say something dazzling
like: Breezes on different shores perfumed
with cinnamon, coriander and rose petals,*

*chrysanthemum necklaces hang with aromas of
cardamom in hot ghee,
languages in a wok stir fry,
and abundant Gods to fix world troubles.*

*Dismount from your high detached horses,
behold cleaners, tainted underbelly,
vivid kaleidoscopes behind their eyes,*

*at the arse end of it all, cleaners toil,
sweat of their bodies scrub, scour, sanitise,
shit – seen; microscopic dangers – unseen.*

Julianne Munro 2020

Published in 'Somewhere a cleaner', by Landing Press 2020





Hugs, Cuppas and other Beverages:



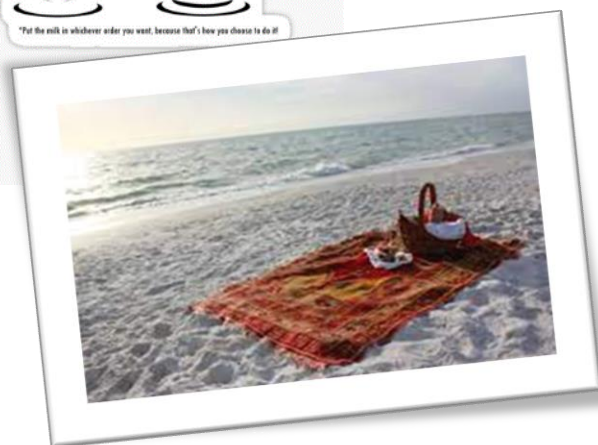
How to make a cuppa:

- Put the kettle on to boil
- Sit down and scroll through social media
- Like some body positivity posts
- Realise you've lost half an hour
- Re-boil kettle
- Make tea*



*Put the milk in whichever order you want, because that's how you choose to do it!

WHAT DO YOU DO TO RELAX, RESTORE, REGENERATE?



A feel-good message from David Smith (Pandemonium)

Lot of good wishes and many thanks for the work you are all doing to keep us safe.

You are brilliant people to put yourselves and your families at risk for the sake of everyone else.

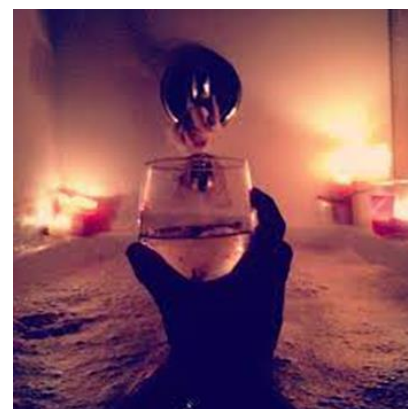
Stay safe (and get vaccinated) yourselves.

Ngā mihi,

David 😊

Dedicated to self-care a feel-good page:

**Your contributions are needed: waggles_nz@hotmail.com
Subject Hugs, Cuppas and other Beverages.**



ARTICLES OF INTEREST:

- ✓ “Is it discriminatory to require hospital staff to be clean shaven to facilitate the effective wearing of personal protective equipment?”

<https://journals.sagepub.com/doi/full/10.1177/0025817220980976>

- ✓ **Dramatic Drop in COVID-19 Cases Seen Among Vaccinated Healthcare Workers** By Reuters Staff (March 24, 2021)

https://www.medscape.com/viewarticle/947971?src=WNL_mdpls_210326_mscpedit_nurs&ua_c=314174MG&spon=24&impID=3273588&faf=1



Journal of Infection Prevention: 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 NZNO library receives the print journal and can then supply you with up to two articles.

The contents page of the current issue is below

Volume 22 Number 1 January 2021



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PANDEMONIUM by David Smith

david@davidandgail.co.nz

<p>Here are a few tips and links to follow as you idle around with nothing to do, in between..... yes, I know, not a moment to spare..... but spare a thought for going back to work with a few more ideas than everyone else plus authoritative links to support them. Your mana will rise even higher and your halo shine even brighter. 😊</p>	<p>Free-standing perspex screens do not need installing and can be positioned or stored according to alert LEVEL. Splatter from voices means they need frequent cleaning on both sides, seen here sparkling at Kenepuru Hospital Radiology desk.</p>	
<p>First there were Super spreader events. Now there are Super spreader people. https://www.nature.com/articles/d41586-021-00460-x?utm_source=Nature+Briefing&utm_source=Nature+Briefing&utm_medium=Social+Media Superspreading drives the COVID pandemic — and could help to tame it. Uneven transmission of the SARS-CoV-2 coronavirus has had tragic consequences — but also offers clues for how best to target control measures. Administrators control events while nurses advise people. So, who or what are the super spreaders? What can be done to restrain or control them?</p>	 <p>Wearing spectacles could prevent you getting Covid! https://www.medrxiv.org/content/10.1101/2021.02.12.21249710v1.full</p>	 <p>Separating an audience in Christchurch in an attempt to halve aerosol transmission.</p>
<p>Telephone Calls on Loneliness, Depression, and Anxiety Among Adults During the COVID-19 Pandemic in Texas. A Randomized Clinical Trial</p>	<p>Journal of the American Medical Association</p>	<p>https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2776786?utm_source=</p>
<p>Pfizer/BioNTech vaccine side effects. It is clear that coronavirus vaccines are safe and effective, but as more are rolled out, researchers are learning about the extent and nature of side effects.</p>	<p>Nature</p>	<p>https://www.nature.com/articles/d41586-021-00290-x?utm_source=</p>
<p>Your Guide to Masks</p>	<p>Centers for Disease Control and Prevention US</p>	<p>https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html</p>
<p>Maximizing Fit for Cloth and Medical Procedure Masks to Improve Performance and Reduce Transmission and Exposure</p>	<p>Centers for Disease Control and Prevention</p>	<p>https://www.cdc.gov/mmwr/volumes/70/wr/mm7007e1.htm?s_cid=mm7007e1_w</p>
<p>Mask tips. If double-masking is hurting your ears, try these tips to relieve the pain</p>	<p>Washington Post</p>	<p>https://www.washingtonpost.com/lifestyle/wellness/double-mask-pain-ear-covid/2021/02/09/419e5340-6a30-11eb-9f80-3d7646ce1bc0_story.html?utm_term=.</p>
<p>Are cloth masks still effective?</p>	<p>British Medical Journal</p>	<p>https://www.bmj.com/content/372/bmj.n432?utm_source=etoc&utm_medium=email&utm_campaign=tbmj&utm_content=weekly&utm_term=20210219</p>
<p>US govt seizes over 10M phony N95 masks in COVID-19 probe</p>	<p>AP News</p>	<p>https://apnews.com/article/us-govt-seizes-10m-phony-n95-masks-e31fb7965cb831db4fe22fe4324871f5</p>
	<p>This 3m11s song has been adopted by the Scottish government. Worth playing LOUDLY for others to hear.</p>  <p>ScottishCOVIDComercial.MP4</p>	<p>For a more peaceful experience try the YouTube version. Well, at least the video is distracting. https://youtu.be/sLzNwMpcnHE</p>

Webber Training Tele classes

<https://webbertraining.com/>

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April 8, 2021	<u>HEALTHCARE WATER & SANITARY SERVICES - THE PRICE OF POOR DESIGN, CONSTRUCTION, USAGE AND MAINTENANCE</u> Speaker: Dr. Michael Weinbren , Sherwood Forest Hospitals NHS Foundation Trust, UK	View
April 15, 2021	<i>(FREE Teleclass)</i> <u>THE GLOBAL VIRUS NETWORK IN THE COVID-19 ERA</u> Speaker: Prof. Christian Bréchet , Initiative on Microbiomes, University of South Florida	View
April 21, 2021	<i>(South Pacific Teleclass)</i> <u>PREVENTING INFECTION TRANSMISSION IN THE WORKPLACE</u> Speaker: Crystal Polson , University of Melbourne, Australia	View
April 27, 2021	<i>(FREE European Teleclass ... Denver Russell Memorial Teleclass Lecture)</i> <u>HYGIENE BEHAVIOUR IN OUR HOMES AND EVERYDAY LIVES TO MEET 21ST CENTURY NEEDS</u> Speaker: Prof. Sally Bloomfield , International Scientific Forum on Home Hygiene, UK	View
May 5, 2021	<i>(FREE Teleclass)</i> <u>SPECIAL LECTURE FOR 5 MAY</u> Speaker: Prof. Didier Pittet , University of Geneva Hospitals, Switzerland ^[1] _[SEP]	View
May 11, 2021	<i>(European Teleclass)</i> <u>THE NORWAY EXPERIENCE CONTROLLING THE CORONAVIRUS PANDEMIC</u> Speaker: Prof. Bjørg Marit Andersen , Faculty of Health and Social Science, Department of Nursing and Health Science, University of South-Eastern Norway	View
May 20, 2021	<u>COMPLACENCY ABOUT DISEASES, ANXIETY ABOUT VACCINES: THE MENINGITIS PERSPECTIVE</u> Speaker: Elizabeth Rodgers , Meningitis Research Foundation, UK	View
May 27, 2021	<u>EMERGING PATHOGENS – HAVE WE LEARNED ANY LESSONS?</u> Speaker: Prof. Rodney Rohde , Texas State University	View
June 8, 2021	<i>(European Teleclass)</i> <u>ASSESSING PERSONAL PROTECTION EQUIPMENT</u> Speaker: Linda Kilsdonk-Bode , Amphea Hospital, The Netherlands	View
June 16, 2021	<i>(FREE South Pacific Teleclass)</i> <u>FROM POLICY TO PRACTICE – IMPLEMENTING GOVERNMENT DIRECTED POLICY & IMPLICATIONS FOR INFECTION CONTROL PRACTICE</u> Speaker: Sally Havers , Queensland University of Technology, Australia	View
June 24, 2021	<u>CONTINUOUS ACTIVE ANTI-VIRAL COATINGS</u> Speaker: Prof. Charles Gerba , University of Arizona ^[1] _[SEP]	View
June 24, 2021	<u>WATCH THIS SPACE ...</u> Speaker: To be announced	View

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The Top Papers from 2020 Webinar!

You can access the recording by clicking the link below.

https://zoom.us/rec/share/XKiMstP9dg0LCIK4KFuugUdgYzbxyFkBrNzo2WyQOmGrkgeWkFE-LgQBGati1pUB.kl_QADgbXyuZh_h
Passcode: hW#4LF.4

Below are the papers that Martin and Brett spoke about in the webinar. (see below for the link)

Martin's Papers

C. difficile

1. Gilboa, M., et al., Environmental shedding of toxigenic *Clostridioides difficile* by asymptomatic carriers: A prospective observational study. *Clin Microbiol Infect*, 2020. **26**(8): p. 1052-1057. <https://www.ncbi.nlm.nih.gov/pubmed/31904567>

Supporting

2. Corrigan, R.A., et al., Usefulness of the Bristol Stool Form Chart scoring system for the laboratory processing of faecal samples in suspected *Clostridioides difficile* cases. *J Hosp Infect*, 2020. **105**(1): p. 95-97. <https://pubmed.ncbi.nlm.nih.gov/31836551/>
3. Durant, D.J., Can patient-reported room cleanliness measures predict hospital-acquired *C. difficile* infection? A study of acute care facilities in New York state. *Am J Infect Control*, 2020. <https://www.ncbi.nlm.nih.gov/pubmed/32889067>
4. Hostler, C.J., et al., Differences in time-to-testing and time-to-isolation between community-onset and hospital-onset *Clostridioides difficile* cases at a tertiary care VA medical center. *Am J Infect Control*, 2020. **48**(10): p. 1148-1151. [https://www.ajicjournal.org/article/S0196-6553\(19\)31028-4/fulltext](https://www.ajicjournal.org/article/S0196-6553(19)31028-4/fulltext)

COVID-19

1. Tang, J.W., et al., Dismantling myths on the airborne transmission of severe acute respiratory syndrome coronavirus (SARS-CoV-2). *J Hosp Infect*, 2021 <https://www.ncbi.nlm.nih.gov/pubmed/33453351>

Supporting

2. Li, Y. and H. Qian, Aerosol transmission of SARS-CoV-2: Evidence for probable aerosol transmission of SARS-CoV-2 in a poorly ventilated restaurant. medRxiv, 2020. <https://www.medrxiv.org/content/10.1101/2020.04.16.20067728v1>

3. Stadnytskyi, V., et al., The airborne lifetime of small speech droplets and their potential importance in SARS-CoV-2 transmission. *Proc Natl Acad Sci U S A*, 2020. 117(22): p. 11875-11877. <https://www.pnas.org/content/117/22/11875>

Guidelines

1. Mitchell, B.G., O. Fasugba, and P.L. Russo, Where is the strength of evidence? A review of infection prevention and control guidelines. *J Hosp Infect*, 2020. **105**(2): p. 242-251. <https://www.ncbi.nlm.nih.gov/pubmed/31978417>

Leadership

1. Landerfelt, P.E., et al., Nursing leadership and the reduction of catheter-associated urinary tract infection. *Am J Infect Control*, 2020. **48**(12): p. 1546-1548. <https://www.ncbi.nlm.nih.gov/pubmed/32682017>

Candida auris

1. Chatterjee, P., et al., Clade-specific variation in susceptibility of *Candida auris* to broad-spectrum ultraviolet C light (UV-C). *Infect Control Hosp Epidemiol*, 2020. **41**(12): p. 1384-1387. <https://www.ncbi.nlm.nih.gov/pubmed/33046172>

Supporting

2. Horton, M.V., et al., *Candida auris* Forms High-Burden Biofilms in Skin Niche Conditions and on Porcine Skin. *mSphere*, 2020. **5**(1). <https://www.ncbi.nlm.nih.gov/pubmed/31969479>

Toilets

1. Heireman, L., et al., Toilet drain water as a potential source of hospital room-to-room transmission of carbapenemase-producing *Klebsiella pneumoniae*. *J Hosp Infect*, 2020. **106**(2): p. 232-239. <https://www.ncbi.nlm.nih.gov/pubmed/32707194>

Supporting papers

2. Li, Y.Y., J.X. Wang, and X. Chen, Can a toilet promote virus transmission? From a fluid dynamics perspective. *Phys Fluids (1994)*, 2020. **32**(6): p. 065107. <https://www.ncbi.nlm.nih.gov/pubmed/32574232>
3. Sevin, T., et al., Bathroom contamination by antibiotic-resistant Enterobacterales (ESBLPE and CPE): an experimental study. *J Hosp Infect*, 2020. **106**(2): p. 271-276. <https://www.ncbi.nlm.nih.gov/pubmed/32750383>
4. Wang, J.X., et al., Virus transmission from urinals. *Phys Fluids (1994)*, 2020. **32**(8): p. 081703. <https://www.ncbi.nlm.nih.gov/pubmed/32831536>
5. Wilson, G.M., et al., Bioaerosols generated from toilet flushing in rooms of patients with *Clostridioides difficile* infection. *Infect Control Hosp Epidemiol*, 2020. **41**(5): p. 517-521. <https://www.ncbi.nlm.nih.gov/pubmed/32000872>

Brett's Papers

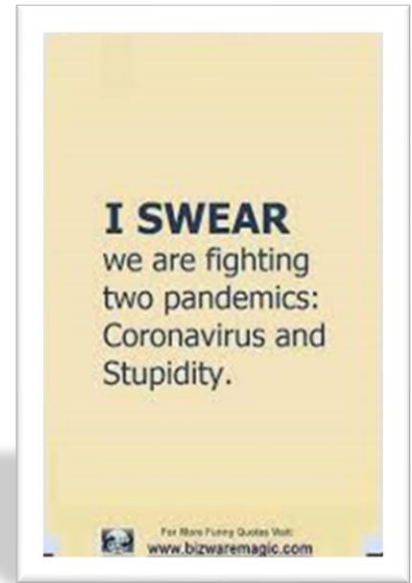
1. Luu, A., et al., Reducing Catheter Associated Urinary Tract Infections via Cost-Saving Diagnostic Stewardship. *Clinical Infectious Diseases*, 2020 <https://t.co/NJF545Z1rT?amp=1>
2. Maechler, F., et al., Contact isolation versus standard precautions to decrease acquisition of extended-spectrum β -lactamase-producing Enterobacterales in non-critical care wards: a cluster-randomised crossover trial. *Lancet Infectious Diseases*, 2020 <https://t.co/K2IN366FX5?amp=1>
3. Stapleton, E. J., et al., Association of Disposable Perioperative Jackets With Surgical Site Infections in a Large Multicenter Health Care Organization. *Jama Surgery*, 2019 <https://t.co/7Cns3VumF5?amp=1>
4. Lacerna, C .C., et al., A successful program preventing nonventilator hospital-acquired pneumonia in a large hospital system. *Infection Control Hospital Epidemiology*, 2020 <https://t.co/8Rrmki23iZ?amp=1>
5. Lee, M. H., et al., A systematic review on the causes of the transmission and control measures of outbreaks in long-term care facilities: Back to basics of infection control. *Plos One*, 2020 <https://t.co/qoANVIC8bl?amp=1>
6. Mitchell, L., Coatsworth, N. Sick leave accessibility in junior doctors at an Australian health service. *Infection Disease and Health*, 2021 <https://t.co/RMJv5a7e0o?amp=1>
7. Hopmans, T.E.M., et al., Trends in prevalence of healthcare-associated infections and antimicrobial use in hospitals in the Netherlands: 10 years of national point-prevalence surveys. *Journal of Hospital Infection*, 2019 <https://t.co/4tgZTZGvy?amp=1>
8. Tang, J.W., et al., Dismantling myths on the airborne transmission of severe acute respiratory syndrome coronavirus (SARS-CoV-2). *The Journal of Hospital Infection*, 2021 <https://t.co/fohCjabdz2?amp=1>
9. Stone, W., et al. Disinfectant, Soap or Probiotic Cleaning? Surface Microbiome Diversity and Biofilm Competitive Exclusion. *Microorganisms*, 2020. **8**(11): p. 1726. <https://pubmed.ncbi.nlm.nih.gov/33158159/>
10. Laan, Bart J., et al. De-implementation strategy to reduce inappropriate use of intravenous and urinary catheters (RICAT): a multicentre, prospective, interrupted time-series and before and after study. *The Lancet Infectious Diseases*, 2020. **20**(7) p. 864-872. <https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-016-2154-2>

Last Word: 😊



The Website is not working at present.

All effort is being made to get this back up and running.



IN CASE YOU MISSED IT!

👍 The IPCNC Committee needs you:
Contact: carolyn.clissold@ccdhb.org.nz,
or ipcsecretary@outlook.com

👍 New Regional Coordinators NEEDED.
Contact: Aleisha.Snep@schl.co.nz or ipcsecretary@outlook.com

👍 A Host is need for the 2023 CONFERENCE
Contact: jo.stodart@xtra.co.nz

Your contributions are needed: waggles_nz@hotmail.com Subject: July Controlla

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Deadline for Submissions: 30th June 2021

**Thanks to all who contributed to the
March 2021 issue.**

DEDICATED TO:

All our Aged and Residential Care colleagues
You are not forgotten.

Thanks for all you do to keep our vulnerable safe 😊

