THE Infection Controlla
IPC Infection Prevention & Control Nurses College NZNO

IPCNC: October/November Edition 2021 **105**

Stay Informed: Stay Connected

- IPCNC Twitter account: **@IpcncNz**
- IPCNC Facebook page: **Infection Prevention and Control Nurses College NZNO**
- www.infectioncontrol.co.nz

From the Editor:

By Anne-Maree Wagg

Welcome to the October/November edition of The Controlla. This edition was meant to be filled with the after glow of the Invercargill Conference. But it was not to be. Once again covid hit and along came its restrictions.

I feel very much like I am grieving the lost life that was, with its freedoms, open travel, a life seemingly carefree. Now we are looking at a new world a new way of life, that has so much uncertainty and fear, a traffic light system that almost looks unattainable.

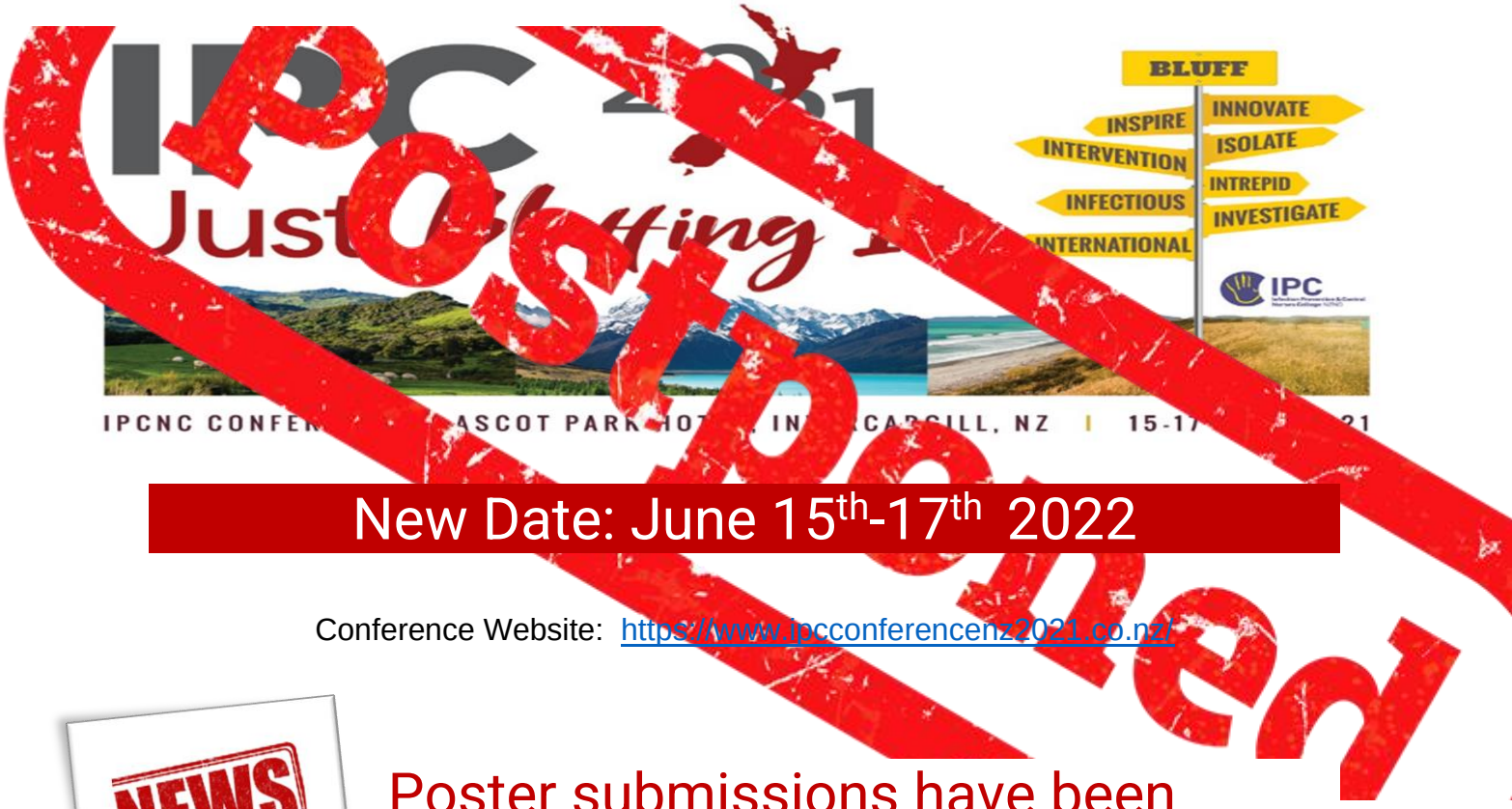
I have heard people refer to feeling like they are in a movie set and soon the director will shout "cut" and we can all go back to normal. Or that we feel like we are back at school when the whole class gets punished because no one will own up to an indiscretion. Some are feeling that they weren't even part of the school.

But we do have some exciting events to celebrate, our website is finally live and ready for action. We had an amazing Zoom study event that was well supported and enjoyed.

Aroha nui, 😊

There will be no Christmas edition this year so have a great summer take care and stay safe.

Meri Kirihimete,



New Date: June 15th-17th 2022

Conference Website: https://www.ipcconferencenz2021.co.nz/

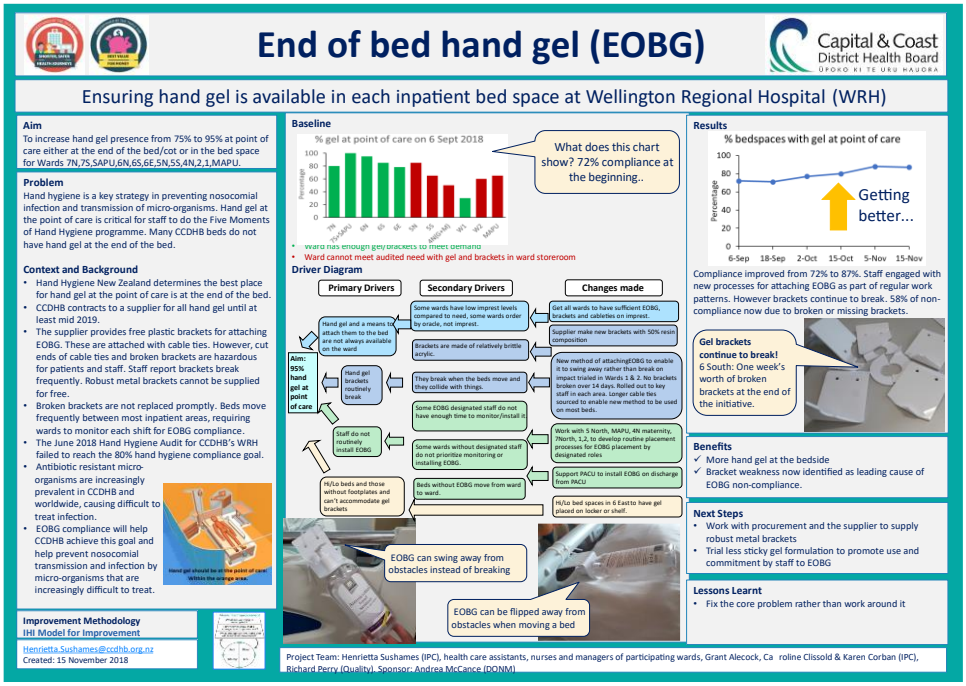
Poster submissions have been extended

For further information please contact joanne@conferenceteam.co.nz

Click here for abstract guidelines

Click here for submission guidelines

Here is an example of a poster presentation by Henrietta Sushames at the 2019 conference:



End of bed hand gel (EOBG)

Capital & Coast District Health Board

Ensuring hand gel is available in each inpatient bed space at Wellington Regional Hospital (WRH)

Aim
To increase hand gel presence from 75% to 95% at point of care either at the end of the bed/cot or in the bed space for Wards 7N,7S,SAPU,6N,6S,6E,5N,5S,4N,2,1,MAPU.

Problem
Hand hygiene is a key strategy in preventing nosocomial infection and transmission of micro-organisms. Hand gel at the point of care is critical for staff to do the Five Moments of Hand Hygiene programme. Many CCDHB beds do not have hand gel at the end of the bed.

Context and Background
- Hand Hygiene New Zealand determines the best place for hand gel at the point of care is at the end of the bed.
- CCDHB contracts to a supplier for all hand gel until at least mid 2019.
- The supplier provides free plastic brackets for attaching EOBG. These are attached with cable ties. However, cut ends of cable ties and broken brackets are hazardous for patients and staff. Staff report brackets break frequently. Robust metal brackets cannot be supplied for free.
- Broken brackets are not replaced promptly. Beds move frequently between most inpatient areas, requiring wards to monitor each shift for EOBG compliance.
- The June 2018 Hand Hygiene Audit for CCDHB's WRH failed to reach the 80% hand hygiene compliance goal.
- Antibiotic resistant micro-organisms are increasingly prevalent in CCDHB and worldwide, causing difficult to treat infection.
- EOBG compliance will help CCDHB achieve this goal and help prevent nosocomial transmission and infection by micro-organisms that are increasingly difficult to treat.

Improvement Methodology
IHI Model for Improvement

Henrietta.Sushames@ccdhb.org.nz
Created: 15 November 2018

Baseline
% gel at point of care on 6 Sept 2018
What does this chart show? 72% compliance at the beginning..
- Ward has enough gel/brackets to meet demand
- Ward cannot meet audited need with gel and brackets in ward storeroom

Driver Diagram
Primary Drivers | Secondary Drivers | Changes made
Aim: 95% hand gel at point of care

Results
% bedspaces with gel at point of care
Getting better...
Compliance improved from 72% to 87%. Staff engaged with new processes for attaching EOBG as part of regular work patterns. However brackets continue to break. 58% of non-compliance now due to broken or missing brackets.
Gel brackets continue to break! 6 South: One week's worth of broken brackets at the end of the initiative.

Benefits
- ✓ More hand gel at the bedside
- ✓ Bracket weakness now identified as leading cause of EOBG non-compliance.

Next Steps
- Work with procurement and the supplier to supply robust metal brackets
- Trial less sticky gel formulation to promote use and commitment by staff to EOBG

Lessons Learnt
- Fix the core problem rather than work around it

EOBG can swing away from obstacles instead of breaking
EOBG can be flipped away from obstacles when moving a bed

Project Team: Henrietta Sushames (IPC), health care assistants, nurses and managers of participating wards, Grant Alecock, Ca roline Clissold & Karen Corban (IPC), Richard Perry (Quality). Sponsor: Andrea McCance (DONM)

1st December 1300-1500hrs

Zoom Education Session:

All Welcome ☺

We are having another Zoom education session on 1st December 1300-1500.

All about Covid, with nurses and a doctor from our heroic level 3 area sharing their wisdom.

We also have an engineering consultant talking about what you can do to improve ventilation in smaller health care facilities. Please send your questions for him by 26th November, for him to answer on the day to ipcsecretary@outlook.com.

Also, there will be an update from the committee. I will circulate the Zoom address and programme soon.

You can circulate the Zoom address to your colleagues if you like.

Kia kaha team,
Henrietta Sushames
Secretary, IPCNC
ipcsecretary@outlook.com

From the Chairperson:

Hi all,

It is good to be able to focus on some positives in the IPC world with the awaited launch of the website, the ever-increasing vaccination rates around us, and still more people who want to be part of our IPCNC Fundamentals programme. All of these positives are due to nurses and especially IPC nurses continuing to give of their time and commitment. Thank you especially to the those too who are going to work every day under level 3 conditions.

I want to reiterate what I said in the E news recently regarding the educational zoom recently. We have had such lovely feedback about the meeting, and I think, for some, listening to the speakers was a lightbulb moment. I believe continuing to be a strong team will benefit us all. Thank you to both our IPC nursing speakers Sandi Gamon, Ann Whitfield and Rachael Hart and medical colleagues – Josh Freeman and Tim Blackmore for giving their time and insights to us. More of what was said can be found in the report below: Zoom education session 29th September 2021

We also still have vacancies for the IPCNC committee so please feel free to email the secretary with your application ipcsecretary@outlook.com

- IPCNC committee member (Conference Paid)

Please write to IPC secretary for an application ipcsecretary@outlook.com

Go well and support COVID vaccination.

Ngā mihi,

Kind Regards,

Carolyn

Website Report:

The new Infection Protection and Control Nurses site is up and running at: https://infectioncontrol.co.nz!

The long-awaited website (with forum) is ready to be launched and was live from 12 noon Saturday the 23rd of October. It will have limited pages, but the forum will be functional.

Members were sent an automated email with a link and password – you will be prompted to change your password when you first login.

If you did not receive an email, please go to **infectioncontrol.co.nz** and use the contact us button and we will sort this out.

I would like to thank Jane Miedima, for taking on the challenge of developing this site for us, working with our provider to get this much improved website.

I also want to recognise how tired and overwhelmed many of our members are, and how much we have learned and changed in the last 20 months. I would like to remind us all to look after ourselves, find something that sparks joy in your day. We are a precious and finite resource.

Kia Kaha,
Lisa
IPCNC Website Coordinator

The instructions for the website are below.

You may have received an email already, logged in and gotten set up - but the emails missed some so we are following up.

We have setup all members with logins so they can access forums and other information.

Your login Id is your membership number, **but you can also log in using your email address**. Details are found below.

Once you log in you will be asked to set your password. We have password complexity requirements so you can't get your information easily hacked.

We recommend passwords are:

- 10 - 12 characters long
- Include a symbol (e.g. !*$#(-&@)
- Includes a number
- Includes both upper- and lower-case letters

The NZ Govt has a short overview of how to choose passwords in an information page here - https://www.cert.govt.nz/assets/Uploads/Infographics/Infographic-How-to-create-a-good-password.jpg

Your First Log In

To log into the website, start by following this link to set your password. Once it is set you can log in using the details shown below.

- Set A New Password : Password reset link
- The email address to use is this one you received this email at.

Your details to login into this site are:

- URL to login: https://infectioncontrol.co.nz/wp-login.php
- Username= Membership Number **OR**
- Email Address

Once you are logged in:

The Dashboard link is found in the top left corner of your page - if you are logged in. Log In and Log Out are on the top right-hand side of the page.

We recommend updating your city, phone numbers, region, or other details if they have changed.

Enjoy the site - and feel free to send compliments and comments to the IPCNC team via the contact form here :

https://infectioncontrol.co.nz/contact-us

Treasurer Report:

Hi all well it has been an interesting few months since I became Treasurer for the college. Jo is still helping me and the NZNO accountant has given me a good grounding in how to spend and receive funds.

A new email address has been organised for the treasurer in outlook, it's up and running and will be put on the new website, I hear it will be live soon.

Have been busy with Infection Prevention week "Make your Intention Infection Prevention". It went well lots of participation amongst the team at my hospital and hiding little dog toys that looked like bugs was a great hit! I put on an emoji costume and gave out cookies and chocolate fish always a treat.

Sue White

IPCNC Treasurer

ipcnctreasurer@outlook.com

Membership report October 2021

Kia ora wonderful IPCNC team!

A big welcome to our new college members. We continue to grow all the time and it is fabulous to see! We have some entirely new IPC nurses joining the team, especially in our DHBs; I myself am moving to Taranaki DHB very soon! It is great to know we have so many experienced specialists amoung us. Being able to call on not only an expert but a friend through the college is such a good feeling.

As usual, if someone you know wishes to join the college, they can get in touch with Sally at NZNO Sally.Chapman@nzno.org.nz . Sally will send a sign-up form and we can go from there. Remember, to become a member of the IPCNC, registered nurses must also be a member of NZNO. Associate memberships for other health professionals are available, just send us an email!

A big welcome back to our new Auckland regional co-ordinator Justine Wheatley! Remember we are also looking for 'second in charges' in most of our other regions, so please reach out if you are interested. Our coordinators are as follows:

Auckland – Justine Wheatley: Justine.Wheatley@southerncrosshospitals.co.nz

Midlands – Elsie Truter: Elsie.Truter@southerncrosshospitals.co.nz

Central – Jacqui Pennefather: Jacqueline.Pennefather@wdhb.org.nz

Wellington – Angela Corn: Angela.Corn@huttvalleydhb.org.nz

Canterbury – Mike O'Callaghan: looking for immediate replacement: Mike.Ocallaghan@cdhb.health.nz

Southern – Jane Miedema: Jane.Miedema@southerndhb.govt.nz

And now the number of members:

Auckland	**174**
Midlands	130
Central	62
Wellington	79
Canterbury	151
Southern	94
Associate (including honorary x 2)	24
Total	**714**

I hope you are all staying safe and sane out there and I look forward to finally seeing you all in June 2022.

Nga mihi,

Aleisha Taylor

IPCNC Membership & Regional Coordinator
Aleisha.Snep@gmail.com

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

Treasurer: Jo Stodart
PH: 03 470 9555
Jo.stodart@southerndhb.govt.nz

Sue White: (soon to be new Treasurer)

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

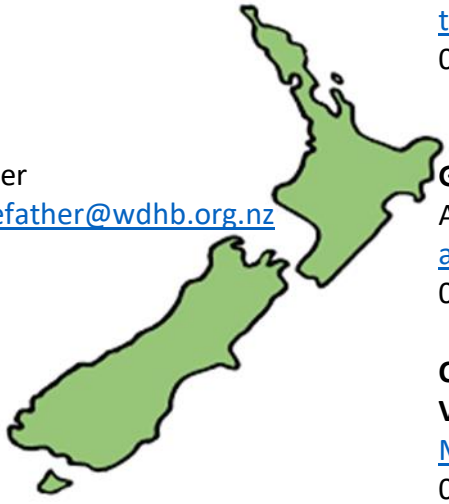
The Regions

Regional coordinators:

Greater Auckland Region
Justine Wheatley
justine.wheatley@schl.co.nz
021 049 1792

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@huttvalleydhb.org.nz
022 108 5682

Canterbury Region
VACANT:* (Mike O'Callaghan)
Mike.Ocallaghan@cdhb.health.nz
021 577 640

Regional news:

GREATER AUCKLAND REGION: Has a new co-ordinator: Justine Wheatley and are currently in level 3 lockdown.

MIDLANDS REGION: Friday 29th October held an education session and meeting.

Agenda:

- **Elsie Truter - *Urosepsis***
- **Jean Pierre Meyer** (Head Pharmacist Lakes DHB) -***Antibiotic allergy de-labelling***
- **Dr Michael Addidle (**Clinical Microbiologi - ***What's new in Vaccines***
- **Jaylene Harris** (Clinical Nurse Specialist – IPC Lakes DHB)- ***Tools used in Covid-19***
- Formal meeting, round table discussion and wrap up

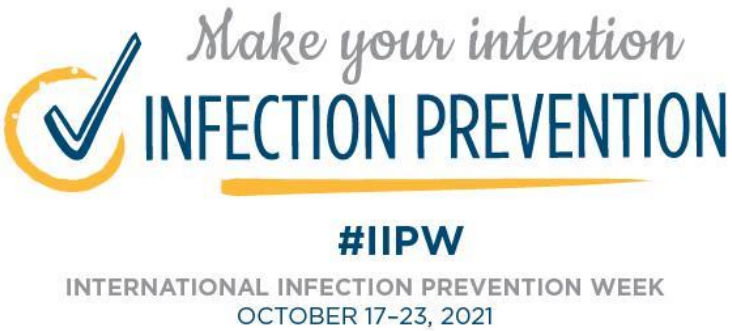
CENTRAL REGION:

GREATER WELLINGTON REGION:

CANTERBURY REGION: From Mike

"No news on a new co-ordinator. Here we are just doing what I suppose everyone else is! COVID preparedness. Day to day work is squeezed in between Zoom and teams and making sure staff are happy with PPE use. It's already nearly Christmas as well!! What happened to the year?" Mike

SOUTHERN REGION:



Zoom Education session 29th September 2021

Infection Prevention and Control Nurses College presents

Responding to Delta Forum.

1300 – Why improve air handling in health facilities?

1330 – Q&A with Auckland DHB IPC: Running COVID Wards

1400 – COVID Testing update

1430 – Planning for more IPCNC zoom meetings

1435 IPCNC News

29th September saw the IPCNC committee undertake a Zoom education session and college update. Though this wasn't the same as having our face-to-face conference it was an exceptional consolation prize, with 128 logins at peak attendance. The session started with a welcome and karakia.

Why improve air handling in health facilities?

Dr Joshua Freeman

Clinical Director of Microbiology

https://www.chl.co.nz/home/leadership-team

This was a super interesting and educational talk. Joshua highlighted that ventilation, good quality filtration, cleaning the air, matters. He spoke about lessons learned in managed isolation facilities. Learning that the delta variant of covid19 is now an aerosol transmitted virus. That particles remain suspended and float with the currents. Poor ventilation increased the chances of exposure events as the finer particles need increased filtration. That just breathing creates exposure. Fitted N95 masks and adequate ventilation are new tools in reducing the risk of delta covid19 infections. He concluded by saying understanding ventilation and delta has been a paradigm shift, a steep learning curve.

Q & A with Auckland DHB IPC – Running Covid wards.

We then had the privilege of hearing Sandi Gamon, Ann Whitfield and Rachael Hart speak on their experiences in the delta covid epicentre.

I have included below, notes with permission from Rachael Hart. A very interesting read. 😊

Covid testing update.

Dr Tim Blackmore

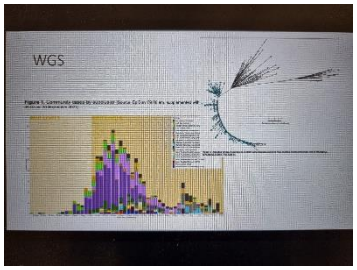
Dr Blackmore is based in Wellington where he works as a microbiologist and infectious diseases physician. He provides specialist support to Wellington, and Hutt hospitals. He trained in New Zealand and South Australia where he completed fellowships with the RCPA and RACP, and completed a PhD thesis.

He has a busy clinical and laboratory practice, including infection prevention and control and is on a Ministry of Health advisory committee for vaccines and publishes the occasional paper.

Tim provides expert commentary for NZ Infectious Diseases Research Review.

https://www.researchreview.co.nz/Common/Writers/Dr-Tim-Blackmore.aspx?site=nz

Test! Test! Test! says the government NO! NO! NO! say the microbiologists!!!!! 😊



New Zealand has found themselves in a unique situation: Due to our very low covid numbers we could do comprehensive genome sequencing, enabling a greater understanding of the virus, its transmission and evolution. (The photo is of a slide mapping out the current delta outbreak and its changes)

Tim spoke about current testing and looking to a future with simpler testing, self-testing, as well as testing for immunity.

This was a very interesting and informative talk but as Tim mentioned in his talk:

Good IPC is the key no matter the disease process!

There was a brief rundown of the IPC College news and the session concluded with a karakia and lots of positive and encouraging comments in the chat section. (See below: Didn't want to miss anyone and wanted to let those who missed out to be inspired for our next session! 1st December 1300-1500hrs 😊)

- **Awesome hui, thanks so much!! Iona**
- **Good information Thanks. Carol**
- **Great - very informative. Jinsu**
- **Thank you so much for allowing me to share our zoom to our IPCRNM in ADHB. Much appreciated. Been receiving good feedback from them :) Nina**
- **a big shout out for the IPCNC committee who do a fantastic unpaid job. Ruth**
- **very informative and helpful. appreciate it. Warkworth Wellsford Hospice**
- **Awesome. Great knowledge for everyone. Gypsa**
- **Thank you, Rachel,**
- **very informative! Thank you! Irishm**
- **Great session thanks Karen**
- **Fantastic session thank you. Amanda**
- **Thank you IPCNC for a great job! :0 Nina**
- **really useful session. Thank you! Jill**
- **Nice to see everyone. Great programme and effective way to disseminate information. Carol**
- **thank you for the session. sorry to miss out the first part (I had to attend another zoom) Siew Ling**
- **thankyou, really enjoyed the session. Jill**
- **thank you Jinsu**
- **Thanks - great session Karen**
- **Ka kite ano, Judith Te Hauora o Ngati Haua, ka pai to mahi.**

Thank you and closing karakia

Kia Tau

Kia Tau kia tātou katoa
Te āio, te aroha me to marutau
Tihei mauri ora

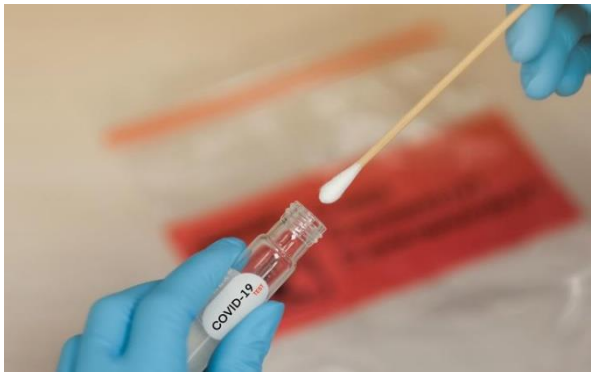
May peace, love, and safety
Be upon us all
Tihei mauri ora

Dealing with Covid 19: The Middlemore Team's Story:

Can you tell us about the steps that need to happen when you find you have an unknown COVID patient on a ward area?

We are up to our 10th exposure event at MMH (an extra 3 since we spoke) so far in the last 6 weeks. These have mostly been centred around patients that haven't met our COVID criteria (no known epidemiological risk and often asymptomatic), and recently we had visitors that bypassed security and door screeners and later were identified to be close contacts that were not obeying isolation requirements. These have been extremely difficult to manage from a workload perspective especially as some exposure events would happen on the same night but in different areas of the hospital. It became common place for us to be undertaking patient contact tracing afterhours and on weekends. All of the patients involved in each exposure event are managed by IPC. Staff involved in each exposure event are managed by occupational health. Notably the largest exposure event we have dealt with is the one on the surgical ward 4 weeks ago. We had a patient present to ED with abdominal pain only. The patient did not have any known epidemiological links nor any listed typical or atypical symptoms that would activate our COVID pathway. The patient was admitted to a 4 bedded room in a general surgical ward and some hours later was found to be febrile which of course activated our COVID pathway, and the patient had a NP swab taken. At the time there were no isolation rooms available, and the ones occupied had what was thought to be higher risk patients already in them (like patients from MIQ, TB etc). A positive result was returned 4 hours later, and the patient was smartly transferred to our COVID ward. Abdominal pain alone as a symptom has since been added to our Clinical Assessment Tool. Unfortunately, the shared room that the patient was in was right next to the nurses' station and the air technicians found that the air from the room vented into the shared nurses' station between the 2 general surgical wards and further recirculated

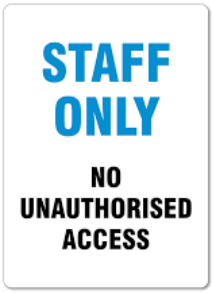
down a level into 2 medical wards. Because of this, all 4 wards were placed under our 'COVID exposure' category for 14 days. The 3 patients who shared the room with the positive case were all moved into negative pressure rooms and were deemed to be the 'closest' most high-risk contacts. The shared room and ensuite was Bioquelled (hydrogen peroxide vapour unit). ARPHS (Auckland Regional Public Health Service) decided how staff and patients would be categorised-this took some negotiating. ARPHS concluded that 32 staff were classified to be close contacts (and were stood down for the full 14 days), 89 staff were classified as casual contacts (were allowed to continue working in N95 masks/eye protection and had to have a day 3, 5 and 12 NPS), and 3 ED staff were classified as casual plus contacts (of note: These staff were wearing N95s but were not fit-tested). ARPHS requested they be considered casual plus, which meant they had to self-isolate for 5 days and could only return to work after their day 5 swab was negative, then only if they continued to wear N95/eye protection and daily symptom check until the 14 days was complete). Many staff could not isolate at home for various reasons; most had young or immunocompromised family members and did not want to expose them, so they were transferred to the Holiday Inn MIF for the isolation period. Three of our six general surgical teams and six of sixteen medical teams were initially taken out of action, which of course was hugely disruptive to their services. Occupational health followed up close contact staff every day with a daily symptom check. The remaining casual staff at work had a documented daily symptom check at each handover. All patients had a documented symptom check at each set of obs. Peer to peer swabbing was set up within the units and a new laboratory form was developed with a unique survey code on it so these could be identified at the lab end and expedited. All four wards were closed to admissions and all patients from the four wards had a 'COVID exposure' label added on the clinical portal which automatically drops off after 14 days (helpful given several discharged patients bounced back into hospital during this time). The entrance doors were shut, security guards manned



these entrances 24/7 for 14 days and ensured a register of who had entered/exited the wards and when. A PPE trolley was set up with a range of all N95 masks, eye protection, disinfectant wipes for staff to clean own eye protection on exit, procedure masks, hand gel and rubbish bins. Signs on the main entrance doors communicated that the wards were closed, that N95/eye protection was required on entry and how to

do the huff check process for the different N95s. All staff entering the unit were required to wear a fitted N95 mask and eye protection continuously, for each of the 14 days. Gloves and gowns were changed between patients for all patient contact. No patients were able to leave the unit unless they were fit for discharge, at which point they would be transferred to Holiday Inn MIF to complete their 14 days isolation, or if possible, sent home and followed up by ARPHS in the community. Several patients did not want to go home due to exposure fear but also did not want to go to a MIF, so they remained as inpatients until their 14 days were complete. Tearooms were an area of concern, as identified numerous times on our calls to Melbourne during their various escalation phases. Previously the ward staff shared tearooms, so the staff were split between two different tearooms, the doors had to be closed, the staff had to be more than two metres apart, no more than two staff were allowed in the tearooms at any one time and as soon as they had finished eating/drinking they were expected to re-don a new N95 mask. A separate tearoom was located for the surgical teams and the same rules applied. IPC had to trace all the patients on the ward, check for possible discharges ahead of time so the necessary arrangements could be made with either the MIFs or ARPHS, communicate when their day 3, 5, 9 and 12 NP swabs were due, ensure they had been taken and then report the results to IMT. Finally, the 14 days were completed last Monday, and all staff and patients swabbed negative, and the wards could all be reverted back to normal**.** This was a significantly stressful time for staff and patients alike.

Staff surveillance: What staff surveillance have you got in place?



In our high-risk areas including ED, ICU and our COVID wards we have weekly asymptomatic testing (previously at both MMH and MSC sites). Some clinical areas had a very good peer to peer clinic set up within their unit which they organised and managed themselves often with the help of educators. Forward exposure events like the one I have just shared with you, peer swabbing was in place on these units, and this worked very well. For groups outside of the high-risk areas, i.e., anaesthetists/theatres/orderlies/cleaners/visiting specialists/allied health, they would present to the asymptomatic staff testing clinic five days after exposure with a COVID confirmed patient. Symptomatic drive through clinics were also set up for staff at both sites. Being swabbed through our facilities meant results would return much quicker through our lab, compared with community testing station and results via Lab tests.

1. If there is a next time, what would you do differently in terms of hospital IPC or recommend to other hospitals facing what you have faced?

- Having a COVID ward model plan in place. Have a good supply of PPE, all the necessary equipment (e.g., scrubs, Bioquell tent, extra respiratory machines and related equipment, phones, or intercoms in each patient room to aid communication), pre-printed signage in order for COVID wards to be stood up at very little notice. Don/doff PPE training (will you train PPE spotters?) for all staff and education of the 'red zone/orange zone/green zone process.

- Ensure each service has a COVID plan. Tea room separation, bubbles within each service, staff to staff transmission plan, overflow covid plan, overflow ICU plan etc

• Consider exposure event plans, aged residual care outbreak plan, mental health plan, obstetric plan, triage system in ED, transfer route for COVID confirmed pts, visitor screening and policy, security plan, resus/CPR policy, plan for family admissions (e.g., obstetric patients/babies on adult COVID respiratory wards).

• Having additional negative pressure capacity works actioned last year would have prepared us much better for this year's escalation phase and into the border reopening phase. Instead, our NPR works are bouncing between green light and red-light phase continuously-now yet another committee has been established to discuss NPR prioritisation in our organisation. I would highly recommend other IPC teams meet with their air technicians/engineers to gain an understanding of the current ventilation process for each clinical areas in your hospital (including maps) and make the necessary adjustments NOW if you can.

• Having a robust plan in place for asymptomatic staff testing last year would have helped us a lot this year. Something to consider for you all, especially as we head towards the border reopening.

• Having community facing staff and high-risk area staff continuously wearing N95 masks and eye protection would have meant that we would have avoided multiple staff stand downs (especially in ED, birthing unit, community). This is now common practice and as exposure events pop up outside of the high-risk areas the question is often asked, to avoid further massive staff stand downs shouldn't all staff be wearing N95 masks? Certainly, some services have already instigated this themselves.

2. How can the NZ IPC community provide more support to Auckland?

Having IPC nurse specialists come in from other parts of the country to support the MIFs supported us hugely so we could concentrate on our local COVID response. Without this we would have been seconded to the MIFS ourselves and left our stretched team on the ground even more stretched so I would just like to thank all of you who helped with this. The majority of COVID+ patients are from our CMH catchment. However, our region have an agreed collegial approach where we are sharing the patients across each DHB and we are very thankful for this. Whilst it has been an extremely exhausting past 18mths for IPC in our region, one good thing is we have had a lot of experience and learning's managing COVID+ patients (1,826 cases in this region and counting), so there has been plenty of opportunity for our processes to improve. We would be happy to help with any queries you might have over the coming months as we move to border reopening**.** Our greatest challenge now is with delta transmission occurring in a particularly challenging cohort of patients including gangs, drug dealers, psychiatric patients, temporary housing and drug/alcohol addiction groups- many of whom have very high health needs, who cannot be contact traced, cannot/will not isolate or refuse to be swabbed.

Rachael Hart IPC CNS Counties Manukau Health

* This article was accurate at time of presentation 29th September 2021. Exposure event numbers will have changed considerably.

Situations Vacant:

IPCNC Committee:

- **NZNO IPCNC Committee Members:**
  (*Conference and travel Paid)*
  (Accommodation and travel paid if required for face-to-face meetings)
  (You get to hang out and work with a fun, motivated team 😊)

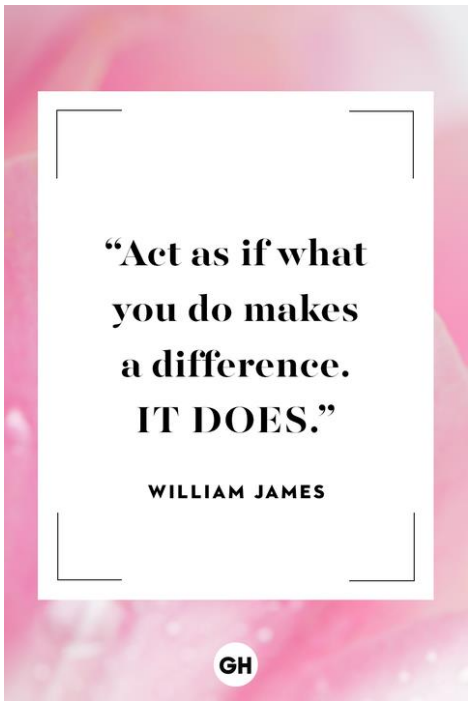
(See above advertisement and contact ipcsecretary@outlook.com)

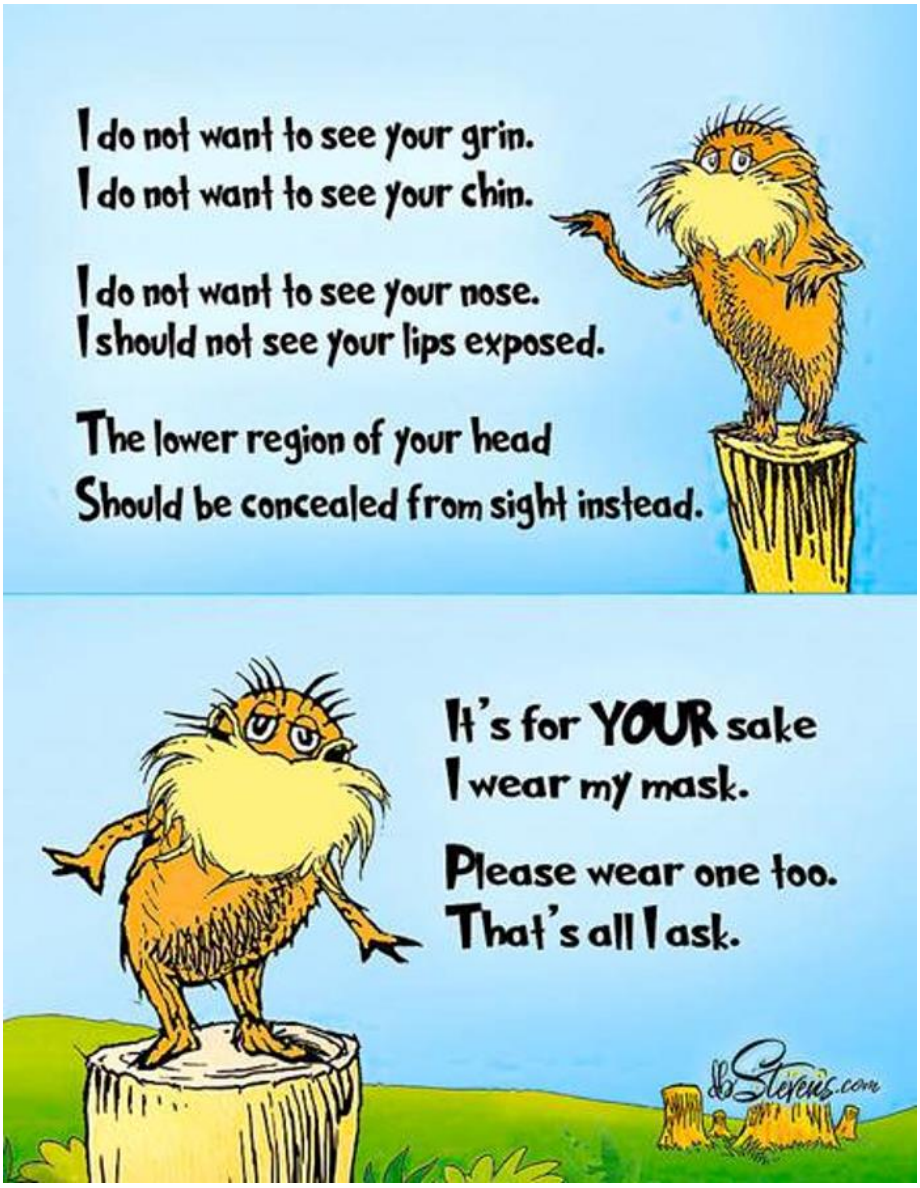
Congratulations to our successful Travel and Education fund Applicants:

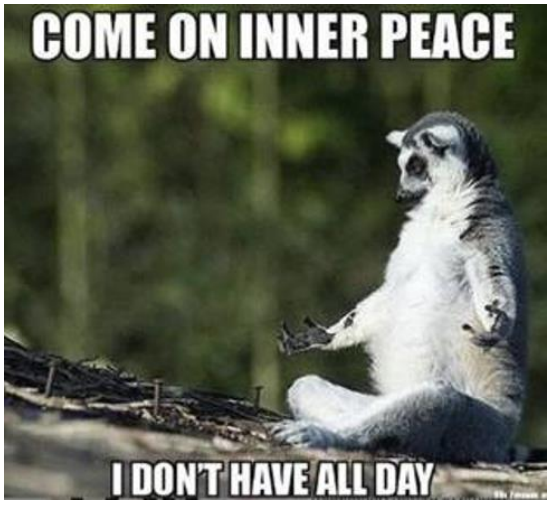
- **Nita Brown (Sepsis Conference)**
- **Natacha Maher (IPCNC Conference)**

We look forward to hearing about what you learn. 😊

Hugs, Cuppas, and other Beverages:







?? 2023 IPCNC CONFERENCE

History:

2021/22 - Invercargill

2019 - Christchurch

2018 - Lower Hutt

2017 - Auckland

2015 - Napier

Who's keen?

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.

Introducing the Conference Team:

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

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.

If you are interested, or require any further information please contact Jo Stodart jo.stodart@xtra.co.nz or phone 0274434631

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 (IPC) practitioners to the key concepts 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 is supported with 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.

PREVENTION. CARE. RECOVERY.

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 - Ruth Barratt - rannalong@gmail.com for an application form.

IPC Infection Prevention & Control Nurses College NZNO

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 ipcsecretary@outlook.com

PANDEMONIUM BY DAVID SMITH

News from around the world

COVID DVT
There is a profoundly increased risk of DVT/VTE within the first week after positive testing for COVID-19 according to a report from the Mayo clinic in US.
https://pubmed.ncbi.nlm.nih.gov/34649175/

Maori in Nature magazine.
Ocean Mercier, a Māori researcher who is descended from the Ngāti Porou tribe, studies how Indigenous knowledge and Western science can help resolve environmental issues

LONG COVID
One-year Risks and Burdens of Incident Cardiovascular Disease in COVID-19: Cardiovascular Manifestations of Long COVID
https://www.researchsquare.com/article/rs-940278/v1

PATIENTS WITH PARKINSON DISEASE
Hospitalized With COVID-19 May Have Higher Mortality
https://www.neurologyadvisor.com/conference-highlights/mds-2021/patients-with-parkinson-disease-hospitalized-with-covid-19-may-have-higher-mortality/?utm_source=

MOLUPIRAVIR
How antiviral pill molnupiravir shot ahead in the COVID drug hunt
https://www.nature.com/articles/d41586-021-02783-1?utm_source=

SUPER-IMMUNITY.
People who have previously recovered from COVID-19 have a stronger immune response after being vaccinated than those who have never been infected.
https://www.nature.com/articles/d41586-021-02795-x?utm_source=

CHILDREN WITH CANCER
Children With Cancer Have Greater Risk of Severe COVID-19 Outcomes
https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(21)00454-X/fulltext

THE COVID PSYCHE
Why do human beings act so strangely during pandemics? The psychology of Covid-19... Scroll down past the US part of this site link until you reach "Echoes of the past".
https://www.nytimes.com/2021/10/15/us/coronavirus-today-past-future-pandemics.html

ALL ABOUT PULSE OXIMETRY
FDA Warns Not to Rely on Pulse Oximetry for Diagnosis, Treatment Decisions
https://www.fda.gov/medical-devices/safety-communications/pulse-oximeter-accuracy-and-limitations-fda-safety-communication

HIV/AIDS.
Some High-Priority Groups More Likely to Stop Taking PrEP during Covid
https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2783509

N95 MASK GUIDE
Good mask choices include a multi-layer cloth mask, a surgical mask beneath a cloth mask or a single N95 or KN95. Make sure they fit snugly around your nose and mouth. US site.
https://shop.projectn95.org/find-the-right-mask?utm_campaign=

FROM THE BMJ
What are the symptoms of Long Covid?
https://gh.bmj.com/content/6/9/e005427.long

Vaccine Booster effects
No Change Found in Pattern of Adverse Events After Third Pfizer COVID-19 "booster" Shot
https://www.cdc.gov/mmwr/volumes/70/wr/mm7039e4.htm?s_cid=mm7039e4_w

THANK YOU NURSES
😊

If a link doesn't work, copy and paste it into the address bar of your browser or a Google search dialog

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 the September issue is below).

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

Contents

Original Articles

Articles of interest:

3 Self Care Actions to Recharge your Purpose:

https://www.aorn.org/blog/recharge-your-purpose?utm_campagn=periop-life-blog&utm_medium=promotional&utm_source=email&utm_content=self-care-211107&mkt_tok=NTQ1LUtDUC0xNjMAAAGAlgX8-yYpvHTiBZX846p0w8a06vJpharjBXqYt8f0wkkXh8UmKV0jGCs5Fe95dN7IxK2B0duxixSaJJWjPBzl9itxStIAfzgAD7rwjIqr5A

3 Ways to Expand the Vision of Your Best Self

https://www.aorn.org/Blog/Your-Best-Self?utm_campagn=periop-life-blog&utm_medium=promotional&utm_source=email&utm_content=best-self-211121&mkt_tok=NTQ1LUtDUC0xNjMAAAGA3iCCJBtMM3zFQmGrlymPLq4pRS3krympmMfDHMMMkKwVRe02lVs8LPgrGWzTgQhdAIHRT8L13qzjXoBXW7AxDYtlo2OmBYnSWophuz8Zkoc

stuff Covid-19 NZ: Are we speeding towards a 'twindemic'?

Keith Lynch05:00, Nov 15 2021

https://www.stuff.co.nz/national/explained/126945828/covid19-nz-are-we-speeding-towards-a-twindemic

World Health Organization

https://www.who.int/

CDC Centers for Disease Control and Prevention

https://www.cdc.gov/

Webber Training **Tele classes**

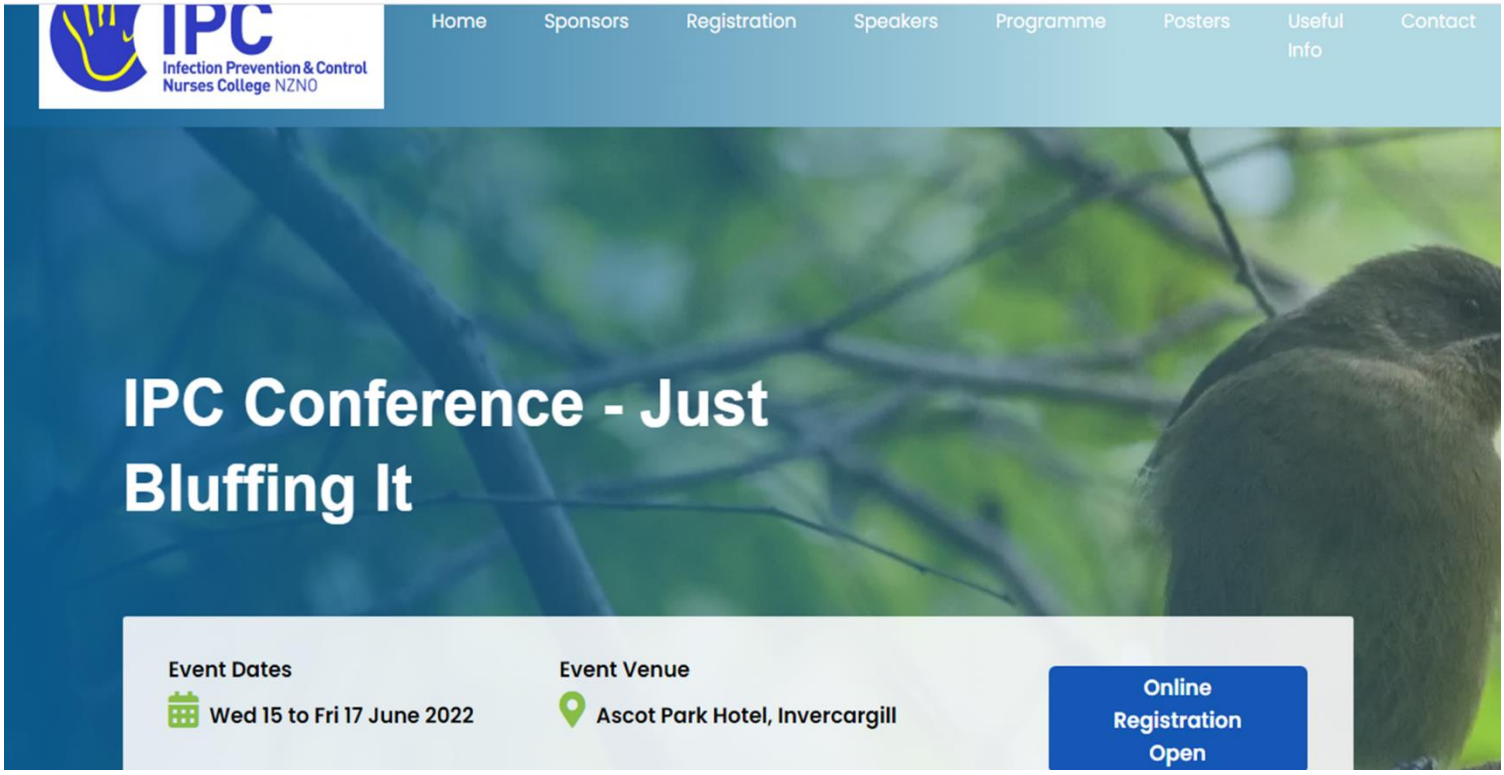
https://webbertraining.com/

October 20, 2021	*(FREE Teleclass)* **CLEAN HOSPITALS DAY 2021: WHY ENVIRONMENTAL HYGIENE IS MORE IMPORTANT THAN EVER** Speaker: **Prof. Didier Pittet**, University of Geneva Hospitals	View
October 28, 2021	*(FREE Teleclass)* **HAND HYGIENE RELOADED** Speaker: **Prof. Hugo Sax**, HumanLabZ, Zurich	View
November 4, 2021	**DISCOVERING AND TRANSFORMING THE INNER ICP EDUCATOR: EXPLORING CORE ELEMENTS OF AN INNOVATIVE PROFESSIONAL'S EXPERIENCE** Speaker: **Dr. Gwyneth Meyers**, Alberta Health Services	View
November 19, 2021	*(FREE Teleclass)* **THE SANITATION ECONOMY & PUBLIC HEALTH** Speaker: **Alexandra Knezovich**, Toilet Board Coalition, Switzerland	View
December 2, 2021	**EMERGING FUNGAL INFECTIONS AND INFECTION PREVENTION AND CONTROL** Speaker: **Prof. Andreas Voss**, Radboud University, The Netherlands	View
December 16, 2021	*(FREE Teleclass)* **COVID-19 AS DRESS REHERSAL: THE RISE OF DISEASE X** Speaker: **Prof. Stephen S. Morse**, Mailman School of Public Health, Columbia University	View

https://webbertraining.com/

To listen to these lectures, visit the website for information on joining.

Free to members.



https://www.ipcconferencenz2021.co.nz/

Announcement of AGM

The IPCNC Conference and AGM **will be on:**

Date: **15-17 September 2021**

Time: **15 Sept, 0830hrs to 17 Sept 1640hrs**

Venue: **Ascot Park Hotel, Invercargill**

POSTPONED

1. Call for Committee and Chair Nominations

2. Call for Remits

3. Other topics for discussion at AGM

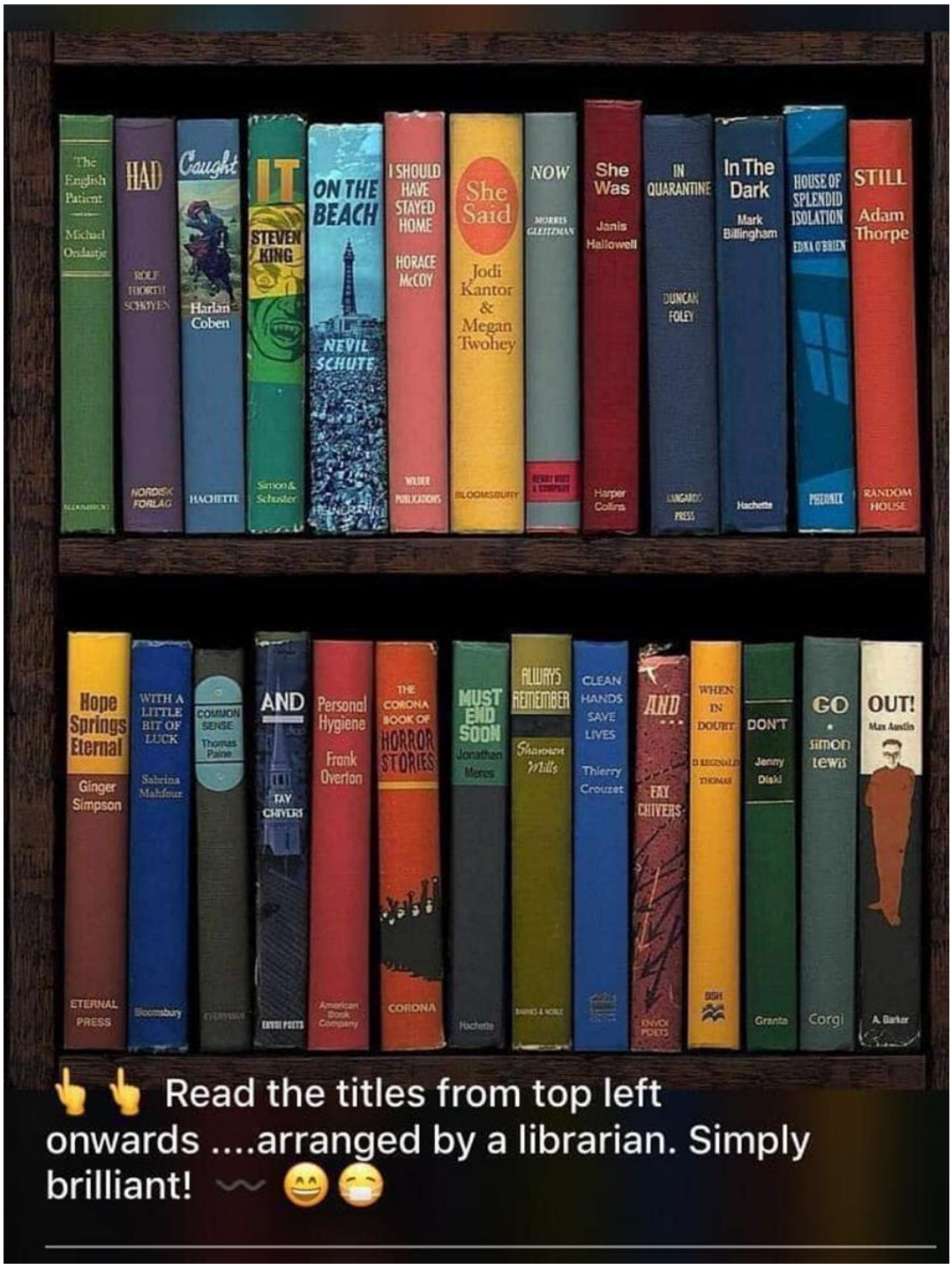
4. Call for notification of resignations

NEXT CONTROLLA ISSUE: MARCH 2022

- **Deadline for content: March 18th, 2022**
- **Publication date: End of March**
- **SEND TO: waggles_nz@hotmail.com**
  Subject: March 2022 Controlla

THANKS, 😊

Last laugh 😊


The English Patient
Michael Ondaatje
HAD
ROLF HJORTH SCHYVEN
NORDISK FORLAG
Caught
Harlan Coben
HACHETTE
IT
STEVEN KING
Simon & Schuster
ON THE BEACH
NEVIL SCHUTE
I SHOULD HAVE STAYED HOME
HORACE McCOY
She Said
Jodi Kantor & Megan Twohey
BLOOMSBURY
NOW
MORRIS GLEITZMAN
She Was
Janis Hallowell
Harper Collins
IN QUARANTINE
DUNCAN FOLEY
In The Dark
Mark Billingham
Hachette
HOUSE OF SPLENDID ISOLATION
EDNA O'BRIEN
PHOENIX
STILL
Adam Thorpe
RANDOM HOUSE
Hope Springs Eternal
Ginger Simpson
ETERNAL PRESS
WITH A LITTLE BIT OF LUCK
Sabrina Mahfouz
Bloomsbury
COMMON SENSE
Thomas Paine
AND
FAY CHIVERS
Personal Hygiene
Frank Overton
American Book Company
THE CORONA BOOK OF HORROR STORIES
CORONA
MUST END SOON
Jonathan Memo
Hachette
ALWAYS REMEMBER
Shannon Mills
CLEAN HANDS SAVE LIVES
Thierry Crouzet
AND ...
FAY CHIVERS
WHEN IN DOUBT
DON'T
Jenny Diski
Granta
GO
simon lewis
Corgi
OUT!
Max Austin
A. Barker
👆👆 Read the titles from top left onwards ....arranged by a librarian. Simply brilliant! 〰 😄😁