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IPCNC March Edition 2023

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- IPCNC Facebook page:
Infection Prevention and Control Nurses College, NZNO

www.infectioncontrol.co.nz



EDITORIAL: By Anne-Maree Wagg

HAPPY NEW YEAR, Welcome to 2023.

What an eventful start to the year. A year beginning with the hope of some sort of normal. The borders were open, the beaches beckoned, summer was here.... or so we thought.

Our thoughts are with all those affected by the cyclones and extreme weather events we have experienced. The IPCNC committee wants to go beyond thoughts and words so has created a practical way to help. Keep reading to see how you can access our newly created hardship fund.

The challenges for IPC continue. The follow-on effects of flooding, wastewater contamination, the list goes on, and now measles appears on the radar. But let's be grateful for how far IPC and the public have come. Listening to the news I hear reporters announce the requirements of using PPE, and you know the public is educated. Breaking the chain of infection and hand hygiene have

become household topics. Let's hope that the ramification are greatly reduced by the lessons learnt during covid. Perhaps now we can focus a little more on prevention than struggling for control.

As this is the first issue post conference, what a fantastic conference that was, there are photos and reflections. A huge thanks and congratulations to the organizing committee and their team for what must have felt like a never-ending story. So, continue to bask in the afterglow of a successful conference and look with great expectation for IPCNC Conference 2024 😊.

I hope you enjoy reading this issue filled with the usual columns and reports, an article: Revisiting Antimicrobial resistance in the wake of the COVID Pandemic response by Jill Rodericks, and welcome back 'The Historic Corner'.

Take Care and Stay safe 😊

CHAIRPERSON: Lisa Gilbert

Chair report:

The Conference was successful and great to see everyone. At the AGM we had the honour of recognising two people for their work to advance IPC in NZ, Dr Ruth Barrett became an honorary member and Julianne Munro became a life member.

Our thoughts are with our colleges in Northland, Auckland, Waikato, Bay of Plenty, Tairāwhiti and Hawkes Bay. As the impact of the last 2 cyclones remain for many of them. Please reach out if we can support you in any way. The committee has decided that we want to do something material to support our members and have decided to set up a hardship fund available for those affected. Details later in the newsletter. NZNO also have a hardship fund that members can apply to.



For our members who would like to donate we cannot accept money from members and recommend you donate to a reputable charity such as the Mayoral Relief Fund or Red Cross.

The risk of infection increases after a natural disaster as effluent is mixed with flood waters and inconsistent electricity supply makes food safety difficult. Those who are living in crowded conditions are at higher risk of gastrointestinal disease. Although, the water levels have receded the risks to the health and safety of the community continues.

After an unexpectedly dramatic start to 2023 I am hopeful that we return to a pace of work that enables us to respond to situations rather than react.

The team in the Waikato are already working towards the next conference – more details later in the newsletter.



Take care
Keep safe out there.

Lisa

Chair@ipcnc.co.nz

TREASURER: Sue White

The conference was a financial success 😊.

As a result, the **Travel and Education Fund** has increased for applications up to \$2500.00

Applications close April 30th, 2023

Send to: secretary@ipcnc.co.nz



AND we have been able to create....

IPCNC CYCLONE GABRIELLE HARDSHIP FUND.



If you or someone you know is suffering hardship by the effects of Cyclone Gabrielle, please apply by completing the application form* and return to:

Chair@ipcnc.co.nz

To qualify the recipient must be an NZNO financial member, a member of the Infection Prevention and Control College, be affected by Cyclone Gabrielle and complete a paragraph on the hardship experienced.

*For an application form email chair@ipcnc.co.nz

Sue White

IPCNC Treasurer

sueterry.white@xtra.co.nz

MEMBERSHIP: Aleisha Taylor

Membership report January 2023.

Kia ora!



I hope everyone has had some sort of break over the festive season and spent some well-deserved time with friends and whānau.

Here in New Plymouth we have been enjoying some stunning sunshine the last few weeks which softens the blow of returning to work. We spent Christmas in Auckland (pictured with my husband at our first stop – Christmas brunch) with our family's then a few restful days at my family's holiday patch in Turangi.

Currently our service in Taranaki is focusing on playing catch up with all things non-COVID

although as some of you can possibly relate it often feels as though you are moving problems and tasks from one pile to another. Here's hoping 2023 is kinder and a little less wild!

Onto the membership numbers!

Location	Membership
Canterbury region (Northern, Central and Southern Canterbury – Nelson to Timaru)	209
Greater Auckland (Auckland and Northland)	233
Greater Wellington	96
Midlands (Waikato, Tauranga, Rotorua, Gisborne, Taupo, Hawkes Bay to Waipukurau)	150
Southern	104
Central (Taranaki, Wanganui and Manawatu)	7
Total	799

The numbers for us in central seem to be terribly off balance so next time you login to your website account please be sure to check you are set to the correct region for where you are based.

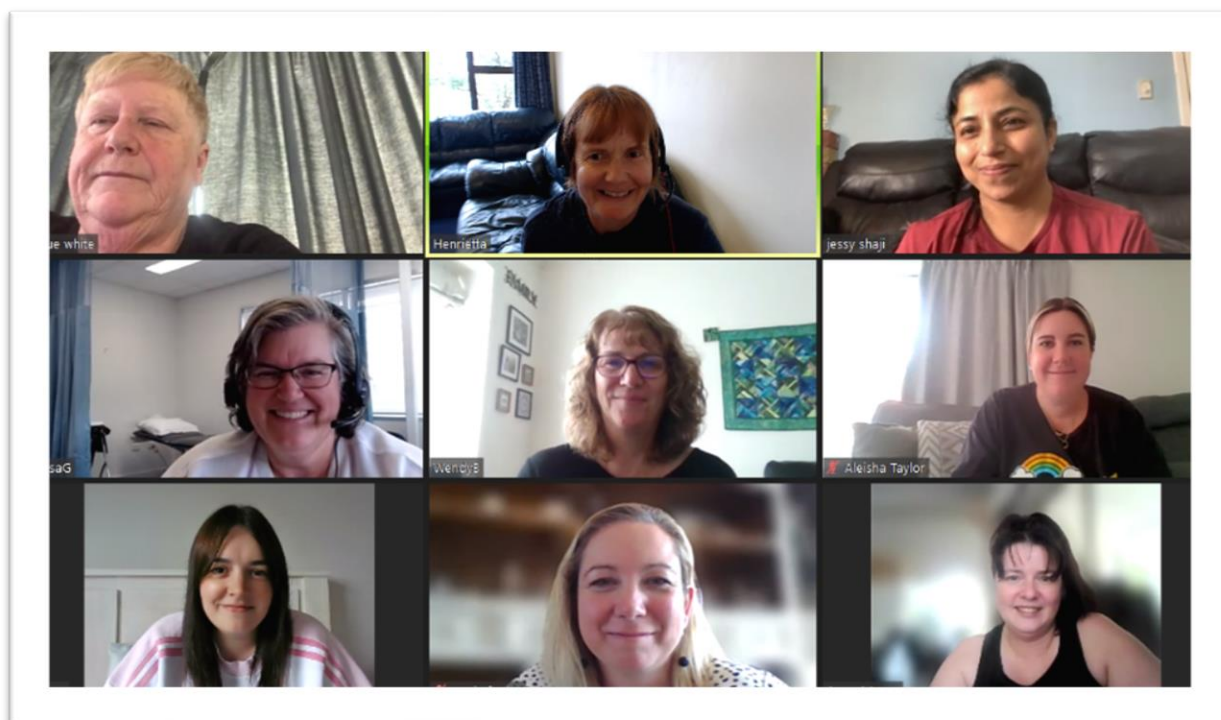
You can edit your profile on the website by clicking your name in the top right-hand corner of the screen following logging in, there is an option to select edit profile. From here you can fill in relevant details such as your work position, add a photo, link your Facebook and edit your location.

We had two resignations in September, none in October and November and one in December 2022.

As usual if you have any membership queries including altering your region, please get in touch at membership@ipcnc.co.nz

Take care and enjoy the sunshine! Aleisha 😊

The IPCNC Committee:



Chair: Lisa Gilbert
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chair@ipcnc.co.nz

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Publications (Controlla): Anne-Maree Wagg
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waggles_nz@hotmail.com

New Committee Members.

- ✓ Angela Foster
- ✓ Amy Leese
- ✓ Jessy Shaji

Flomar Natu-el has had to resign due to family commitments. We wish him all the best



INTRODUCING

OUR NEW COMMITTEE MEMBERS:

ANGELA FOSTER:

Hi everyone,

I'm Angie Foster. I am the IPC nurse for Te Whatu Ora, South Canterbury. I have been in this role now for 7 years.

I thought it was about time to take the plunge and get involved in the IPCNC Committee and the team so far are extremely kind and welcoming.

At home, I am a wife and mum of 4 (two have now left home) and absolutely love singing.



AMY LEESE:

I moved to New Zealand in 2019 with my husband and our 3 children, we have since gained 3 cats and a dog, we have all settled into our new life in the Manawātū.

I have been a nurse for over 15 years, working firstly in day surgery, then cardiac ITU and surgical nursing, but I found my interest in Infection Prevention and Control.



I completed my post graduate certificate in IPC at Dundee University in the United Kingdom. I am currently working as a Registered Nurse in IPC at Palmerston North Hospital where I am undertaking further post graduate study.

I have always had an interest and passion for IPC and enjoy the new challenges working in this field brings, I look forward to working with everyone within the college and all members.

JESSY SHAJI:

Hello, my name is Jessy Shaji,

I have been working with IPC for over 2 years now and I enjoy this role as it gives me opportunities to learn about processes that I previously would not have been exposed to, for example outbreak management.

Previous to my current role I worked in older people's health and specialised acute stroke and rehab for over 10 years. Both areas have unique and challenging components

Currently in the world of IPC I am involved in the SSII programme for Orthopaedic services collecting, reviewing, and auditing data and investigating any infections. I am also involved with blood stream infections where I review and investigate Staph Aureus related to PIVC in patients admitted. I provide teaching sessions on IV care/aseptic technique/koawatea to the ward staff.

I am an authorised vaccinator since November 2022 wherein I am giving vaccinations to the ADHB staff.

I enjoy learning new things, as learning never ceases and I work with colleagues who share their knowledge and experience which is bonus and a great help.

On a personal level my interests are music and spending time with my family. I have 3 children- two girls and one boy. My eldest is a registered Nurse.

I look forward to expanding and develop my knowledge in IPC and to be a part of a wider and broader overview of IPC in New Zealand and share my learning's.



HONORARY MEMBERS:

- Marie Fergus
- Alison Carter
- Dr Ruth Barrett



LIFETIME MEMBER:

- Julianne Munroe



**** November 23rd – 25th, 2022****

Conference feedback 😊



Firstly, a big thanks goes to the organising committee and their team who made this conference such a success. 😊



My thoughts by Anne-Maree Wagg 😊

It seems like a lifetime ago when we came together in the name of education and networking, enjoying an amazing conference that at times seemed destined for never-never land! A conference where we could interact face to face, not be constricted by a computer screen. Where we could laugh, hug, cry and return to the challenges of work with a spring in our step. Where the carers felt cared for.

My standout moments:

THE 'HEATED' DEBATE: "Covid 19 vaccinations should be mandatory". Panel: Michael Baker, Ruth Barratt, James Ussher, Brendan Arnold, Martin Kiernan and Carolyn Clissold.

Complete with friendly banter, facts, slides, tinfoil hats and loads of laughter. Won more on wit than wisdom!!



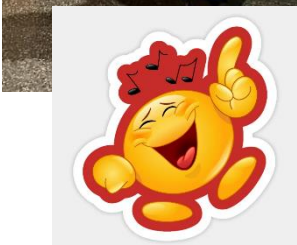
NIGEL LATTA

His take on politicians and bureaucrats seeming to make simple tasks complicated... until they need them to be simple!! That at times we need to stop watching the news and to only concern ourselves with the things we can change (sometimes easier said than done). 😊



'THE PARTY'

The venue was amazing the food unforgettable the atmosphere indescribable. I have never seen a dance floor fill so fast. The minute the band played the first note it was clear that dancing the night away, and perhaps the challenges and frustrations of the past few years, was to be had by all. There was so much enjoyment, dancing, fun and laughter, much needed medicine to restore the soul.



For those that couldn't make it to Invercargill there was the 'Wellington Edition' 😊

Conference Awards: CONGRATULATIONS 😊

- ✓ BD sponsor (Becton Dickinson) The award is to the value of \$500 NZD and is to be used towards travel, registration and accommodation to attend an IPCNC national conference.

Best new oral presenter – Sarah Hydes: “Scrubs v Rubs”

- ✓ BD sponsor. The award is to the value of \$3000 NZD and is to be used for travel, registration and accommodation costs to attend an international infection control conference approved by the IPCNC committee.

Best oral presentation - Jane Barnett: “Enhanced Standard Precautions- we all need ESP during a pandemic.”

- ✓ IPCNC award. The award is to the value of \$500 NZD and may be used at the discretion of the recipient.

Poster Award – Shyne Salcedo: “The importance of maintaining normothermia in surgical patients.”



CONFERENCE 2024: Hamilton/Kirikirihoa



**Conference 2024
HAMILTON/KIRIKIRIROA
21ST-23RD AUGUST**

Kirikirihoa



IPCNC Conference
Just bluffing it
November 2022
Invercargill
Mike O'Callaghan



I was lucky to be able to attend the first IPC conference since 2019, which had been postponed several times. It was fantastic to meet in person all the members of the college there face to face and catch up with colleagues.

The conference had many informative and entertaining speakers and two sessions I attended stick in mind.

Dr Richard Evert gave a presentation on long COVID. The main points were:

- It's been around for ages, just called different things like post viral fatigue or chronic fatigue syndrome.
- Only now is this being widely recognised and taken seriously, as in the past sufferers were seen by many as lazy, malingerers or simply imagining their symptoms.
- It has many symptoms which can be classified as organic such as reduced taste and smell, polyneuropathy or DVT, and functional such as brain fog fatigue and unexplained pain.
- Health care workers can help by listening and acknowledge symptoms, give clear explanation to patients as to what is happening to them, and stress the importance of pacing themselves, getting support and perhaps investigate cognitive behaviour therapy.

During the questions, a member of the audience spoke about her son who had chronic fatigue syndrome and the struggles they both had in making people believe it was real. It was very moving to hear her story and how this talk had given her hope for the future of her son.

The other presentation was from Jane Barnett who is National IPC lead for Southern Cross.

She spoke of how she began to prepare and develop protocols and procedures for Southern Cross hospitals. What struck me was her experience exactly mirrored the experience this team had in Christchurch, even down to the push back from clinical staff who worked across both public and private sectors who would challenge her with "they don't do that in the DHB"

And of course, an IPCNC conference wouldn't be complete without an excellent conference dinner.



Conference poster 2022.pdf

(Double click PDF to open)



T&S Scholarship Recipient

Louise Beazley submitted a report from conference here is an exert :



Infection Prevention and Control Nurses College NZNO 2022 Conference Invercargill

Louise Beazley RN

The IPCNC conference was titled 'Just Bluffing It' reflecting not only the geographical proximity to Bluff but also how IPC Nurses felt as we faced unexpected and overwhelming challenges when the SARS-Cov-2 pandemic crossed our border.

KEY RECOMMENDATIONS I HAVE TAKEN FROM THE CONFERENCE FOR CLINICAL PRACTICE:

- Biofilms are widespread on surfaces and in drainage systems in healthcare settings and contribute to pathogen survival despite cleaning and disinfection. We need to make sure that whatever we are doing, we are doing it as well as we possibly can. Is the drain cleaner currently used fit for purpose? Investigate water dispersal from hand wash sink in Clean Utility Room (medication room). Does it require a splash guard?
- Perform IP and AMS gap analysis to meet new standard (e.g., Asepsis policy; review and update pandemic plan; input into procurement processes and design/reconstruction in early stages; Te Reo resources for patients; formal AMS programme, policy, and audit; ethnicity data linked to surveillance, and report back to governance).
- Outbreak and pandemic planning documents developed with end-user in mind – keep it simple, e.g., action cards.
- Product evaluation of Reynard Biodegradable Premier Detergent & Disinfectant wipes (2-in-1).

I would like to thank the IPCNC committee for providing me with a Travel and Education Scholarship to attend this Infection Prevention and Control conference. There were a wide variety of dynamic speakers who shared their experience and knowledge. The conference also enabled me to build invaluable collegial networks in this time of global uncertainty, and view trade exhibits exploring new products and ideas.

By:
Danielle Pope
T&S Scholarship Recipient



I was privileged enough to be selected as one of the recipients for an education grant from the IPC Nurses College which enabled me to travel to Invercargill for the most recent conference "Just Bluffing It"! Firstly, I would just like to say a massive thank you to all the conference organising committee for putting on a fantastic conference, it was so lovely being together, socialising and obtaining new knowledge that we can take back to our workplace! There were a couple of presentations that really stood out to me; Richard Everts- Faecal Microbiota Transplantation (FMT) and Rommel Principe- A tale of practice change: our journey with implementing use of IV Starter Packs.



I am working in gastroenterology, and I see patients for biofeedback so Richard's presentation around faecal transplants and how much they have benefited patients really interested me. The whole presentation was fascinating, and the benefits/outcomes showed from the faecal transplants from patients with debilitating conditions such as C-Diff, inflammatory bowel disease and irritable bowel disease was promising. The very detailed process of obtaining specimens and going through the correct process to ensure patient safety from an infection control point of view was intriguing and something I am sure patients are very interested to know about prior to receiving a faecal transplant! The information I have taken away from this presentation will be beneficial to my practice as I am always researching new treatments that may help benefit my patients. I hope that eventually more physicians will offer this service around New Zealand, as it may significantly help improve our patient's quality of life, which will help to reduce the burden on the health system.

The presentation from Rommel was not only interesting because of the content he covered regarding the implementation of the IV starter packs but also because of how he managed to implement those changes. This presentation really got me thinking about how I can implement change into my workplace when it comes to new initiatives and practices. Since Rommel's presentation I have been thinking about who the "Innovators and early adaptors" are in my workplace to ensure I get them onboard when I am implementing my next infection control improvement on the unit. Rommel's presentation also encouraged me to go back into my workplace and encourage the use of the IV starter kits to ensure we are minimising the patient's risk of developing sepsis due to phlebitis from poorly inserted intravenous catheters. A change in practice can be hard however, I am determined to ensure it becomes standard practice in our unit so that we maintain good standards, reduce the burden on the health system and most importantly as Rommel pointed out, reduce the overall cost (physically, mentally, and emotionally) to the patient!



Danielle Pope
T&S Scholarship Recipient



Infection Prevention & Control Nurses College, NZNO 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 8 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 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.



Cost

The programme is currently supported by listed sponsors, free for NZNO IPCNC members. Non-IPCNC members will be required to pay \$120.

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



THE PERILS OF BEDMAKING!

Surely ONE OF THE FIRST practical skills a nurse in training learns is that of making a patient's bed!! In my New Zealand training in the late 1970s it was a first skill, along with first patient temperature, first patient pulse, first patient respiratory rate and first unmentionables such as intramuscular injections, first enemas (soap and water!) and that ever feared first cardiac collapse!



I was hospital trained and this meant that our practical skills were in action from the get-go! We were able to do tasks in accordance with the year of our training and so introductory and Year One nurses did loads of bedmaking amongst other simple but essential nursing tasks.



I recall being scolded by a stern nursing supervisor who observed me stripping a patient's bed and carrying the linen from the bed clutched to my front on my way to the sluice room to dump it into the laundry bag.....

" where do you think you're going Nurse!..(she boomed) with that dirty linen clutched to your front? Shouldn't you go get the laundry bag and bring it to the bedside? It is dirty and you are making your uniform dirty and spreading infection!"

Well, you could have shot me down with a bolt of lightning! I blushed a gorgeous crimson and scuttled off to the sluice room never again to repeat my error! AND to this day whenever I see healthcare professionals commit the same crime I speak up and remind them of best practice! Hopefully I don't make them blush like I did all those years ago!

So, what is the best practice to handle used bedlinen that is not obviously soiled from the unmentionable orifices that our bodies can leak from! This notion of spreading infection when handling used non soiled linen.... where did this come from? Is it just a generic nursing principle of asepsis fluffed up with some hygienic common sense?

In the 19th century the cotton gin transformed the way cotton could be used and the cotton sheet soon followed. With new bedding materials came a new practice: making the bed. Historically there have been exacting standards that dictate the right way to make a bed, such as requirements for making military corners or hospital corners or sometimes known as mitre corners. (Griffin, 2021)

In a study by Elkin et al in 2003 and cited by Bloomfield (2008) bedmaking is a key nursing skill that is essential for the promotion of patient comfort, hygiene, and wellbeing. Beds that are occupied for prolonged periods of time are going to be in contact with patient flora. I also was interested in the claim that daily bed-making helps to convey the importance of order (McAllister, 2019) does it really?? More on that another time!

So, in my hunt for early research-based discussion on bedmaking and it's perils I came across some research published in 1941 in the British Medical Journal by Thomas et al which examined the role of dust in the air of hospital wards by collecting dust samples from strategic points within ward environments. This lead author was a military Major, Officer in Charge of a Military Laboratory who had teamed up with a small group of researchers.

Their study reiterated that dust was problematic in that floors were swept (vacuum cleaners had not yet been utilised) sweeping up dust particles into the air, and it was confirmed during this study that bedmaking (including blankets, sheets, pillows) increased aerial streptococci burden.

Historically, dust being responsible for cross infections has been observed since 1897 through the works of Flugge (1897 German bacteriologist and Hygienist) Neisser (1898 German physician) and Kirstein (1902). The presence of streptococci in ward dust has been shown by Deicher (1927); Allison and Brown (1937); Cruikshank and Godber (1939) and Glass (1941).

'The simple act of making a bed may throw into the air as many as 2,500 organisms per cubic foot.....we have shown that on occasion as many as 70 000 streptococci may be freely suspended in still ward air, and that even in a large ward, where considerable dilution must occur, this number is doubled or trebled when a bed is made.....'(Thomas et al, 1941).

So there does appear to be valid rationale that confirms bedlinen harbours "microbe laden bed dust" that through the act of bedmaking is released into the air and may well be accelerated with vigorous acts of fluffing up the pillow, shaking the bed sheets and bed blankets etc. and then to gather up linen and clutch it to one's front and transport it to its final resting place is increasing the risk of shedding bed linen dust along the way, not to mention the direct contact with the healthcare professional's clothing!

(I still am blushing!)



Francie Morgan RGON NZCIC MHPract-IPC PGDipProfEt

Revisiting Antimicrobial Resistance in the wake of the COVID Pandemic Response

Author:



Jill Rodricks

Kaimahi Mātanga Nēhi | Clinical Nurse Specialist

Te Ratonga Ārai Mate | Infection Prevention and Control Service

Te Waipounamu | Waitaha Canterbury

The New Zealand government is committed to addressing the national impact of antimicrobial resistance. The Ministry for Primary Industries (MPI) and the Ministry of Health (MOH) collaboratively produced the *New Zealand Antimicrobial Resistance Action Plan* in 2017 to minimise the impact of AMR on plant, animal and human health. The vision is to effectively manage the use of antimicrobials as a valuable, shared resource and to maintain their efficacy, for the future to be able to continue to treat infections in humans, as well as diseases in animals and plants (MOH, 2017 and MPI, 2017).

This article revisits the strategic relevance of the *New Zealand Antimicrobial Resistance Action Plan* (2017) to human health for New Zealand Infection Prevention and Control practitioners in the wake of COVID pandemic. It highlights key international antimicrobial resistance

strategies for human health i.e. Australia, United Kingdom, United States, Canada, Norway and Asia Pacific Region and, in particular The *WHO AMR Global Action Plan* (2015).

The New Zealand AMR Action Plan is evidence based and draws on national and international data and subject matter experts from different disciplines. Addressing AMR requires collaborative effort of health science professionals working locally, nationally and globally to promote optimal health and recognising the interconnection between people, animals, plants and their environment (One Health Commission, 2018). Multidisciplinary collaboration across these sectors is an important component in tackling the complex challenges of AMR, particularly as the size and scale of this wicked problem mean that as one solution or issue is resolved, new challenges will continue to be uncovered and require management.

The New Zealand AMR Action Plan is closely aligned with *WHO Global Action Plan on AMR* (2015) and the *Review on AMR* (O'Neill, 2016). It is also keeping pace with other Commonwealth and Western nations' plans. For example,

Australia's National AMR Strategy (2020) is supported by several objectives, such as prevention and control of infection and appropriate antibiotic usage and stewardship emphasising the important role of clear governance for AMR and international collaboration. Similarly, *United States National Action Plan for Combating Antibiotic-Resistant Bacteria* (2020) has maintained five key objectives that include IPC practices and international collaboration. *Tackling AMR 2019 – 2024: The United Kingdom's five-year National Action Plan* (2019) objectives also focus on IPC measures, enhancing surveillance and research, as well as strengthening international collaboration. Canada's *Tackling AMR and Antimicrobial Use* (2017) Action Plan prioritises Surveillance, IPC, Stewardship and Research and Innovation. Finally, Norway's *National Strategies against AMR* (2015), aims to improve antibiotic usage, knowledge on AMR and innovation for new antibiotics. IPC practices are not emphasised in this strategy. Overall, although the key objectives of different countries may vary to some degree, but all are aligned to the *WHO Global Action Plan on AMR* (2015).

Table 1: SWOT Analysis of existing Waitaha district level AMR initiatives

<p>Strengths:</p> <ul style="list-style-type: none"> • Committees with multidisciplinary subject matter experts (e.g. pharmacist, microbiologists, IPC specialist, quality, laboratory staff and clinicians from Infectious Diseases, Emergency, Respiratory, General Medicine) working on addressing AMR issues • Availability of subject matter experts related to various aspects of AMR for front-line clinical staff • Active role of regional committee to address AMR at regional and national levels • MDRO policy, MDRO Admission Assessment Flowchart (2020) and online learning resources e.g. <i>Understanding MDRO</i> • Service level reporting of MDRO rates by IPC Service (new and known) • Antimicrobial stewardship policy • ICNet captures MDRO results directly from Canterbury Health Laboratory in real-time enabling prompt implementation of IPC measures 	<p>Weaknesses:</p> <ul style="list-style-type: none"> • Limited accessibility of MDRO and AMR information for public • Limitations in surveillance systems such as antimicrobial usage data • Fragmented information and database systems • Lack of a coordinating and integrating mechanism on AMR at national level • Physical structure of many healthcare facilities that does not accommodate the prevention and control of AMR pathogens • Limited funding for specialist AMR healthcare professionals • Limited number of quality publicly microbiology laboratories
<p>Opportunities:</p> <ul style="list-style-type: none"> • Availability of national policies and strategies on AMR e.g. New Zealand AMR Action Plan (2017) as guidance in developing the national action plan on AMR • Participation in the development of National Antimicrobial Prescribing guidelines • Improving collaboration between IPC Service, Community and Public Health, Te Matau a Maui and Aged Residential Care providers 	<p>Threats:</p> <ul style="list-style-type: none"> • New Zealand's high level of antibiotic prescribing • Supply chain interruptions of resources such as PPE, new antimicrobials • Complex characteristic of AMR and evolution and adaptation mechanisms of MDRO

The above-mentioned national AMR Action Plans (including New Zealand) detail the planned initiatives, background and rationale, and possible challenges. However, only Action Plans from Norway, the United Kingdom and the United States of America explicitly underpin their objectives with the data and statistics as a basis for their policies. In fact, the *New Zealand AMR Action Plan* (2017) is somewhat light on national data to underpin the necessity for urgent implementation.

Although different healthcare systems and nations' approaches to this issue may differ somewhat, AMR is recognised as a serious public health crisis given continued genetic changes and new resistance mechanisms in microorganisms continue to spontaneously arise as MDRO are endemic in many regions globally including in healthcare facilities (Littmann, 2019). To this degree, the *New Zealand Antimicrobial Action Plan* (2017) remains a key mechanism to guide the national response at governance level.

The political and societal saliency of AMR has changed dramatically in recent years (Haddad, 2016). The *WHO Global Action Plan on AMR* (2015) stated that AMR is a preeminent global issue and highly complex in the sense that microbes do not abide by the normativity of socio-political boundaries (Haddad, 2016). However, since January 2020, the COVID-19 pandemic both internationally and in New Zealand has dominated attention and resource allocation. The political climate needed for successful implementation of the Action Plan has worsened, as has the engagement of government officials and healthcare professionals in addressing AMR. Furthermore, New

Zealand government's allocation of resources has been prioritised for the COVID-19 pandemic.

To this degree while the world is dealing with the aftermath of the COVID-19 pandemic, AMR remains a silent pandemic, not that this threat has changed, but the degree of available resource and attention for AMR is limited.

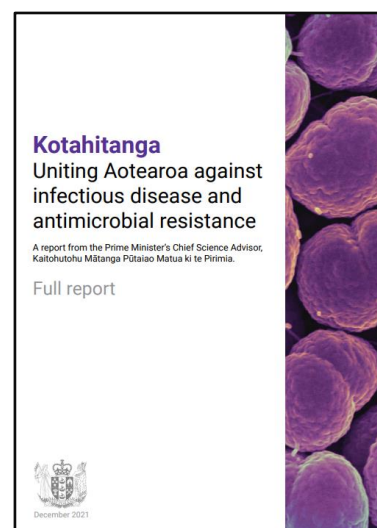


Figure 1: Report from the Prime Minister's Chief Science Advisor

However, the recent report from the Prime Minister's Chief Science Advisor Kotahitanga Uniting Aotearoa against infectious disease and antimicrobial resistance (2022) revisits and seeks to reprioritise AMR, indeed leveraging off the COVID-19 pandemic to reinforce the serious message that infectious disease is a threat and we need to be prepared. The report details the clear

solution, equally the real challenge of focusing on infection prevention and judicious use of antimicrobials when infection inevitably occur. Furthermore, in terms of equity for Māori and Pacific people, it highlights the disproportionate effect of inactions on these peoples, as their health outcomes are worse than other population. The call for action is clear. New Zealand IPC practitioners can contribute with our specialist knowledge, expertise and capabilities and response effectively to this important mission of fighting AMR just as we have stepped up in the past three years in response to COVID-19 pandemic. Kia kaha!

References:

1. Australian Government – Antimicrobial Resistance. (2020). *Australia's National Antimicrobial Resistance Strategy – 2020 and beyond*.
<https://www.amr.gov.au/resources/australias-national-antimicrobial-resistance-strategy-2020-and-beyond>
2. Gerrard, Juliet (2022). Kotahitanga: Uniting Aotearoa against infectious disease and antimicrobial resistance – Full Report. The Office of the Prime Minister's Chief Science Advisor.
<https://doi.org/10.17608/k6.OPMCSA.17073682.v2>
3. Haddad, C. (2016). *The politics of antibiotic resistance: imminent threat, global policy, and the challenge for STS*. EASST Rev, 35(4).
4. HM Government. (2019). *Tackling antimicrobial resistance 2019 – 20204: The UK's five-year national action plan*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1070263/UK_AMR_5_year_national_action_plan.pdf
5. Littmann, J., & Simonsen, G. S. (2019). *Antimicrobial resistance is a super wicked problem*.
<https://tidsskriftet.no/en/2019/11/kronikk/antimicrobial-resistance-super-wicked-problem>
6. Ministry of Health. (2017). *Tackling Antimicrobial Resistance and Antimicrobial Use: A Pan-Canadian Framework for Action*.
<https://www.canada.ca/en/health-canada/services/publications/drugs-health-products/tackling-antimicrobial-resistance-use-pan-canadian-framework-action.html>
7. Ministry of Health and Ministry for Primary Industries. (2017). *New Zealand Antimicrobial Resistance Action Plan*.
<https://www.health.govt.nz/system/files/documents/publications/new-zealand-antimicrobial-resistance-action-plan.pdf>
8. Ministry of Health and Ministry for Primary Industries. (2018). *New Zealand Antimicrobial Resistance Action Plan: Year one progress report*.
<https://www.health.govt.nz/system/files/documents/publications/nz-antimicrobial-resistance-action-plan-year-1-progress-report-sept-18.pdf>
9. McEwen, S. A., & Collignon, P. J. (2018). Antimicrobial resistance: a one health perspective. *Antimicrobial resistance in bacteria from livestock and companion animals*, 521-547.
<https://www.asmscience.org/docserver/fulltext/microbiolspec/6/2/ARBA-0009-2017.pdf?expires=1620964491&id=id&accname=guest&checksum=77878F708ADF583A36440CE9D5EF40F1>
10. Norwegian Ministry. (2015). *The Norwegian National Strategy Against Antibiotic Resistance 2015-2020*.
<https://www.regjeringen.no/en/dokumenter/national-strategy-against-antibiotic-resistance/id2424598/>
11. O'Neill, J. (2016). *Review on antimicrobial resistance: tackling drug-resistant infections globally: final report and recommendations. Review on antimicrobial resistance: tackling drug-resistant infections globally: final report and recommendations*.
https://amr-review.org/sites/default/files/160518_Final%20paper_with%20cover.pdf
12. The Assistant Secretary for Planning and Education. (2020). *United States National Action Plan for Combating Antibiotic-Resistant Bacteria* (2020).
https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/196436/CARB-National-Action-Plan-2020-2025.pdf
13. World Health Organization. (2015). *Global action plan on antimicrobial resistance*.
<https://www.who.int/antimicrobial-resistance/publications/global-action-plan/en/>

PANDEMONIUM

Feb/Mar 2023 Infectious Disease News from around the world, and more.....

<p>Monitoring mask use in Hospital As with hand hygiene, compliance with facemask policies in healthcare settings is suitable for digital surveillance. In US Boston most staff (75.7%) were accepting of deployment of the system to reinforce mask adherence in public places. One-third of participants felt that a public facing CV system would be an intrusion into personal privacy. https://bmjopen.bmj.com/content/12/12/e062707.long</p>	<p>Rheumatic fever is a serious but preventable illness. It mainly affects Māori and Pacific children and young people (aged 4 to 19 years).  https://www.tewhaturora.govt.nz/keeping-well/health-info-for-public/diseases-and-conditions/rheumatic-fever/</p>	<p>Predictors of Hospital-Acquired C difficile Infection in Children With Diarrhoea Identified Prolonged hospitalization and receipt of meropenem and clindamycin were predictors of hospital-acquired CDI in children with antibiotic-associated diarrhoea. https://www.ajicjournal.org/article/S0196-6553(22)00865-3/fulltext</p>
 Former Fermilab director Leon M. Lederman at the hands of a Doomsday Clock. <i>Tim Boyle/Getty Images News/Getty Images</i>	<p>CLIMATE CHANGE “The most important thing to remember is that, miracle of miracles, we’re still here. We still have time to turn things around, no matter how late the hour.” https://www.inverse.com/science/is-the-doomsday-clock-legit</p>	<p>VETERINARY NEWS Think outside the box. New technologies help farmers to improve animal welfare and management, and to deepen understanding of animal behaviours. Humans next?  https://www.sciencedirect.com/science/article/pii/S1751731121002755</p>
<p>Assessment of Efficacy and Safety of mRNA COVID-19 Vaccines in Children Aged 5 to 11 Years While most children developed local Adverse Effects, severe AEs were rare, and most of AEs resolved within several days. https://jamanetwork.com/journals/jamapediatrics/fullarticle/2800743</p>		<p>Coffee works by borrowing your energy Nope, coffee won't give you extra energy. It'll just borrow a bit that you'll pay for later https://theconversation.com/nope-coffee-wont-give-you-extra-energy-its-just-borrow-a-bit-that-youll-pay-for-later-197897</p>
<p>The top NEJM Journal Watch Infectious Diseases stories for 2022 are: Nirmatrelvir plus Ritonavir Prevents Progression of COVID-19 Tixagevimab/Cilgavimab Prevents Symptomatic COVID-19 The Long Tail of Covid Treating Multidrug-Resistant Tuberculosis with a 6-Month Oral Regimen Improving the Management of Cryptococcal Meningitis in Resource-Limited Settings Tuberculosis Transmission: More Than Coughing Long-Acting Injectable Cabotegravir for HIV-1 Prevention in Women Dolutegravir-Based Antiretroviral Therapy Is the Regimen of Choice in Pregnancy Quantifying the Global Impact of Antimicrobial Resistance The Ongoing Monkeypox Outbreak Has Distinctive Features American Heart Association Statement: Managing Infective Endocarditis in People Who Inject Drugs</p>		 Influence of air pollution on influenza-like illness in China Age, underlying chronic disease, obesity and smoking status, may influence the severity of the symptoms in influenza-like illness (ILI). In addition, adverse meteorological factors, such as temperature, humidity, solar radiation and precipitation, have been reported to be associated with an elevated risk of ILI. Ambient air pollutants could also lead to elevated incidence of respiratory infections in general. https://www.thelancet.com/journals/ebiom/article/PIIS2352-3964(22)00603-X/fulltext
<p>Infection Prevention and Control Research Review. This is a free high quality NZ easy to read summary for doctors and nurses. See more at https://www.researchreview.co.nz/nz/Clinical-Area/Internal-Medicine/Infectious-Diseases/Infection-Control-and-Prevention.aspx and click the “Sign up here” box NOW!</p>	<p>US rules for risky pathogens still unclear Some scientists would like more rigorous oversight of risky pathogen research conducted at high-level biosecurity facilities. https://www.nature.com/article/s41586-023-00257-0</p>	
<p>Ctrl Click to follow a link. If a link doesn't work, copy and paste it into the address bar of your browser or a Google search box</p>		

Website forum: back up and in action!

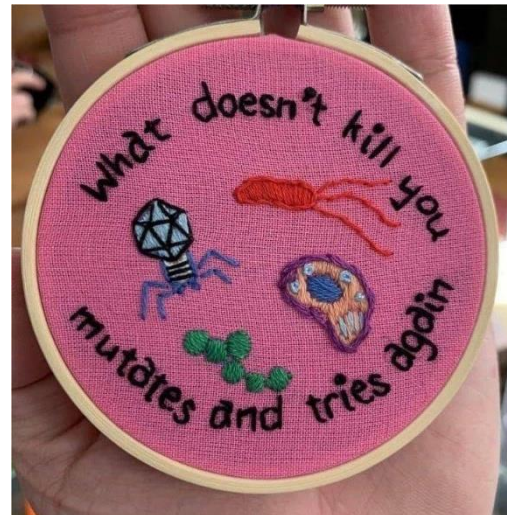
Go to the website and check it out. You might need to update your personal information and join the forums you are interested in.

www.infectioncontrol.co.nz

Have you joined our Facebook page yet??

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

And see posts like this



Facebook Private group 168 members

(There are 799 college members so where are you?)

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

***ALSO:**

Health Quality and Safety Commission free online webinar - 'Skin deep – managing wounds and scabies in the residential care setting'.

9 April 2023 2:30 pm - 3:30 pm

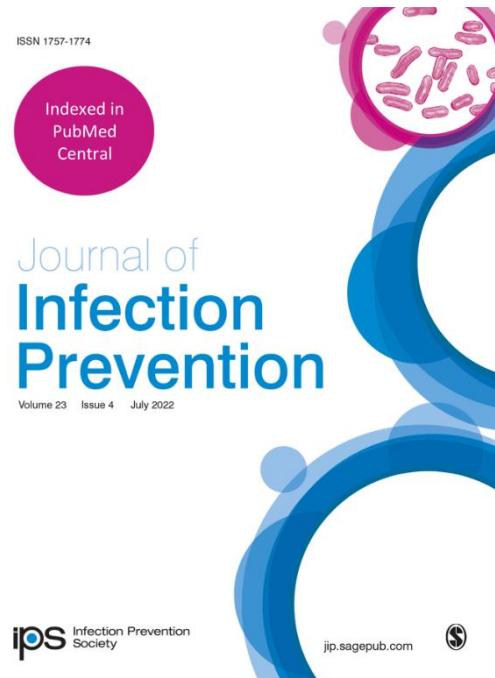
In this webinar, the audience will hear from two external speakers about managing wounds in the elderly and diagnosing and managing scabies in an aged residential care setting.

For more details and the registration link visit the event page here:

<https://www.hqsc.govt.nz/.../free-webinar-skin-deep.../>

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 current
issue/s are below).

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





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Jude Robinson, Lesley Price, Jon Otter and Emma Burnett
- ✓ **Reduction in cycle time for a rapid polymerase chain reaction diagnostic test at the point of care** Pg 23
Lochana Nanayakkara, Talia R Pettigrew, Jenny Overton, Paul L Ryan, Avaneet K Pawar, Hebe M Midson, Mark J Coldwell and Joanne E Martin

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The NZNO Library: Standards held on behalf of IPCNC.



The following standards are held at the NZNO Library 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 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 Australia/New Zealand Laundry Practice 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 [NZS 4304:2002 :: Standards New Zealand](http://www.standards.govt.nz/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.

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](#)



Webber Training Tele classes

<https://webbertraining.com/>

February 23, 2023	<i>(FREE Teleclass ... Denver Russell Memorial Teleclass Lecture)</i> USING ELECTRONIC SYSTEMS TO MONITOR HAND HYGIENE: STRATEGIES TO PROMOTE UPTAKE Speaker: Prof. Dinah Gould , City University, London	View
March 7, 2023	<i>(European Teleclass)</i> AUTOMATING THE SURVEILLANCE OF HEALTHCARE-ASSOCIATED INFECTIONS: MAKING SENSIBLE SENSE OF ELECTRONIC HEALTH RECORD DATA Speaker: Dr. Maaike van Mourik , University Medical Center, Utrecht, The Netherlands	View
March 9, 2023	HOMECARE & HOSPICE - STANDARDIZING INFECTION SURVEILLANCE Speaker: Mohamed Adawee , Sparrow Health, Michigan	View
March 23, 2023	THE ENVIRONMENT, THE TICK, AND THE PATHOGEN - IT'S AN ENSEMBLE Speaker: Jannelle Couret , University of Rhode Island	View
April 4, 2023	<i>(FREE European Teleclass)</i> RESPIRATORY INFECTION PREVENTION: PERCEPTIONS, BARRIERS AND FACILITATORS Speaker: Dr. Pierre Parneix , Hôpital Pellerin, CHU de Bordeaux, France	View
April 12, 2023	<i>(South Pacific Teleclass)</i> UNINTENDED CONSEQUENCES OF INFECTION PREVENTION AND CONTROL MEASURES DURING THE COVID-19 PANDEMIC Speaker: Dr. Moi-Lin Ling , SingHealth, Singapore	View
April 20, 2023	HOSPITAL WASTEWATER SYSTEMS: ORIGINS OF NOVEL NOSOCOMIAL BACTERIA Speaker: Professor Colum Dunne , School of Medicine, University of Limerick, Ireland	View
April 27, 2023	THE FUNGUS AMONG US: THE EMERGENCE OF A HIGHLY RESISTANT FUNGUS IN THE HEALTHCARE SYSTEM Speaker: Dr. Tom Chiller , Centers for Disease Control, Atlanta	View
May 5, 2023	<i>(FREE Teleclass)</i> SPECIAL LECTURE FOR 5 MAY Speaker: Prof. Didier Pittet , University of Geneva, Switzerland	View
May 9, 2023	<i>(European Teleclass)</i> THE IMPACT OF DISINFECTANTS ON ANTIMICROBIAL RESISTANCE AND THE RESISTOME Speaker: Prof. Shaheen Mehtar , Stellenbosch University, Cape Town	View
May 18, 2023	NON-CATHETER-ASSOCIATED URINARY TRACT INFECTIONS Speaker: Cindy Hou , Jefferson Health, New Jersey	View
May 29, 2023	<i>(FREE Teleclass ... Broadcast live from the IPAC Canada conference)</i> THE PSYCHOLOGY OF PANDEMICS Speaker: Dr. Steven Taylor , University of British Columbia	View
May 29, 2023	<i>(FREE Teleclass ... Broadcast live from the IPAC Canada conference)</i> SCIENTIFIC COMMUNICATIONS TO THE PUBLIC DURING A PANDEMIC AND BEYOND Speaker: Dr. Bonnie Henry , Province of British Columbia, Victoria BC	View
June 15, 2023	ARE EMERGENCY DEPARTMENT WAIT TIMES AND PATIENT-REPORTED CLEANLINESS PREDICTORS OF HEALTHCARE-ASSOCIATED CLOSTRIDIODES DIFFICILE INFECTION, OR PREDICTORS OF POOR PROCESSES? Speaker: Prof. Danielle J. Durant , Texas A&M University, College of Nursing and Health Sciences	View
June 21, 2023	<i>(South Pacific Teleclass)</i> VACCINE HESITANCY, BOOSTER VACCINES, AND THE POTENTIAL IMPLICATIONS FOR THE NEXT INFLUENZA SEASON Speaker: Prof. Holly Seale , University of New South Wales School of Population Health, Australia	View

<https://webbertraining.com/>

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



Infection prevention Rocks!!!



I got a highly contagious viral infection from online communities. It must be all those social media influenzas.

I squint at the sun because it's bright.



I squint at people because they are not.

A horse peed on my tractor the other day and now it won't run. Seems it's come down with a urinary tractor infection.



NEXT CONTROLLA ISSUE: May/June 2023

- Deadline for content: May 10th, 2023
- Publication date: May/June 2023
- SEND TO: waggles_nz@hotmail.com
Subject: May/June 2023 Controlla

THANKS, 🤪