



IPCNC

From the Editor

By Claire Underwood

Hello and welcome to the first edition of the Infection Controlla for 2019.

It's fair to say that 2019 has had a challenging start with the Measles dominating our news and public health bulletins, meeting and study days. Processes for sterilisation have also been headline news, and I have included the findings and recommendations of the external review at Hawkes Bay DHB. In this issue we have our usual committee member reports, a report from Ruth Barratt in Australia and a conference update. Webber presentations are on the last page.

Please send me contributions for the next edition; short reports and articles of interest are really welcome.

THE
**PHOENIX
 RISING**
 RESILIENCE & RE-EMERGENCE IN INFECTION PREVENTION
IPCNC CONFERENCE 2019
 CHRISTCHURCH, NZ • 23 - 25 SEPTEMBER



Chair Persons Report

Hi all,

As I write this May is fast turning into June. I always find May hectic and at CCDHB the midwives always beat us to the promotion table on May 5th. But hey, let's face it, there are far more of them! We also run a day long infection Control Study Day with Hutt Valley and Wairarapa DHBs. This is a well received and much sought after update for our local IPC reps which makes the lengthy preparation worth it!

Measles notifications have once more reminded us of the virulence of this dreaded bug. Vaccination is, and remains our only line of defense and as the current spread of measles has shown, where there are gaps in vaccination there will be an increase infections.

Thank you for all the people who gave their time to reply to our Survey Monkey on Engagement and Communication. It made funny, but reassuring reading, and I feel that this Committee and those before, have done many things right, and our membership is very important to us. We will be discussing this survey at our next committee meeting in July, and will have it available on the website soon after. Thanks for the great ideas, and support. Especially to this person; "given that I don't do anything to help, I am just pleased that someone is doing the hard work!" That really made me smile!

We have also been trying to get the IPCNC, good representation on the review of the Health Sector Standards for IP&C. Thank you to all who put their 'hat in the ring' for this. There was more people than places, on the first consultation round, but there will be more consultation and opportunities. I know as an organisation, we are committed to a strong IPC section on this Standard. We will keep you posted!

I attended the first meeting and voiced my concern that the Standard requires a very thorough review, not just of words, but also of sections. I know that a lot of us feel that perhaps cleaning, sterilisation and aseptic technique be a subset? We have lots to consider and will endeavor to involve as many views as possible.

Warm Regards, Carolyn.

Financial Report

By Jo Stodart

Term Deposits: \$60,757.35 at 3.40% maturity 16 Jan 2020 and \$26,820.83 at 3.25% maturity 12 Oct 2019.

Total \$87,578.18

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Membership – Justine Wheatley

Hi to all 630 of the wonderful members in the IPCNC!!!

We are already in May and I have emailed and talked to quite a few members already this year. We have had two regional coordinators resign and two more gear up to make their regional contribution, which I find awesome! Thanks so much to Francie and Claire for doing the Mahi in Auckland and Wellington for many years. Welcome to Amanda in Auckland and Angela in Wellington who will undoubtedly do amazing jobs too!

We had a regional coordinators teleconference last month and reviewed just exactly what entails coordinating regional meetings and study days and ended up discussing that member participation was the key! So us, as members, to not only attending meeting and study days but supporting regional coordinators to facilitate exactly what you want out your membership.

Engage your regional coordinators, email them and ask about up-coming meetings, do they need help with a venue? Do you know someone with a coffee truck to be there on the day? Do you know of someone who would be a good speaker? Do you have an important issue you think the members would like to discuss? Could you do anything that would make the day better?

And finally, have you thought about being a regional coordinator? You don't have to go it alone! Amanda and I are planning the next regional/study day together as I would like to learn how it do this to assist others and to relieve the responsibility from just one person. We will be recruiting as many people as we can that could enrich the meeting so it becomes an achievable group project.

We are so lucky to have each other to network and share experiences and information, so let's make the most of our membership and participation is the key!

Please feel free to contact me with any good ideas or comments at justine.wheatley@schl.co.nz or call 0210491792



Regional Reports and future study days

Greater Auckland Region

Amanda Hynes has recently taken over the regional coordinator role in Auckland, she has asked me to get you to **save the date for August 14th** for the next regional meeting. Please contact Amanda AmandaHy@ormistonhospital.co.nz if you are interested in attending.

Midland Region

Our first meeting of the year was held on the 10th of May at Toi ohomai Institute of Technology. We had a great turnout with several potential members joining us from Hamilton's Bridgewater Eye Clinic.

Our Clinical Microbiologist Dr. Adiddle gave a presentation on the current measles outbreak and outlined the characteristics and epidemiology of the viral infection.

This was followed by a presentation and discussion around urinalysis. The New Zealand Microbiology Network identified that urine testing could have the largest potential impact on antimicrobial stewardship and developed a list of recommendations for when to send urine for analysis – to 'choose wisely'. The most current list of recommendations (April 2019) was discussed and distributed to attendees. Both Power Point presentations will be sent to members.

The formal part of the meeting (minutes and college correspondence) was succinct but led to some good discussion. The first point being the long term administration of antibiotics. Reference was made to the OVIVA study. Clinical trials showed that oral antibiotics could replace the use of intravenous antibiotics after 3-5 days, in the treatment of bone and joint infections, decreasing the need for long term intravenous line usage and the associated risk of bacteraemia. The changes will save on the cost of long term infusers and district nursing care.

Our colleague from the Hawkes Bay gave a brief description of the events and findings of the breakdown in their sterile services department and the learnings that emerged from the subsequent investigation.

A lecturer on the Sterilisation and Disinfection Level 5 diploma gave an outline of the available courses in that field being offered at Toi ohomai Institute of Technology, and this was followed by a delicious lunch.

The final presentation by Dr. Lopez on Parasitic infections in the tropics was informative and entertaining and we finished the day with a round table discussion. Our next meeting is planned for November.

From Elsie Truter – Midland region coordinator

Central Region

The next meeting for the Central Region will be **November 12th 2019**. Please contact Jacqui Pennefather if you are interested in attending : Jacqueline.Pennefather@wdhb.org.nz

Canterbury

In Canterbury we have had a fairly mild start to winter, but a wild start to the flu season with over 30 people in hospital with flu at the moment and the figures well above the average for this time of year.

The meeting of the south island regional group took place on 24/5/19 at the NZNO offices in Christchurch.

We had two speakers on the very topical subject of measles. Dr Meik Dilcher, scientific officer at Canterbury health labs, provided an overview of measles and described the importance of herd immunity. He explained the requirements from WHO for a country to declare itself measles free and described the most prominent genotypes.

Our second speaker, Stella Yaxley a communicable diseases nurse with public health, gave an insight into the mammoth task they undertook with contact tracing and other measures during the recent measles outbreak. Interestingly only 50% of the people involved had been vaccinated.

There was a study day for LTCF staff held on the 8th May which was well attended and found to be very useful to most attendees.

Otherwise planning for the 2019 conference is going full steam ahead and I would encourage you to think about submitting an abstract for an oral presentation or poster. Closing date is 28/6/19.

Otherwise we look forward to welcoming you to Christchurch as a delegate – Register via the college website or see: <http://www.ipcconference2019.co.nz>

Mike O’Callaghan – Canterbury Region coordinator

Southern Report

Central Otago turned on one of its beautiful autumn days of sunshine and blue skies for the recent Southern NZNO Nurses College Regional Infection Prevention & Control study day, hosted by COHSL. This was attended by nurses from the Oamaru to Invercargill, who work in various different healthcare settings within their areas.

The presenters included a Microbiologist from the Southern Community Laboratory, a Representative from one of the Medical companies and three of our onsite Medical Officers, two of whom are also GP’s within our community.

Jo Stodart; CNM Infection Prevention & Control, SDHB had some valuable updates from the national Hand Hygiene workshop she recently attended as well as news from the updated Cleaning standards and the national antibiotic stewardship policy, both which are due to roll out nationally. Jo also was able to answer any questions from the floor concerning IP&C issues that nurses may have within their own facilities. It was a great time for benchmarking and swapping ideas.

James Ussher presented on a very topical subject of Measles. This was the same presentation he gave at the Study day held in Dunedin in April. Regardless of this, it proved of great interest to the majority, resulting in many questions from the floor.

Grant Alecock from Reynard Health Supplies presented on Hard Surface Prepared Wipes focusing on which wipe is best for what surface. It is important to understand the limitations of a product, such as which surfaces it is compatible with, toxicity on skin, shelf-life, contact time and compatibility with other chemicals or materials. Where prepared wipes are used the following principle is recommended; one wipe, one surface, one direction. Working from clean to dirty, wipe in an ‘S’ shaped pattern, taking care not to go over the same area twice. Factors that influence successful removal of pathogens from surfaces include; the level of training provided to cleaning staff, variation in cleaning staff performance, monitoring cleaning practices, properties of a surface being cleaned, frequency the surface is touched and the resistance of bacteria & other pathogens to routine cleaning and/or disinfection.

Mark Smith presented on ‘Sepsis – What’s Happening’ an outline of Dunstan’s updated sepsis pathway. While this subject was not directly IP&C orientated it still generated much interest from the floor. Mortality from Sepsis is huge, an estimated 10 – 52%, and it kills more people than bowel & breast cancer combined. Sepsis is common, especially among central oldies (Mark wouldn’t give me an age range for a central oldie), sepsis & septic shock

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management is time critical to save lives. A sepsis screen addresses three areas to look at which raise suspicion and provide vital clues. Observations, clinical features, blood tests = possible infection. Our aim at Dunstan is to assess initial management of patients with severe sepsis, evaluation against the sepsis clue guideline including a secondary question of whether urine output was measured. An audit shows we do it well with those patient's septic on arrival but not so well with those who develop sepsis during their inpatient stay. Improvement is centered on early identification – use of triage flow charts and early aggressive management.

Rosalie Evans gave a very interesting presentation on Tuberculosis (TB) and the challenges both in New Zealand and Globally. TB was first discovered by Dr Robert Koch in March 1812. At this time it was raging through Europe and the Americas, causing the death of one in every seven people. Fast forward to 2017 and 1.6 million people have died from TB. It is the leading killer of those with HIV, the major cause of death being antimicrobial resistant strains.

Pulmonary TB is the most common form but other forms include; lymph nodes, pleural effusions, Potts disease, GI tract involvement, kidney, CNS, pericardium, skin, eyes and adrenal glands. 2014 figures for New Zealand show 297 positive cases with 111 extra-pulmonary. Rosalie told us about her time in PNG dealing with and managing families with TB and distances to travel to treat these people. The hospital was primitive with open wards to treat all patients.

In New Zealand testing is done by way of Mantoux (often a false positive after BCG or false negative temporarily after some viral diseases) or Quantiferon gold (cannot distinguish between latent infection or active TB). Other challenges in treatment include drugs not always in stock, cross-cultural challenges or mobile populations and possibly unnecessary fear from staff around how contagious / stigma. Drug resistance is becoming a problem, in 2017, 558,000 people developed TB resistant to Rifampicin, while 82% already had multi-resistant TB.

Trevor Lloyd gave a very humorous presentation called Travel and Infections. This choice of presentation topic was fueled by the fact that he often away travelling when he should have been attending IP&C meetings, so the committee thought he should present about his travels! Of all the places he has travelled to without catching anything, Vincent ward was one place which was probably the most dangerous he said. Trevor happens to be an internationally trained expert in internal parasites, one of the biggies of tropical medicine. In 1984 he attended the inaugural WHO South Pacific conference on the subject of - worms. Hookworms being the most common, and he presented the life cycle in a graphic diagrammatic form. Dengue fever was another disease discussed, a fitting topic as Vincent ward has had a patient admitted with Dengue fever recently.

The advent of SARS highlighted disease transmission by way of air. One sick delegate on a plane full of passengers, heading to a Conference in Toronto, staying in a hotel full of guests lead to a pandemic Globally with many deaths as a result. Makes you wonder why we as people, are keen to travel or attend work conference particularly of the medical variety.

Questions from the floor and verbal feedback overall indicated a successful, enjoyable day. A big thank you to our Kitchen staff who produced a lovely spread for morning tea and lunch, again much appreciated by those who attended from the region.

Jill Hansen – Southern Region Coordinator

Greater Wellington Region

There was no meeting for the Greater Wellington Region. A study day/Meeting is being organised for 23rd October 2019. Please contact Angela Corn for more details. angela.corn@huttvalleydhb.org

Reprocessing of reusable medical devices hit the headlines early this year. I have included here the findings and recommendations of the review that was conducted at Hawkes Bay district health board.

SUMMARY

On the day of the reportable event and potentially on other days leading up to the event:

- Sterilisation processes did not conform to the standard AS/NZS4187:2014.
- There was no traceability or sterilisation records for follow up or audit process.
- Loads were not correctly checked or verified as having completed the full sterilisation cycle ensuring correct pressure and heat had been reached and maintained for the correct period of time.
- Sterilisation identifiers were not visible therefore staff not able to verify sterility. Flow for reprocessing of equipment from dirty to clean in SSU needs amending. Unit does not meet the current requirements for a CSSD and is not conducive to best practice and the direct health and wellbeing of those personnel initiating the processes.
- There needs to be maintenance contracts in place for quarterly maintenance and annual validation of washers and autoclaves.
- Patients will receive a high standard of care through use of sterile RMD that has followed a process which is able to be tracked, audited and does not compromise on the health and safety of patients. (Health and Disability Commission 2019)
- The external reviewers were presented with three questions prior to the review.
- The review team believe that the questions have been answered without blame being placed to any one HBDHB staff member. Rather there were several failures that led to this event.

CONCLUSION

Hawkes Bay District Health Board and staff are to be commended for making open disclosure on this event. The work that the Hawkes Bay District Health Board review team undertook, in particular, the identification and follow up clinics for the potentially affected patients was completed in a timely, professional and systematic process, ensuring that all patients were informed and supported. There are lessons to be learnt not only for HBDHB but for every DHB in New Zealand as well as for the Ministry of Health.

The reprocessing of RMDs and sterile services within our health care environments has for too long been ignored by the health service management due to it not being a source of revenue, but rather requiring high cost investment. However, patient safety within New Zealand should be the number one priority.

It is recommended that going forward that the Ministry of Health should note that for all DHB's in New Zealand the following should occur immediately to prevent further incidents occurring:

- Electronic tracking and traceability systems should be installed in all sterile service units and operating theatres as soon as possible, tracking down to individual instrument level.
- Within 18 months tracking should be extended out to include all RMD used in wards and outpatient clinics.
- Annual auditing of CSSD departments against the standard AS/NZS4187:2014 is performed by an external auditor. This should be in conjunction with a robust internal auditing programme as detailed in the standard.

Note: A document for auditing against the standard is available. The tool was specifically commissioned and developed by the New Zealand Sterile Sciences Association.

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Conference Update

Conference planning is well underway, and the programme is looking awesome. Along with our keynote speakers – Professor Shaheen Mehtar, Julie Storr and Associate Professor Siouxie Wiles; we also have an exciting line up of local experts covering a wide variety of IP&C topics such as CPE guidelines; water issues; updates on endoscopy and sterilisation; measles; IP&C and civil emergencies and effecting behavior change, the list goes on.... In addition, we are also fortunate to be able to share with you, patients own stories, which we are sure you will find both powerful and enlightening. Of course, no conference is complete without or speakers debating the latest IP&C dilemma. There will be an evening of entertainment at Christchurch's beautiful cardboard Cathedral. Further information about the programme, speakers' events, venue and accommodation can be found on our conference website <http://www.ipcconference2019.co.nz/>

Early Bird Special

Early bird special rates will be available until the 21st June. If you haven't already registered for our conference we encourage you to get in quick and take advantage of the reduced registration rates.

Call for abstracts

Nurse presenters are an essential part of our conference. Hearing about the infection prevention initiatives that are happening all around the country, in all sectors of health care are such an important part of what makes for a great conference. We encourage you to share your infection prevention experiences and the things you have learned with your colleagues at this year's conference. Take the plunge and submit an abstract or poster! We look forward to hearing from you. If you need any help, or have any questions regarding submitting abstracts or posters, please do not hesitate to contact joanne@conferenceteam.co.nz

Greetings from across the ditch

Ruth Barratt RN, BSc, MAdvPrac (Hons)

As a college member currently doing some infection prevention and control study in Sydney, I was invited to share a few thoughts for The Infection Controlla.

Although I am not employed as an IPC practitioner in Australia, my current research and research assistant work involves the use of personal protective equipment. So, I am frequently on the wards and departments in a large metropolitan hospital in Western Sydney as well as hanging out with the local IPC team.

It is good to see how IPC is organised over here and how the day-to-day work compares to that in NZ. Mostly things are much the same with similar challenges for IPC practitioners as we have in NZ, e.g. compliance with The 5 Moments for HH, MRO management, facility new builds and refurbishment, *Candida auris*, too few IPC personnel in the teams, etc. etc.

However, the biggest difference between Australia and NZ is that they have their own safety and quality standards which very much governs their IPC programmes. Like our own standard, healthcare facilities are required to meet these standards and undergo external auditing. Below is an extract from the IPC standard - **Standard Three**.

NSQHS Standard Three (2nd Edition)

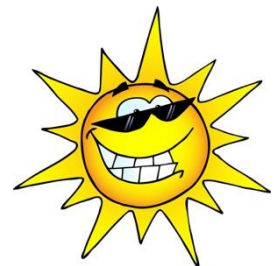
Preventing and Controlling Healthcare-Associated Infection Standard

There are four main criteria to be met and the requirements are listed under each of these headings:

1. **Clinical governance and quality improvement to prevent and control healthcare-associated infections, and support antimicrobial stewardship**
 - Systems are in place to support and promote prevention and control of healthcare-associated infections and improve antimicrobial stewardship.
2. **Infection prevention and control systems**
 - Evidence-based systems are used to prevent and control healthcare-associated infections. Patients presenting with, or with risk factors for, infection or colonisation with an organism of local, national or global significance are identified promptly, and receive the necessary management and treatment. The health service organisation is clean and hygienic.
3. **Reprocessing of reusable medical devices**
 - Reprocessing of reusable equipment, instruments and devices is consistent with relevant current national standards and meets current best practice.
4. **Antimicrobial stewardship**
 - The health service organisation implements systems for the safe and appropriate prescribing and use of antimicrobials as part of an antimicrobial stewardship program

I am enjoying the nice weather although a bit too hot at times for my liking. Also the tramping is much better in New Zealand!!

Ruth



Webber Training Teleclasses

www.webbertraining.com

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

May 27 (FREE Teleclass ... Broadcast live from the 2019 IPAC Canada conference)

ADAPTING IPAC IN UNCONVENTIONAL SPACES

With **Peter Hoffman, Karren Staniforth, and Dr. Michael Weinbren**

<https://webbertraining.com/schedulep1.php?command=viewClass&ID=1442>

In collaboration with Healthcare Infection Society (HIS)

May 28 (FREE Teleclass ... Broadcast live from the 2019 IPAC Canada conference)

ADULT LEARNING STYLES

With **Karen Hoffman and Professor Marilyn Cruikshank**

<https://webbertraining.com/schedulep1.php?command=viewClass&ID=1471>

In collaboration with the Association for Professionals in Infection Prevention and Epidemiology (APIC) and Australasia College for Infection Prevention and Control (ACIPC)

May 29 (FREE Teleclass ... Broadcast live from the 2019 IPAC Canada conference)

ONE HEALTH: THE RISKS AND REWARDS OF LOVING ANIMALS

With **Prof. Jason Stull**, Ohio State University

<https://webbertraining.com/schedulep1.php?command=viewClass&ID=1443>

Broadcast sponsored by GOJO Canada

June 5 (South Pacific Teleclass)

THE ROLE OF ACTIVE SURVEILLANCE CULTURE IN RESOURCE-LIMITED SETTINGS

With **Prof. Anucha Apisarnthanarak**, Thammasart University Hospital, Pratumthani, Thailand

<https://webbertraining.com/schedulep1.php?command=viewClass&ID=1444>

June 13 (FREE Teleclass)

SSI SURVEILLANCE STRATEGIES IN UNDER-RESOURCED SETTINGS

With **Dr Joseph S Solomkin**, University of Cincinnati College of Medicine

<https://webbertraining.com/schedulep1.php?command=viewClass&ID=1470>

Sponsored by the World Surgical Infection Society

June 25 (European Teleclass)

GETTING TO GRIPS WITH HEALTHCARE-ASSOCIATED GRAM-NEGATIVE BLOODSTREAM INFECTION SOURCES

With **Prof. Jon Otter**, Imperial College London

<https://webbertraining.com/schedulep1.php?command=viewClass&ID=1445>

FREE-ACCESS RECORDINGS LIBRARY - RECENT ADDITIONS

(Teleclass recordings are posted to the free-access Recordings Library immediately following a free-registration teleclass, and after 12 months if there was a registration fee)

... MAY 3, 2019 – Clean Care For All - It's In Your Hands!

... JUNE 13, 2018 – Involving Patients in Understanding Hospital Infection Prevention and Control Using Video-Reflexive Methods

<http://webbertraining.com/recordingslibraryc4.php>

Network and how you can have a role in that continent.

CARDIFF UNIVERSITY SURVEY ON THE PERCEPTION OF CLEANING AND DISINFECTION IN THE HEALTHCARE ENVIRONMENT

Prof. Jean-Yves Maillard and his colleagues at Cardiff University request your input in this survey that will take only 7 minutes to complete. It asks for your views and responses on infection prevention and control, focusing on cleaning and disinfection processes. Your contribution will enhance our understanding of the importance of cleaning and disinfection within the healthcare environment. You will not be required to enter your name or personal information.

<https://cardiff.onlinesurveys.ac.uk/infection-control>

PATRON SPONSORS

Thanks to Diversey (www.diversey.com), Virox Technologies Inc (www.virox.com), and the World Health Organization Infection Prevention and Control Global Unit (www.who.int/infection-prevention/en). The Teleclass Education initiative is run entirely by groups of volunteers around the globe, and on a not-for-profit basis. Funding support from our Patron Sponsors is therefore extremely valuable and we are very grateful.

ABBREVIATIONS

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

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

A word from the Editor

We would like to remind readers/contributors that any information submitted for publication in The Infection Controlla Newsletter is received in good faith and with the full expectation that consent has been obtained from the source(s). The content of this newsletter can only be reproduced with the permission of the editor

