



October 2019

IPCN

From the Editor

By Claire Underwood

Hello and welcome to the October edition of the Infection Controlla

“

**IF YOUR WORK SPEAKS
FOR ITSELF, DON'T
INTERRUPT.**

HENRY J. KAISER

This issue will well and truly speak for itself. There is nothing quite like a conference to engage and fuel our passions, so I'll keep this brief so you can settle down with a cuppa or a glass of wine and enjoy..

At the conference Trudi Bryant a member of our college for over 22 years thanked the committee and membership as she will now be passing on her IPC role to another nurse – her reflections of all she has learned are on page 5.

We have a report from the conference in Christchurch on page 6. The BD awards are a mainstay of our conferences and allow

abstract presenters to win funding for educational initiatives. Jane Barnett was one such winner at the 2017 Auckland conference, and has written a stunning report (7-9) on her time at the Infection Prevention and Control (IPAC) Canada, conjoint conference with the International Federation of Infection Control (IFIC) in Quebec City, Quebec. A review of a Webber Training teleclass is on page 10. Francie Morgan presented at the conference on the IPC standard and has written a report on progress on page 11.

Chair Persons Report

Well, what a great time was had by all at IPCNC Conference 2019, Christchurch. Thanks to all the organisers, sponsors, contributors and delegates.

Highlights for me were the two riveting patient stories, our pseudomonas hunter and African sterilisation of equipment and training. It was an honour to meet and hear from our international speakers, Professor Shaheen Mehtar and Julie Storr.

Thanks to Ruth Barrett, previous IPCNC Chair, and our website enabler, she has linked the talks into the website. Go through 'Conference Presentations' in the 'Members' tab and go to this year's section.

Congratulations to the winners of our BD awards, Iona Bichan – Best New Presenter and Tanya Jackways – Best Presentation. The poster award went to Mary Cooper for her poster on Gyms and Bugs.

Back in my day job we have come down with a bad case of measles contact tracing. We have been caught out by the support person not wearing a mask in one admission area (the support person came out in the rash the next day), and a recently returned traveller who was over 50 and immunity was falsely assumed. We have come to love the words "and they were met outside and given a mask!" I can't recommend highly enough about going through the CDC measles documents to get your organisation prepared to a CDC worthy standard <https://www.cdc.gov/infectioncontrol/guidelines/measles/index.html>

Good luck to our representatives on the Review of NZS 8134 the Health and Disability Sector Standard that all IPC nurses live and breathe. There will be chances for us to comment as the update continues.

We are in good hands with Francie Morgan, Jane Barnett and Jo Stodart in our corner, for this update.

Happy Infection Preventing,

Kind Regards,

Carolyn IPCNC Chair.

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Membership – Justine Wheatley

Membership Spring Update

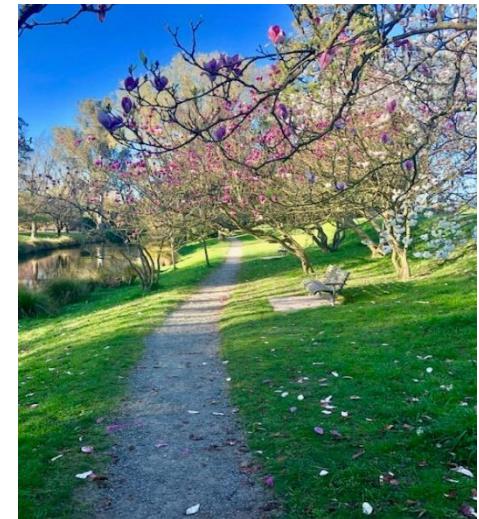
Hi to all 638 of the wonderful members in the IPCNC!!!

I have included a photo taken in Hagley Park at the conference to remind us of those wonderful three days in gorgeous Christchurch for those who could go. As we are such a big group of members it is so important to keep in contact with each other to share knowledge and opinions and grow our network of IPC experience. Everyone has something to offer. Being at the conference always boosts my energy and resolve to work smarter not harder and being on the National IPCNC committee this is a true necessity with all our other life/work commitments. I would like to take the opportunity to discuss a smart move for the next membership coordinator (I have been on committee since September 2016) would be to get involved while I am here for a smooth and enjoyable handover – succession planning! I would definitely say the same to our wonderful

hardworking committee members and regional coordinators who do such a great job and would love to share their knowledge and experience to the next member who would welcome a chance to facilitate goals of the IPCNC.

So finally, member engagement adds the most value to any successful organisation. We value any time and energy you can give, be it a project or time on the

Be the kind of person that no matter WHERE you go or WHAT you do, you ALWAYS add value to the lives of the people around you.



committee. We are currently recruiting for new committee members and always want assistance for regional meetings and study days.

After another successful conference I look forward assisting you in any membership needs and engaging with you all through our current network.

Please contact me by email at justine.wheatley@schl.co.nz or call 0210491792

Justine Wheatley – Membership Coordinator



Regional Reports and future study days

Greater Auckland Region

August the 5th saw our first meeting combined with a study day for 2019. We had an incredibly positive response to the study day, with nearly 95 attendees.

The study day covered a diverse array of topics including Immunisation, Hand hygiene, Cleaning, Leadership, IPC programmes and of course measles, an important topic for the Greater Auckland Region with its current outbreak.

We received great feedback from the attendees and are grateful to our fantastic organising team and speakers. Also thanks to the IPC college for financial assistance and to our lunch sponsors, Global medics and Diversey.

The next Greater Auckland region IPC meeting is currently being planned.

The Northland /Auckland region has benefitted from email updates from the IPC college chair. We also welcomed many new members to the Greater Auckland group at this meeting.

Amanda Hynes – Greater Auckland Region Coordinator

Midland Region

Midland Region will be meeting again in November. Please contact the Midland Region coordinator Elsie Trutor for more information on trutere@outlook.com

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

No report from Canterbury as they were convening the conference.

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.nz

Southern Regional Report

This year is flying by helped with a few measles cases to keep us on our toes.

It was great to see a number of southern members at the IPC conference in Christchurch. Well done to the organisers, the conference was thought provoking and I'm sure those who attended came home with some new ideas and also cementing in some current practices.

Save the date - Our next Southern regional day will be held on Friday 22nd November 2019 at Marinoto House, Mercy Hospital. Sarah Hyde is putting together a great programme including Infectious Disease update, Immunisation myths which I'm sure will include our latest measles episode and also a report back from conference for those who did not attend.

The programme will be out shortly to members and registrations will be due by 15th November.

Non-members are welcome to join our study day – small fee payable

**Jane Miedema
Regional Coordinator**

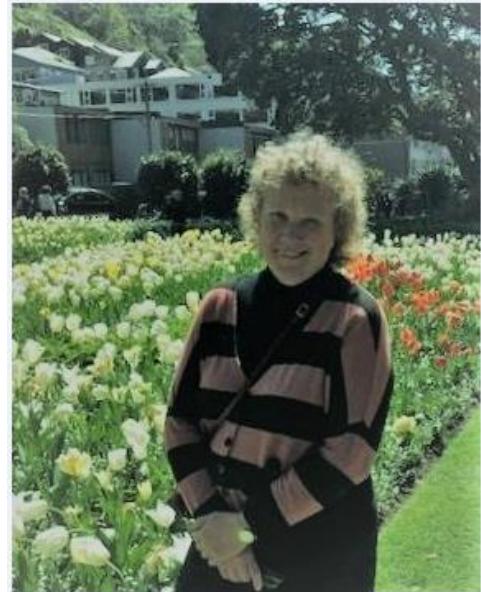


Trudi Bryant is the Ward Services Manager at Bowen Hospital in Wellington who has been part of the IPCNC for over 22 years. These are her reflections from her time as a member of our college.

Reflections from an Infection preventionist

“AS I flew south for my last infection prevention and control conference I reflected on all the great things that have occurred in this 0.2 role and what it has bought to my life. I started infection control in 1996 and what a lot of change I have seen in that time. I have made life-long friends, been privileged to have travelled to Turkey, Australia and the United States, and been part of many committees and standards. I have also helped to organise two successful conferences.

In 2015 at the Napier conference, I had my own success with my conference presentation by winning the best presentation award despite a life time fear of public speaking! In short, in this time I have made infection prevention my passion. In the process of doing this, I have to admit that I have annoyed many, opened others eyes to possibilities for change, and learned so much, from so many people along the way.



We still have such a long way to go in the realisation of what an important role we play in the future of medicine worldwide. Health and Safety legislation has taken a precedence in recent years and the importance of infection prevention has not been given the place or time it should be in our evolving world. I fear that moving from a clinical base, to a quality improvement focus, the magnitude of the implications for getting this wrong may have been missed. I do hope in the future that the light be turned on to our speciality and a realisation of the difference it can make to a patients journey, especially in this age of increased complexity of care.

I wish you all well in your journey ahead in infection prevention, I hope you enjoy this roller coaster ride as much as I have. Joining the group was the best thing I did when I took up the position. Being a part of this group and making a difference inspired me to speak up, and have a say to improve our patients journey and health for all in New Zealand.

If you ever wonder what your role as an infection preventionist can you contribute, or worry that you don't hold the knowledge or the expertise or courage to pursue a path in this speciality - look at my journey! I came in as a novice and the group nurtured me and I gained so much more through taking a leap. In doing so, not only have I given my all, but I have received so much more along the way.”

“In short, in this time I have made infection prevention my passion. In the process of doing this, I have to admit that I have annoyed many, opened others eyes to possibilities for change and learned so much from so many people along the way.”

Conference Report from Mike O'Callaghan

Conference – Keynote speakers and theme

The 35th IPCNC conference took place in Christchurch at St Margaret's college, a popular venue for both delegates and industry sponsors. The college has been 90% re-built after the 2011 earthquake. The theme of the conference was resilience and re-emergence in infection prevention which was aptly fitted to the city of Christchurch. The line-up of three keynote speakers were Julie Storr from the UK, Shaheen Mehtar from South Africa and Dr Siouxsie Wiles from New Zealand.

Julie Storr gave inspiring talks on leadership and the history and role of patient empowerment in infection control from 1999 to the present day. Shaheen delivered presentations on the challenges around decontaminating equipment in low to middle income countries, and developing educational platforms in these countries. Shaheen's second presentation was broadcast live as part of the Webber Training teleclasses. (This can be heard on the Webber Training website (<https://webbertraining.com/recordinglibraryc4.php>)

Dr Siouxsie Wiles discussed her fascinating work on bioluminescence and anti-microbial resistance and studies looking at the transmission routes of bacteria.

Other local speakers gave thought provoking talks on a broad range of topics from the CPE guidelines; safe drinking water following the Havelock North Inquiry; the recent measles outbreak; Sepsis; CLABSI and the infection control standards.

The patient perspective

Two poignant accounts of infections were delivered by the patients who endured them. The first one regarding the devastating effects of a 'simple' MRSA infection which contributed toward the patient

getting a C. difficile infection which significantly impacted the patient's life and took a considerable time to recover from. The second patient story was a patient's experience of Influenza and how it can affect a seemingly fit and healthy adult, resulting in a stay in ICU. These were impactful and insightful stories.

Social event

The theme of myths and magic led to an enchanted and fun evening dancing to the Funky Hot Mamas at Christchurch Transitional Cathedral, (AKA the cardboard cathedral). Conference delegates and trade exhibitors displayed a spectacular array of costumes.



Conference awards

The BD Best New Presenter award was awarded to Iona Bichan and the BD Best Presenter awarded to Tanya Jackways. The IPCNC poster award went to Mary Cooper for her poster presentation about Gyms and Bugs. Congratulations to these people and thank you to all the other speakers and poster presenters who submitted abstracts and presented.

It might seem like a long way off, but 2021 will be upon us soon and I look forward to the next conference in Queenstown.

Editor's note : The conference presentations are now on the website. The posters and some of the abstracts will be featured in the next edition of the Infection Controlla.

Report by Jane Barnett



This year, the Infection Prevention and Control (IPAC) Canada, hosted a conjoint conference with the International Federation of Infection Control (IFIC) in Quebec City, Quebec from **May 26-29th 2019**

I am grateful to BD who fund a travel award for best free paper at the IPCNC conference. I was the fortunate recipient of this award in October 2017 and used it to fund travel to attend the Quebec conference. I would also like to acknowledge Paul Webber of Webber Training who hosted me as his guest and Southern Cross Hospitals who allowed me leave to attend. For the purposes of this report, I have reflected on four key components of the conference.

Hand hygiene

It would be difficult to find an IPC conference without the topic of hand hygiene being addressed. IPAC/IFIC provided this in abundance, with a pre-conference day consisting of workshops and an afternoon dedicated solely to hand hygiene. Themes running throughout this workshop included the 'trap of understanding', the Hawthorne effect and additional measures for compliance of hand hygiene auditing.

The trap of understanding - this theme discussed the misapprehension that, just by understanding and having knowledge about a problem, we can bring about change. For real change to occur we need to have the right conversations.

The Hawthorne effect, there was lots of discussion around the fact that we are underestimating the Hawthorne effect. Because we are auditing a small number of moments compared to the actual number taking place, those being measured are altered due to the presence of the auditor. **Allison McGeer**, from Toronto, advised that it is not a true reflection of practice and we cannot improve if our data is indicating there is not a problem.

Additional measures for hand hygiene surveillance were further discussed by **Allison McGeer** and other presenters who supported using additional measures of compliance, such as either electronic surveillance or utilization of alcohol based hand rub (ABHR). **Emily Landon**, from Chicago further elaborated how this might occur with an overview of implementation of an automated hand hygiene system such as Gojo smart link outside the patient rooms. Although this only documents moment 1 and 4, the most common moments in healthcare delivery, they are considered the most important. In the context of a 700 bed hospital with over 100,000 hand hygiene opportunities every day, this measurement was still considered of benefit. During an eighteen month period the speaker described a 1% increase in hand hygiene and 4% reduction in MRSA. This equated to \$2m savings and does suggest that a more focused approach to hand hygiene may give us a clearer indication of compliance. This speaker reiterated the message that if HCW are not doing hand hygiene it is not because they don't want to, but because it's simply not a habit. The analogy was used of putting on a seat belt – we are very used to doing this every time we get in a car, so we need hand hygiene to become a habit. Culture change needs to be driven by people in the business of change and through concepts such as frontline ownership.

The presentation by **John Boyce** from Connecticut, reiterated the previous speakers stance that although observational audit is the 'gold standard' for hand hygiene monitoring, it's time consuming and open to the Hawthorne effect. This speaker outlined the usefulness of **Nudging behavior** in our campaigns, using statements like: 'Approximately half of all Healthcare workers perform well in hand hygiene – which half do you belong to?'

The final speaker of the workshop, **Yves Longtin** from Quebec, reflected on the World Health Organisation (WHO) campaign for hand hygiene which at the time was considered the most helpful approach to implement globally but wasn't truly evidenced based. He felt that a plateau had been reached and that it was timely to involve patients. He went onto describe how patients own hand hygiene could be improved by better access to product at the bedside. He also suggested that engaging patients in their own hand hygiene, can have the benefit of not only reducing overall MDROs in the environment but act as a reminder to healthcare workers about hand hygiene practice.

Patient Engagement

Engaging patients in their own safety was a theme echoed throughout the conference. It was given a high profile by including a patient as a keynote speaker to describe her own experience. **Alicia Cole**, an American actress who has in the past played doctors and nurses in TV dramas, became a real patient and recounted her own compelling story. Following surgery in 2006, Alicia developed a surgical site infection (SSI) that manifested as necrotizing fasciitis. Prior to this, she was unaware that 2 million patients every year acquire a health care associated infection in the United States. She described her traumatic post-operative period where healthcare workers did not take her initial concerns about her condition seriously, she went onto describe how as a result, she had an open abdominal wound for over 3 years, needed six operations and nine blood transfusions followed by physiotherapy for five years. She now suffers mental anxiety about a secondary infection. Her key messages were: the importance of effective communication with patient and family following any adverse event, and including the patient and family in all aspects of care.

Behavioural Change

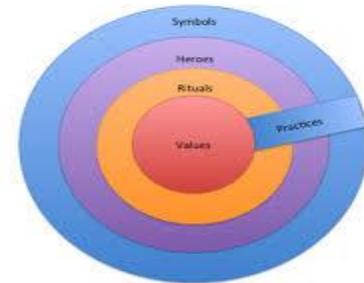
The Graham Ayliffe Lecture is a prestigious award given by IFIC to those who have contributed significantly to the field of Infection Prevention. This lecture was presented by **Professor Michael Borg** and started by exploring the background to a quote developed in Bill Clinton's campaign: 'It's the economy stupid'. He suggested that the same principles of keeping messages simple and basic can also apply to IPC. Failures in these basics are in the literature, such as the systematic review reported by Kingston et al (*Journal of Hospital Infection, 2010, Hand hygiene-related clinical trials reported since 2010: a systematic review, 92, 4, p309-320*).

The speaker reiterated the previously published views of Didier Pittett and he outlined the principles contained in a book by D. Kahneman – *Thinking fast or slow*. This describes the autopilot nature of many of the decisions we make and as a result, how it's hard to change this. The author likened this to trying to change the direction of an elephant that is set on travelling in a certain direction. In order to change this we need to either use motivation (which must benefit individuals) or block the path (stop some aspects of practice). During his lecture, the speaker used the CLABSI bundle as an example of how we can do this. Hence, if an initiative contains education and motivation and system change (like CLABSI) it will alter practice. This multimodal approach has been very successful in the following ways:

- Uses education –The bundle used interactive education plus required completion of 10 competency questions
- Motivation – catheter insertion cart which had everything needed in one place and therefore benefitted the user
- System change – daily assessment of whether catheters can be removed and a checklist to ensure adherence

Another key component, which is needed in addition to the above points is advocated in a publication by John Kotter 'Leading Change'. Among the eight point list of the most important components of successful change is that of creating a sense of urgency. In most settings, a crisis is often a driver of change. However, organisational culture and the 'way things are done around here' deals with values which cannot be objectively measured. The speaker referred to Hofstede, who describes the 'onion model' in the book 'Software of the mind' and related this to Infection Prevention practice as follows:

- Symbols: policies, posters/HH facilities
- Heroes: influential role models e.g. appointed: CEOs, informal: individuals who are valued
- Rituals – behaviour patterns considered socially essential e.g. CLABSI CEO letter confirming commitment
- Practices cut across all of these



Finally the speaker gave a word of caution that the same methodology may not work everywhere so to be wary of copy and paste approaches that are likely to fail.

Leadership

Mamta Gautam is a psychiatrist from Ottawa who was able to bring a different perspective to this conference, instead of focusing on IPC but instead focusing on IPC practitioners as leaders who are often not in leadership roles. Again, Kotter was quoted: 'Leaders respond to and create change'. However, there was an acknowledgement that this can be hard to achieve as there are people involved. Once again, we heard how complex problems involving people are not easy, so it's important to have guiding principles. She then described how leaders require the following core capabilities:

Confidence and self-assurance – this was described as being related to action and a willingness to repeat attempts and take calculated risks. It also changes the way you think, for example, '*when a child learns to walk and falls down 50 times, he never thinks to him/herself: maybe this is not for me?*' A key message was that we need to stop trying to be perfect and be prepared to fail as success correlates more closely with confidence than with competence.

Grit-resolve, courage, strength of character – the speaker quoted Angela Duckworth saying that '*enthusiasm is common, endurance is rare*' and advised that all leaders need passion to aid success. She advised that to be successful, a leader must honour your values and build on your strengths and resources. These could be a network, mentors, sponsors, coaches or an advisory group.

Resilience (the capacity to recover) – The speaker described the importance of balancing the five balls as follows: Work; Home and family; Relationships; Friends; Self Care. A key message from this speaker was that the work one will bounce back, the others are more fragile! Hence, to be an effective leader, we need all five balls in balance.

Finally, she outlined the 5 C's of resilience: Control, Commitment, Connection, Calmness, and Care for self. These rely on an individual having a good support system and having an ability to recognise when you are not calm and use your skills to manage this. Also, caring for yourself is essential not a luxury and her final message was to 'laugh more often' and 'don't just try'. My key learning from this lecture was that leadership can be lonely and in the field of Infection Prevention, we are often faced with challenging situations where all of these approaches will help us bring about change. Although there were other topics covered in this conference, the four key areas outlined in this report were the major areas of learning for me.

Webber Training Teleclass review

Do's and Don'ts for Hospital Cleaning

Prof. Stephanie Dancer, NHS Scotland & Edinburgh
Napier University (2017)
The A. Denver Russell Memorial Teleclass Lecture

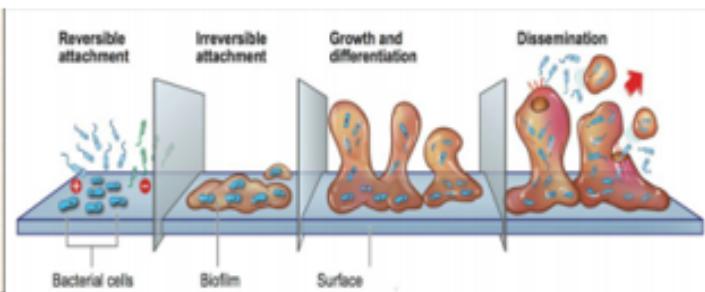
Review

I am interested in cleaning and measuring cleaning for patient safety. I am always interested in information regarding cleaning that is given in a down-to-earth way without conflicts of interest in trying to sell me products. I typed 'cleaning' into the *Webber Training free access recordings library* and this Stephanie Dancer lecture came up. If you want to read anything on cleaning she is the person for you. This lecture discussed the properties of the common hospital pathogens and the increased risk with prior room occupancy. She discussed where the pathogens are in a hospital and the different ways we can measure cleanliness. There is also a discussion on the evidence for cleaning. Good visual slides back up an easy going discussion on best practice. The slide on biofilms had a great graphic of how a biofilm develops as included. She reviewed many of the new cleaning agents and methods of cleaning and gave sound advice on developing a cleaning programme that works for your hospital including care of the cleaner for best outcomes in patient safety. Overall this Webber training would be either a great refresher or an informative guide for all IPC nurses.

Justine Wheatley



Professor Stephanie Dancer



The review of NZS 8134.3:2008 by Francie Morgan

Having first been published in 2000 and last reviewed in 2008, the Infection Prevention and Control Standard 8134.3:2008 is currently being included as part of the wider review of the Health and Disability Sector Standards led by HealthCERT, NZ Ministry of Health.

Background

Prior to the publication of the Standard in 2000, hospital based infection prevention and control programmes lacked any type of standardisation across the health care sector. Infection Control as an interfacility specialty, had been evolving since the early 1970s with the governing NZ Ministry of Health supporting district health board hospitals to employ an 'infection control sister' to assist hospital pathologists and clinical microbiologists, to control infections, in particular the *Staphylococcus aureus* infections that were of increasing concern to many clinicians of the day. New Zealand was keen to adopt the same if not similar approach that England had taken with hospital based infection control programmes implemented since 1964.

Since this time, steady progress has been made in New Zealand to strengthen the implementation for 'whole of service' infection prevention and control programmes within many healthcare environments including acute care hospitals, private surgical facilities, long term care facilities, office based practices and primary health organisations.

The Health and Disability Services Standards

The Standards are designed as the minimum requirements necessary to present fair and equitable health and disability support services that aim to improve the experience and outcomes of people and whanau and reduce care variation. The Standards are mandatory for those services that are subject to the Health and Disability Services (Safety) Act 2001.

In 2013 and again in 2017, the NZ MOH undertook health sector surveys to scan for feedback on all of the Health and Disability Sector Standards. Recently, the IPCN College undertook a literature search of existing IPC Standards globally. This search revealed that the NZ IPC Standard is unique. College members have suggested that the recently updated Australian NSQHS Standards (second edition) Standard 3 Prevention and Controlling Healthcare

Associated Infection, could be a guiding document in this NZ Standards review process.

Currently the review process includes the formation of Working Groups, chaired by HealthCERT. The following five principles will help inform discussions and debate when considering changes to the standards and reach consensus which align with the principles:

Principle 1: Achieving Maori health equity

Principle 2: Accessible health and disability services

Principle 3: Partners with choice and control

Principle 4: Best practice through collaboration

Principle 5: Standards that increase positive life outcomes

What will happen to the Infection Prevention and Control Standard?

A good question to keep in mind!

There is no definitive answer at the moment. Components of the Standard may become modulised. Whether they become stand alone or incorporated in another format, is all up for discussion at present.

IPCN College Conference 2019 in Christchurch was an opportunity for members to submit comments about the ways in which the current IPC Standard could be improved. These comments will be taken to the Working Group meeting scheduled for October 14 and 15 2019, in Wellington. Thank you to those members who have submitted comments.

The Working Group includes representation from the following organisations:

Auckland DHB, Australasian Society for Infectious Diseases, Canterbury DHB, Central TAS, CHT Healthcare Trust, Claddagh Haven Trust Board, Faiva Ora Leadership Group, He Waka Tapu, Health Quality and Safety Commission, MercyAscot Hospitals, MidCentral DHB, NZ College of Midwives, NZ Microbiologists Network, NZ Nurses Organisation IPCN College, Repromed Auckland Ltd, Southern Cross Hospitals, Southern DHB, Totara Hospice, Ultimate Care Group.

Updates on the IPC Standard will continue to be available in future issues of the Controlla.

Francie Morgan

IPCNS – MercyAscot Hospitals, Auckland

Webber Training Teleclasses

www.webbertraining.com

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

Aside from the 4 fantastic teleclass topics in October, we have added a new teleclass topic in November, and 4 new recordings in the free-access Recordings Library. Also, we need your suggestions for the 2020 teleclass topics – kindly give it some thought and reach out to me.

Remember, if you can't join a live teleclass broadcast, your registration gets you unlimited access to the on-line recording too.

October 3

BEWARE OF DRY BIOFILMS: THE NEXT CHALLENGE IN INFECTION CONTROL

With **Prof. Jean-Yves Maillard**, Cardiff University, Wales

<https://webbertraining.com/schedulep1.php?command=viewClass&ID=1460>

October 10

ENDOSCOPE REPROCESSING: PARADIGM SHIFT

With **Dr. Michelle Alfa**, University of Manitoba

<https://webbertraining.com/schedulep1.php?command=viewClass&ID=1454>

October 16 (*South Pacific Teleclass*)

SELF-REPORTED BEHAVIORS AND PERCEPTIONS OF AUSTRALIAN PARAMEDICS IN RELATION TO HAND HYGIENE AND GLOVING PRACTICES IN PARAMEDIC-LED HEALTHCARE

With **Prof. Nigel Barr**, University of the Sunshine Coast, Australia

<https://webbertraining.com/schedulep1.php?command=viewClass&ID=1455>

October 24

INFECTION CONTROL ISSUES IN HEALTHCARE CONSTRUCTION, PART 2 – NEW BUILDS

With **Andrew Streifel**, University of Minnesota

<https://webbertraining.com/schedulep1.php?command=viewClass&ID=1456>

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)

... SEPTEMBER 24, 2019 – Delivering IPC Education Systems for Africa – One Size Does Not Fit All

... SEPTEMBER 24, 2019 – Pneumocystis – An Important Healthcare-Associated Infection?

... SEPTEMBER 22, 2019 – Challenges and Opportunities in Infection Prevention & Control

... SEPTEMBER 12, 2019 – Meat, Monkeys, and Mosquitoes: A One Health Perspective on Emerging Diseases

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

JUST ADDED TO THE SCHEDULE

November 12 (*FREE* European Teleclass)

THE ROLE OF CLEANERS IN INFECTION PREVENTION - NEGLECTED FRONT LINE WORKERS IN HEALTHCARE FACILITIES

<https://webbertraining.com/schedulep1.php?command=viewClass&ID=1473>

SCHOLARSHIP TO IPAC CANADA 2020 CONFERENCE

The deadline is November 1 to apply for the Sage International Attendee Scholarship. This scholarship, funded by Sage Products LLC offers candidate(s) from under-resourced countries to attend the annual IPAC Canada conference. For details, refer to:

<https://ipac-canada.org/sage-international-attendee-scholarship-2.php>

HELP NEEDED

We are in the process of booking the 2020 teleclass schedule, and your assistance is extremely valuable to us. What topics would be useful to you? What speakers have you heard whom we should include? Please get back to me as soon as you think of something.

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.

Thanks again for your support of Teleclass Education.

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

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