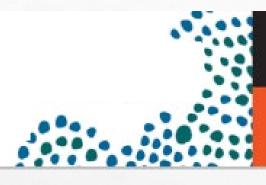
# BREAKING THE MOULD: SMART, CREATIVE, AND EFFECTIVE ADULT EDUCATION













# NO CONFLICTS OF INTEREST

# AARON WOODALL

HEY INFECTION PREVENTIONISTS! THE HOSPITAL WILL BE THERE TOMORROW!



# PRE SESSION QUESTIONNAIRE

What is your honest feeling about sitting through an infection prevention session?



# **ARTICLES**



Contents lists available at ScienceDirect

### International Journal of Nursing Studies



journal homepage: www.elsevier.com/locate/ijns

The challenges of training, support and assessment of healthcare support workers: A qualitative study of experiences in three English acute hospitals



Sophie Sarre<sup>8,\*</sup>, Jill Maben<sup>b</sup>, Clare Aldus<sup>c</sup>, Justine Schneider<sup>d</sup>, Heather Wharrad<sup>e</sup>, Caroline Nicholson<sup>a</sup>, Antony Arthur<sup>c</sup>

Review > Nurse Educ Today. 2011 Jan;31(1):9-17. doi: 10.1016/j.nedt.2010.03.007.

Epub 2010 Apr 20.

### The role of education in the prevention and control of infection: a review of the literature

Deborah J Ward 1

Affiliations + expand

PMID: 20409621 DOI: 10.1016/j.nedt.2010.03.007

> Eur J Cancer Care (Engl). 2000 Jun;9(2):80-5. doi: 10.1046/j.1365-2354.2000.00205.x.

### Education and training of healthcare staff: the barriers to its success

Ward 1, C Wood

```
▲ Download Full Issue
RESEARCH PAPER · Volume 25, Issue 4, P286-293, November 2020
Scope of practice and educational needs of infection prevention and control
professionals in Australian residential aged care facilities
 \text{Ramon Z. Shaban} \overset{Q}{\sim} {}^{a,b,c} \overset{\boxtimes}{\boxtimes} \cdot \text{Cristina Sotomayor-Castillo } {}^{a,b,c} \cdot \text{Deborough Macbeth } {}^{d} \cdot \text{Philip L. Russo } {}^{e,f} \cdot \text{Brett G. Mitchell } {}^{g,h} 
Affiliations & Notes ✓ Article Info ✓
                       55 Cite 

Cite Share ☐ Set Alert ☐ Get Rights ☐ Reprints
  Cet Access
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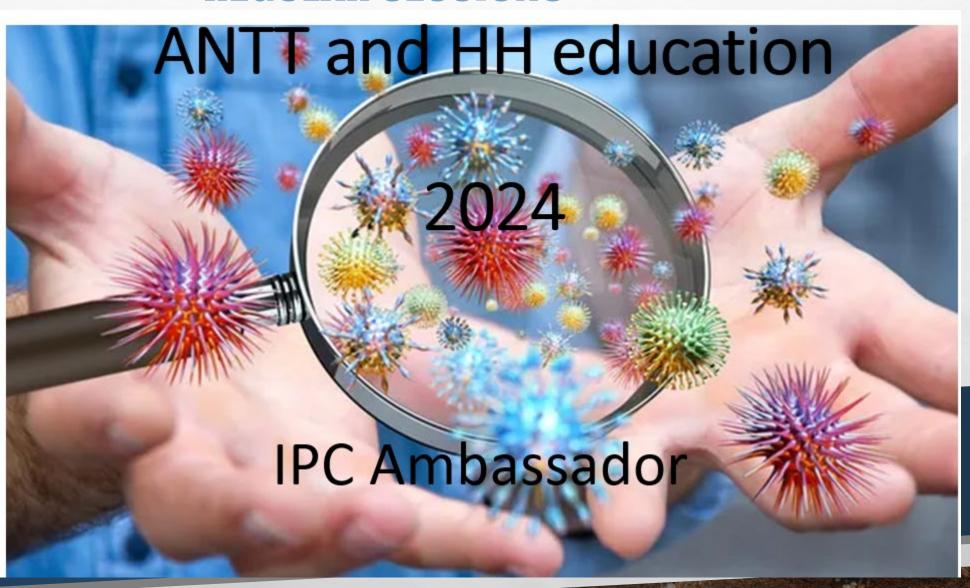
> BMC Public Health. 2023 Nov 4;23(1):2160. doi: 10.1186/s12889-023-16891-2.

Identifying barriers and enablers to participation in infection surveillance in Australian residential aged care facilities

```
Eliza Watson <sup>1</sup>, Leslie Dowson <sup>2</sup>, David Dunt <sup>3</sup>, Karin Thursky <sup>2</sup> <sup>4</sup> <sup>5</sup>, Leon J Worth <sup>1</sup> <sup>4</sup> <sup>6</sup>,
Janet K Sluggett <sup>7 8</sup>, Amanda Appathurai <sup>2</sup>, Noleen Bennett <sup>9 10 11</sup>;
National Infection Surveillance Program in Aged Care (NISPAC) Advisory Group
Affiliations + expand
PMID: 37924023 PMCID: PMC10625226 DOI: 10.1186/s12889-023-16891-2
```

# HOW DO WE KEEP THEM INTERESTED, ENGAGED AND AN ACTIVE PARTICIPANT ESPECIALLY WHEN WE ARE ALL SO TIME POOR?

### **REGULAR SESSIONS**



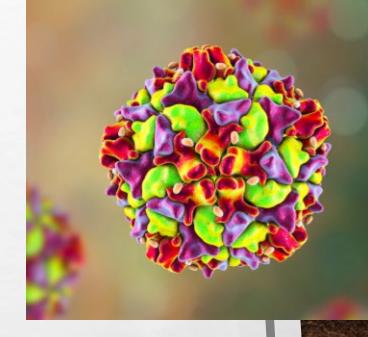
# GAMIFICATION

# As part of our 12 days of Christmas fun

- Please help us to find our bugs that are Missing In Action
  - Look out for the daily bug
  - As per usual a prize is involved
  - Return the bug to the HCO or IPC for a prize
- Puzzles and word finds will also have a daily prize winner (leave them under our door at IPC or in the clear folder near the blue board or scan them in to infectionprevention@wghg.com.au)



# **SCREEN SAVERS AND BLUE BOARD HINTS**



# POLIO



If you find him please bring him to IPC office during office hours or to the HCO office after hours!!!!

Where could he be?

He likes exercise!

Everyone who gets a dose of him spends a lot of time with these professionals.



### **HOW DO VACCINES WORK**

Vaccine	Advantages	Disadvantages	Examples	
Attenuated	Preservation of native antigen; mimicking natural infection, well- established technology, robust B and T cell response	Potential to cause infection, almost all given via syringe IM, cold chain storage, not suitable for immunocompromised	Measles, Mumps, Polio (Sabin), Rotavirus, Yellow Fever, Bacillu Calmette–Guérin (BCG), Rubella, Varicella	
Inactivated	Strong immune response with B cell more than T cell, waning immunity; safer than live attenuated virus—incapable of regaining pathogenicity; stable, relatively easy to scale manufacturing and distribution	Potential epitope alteration by inactivation process	Typhoid, Cholera, Hepatitis A virus, Plague, Rabies, Influenza, Pu (Salk)	
Taxoid	Non-virulent, stable, and long lasting in storage	Typically not robustly immunogenic, require regular booster doses, local site reactions, given by injection	Diphtheria, Tetanus	
Subunit	Readily modifiable, generally safe for immunocompromised, stable in storage and scalable in production.	Relatively less immunogenic, often require adjuvant or conjugate.  Development and manufacture are typically time-consuming	Pertussis, Influenza, Streptococcus pneumoniae, Haemophili influenzae type b	
Virus Like Particles (VLPs)	Safe and well-tolerated; mimicking native virus conformation; unable to replicate; scalable and combinable with adjuvants	Relatively complicated manufacturing process; lower stability, difficult downstream processing, high production costs, and sensitivity to environmental conditions	Hepatitis B virus, Human Papillomavirus	
Viral vector	Strong immune response; preservation of native antigen; mimicking natural infection	Relatively complicated manufacturing process; risk of genomic integration; response dampened by pre-existing immunity against vector	Ebola virus	
DNA/RNA	Safe and well-tolerated: highly adaptable to new pathogen; native antigen expression	Requirement of low temperature storage for RNA vaccine and transportation; potential risk of RNA-induced interferon response, risk of genomic integration for DNA vaccine. Cells do not easily take up large and polar nucleic acids.	SARS-CoV-2	

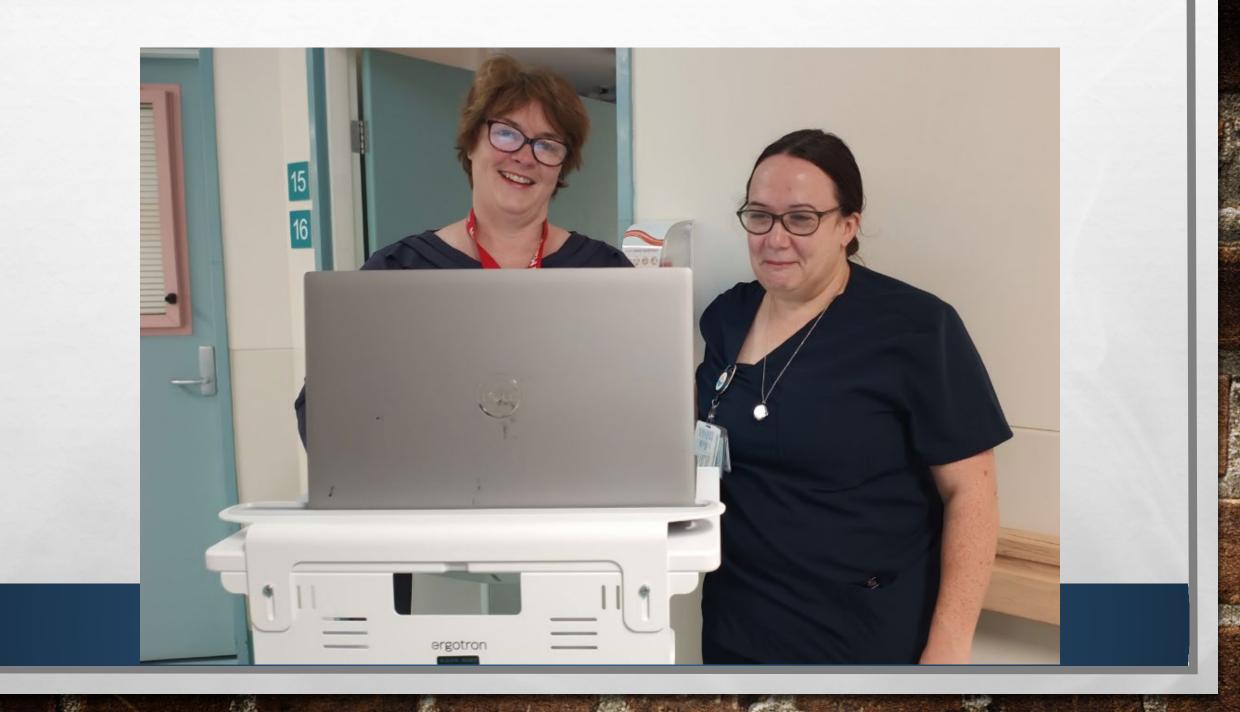
### **WHY VACCINATE**

VACCINES TEACH YOUR IMMUNE SYSTEM HOW TO CREATE ANTIBODIES THAT PROTECT YOU FROM DISEASES. IT'S MUCH SAFER FOR YOUR IMMUNE SYSTEM TO LEARN THIS THROUGH VACCINATION THAN BY CATCHING THE DISEASES AND TREATING THEM. ONCE YOUR IMMUNE SYSTEM KNOWS HOW TO FIGHT A DISEASE, IT CAN OFTEN BUT NOT ALWAYS, GIVE YOU LIFE LONG PROTECTION.

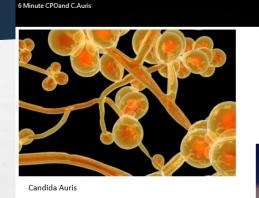
### **12 bugs of Christmas**



SOME OF THE MANY WINNERS FROM THE 12 BUGS OF CHRISTMAS COMPETITION.
THANKS TO EVERYONE WHO PARTICIPATED. STILL TWO TO GO.......



# RECORDED FOR HUDDLES



# RECORDED FOR HUDDLES

### Infection prevention and control

We now isolate and screen all people who have had healthcare overseas in last 12 months before allowing them in shared wards – ASKED AT TRIAGE

6 Minute CPOand C.Auris







### Screening

Minute CPOand C.Auris

A. Faecal specimen or Rectal swab



CPO (CPE)
Carbapenemase Producing Organism



Carbapenemase Producing Organism

B. Nasal,(first) then axilla (second) and then groin (third) swab all on the same swab.

• It has not been found of any benefit to do wound/IDC/ IV site swabs if they have it, it will show up on the nose, axilla, groin swab.

Both the A and B swabs Must be repeated in 24 hrs later.

ucate your patient, protect yourself and r hospital





# **GUEST SPEAKERS**

### **OPEN FORUMS ON LINE AS WELL AS IN PERSON**

#### SPONSORS:

I would like to thank the following sponsors for their attendance and support of our workshop day.













WGHG Infection Control

Phone: 56230625

Staff

Geraldine Freriks emails

Alison Spragg

Donna Taylor

Coralie Tyrrell

Julie Brock

### Everyone's Business

Infection

control is

Workshop WGHG Cafeteria

14th September

1000 -1400

### SPONSORS:

I would like to thank the following sponsors for their attendance and support of our workshop day.











### WGHG Infection Prevention and Control

Staff: Geraldine Freriks (Manager)

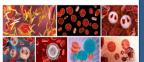
Alison Spragg (CNC)

Coralie Tyrrell (CNC)

Julie Brock (Clerical)

Email: Infectionprevention@wghg.com.au

Blood borne and zoonotic Infections are everyone's business.



Where:

WGHG Cafe

**Date:** 31<sup>st</sup> Oct 2024

Time: 1000-1430

Prizes:

Movie tickets, coffee vouchers.

### 10:00

History of Infection Control including

Morning tea sponsored by



12-13

AMS meeting

With Alex Tai and Tim Wendt Including lunch sponsored by



14-1430

PIVC and the importance of documentation

### WHAT THE HELL DOES IPC DO?

700,000 people die annually around the world die from Multi-resistant organisms. If we can prevent the development and transfer of resistance, it will benefit everyone. Antimicrobial stewardship is ensuring that patients stop using broad spectrum antibiotics as soon as possible. Every Thursday all patients are assessed that are on broad spectrum antibiotics are discussed and reviewed in the medical unit at 12.30. Everyone is welcome Cleaning: Since Nightingale and Semmelweis both recognised in the 1800s how important cleaning surfaces and washing linen is, in patient and resident care. Without our most valuable cleaners and our amazing linen service multi resistant antibiotics are 70 % more likely to spread to the next person that stays in the bed. The products that our cleaners use will be on display and representatives will be there to ack augstions

All clinical staff also play an important part in using the correct products to clean patients shared equipment. In the current age one of the greatest sources of infection is the equipment that we share. Choose wisely and ask questions from the GAMA table.

Any Access device is a potential source of infection. Anchoring it properly makes a

difference go and have a look at the NEED TO HAVE A BETTER

Hand Hygiene was the other impact that was identified in the 1800s and it still also continues to be just as vital. Hand Hygiene 5 moments, and using the alcohol hand rub is really

Try out the moisture reading in your skin surface, and check if you have touched something that shows spread of microorganisms.

Sepsis: Familiarise yourself with the sepsis flowchart and the importance of early recognition.

Occupational exposure: Do you know what you have to do? Why is knowing your serology level so important? What is my immunisation status?

Mask fit testing: All other industries who wear N95s and N99s have mandatory annual mask fit testing for years. Mask fit testing is really important at keeping yourself, your family and our patients and residents safe. After you have been exposed is too late, book in for your annual cheek.

Meeting Standards for aged care, acute care, AS4187 CSSD, Theatre, Government reporting and auditing

### 10:00

Environmental Services Awards cafeteria

Morning tea sponsored by



#### 11:00

Phoebe Van Lambaart

"A regional approach to the management of viral hepatitis."

### 12:00

Alex Tai

"Gippsland prevalence of zoonotic and blood spread diseases."

eg: Q Fever for all those hobby farmers Including lunch sponsored by



### 13:00

Zaal Meher-Homji

"Treatment of HIV and Hepatitis options"



#### 14:00 Positive Speakers Bureau

Positive Speakers Bureau Robert Grant

"Lived Experience with HIV"

### Phoebe Van Lambaart

Hepatic Nurse
Phoebe is a liver nurse working at LRH. Her special
interests include viral hepatitis and decompensated
cirrhosis.

She is passionate about liver disease, ensuring clinicians working with people with or at risk of liver disease, have timely access to education.

#### Alex Tai

WGHG Infectious Disease Physician

Dr Alex Tai is an Infectious Diseases Physician at Gippsland Region Public Health Unit and West Gippsland Health Group.

### Zaal Meher-Homji WGHG Infectious Disease Physician

Dr <u>Zaal Meher-Homii</u> is an Infectious Diseases Physician at Latrobe Regional Health and West Gippsland Health Group. He is an adjunct senior lecturer at Monash University

#### Robert Grant

"Lived Experience with HIV."

Robert Grant has lived with HIV for over two decades. He is an experienced public speaker having delivered talks about his HIV status in both NSW and Victoria and how HIV intersects with many aspects of a person's life.

14:30 Hand Hygiene Department Award

Information from the following sponsors:



Spill Kits and our cleaning wipes range

### B BRAUN

Pumps and IV cannulas



IV packs

### Tristel Tourniquets

Prizes supplied by Tristel

Thank-you to all our guest speakers, sponsors and participant for the session. WGHG IPC.

# IPC SPECIFIC EDUCATION FOR O.E. FOR ALL OF GIPPSLAND

# 2025 STILL TO COME FROM PADDOCK TO PATIENT

# RECORDED EDUCATION ON WHATSAPP





### Must NOTs if immunising a patient against Mpox

If they have been exposed to Mpox in last 14 days (be aware this might not be ideal)

MUST NOT be given to under 18 yr olds

MUST NOT be pregnant

MUST NOT have keloid scarring or atopic dermatitis (if this is a yes only if definite exposure has occurred and be aware of the definite risk of scarring)

MUST NOT have a new and just developing rash.

MUST NOT be receiving chemotherapy

### Must haves if immunising a patient against Mpox

The patient

MUST be at risk (within 72hrs of being exposed)

Must have had the first immunisation 4 weeks prior (second immunisation due)

 If this is the case they must have evidence of their first injection on their immunisation record on the Australian immunisation record (AIR)

No other immunisations for 1 month (again ask to see their AIR immunisation record)

MUST get the second one in 4 weeks

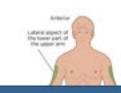
MUST be aware that it take 2 weeks to work

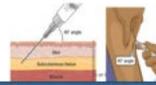
### FORM: must all be completed

Vaccination Administration Record				Office use only	
Vaccine Brand	Butch Number	Administration	Prognant Manufatory question (ph tick)	Duty settered to AIR	By Whos
	Allest soor term	Name (Print)	S Yes D No		Name (frost)
		Signature			Squature
	Vaccine Brand	Vaccine Brand Butch Number	Vaccine Brand Butch Number Administration  Assurt ster text  Sume (Print)	Veccine Brand Butch Number Administration Prognant Manufactory guestion gin Sell)  Anual son test Asset (Prott) 5 No.	Veccine brand Butch Number Administration Programs Mandatory solutions (Administration Symptom (pt (94)) to ARR  After toler test  figure (Print) D No.

### Must be given subcutaneous

Subcutaneous injection means the injection is given in the fatty tissue, just under the skin.







### VACCINE SUPPLY

If you are using the last vaccine the HCO 30622 will be able to get some more for you from the IPC immunisation room.

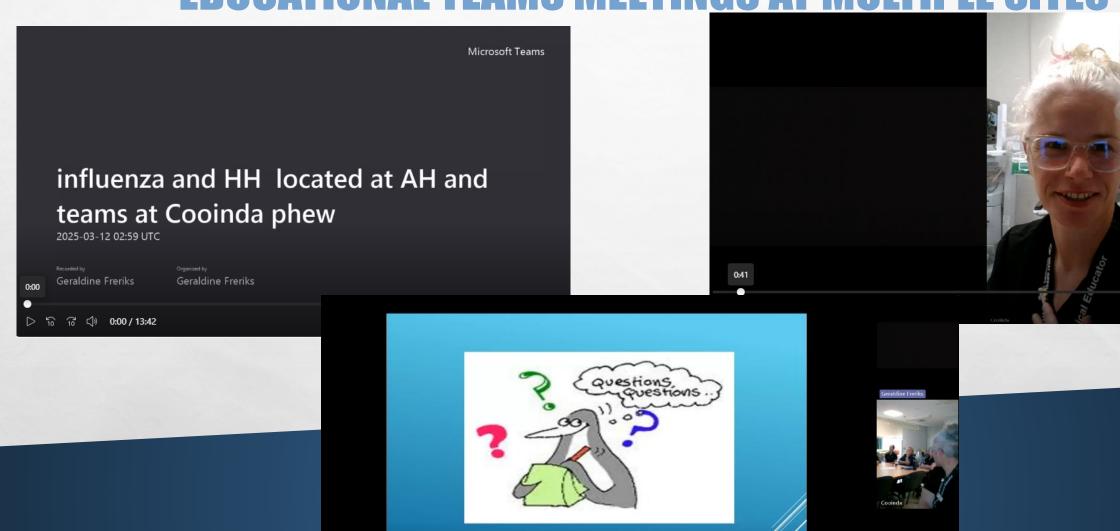
Thanks now you must complete the following QR code for education.



### EDUCATIONAL TEAMS MEETINGS AT MULTIPLE SITES

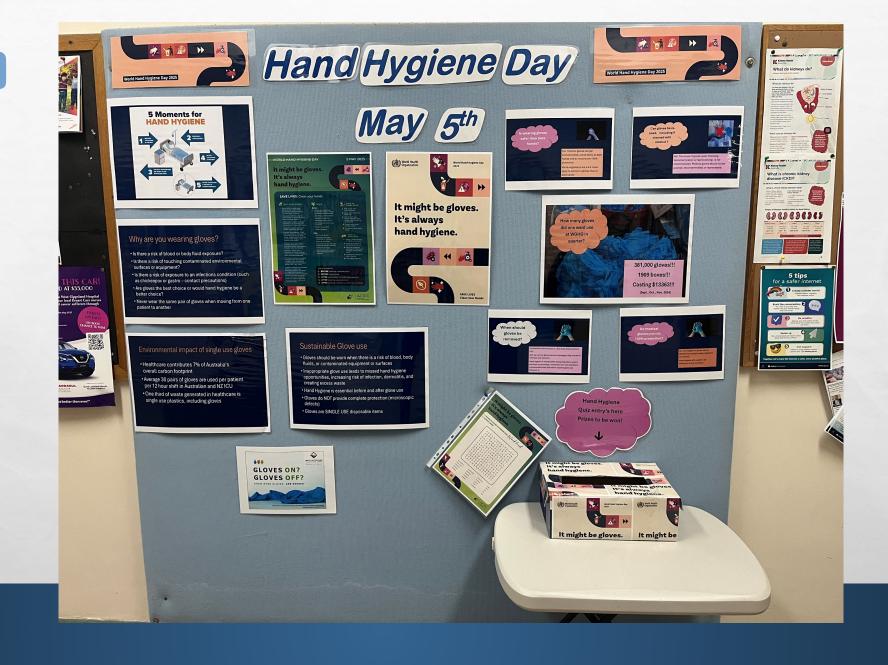
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13:16 / 13:42

### **BLUE BOARD**



# CASE-BASED LEARNING AND STORYTELLING



### Measles Alert

There have been 3 cases of local Victorian spread of Measles

Vaccination is available.

Please access free MMR vaccine at the immunisation clinic, if you are unsure of status, conditions apply.

### Could your patient have measles?





http://wghgintranet.it.wghg.com.au/nursingservices/infectioncontrol/Pages/Infection%20Control.aspx

### PIVC AUDIT MONTH

Resources

### SEE THE CURRENT BLUE BOARD

GLOVE REDUCTION PROGRAM IN MEDICAL WARD COMING IN MAY

### Antimicrobial Stewardship (AMS)



AMS is the ongoing effort to optimise antimicrobials use, enhancing patient outcomes & reducing costs and resistance. Antimicrobial resistance (AMR) is a major global threat, contributing directly to 4.95 million deaths.

Attendance at AMS meetings since we have altered the time have increased to approx, 8-10 people per session

Our list of patients being reviewed has reduced from approx. 13 to about 5 per session. Great work!

Come join us Monday and Thursday 2.45-3.15 in the Medical unit



Volume 2 Issue 1 Jan 2025



Our first IPC Graduate was a great success. Thanks for all your great work that you did with us Jackson. Jackson also won the Graduate of the vear award!



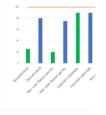
IPC conducts daily rounds (Monday -Friday) to guarantee

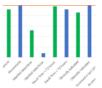
isolation of patients with suspected and confirmed multi-resistant organisms (MROs) and infections. We are always available for quick huddle information session on what is on the wards.

### Peripheral Intravenous Catheter (PIVC) Nov 2024 Audit Result Same Issues



Hospital wide PIVC audit results April and Nov 2024.







**NEWSLETTERS** 

### COVID-19 Update

COVID-19 continues to be the most notified infectious disease in Victoria.

Victoria is currently experiencing increased COVID-19 community transmission, which is resulting in an increase of people being hospitalised with COVID-19.

It is estimated that 5-10% of people with COVID go on to develop post-acute COVID symptoms and conditions.

Of the samples sent for genomic testing in Australia in the most recent reporting period, all sequences were assigned to the BA.2.86 sublineage within B.1.1.529 (Omicron) or recombinants of one or more Omicron sub-

In 2024 over 2,205 COVID-19 cases were notified in Gippsland.

Notified cases tend to have a seasonal pattern, peaking annually in the winter months.

However, previous years have shown that cases can also increase during Spring and Summer, from October to February.

102 COVID-19 outbreaks were investigated by GRPHU in 2024, mainly in aged care facilities. o This is a 20% increase in outbreaks compared to the annual total for 2023.



### Klebsiella IPC Fact

Did you know Klebsiella can last for up to 60 months on a surface, outside the body?

Our cleaning staff are essential in ensuring that these MRO do not spread. We often do not have the pathology results until after patients have left to go home. Keep this in mind. Patients with Klebsiella pneumonia in their urine should have their own bathroom which is not always feasible so let's keep those touch points clean.

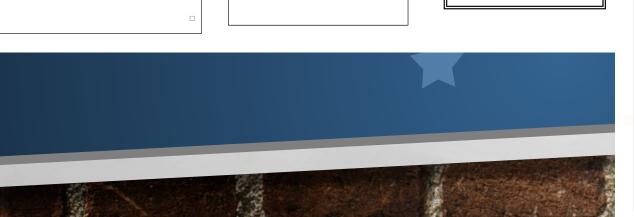


### RSV for pregnant women

A Respiratory Syncytial Virus Mother and Infant Protection Program (RSV- MIPP) will be available for pregnant women 28-36 weeks pregnant to prevent RSV associated lower respiratory tract disease from 3/2/2025

Respiratory syncytial virus (RSV) immunisation health.vic.gov.au

Respiratory syncytial virus (RSV) fact sheet



### **GLOVE USAGE FLUORESCENT TRACKING**













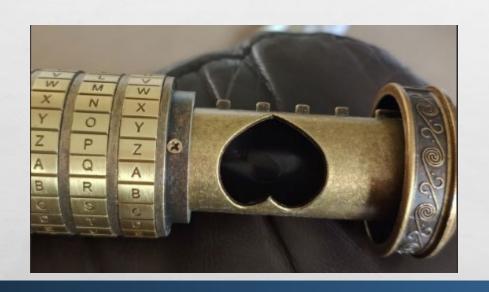


### Glove use

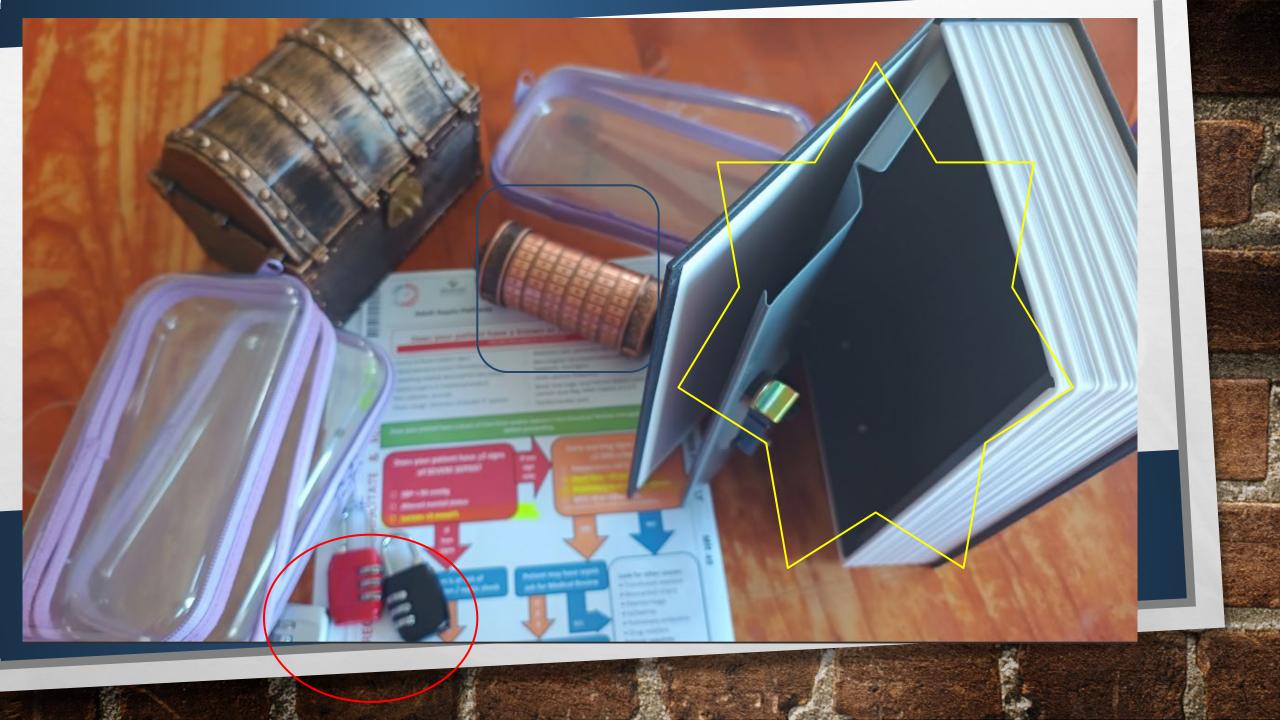
- Intact skin is a great barrier for preventing microorganisms entering our body
- Are the gloves in the box actually clean? Gloves sitting in open boxes are 8 times more likely to have MROs than bare hands
- Microorganisms are transferred onto hands during removal
- · Must be used when there is a risk of blood or body fluid
- Contact precautions for infectious diseases

# SIMULATION LABS AND ROLE-PLAYING

**ESCAPE ROOM AND ORIENTATION FUN FORMAT** 







# MENTORSHIP PROGRAMS

### Frequently Asked Questions

What infections can result from exposure?

. HIV, Hep B, Hep C, and other blood borne pathogens.

### Are there side effects to PEP?

· Most have no side effects. Some people get nausea, vomiting, headache, fatigue, rash.

### Do I need to inform others?

 This depends on the type and risk of exposure. Your healthcare provider can guide

Can you get HIV, Hep B or Hep C from casual contact? (hugging, kissing, sharing utentsils, food, bathroom, sneezing / coughing) • No

### How is HIV, Hep B or Hep C

· blood, semen, vaginal fluids, breast milk, rectal fluids

### For More Info;



www.hepatitisaustralia.com



sti.guidelines.org.au



mhahs.org.au



getpep.info



Non-Occupational ....
Blood Borne .... **Exposures** 

....

....



Date:	Contact Phone. No:						
☐ Blood taken for HIV ☐ Blood taken for Hep B & He ☐ Source able to be tested	ep C						
ADT required	Yes/No	Given	Yes/No				
Hep B Immunoglobulin required	Yes/No	Given	Yes/No				
Hep B Vaccine required	Yes/No	Given:	Yes/No				
HIV PEP required	Yes/No	Given:	Yes/No				
<ul> <li>Patient Informed to follow-up with GP at 3, 6, 12 months</li> <li>Patient provide with exposure pamphlet</li> </ul>							

..... Time: .....

o Checklist filed with patient notes

# **POST SESSION RESULTS**

What is your honest feeling now about todays infection prevention session?



# BREAKING THE MOULD: SMART, CREATIVE, AND EFFECTIVE ADULT EDUCATION

# QUESTIONS



