

Reimagining infection prevention with compassion – A positive legacy of COVID-19?

Jules Storr

A Webber Training Teleclass

Prologue. Reimagining infection prevention with compassion



A positive legacy of COVID-19?

Jules Storr

Twitter: @julesstorr @safesafersafest

▲ Colby Hubson, a nurse at Ascension Seton Hays in Texas, holds a sign that reads, "Just going to hold his hand for a while, I don't think he has long." Photograph: Ascension Seton Hays, Austin, Texas / Facebook

<https://www.theguardian.com/world/2020/jun/07/health-experts-on-the-psychological-cost-of-covid-19>

www.webbertraining.com

March 9, 2021

This story hasn't ended yet.

This talk addresses issues that will be close to many participants hearts, both personally and professionally. Some of the content may be upsetting.

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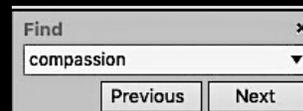
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THE WORLD BEFORE

2020

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Searching for compassion



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Reimagining infection prevention with compassion – A positive legacy of COVID-19?

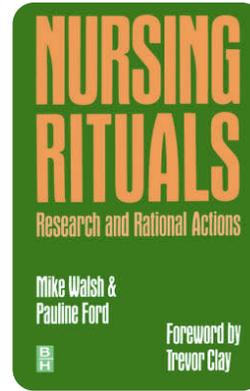
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SOME HISTORICAL CONTEXT

- Challenged practices based on myths & rituals

Walsh M, Ford P. Nursing Rituals, Research and Rational Actions. Oxford: Heinemann; 1989.



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SOME PERSONAL CONTEXT

Infection prevention & control applied from a holistic, rights-based perspective that takes account of dignity, ethics, humanity and justice.

Elliott P, Storr J, Jeanes A. Infection Prevention and Control: Perceptions and Perspectives 2016



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WITH THAT IN MIND...

- Nurses buckles
- Doctors ties
- Sleeve length
- Watches
- Flowers
- Sitting on beds



"The negative consequences, **not of microbes** but of the prevention and control mechanisms we employ, have surprisingly generated little debate in the academic literature over the years."

Elliott P, Storr J, Jeanes A. Infection Prevention and Control: Perceptions and Perspectives 2016

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HUMANITY & IPC...

"There seems to be something very strange going on. Is it all in the interests of being seen to be doing something very noticeable about the worrying levels of hospital based infections, however ineffective and otherwise disruptive."



"Patients consistently estimate that they have been given more time when the doctor sits down rather than stands"

Heath I. Do not sit on the bed. BMJ. 2010; 340: c1478.

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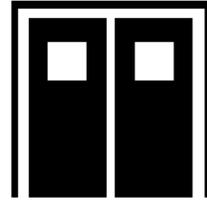
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HISTORY REPEATING ITSELF?

- De-implementation is a concern.
- [MRSA] - the infectious stigma of our time



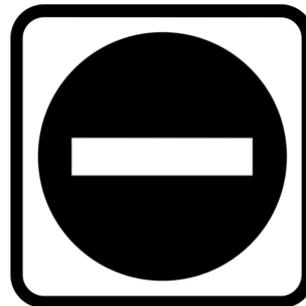
“Oh God, what are we doing?”

Braut GS, Holt J. Metcillin- resistant Staphylococcus aureus infection – the infectious stigma of our time? J Hosp Infect. 2011; 77(2): 148–52.

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IPC AS A MEANS OF CONTROL?

- “In some instances IPC has taken on a social role & become a means of control, or even a pointless exercise, rather than an evidence- based practice.”
- “The double iatrogenic effect”



Lilford R. Richard Lilford's Friday Blog: can well- minded infection control procedures be subverted? 2012 Dec 7. <https://richardlilfordsfriidayblog.wordpress.com/?s=infection+control>

Parker N. The Psychological Impact of Nosocomial Infection: a phenomenological investigation of patients' experiences of Clostridium difficile [dissertation]. Leicester: University of Leicester; 2011.

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Searching for compassion



“The financial and personal costs of these infections, in terms of the economic consequences to the NHS and the **physical, social and psychological costs to patients and their relatives**, have increased both government and public awareness of the risks associated with healthcare interventions, especially the risk of acquiring a new infection.”

Loveday HP, Wilson JA, Pratt RJ, Golsorkhi M, Tingle A, Bak A, Browne J, Prieto J, Wilcox M, UK Department of Health. epic3: national evidence-based guidelines for preventing healthcare-associated infections in NHS hospitals in England. J Hosp Infect. 2014 Jan;86 Suppl 1:S1-70. doi: 10.1016/S0195-6701(13)60012-2. PMID: 24330862; PMCID: PMC7114876.

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INTERNATIONAL IPC GUIDELINES

- Issued in 2016
- Based on best available evidence
- Supported by implementation resources
- Implementation resources highlight



Storr J, Twyman A, Zingg W, Damani N, Kilpatrick C, Reilly J, Price L, Egger M, Grayson ML, Kelley E, Allegranzi B; WHO Guidelines Development Group (2017) Core components for effective infection prevention and control programmes: new WHO evidence-based recommendations. Antimicrobial Resistance and Infection Control (2017) 6:6

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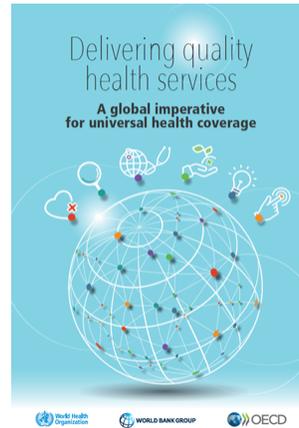
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CARE, COMPASSION & RESPECT

“People centredness is the doorway to all qualities. Indeed the common thread of success stories [detailed later in this document] is putting patients needs and values front and centre. This means caring with compassion and respect.”



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THEN THIS HAPPENED.
COVID-19

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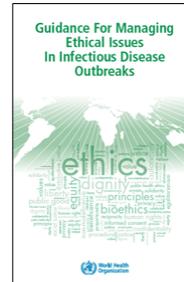
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RESTRICTIONS: A MATTER OF PUBLIC HEALTH (IPC) & ETHICS.....

“Establish clear visiting policies that provide balance between IPC measures & the need for people to maintain their psychological well-being (enable residents to have visitors while minimizing the risk of COVID-19) ”

WHO (2016) Guidance for managing ethical issues in infectious disease outbreaks. World Health Organization. <https://apps.who.int/iris/handle/10665/250580>

WHO (2020) Preventing and managing COVID-19 across long-term care services: Policy brief https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy_Brief-Long-term_Care-2020.1

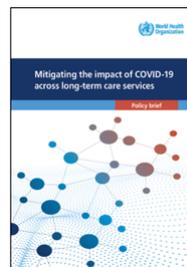


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RESTRICTIONS: A MATTER OF TRUST...

“Another concern is that family member visits have stopped at a time when many countries have suspended inspections. Families may be concerned about the quality of care the residents are receiving, and not being allowed to visit may exacerbate their fears. Ensuring safe visiting is increasingly recognized as a key step in rebuilding trust in long-term care facilities.”

WHO (2020) Preventing and managing COVID-19 across long-term care services: Policy brief https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy_Brief-Long-term_Care-2020.1



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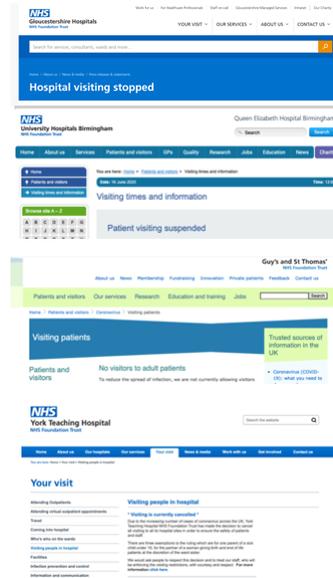
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NATIONAL SUSPENSION ON ALL VISITS

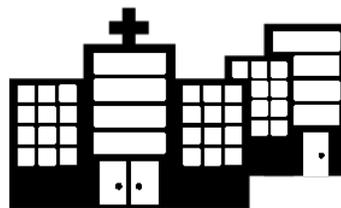
- Initial guidance suspended general visiting whilst continuing to support compassionate visiting when needed, for example at the end of life.
- Updated guidance emphasised “discretion” for hospitals to define visiting arrangements.



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LOCAL DISCRETION.....

- “On arrival to any ward or departments, any of the **acceptable visitors** should immediately wash their hands and report to a senior sister or charge nurse. Visitors must also wash their hands or use the hand gel when they leave the wards.”



“we will try our best to accommodate them wherever possible”

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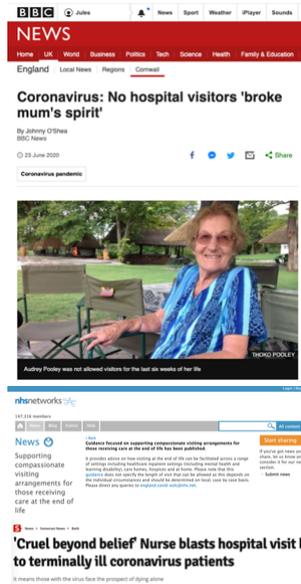
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EMERGING DISCOURSE.....

“..treat staff who are enforcing the visiting restrictions with courtesy & respect.”



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BLANKET BANS START TO LIFT.....

Social media was telling me that certainly in the care home/social care sector there continued to be some rather worrisome things going on.....



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THIS IS WHAT HAPPENED NEXT...

- At 8.05pm on 4 October 2020 this tweet was issued.
- It seemed to hit a nerve.
- What happened next was interesting.



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IPC CAN ENABLE SAFE COMPASSIONATE CARE.....

“We fully appreciate the seriousness of the disease, the risks it presents and the utmost importance of IPC & public health measures to prevent its spread and protect people, especially those most vulnerable. We know, however, from a scientific perspective that it is possible to both protect people from infectious disease through IPC while enabling safe, compassionate, human interaction, including physical contact between loved ones.”

EXCLUSIVE
Exclusive: Infection control experts issue open letter on care home visiting



OPEN LETTER
Open letter: Infection prevention and control should never be at the expense of compassionate care

RESTRICTIONS
Restrictions are being imposed in relation to Covid-19 across too many nursing, care and residential homes in the UK and beyond, in the name of infection prevention and control.

AS EXPERTS
As experts in this field, and together with interested and concerned individuals and organisations, here we summarise why infection prevention and control should be an enabler not a barrier to safe, compassionate human interaction in nursing, care and residential homes.

<https://www.nursingtimes.net/opinion/open-letter-infection-prevention-and-control-should-never-be-at-the-expense-of-compassionate-care-16-10-2020/>

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1. The “rules” of IPC do not and should not prevent family members and close friends of residents entering a home, even during lockdown. The use of infection prevention and control as a rationale for prohibiting safe entry to homes is a misinterpretation and at times even an abuse of infection prevention and control principles;
2. IPC should instead be used as an enabler and supporter of safe entry to homes. If masks, hand hygiene, appropriate use of other personal protective equipment and a hygienic environment are promoted as a protection in all settings, these measures can protect vulnerable residents in homes, when applied properly;
3. The longer the current situation prevails, the more likely it is to become routinized and de-implementation could become a concern in the future. Already we are hearing, for example, that some homes are considering outdoor heaters to support outdoor ‘visits’ by families in winter and the use of video call technology is becoming an unacceptable ‘norm’. This is not the answer; these are peoples’ own homes, often at the later stages of their lives;
4. IPC and compassionate care are not mutually exclusive. The restrictions or bans must be lifted and not just for immediate end of life situations. Families provide (unpaid) care too – all infection prevention and control recommendations for paid carers can be applied to others;
5. In summary, IPC should be applied as a force for good.

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SIX TARGETED ACTIONS

1. Nursing, care and residential homes
2. Government, local authorities/public health departments
3. Infection prevention and control community:
4. Healthcare leaders
5. Families
6. Campaigning groups.



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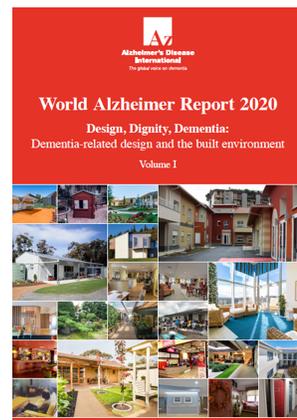
BRIEF SPOTLIGHT ON IMPACT

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WORLD ALZHEIMERS REPORT 2020

“Restrictions imposed to minimise the risk of harm to residents resulting from COVID-19 have accelerated physical and cognitive declines and/or indirectly contributed to the deaths of some residents.”

<https://www.alzint.org/resource/world-alzheimer-report-2020/>



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"I try and talk to him on the phone everyday but it's getting harder as he seems to be withdrawing and getting quite irritated as he wants me to visit him indoors, says I don't love him. **Before COVID I would visit 6 days a week and stay nearly all day giving him his meals washing hair cutting fingernails etc as he doesn't like other people doing this so he tells them to go away and leave him alone...** I'm really worried that if we are still not allowed in what's going to happen to him!!! I'm so desperate to go in and visit him.....please help !!!!"

Anon email correspondence from the wife of a care home resident

"I cant turn back the clock. I cant say we have a re-run and let me see him. I just wanted to tell him we loved him and we didn't just leave him there to die on his own."

Social media post from a care home family member

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"I feel like you don't understand the impact of this on relatives. That's my mum in there. I looked after her intensively for 5 years at home until I couldn't do it any more, and the only way I could accept she had to come in to care was to be able to continue in my caring role. I am her memory, her voice and comfort. I need to see her before it's too late and she needs to see me. People with dementia have rights."

"It feels like we have gone back over 50 years...the horror of one way floor to ceiling screens being encouraged by government for those with poor sight, poor hearing, mobility issues and perceptual problems and garden visits in winter for frail elderly visitors and residents is abhorrent, dehumanising and completely devoid of compassion."

Nancy Gillespie RGN RMN BSc Professional Health Studies, former care home nurse with a mum in care

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EMERGING RESEARCH

“In summary, stringent infection control policies during the pandemic ushered in changes to end-of-life care for hospitalized patients, their relatives, and clinicians—many counter to whole-person palliation and patient and family-centered care—causing both direct and indirect Suffering”

Annals of Internal Medicine

ORIGINAL RESEARCH

Clinician Perspectives on Caring for Dying Patients During the Pandemic

A Mixed-Methods Study

Deborah J. Cook, MD, MSc; Alyson Takaoka, MSc; Neela Hoad, MN; Marilyn Iselin, MSc; Frances J. Clarke, BSc; Jill C. Sulmasy, MD; Steven Green, MSc; Mike Ross, MD; Paula Tardif, MD; Brittany B. Doran, MEd; PhD; Kristin Fackel, PhD; and Meredith Vandoren, PhD

Background: The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic has affected the hospital experience for patients, visitors, and staff.

Objective: To understand clinician perspectives on adaptations to end-of-life care for dying patients and their families during the pandemic.

Design: Mixed methods embedded study (ClinicalTrials.gov NCT0465220)

Setting: 3 acute care medical units in a tertiary care hospital from 16 March to 1 July 2020

Participants: 45 dying patients, 45 family members, and 45 clinicians

Interventions: During the pandemic, clinicians continued an existing practice of collating personal information about dying patients and “what matters most,” eliciting wishes, and implementing acts of compassion.

Measurements and Main Results: From semistructured clinician interviews that were summarized with representative quotations

and personal protective equipment, with attendant practical and psychological consequences. During hospitalization, family visits inside visiting the patient's room were curtailed for 36 patients (80%), 13 patients (28%) had virtual visits with a relative or friend. At the time of death, 20 patients (44%) had a family member at the bedside. Clinicians endeavored to prevent unanticipated deaths by adjusting advance directives to “fill the gap” of absent family and by initiating new and established ways to connect patients and visitors.

Limitation: Absence of clinician symptom or wellness metrics a major study design.

Conclusion: Clinicians expressed their humanity through several intentional practices to preserve personalized, compassionate end-of-life care for dying hospitalized patients during the SARS-CoV-2 pandemic.

Primary Funding Sources: Canadian Institutes of Health Research and Canadian Critical Care Trials Group Research Coordinator Fund.

Ann Intern Med. doi:10.7326/M20-6943

Annals.org

Cook DJ, Takaoka A, Hoad N, et al. Clinician Perspectives on Caring for Dying Patients During the Pandemic : A Mixed-Methods Study [published online ahead of print, 2020 Dec 8]. *Ann Intern Med.* 2020;M20-6943. doi:10.7326/M20-6943
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7747669/pdf/aim-01f-M206943.pdf>

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“We were able to turn the bed toward the window. The sisters were able to see each other and mouth ‘I love you’ and blow kisses through the window, but honestly, it was probably one of the most gut wrenching things I've ever had to watch—just that horrid separation.” (Physician)

“He wanted us to thank his dad for everything he had done over the years. Not only do you say the words, but you also have to recognize that this is, like, the last thing that somebody's son is saying to them before the end of their life. So you have to try and relay the full gravity of the message and the emotions the way it was supposed to be said, essentially”. (Resident)

“You're completely gowned up, your face is covered, you're using a face shield and a mask . . . And you have gloves. I don't know how a patient looks at this nurse or doctor or social worker and sees a person in them. They cannot even see the face, whether they are smiling or they're reacting. [These] are exceptionally challenging situations, and patients are really feeling that”. (Social worker)

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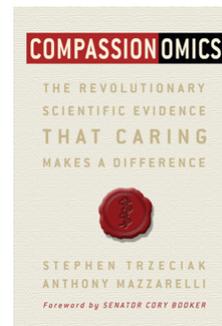
COMPASSIONOMICS

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40 SECONDS OF COMPASSION CAN SAVE A LIFE

“A 34-year-old man fighting for his life in the Intensive Care Unit is on an artificial respirator for over a month. Could it be that his chance of getting off the respirator is not how much his nurses know, but rather how much they care?”

<https://www.compassionomics.com/>



@StephenTrzeciak
@ajmazzaelli

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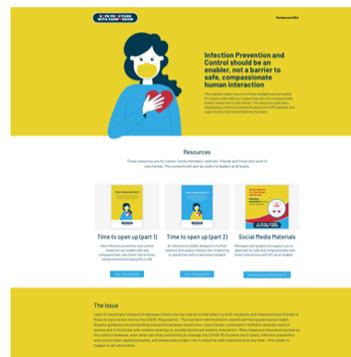
COLLABORATIONS

enablesafecare.org

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BUILDING A BANK OF RESOURCES

A new website makes the resources freely available and accessible for anyone undertaking or supporting safe and compassionate human interaction in care homes.



enablesafecare.org

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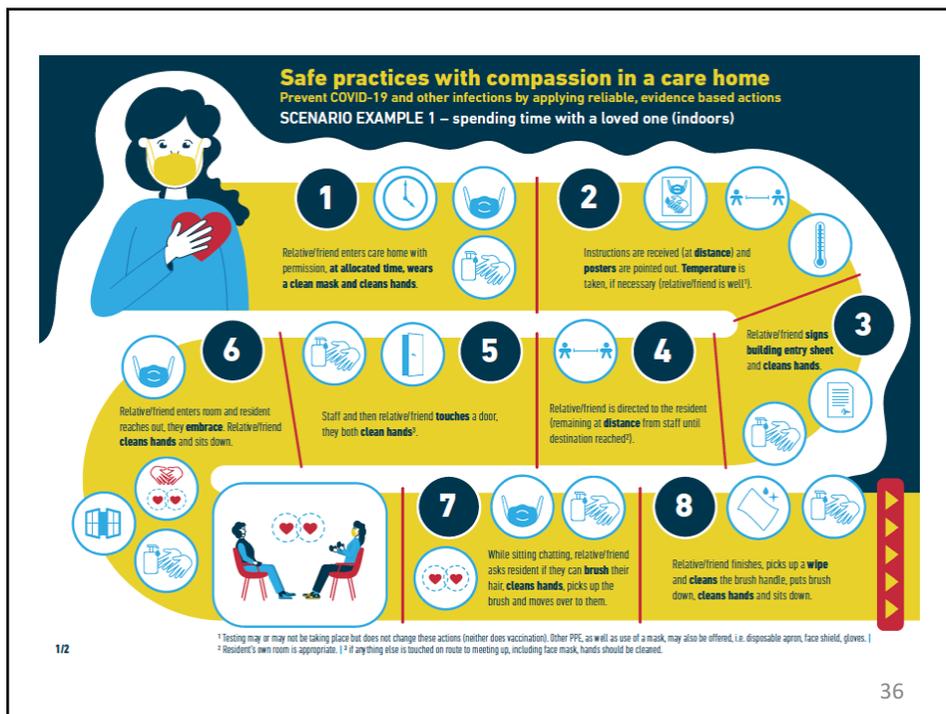
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TIME TO OPEN UP (PART 1)

- A step by step approach for common scenarios to help make sense of IPC measures, as opposed to a list of “do’s” and “don’ts” that often have no meaning in people’s busy day to day lives
- Focus on broad IPC principles common across all situations, that when applied, will prevent COVID-19 and enable safe, compassionate interactions.



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SCENARIO EXAMPLE 1 – Spending time with a loved one indoors

(A single session, direct interaction with one resident)

A written outline of IPC measures in practice, to complement visual illustration

	Activity – What and When	KEY IPC ACTIONS and Why
1	Relative/friend enters care home with permission, at allocated time, wears a clean mask and cleans hands	Wears mask, cleans hands before touching any items in the care home (and after having touched items outside of the care home). To protect everyone against any harmful germs carried on your hands (by removing them through cleaning hands) and from any potentially harmful particles in secretions coming from the nose or mouth (by wearing a mask).
2	Instructions are received (at distance) and posters are pointed out. Temperature is taken, if necessary (relative/friend is well (1))	Keeps distance of 2 metres from staff, wears mask. To protect everyone from any potentially harmful particles in secretions coming from the nose or mouth (by wearing a mask and keeping distance).
3	Relative/friend signs building entry sheet and cleans hands	Wears mask, keeps distance and cleans hands immediately after touching something (and before going on to touch anything else). To protect everyone against any harmful germs carried on your hands (by removing them through cleaning hands) and from any potentially harmful particles in secretions coming from the nose or mouth (by wearing a mask).
4	Relative/friend is directed to the resident (remaining at distance from staff until destination reached (2))	Keeps distance, wears mask. To protect everyone from any potentially harmful particles in secretions coming from the nose or mouth (by wearing a mask and keeping distance).
5	Staff and then relative/friend touches a door, they both clean hands (3)	Wears mask, cleans hands immediately after touching a communal item. To protect everyone against any harmful germs carried on your hands (by removing them through cleaning hands) and from any potentially harmful particles in secretions coming from the nose or mouth (by wearing a mask).

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TIME TO OPEN UP (PART 2)

- Highlights the IPC measures and explains their rationale



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SOCIAL MEDIA GRAPHICS



enablesafecare.org

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This story hasn't ended yet.

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& SO THE NARRATIVE STARTS TO SHIFT...

"It is generally recognized..that visits by family members or next of kin are essential for the well-being of residents, and contribute significantly to residents' care by providing social interaction, engagement and activities.. lessons learned.. and emerging evidence have shown that cessation of visiting has had a significantly negative impact on the well-being of both LTCF residents and their families, along with mental health consequences."

"Compassion - central to the delivery of quality care"

Infection prevention and control guidance for long-term care facilities in the context of COVID-19

Interim guidance
8 January 2021



The document is an update of the guidance published on 23 March 2020 and includes new evidence and practices, including the following:

- updated advice on published evidence on the epidemiology and extent of SARS-CoV-2 infection among residents and staff in long-term care facilities (LTCFs);
- the effectiveness of infection prevention and control (IPC) measures in preventing SARS-CoV-2 transmission in LTCFs;
- the impact of IPC practices on mental and physical health and well-being of older people, and the particular needs and wishes of other stakeholders in long-term care facilities;
- updated advice to IPC practitioners to prevent the spread of SARS-CoV-2 and to protect health, safety and engagement of residents with respect to non-pharmaceutical interventions (NPIs);
- advice on the duration of and timing of SARS-CoV-2 testing practices and staff in LTCFs;
- additional considerations on maintaining the mental and physical health impacts of residents and IPC practitioners implemented in the context of COVID-19.

Key points

- LTCFs are high-risk settings for transmission of COVID-19 and serious outcomes and staff. Residents of long-term care are at a higher risk of developing severe disease and death because they tend to be older and have underlying conditions. Staff in LTCFs are also at high risk of infection. Early detection of COVID-19, adequate IPC measures and adherence to infection, isolation and control, and consistent implementation of appropriate IPC measures are essential to maintaining the health and safety of residents and staff in LTCFs.
- IPC measures may affect the mental and physical health and consequently the well-being of residents and staff. It is important to take the needs of residents and staff into account when implementing IPC measures. This requires a person-centred, holistic approach to infection prevention and control, taking into account the needs of residents, visitors and staff (see annex 1).

In the context of the COVID-19 pandemic, the following additional practices and procedures should be applied in LTCFs, in compliance of broader SARS-CoV-2 infection prevention and control guidance and in addition to the following:

- ensure the continuity of a IPC programme and team in a long-term care facility and ensure that IPC staff are trained and equipped to deliver IPC measures;
- implement a risk assessment of long-term care facilities, the structure, appropriate to the facility and the local epidemiology and health system, to identify and address gaps in IPC measures;
- in case of a suspected or confirmed case of COVID-19, implement a rapid response plan for all health system (HLS) components, other programmes, visitors, services, staff and residents;
- in case with known or suspected sporadic transmission of COVID-19, implement targeted measures including for staff in shared areas;
- ensure physical distancing in LTCFs;
- increase isolation and staff to address and monitor the transmission of COVID-19;
- implement IPC policies for visitors in LTCFs;
- ensure adequate staffing levels and staff requirements, appropriate working hours and protective measures for non-essential staff.

The following practices are critical to reduce the risk of COVID-19 in LTCFs:

- ensure staff detection of SARS-CoV-2 infection using RT-qPCR through routine surveillance and/or targeted testing using self-assessment;
- ensure adequate implementation of hygiene and infection control measures using IPC;
- avoid contact with staff and residents with a positive case of SARS-CoV-2 in identified in a residential or non-residential care facility;
- use isolation in LTCFs in areas with community or close contact with LTCFs as residents or staff members in the LTCF in areas with community or close contact with LTCFs as residents or staff members.

When a resident is identified as a suspected or confirmed COVID-19 case, the following IPC practices should be implemented:

- implement visitor, staff and self-isolation practices (where applicable) using one of the affected residents;

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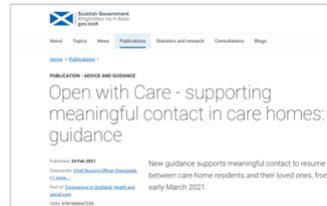
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SOME PROGRESS, BUT.....

- “Visitors to be **allowed** to hold hands, with tests required before entry and PPE to be worn on site... Outdoor, pod and screen visits will be able to continue in line with the published guidance. Hand-holding is allowed but named visitors will be asked to avoid any closer contact.” (Eng)
- [Rights based]. “Whilst it is important that.. visiting policies take account of the evolving evidence about the harm posed from the virus, these need to be carefully balanced with the evidence about the positive impact on health & wellbeing from seeing family & loved ones... considering what is **necessary, justified and proportionate.**” (Scot)



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INDEPENDENT

Coronavirus: Care homes building sealed-glass pods for safe face to face visits

"Covid-19 isn't going away so we had to come up with long-term solution," says one director

Colin Drury Sheffield | @colin_drury | Saturday 07 November 2020 19:39 | comments



Visiting pod at Vicarage Court residential home in Featherstone, West Yorkshire (56)

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Una mujer abrazando a su padre en una residencia de ancianos de Brasil. SEBASTIAO MOREIRA | EFE

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VOICES SPORT CULTURE **INDY/LIFE** INDYBEST INDY100 LONG READS VOUCHERS PREMIUM

A resident (left) of the Domenico Sartor nursing home in Casierfranco Veneto, near Venice, hugs her visiting daughter. (Photo by [PIERO CRUCIATI/AP](#) via Getty Images)

ITALIAN CARE HOME INSTALLS PLASTIC CURTAINS FOR RESIDENTS TO CUDDLE LOVED ONES

Joanna Whitehead | @MsWhitehead100 | Friday 13 November 2020 11:17 | comments

IT'S AN INFLATABLE ROOM WITH PLASTIC SCREENS INSIDE TO AVOID RISK OF TRANSMISSION

The first time was very emotional because for over seven months I couldn't hug them I could only see them. My mother wants me to come to her but she couldn't understand that there is this barrier between us.

Care Home Visitor

11 93 249 46

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REFOCUS ON OUR ROLE AS INFLUENCERS

- “to be passionate, advocative and persuasive about IPC” (behaviours).
- For IPC professionals, these skills and knowledge are essential, given their role in **influencing changes in practice and outcomes associated with patients, families, and HWs’ safety and quality of care.**



World Health Organization. (2020). Core competencies for infection prevention and control professionals. World Health Organization. <https://apps.who.int/iris/handle/10665/335821>.

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KEEP THE ISSUE & THE STORY ALIVE

“Our intention ..is to intensify the spotlight on this matter and in particular on the need for IPC experts in all countries to redress what we believe to be an imbalance in focus between the technical, practical measures, which naturally need to be employed to keep everyone safe, and the urgent need to ensure measures always takes place in a compassionate milieu.”



Storr J, Kilpatrick C, Vassallo A. Safe infection prevention and control practices with compassion - A positive legacy of COVID-19. *Am J Infect Control*. 2021;49(3):407-408. doi:10.1016/j.ajic.2020.12.016 <https://authors.elsevier.com/a/1ceIeijYWqI7>

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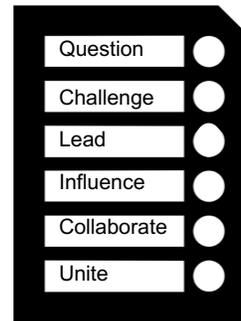
Reimagining infection prevention with compassion – A positive legacy of COVID-19?

Jules Storr

A Webber Training Teleclass

WHAT CAN & SHOULD HAPPEN NEXT?

1. **Leadership & influence** - IPC leadership & influence needs strengthening so that we influence policy makers, regulators, the media, the public much much better.
2. **Compassion-informed IPC** – build a new movement - use the stories from this period so that not a single persons story is in vain.
3. **Communication** – strengthen proportionate risk communication – relook at and learn from AIDS and Ebola.



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TO BE CONTINUED.....

- Infection Prevention 2021- the annual conference of the IPS
- **Compassion and IPC in the 2020s: time for a hard reset**



<https://www.ips.uk.net/post/events/infection-prevention-2021-2>

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Hosted by Martin Kiernan
www.webbertraining.com

This story hasn't ended yet.

We as infection preventionists & those interested in this specialty have a an opportunity to influence what happens next in the story. To continue to shift thinking and action towards a more proportionate, compassionate type of IPC.

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Thank you.

- All of the letter signatories & all the IPC and other colleagues who contacted me to offer support post-publication;
- All of the individuals who shared their stories post-publication;
- Nursing Times for amplifying the message, by hosting the letter;
- The campaigning groups who continue to lobby for safe practices with compassion, especially Care Home Relatives Scotland for reaching out; Johns Campaign & Rights for Residents;
- Shams Syed, Matthew Neilson, Nana Mensa Abrampah, Melissa Bingham & the WHO Quality Team for pushing the compassion agenda in global health;
- Annette Jeanes & Paul Elliott for the book collaboration.

@julesstorr @safesafersafest

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Special thanks to the Nursing Times letter signatories

Lise Andersen, infection prevention and control expert

Anna Anobile, community infection prevention and control team leader, Bolton

Paul Bolton, infection prevention and control expert

Sally Brown, parent carer of a young person with a learning disability and autism in residential care

Richard Catlin, infection prevention and control lead for Bolton NHS Foundation Trust and Bolton Council

Belinda Caslake, infection prevention and control expert, South West Branch Co-ordinator IPS

Pat Cattini, President, Infection Prevention Society (IPS)

Claire Chadwick, Nurse Consultant /Assistant Director Infection Prevention and Control

Louise Dalby, concerned individual

Dr Ron Daniels, CEO UK Sepsis Trust

Rosie Dixon, concerned individual

Louisa Forbes, Care Home Programme Manager, prior infection prevention and control specialist nurse

Janine Goss, concerned individual

Andrew Grainger, concerned individual

Carole Hallam, infection prevention and control expert

Jo Hart, concerned individual and health psychologist

Helen Hughes, Chief Executive, Patient Safety Learning

Clare Johnstone, infection prevention and control expert

Martin Kiernan, Past President, IPS

Claire Kilpatrick, RN, PGDiplCN, MSc, infection prevention and control expert

Rachel Lindley, General Practitioner

Heather Loveday, Past President, IPS

Matt Mason, RN, CICP-E, Lecturer in Nursing, University of the Sunshine Coast

Elaine Maxwell, Content Lead, National Institute for Health Research, Centre for Engagement and Dissemination

Vanessa McGrath Morris, specialist nurse infection prevention and control

Jacki O'Neill, concerned relative (daughter) of a care home resident

Vicki Parkin, infection prevention and control expert

Jude Robinson, infection prevention and control expert, IPS

Jules Storr, Past President, IPS

Mike Sullivan, concerned individual and UK sales manager for SARAYA Europe

Gary Thirkell, infection prevention and control expert and honorary member IPS

Neil Wigglesworth, Past President IPS

Helen Wilcox, concerned individual

Jennie Wilson, Incoming President, IPS

Peta-Anne Zimmerman, infection prevention and control expert

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Additional links of interest

News stories featured

Somerset live Cruel beyond belief story: <https://www.somersetlive.co.uk/news/somerset-news/cruel-beyond-belief-nurse-blasts-4009081>

New York Times: A heart wrenching thing story <https://www.nytimes.com/2020/03/29/health/coronavirus-hospital-visit-ban.html>

Independent pod story: <https://www.independent.co.uk/news/uk/home-news/coronavirus-care-home-pods-uk-covid-b1669523.html>

La Voz news story on visit bans: <https://www.lavozdeasturias.es/noticia/asturias/2020/12/27/usuarios-defensa-sanidaddenuncian-prohibicion-visitas-residencias/00031609091112865710659.htm>

Independent Italian care homes install plastic curtains story <https://www.independent.co.uk/life-style/health-and-families/care-home-residents-pensioners-covid-social-distancing-b1722314.html>

Amnesty International story on Italian inflatable pods <https://twitter.com/amnestyusa/status/1358241823362142209>

Podcasts/blogs

Freakonomics podcast. How Do You Cure a Compassion Crisis? (Ep. 444)

<https://freakonomics.com/podcast/compassionomics/>

Carol Munt: Stop the harsh blanket ban on visitors in hospitals and care homes BMJ September 3, 2020

<https://blogs.bmj.com/bmj/2020/09/03/carol-munt-stop-the-harsh-blanket-ban-on-visitors-in-hospitals-and-care-homes/>

International guidance on COVID-19

WHO infection Prevention and Control and WASH technical guidance

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance-publications>

The Taskforce for Global Health - Focus Area for Compassion and Ethics

<https://taskforce.org/face#:~:text=The%20Focus%20Area%20for%20Compassion,to%2Dday%20decision%2Dmaking.>

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www.webbertraining.com/schedulep1.php	
March 11, 2021	HEATER-COOLERS: MYCOBACTERIAL INTRODUCTION, BEHAVIOR AND DISINFECTION Speaker: Prof. Joseph O. Falkinham, III , Department of Biological Sciences, Virginia Tech
March 25, 2021	SAFETY IN THE MEDICAL DEVICE REPROCESSING DEPARTMENT Speaker: Merlee Steele-Rodway , Reg. Nurse Educator/Consultant, Canada
April 8, 2021	HEALTHCARE WATER & SANITARY SERVICES - THE PRICE OF POOR DESIGN, CONSTRUCTION, USAGE AND MAINTENANCE Speaker: Dr. Michael Weinbren , Sherwood Forest Hospitals NHS Foundation Trust, UK
April 15, 2021	<i>(FREE Teleclass)</i> THE GLOBAL VIRUS NETWORK IN THE COVID-19 ERA Speaker: Prof. Christian Bréchet , Initiative on Microbiomes, University of South Florida
April 21, 2021	<i>(South Pacific Teleclass)</i> PREVENTING INFECTION TRANSMISSION IN THE WORKPLACE Speaker: Crystal Polson , University of Melbourne, Australia
April 27, 2021	<i>(FREE European Teleclass ... Denver Russell Memorial Teleclass Lecture)</i> HYGIENE BEHAVIOUR IN OUR HOMES AND EVERYDAY LIVES TO MEET 21ST CENTURY NEEDS

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who.int/infection-prevention/en

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