

Welcome

to the 10th RESIST newsletter from the Antimicrobial Resistance and Infection Control Division of HPSC (AMRIC). In this edition we focus on the vaccine rollout, the new PPS study and the new PVC/CVC pilot programme. We have lots of updates on antimicrobial resistance and new staff who have started work in IPC and AMS roles. Thanks for your comments and inputs, if you have any suggestions on content or want further information please contact us on hcai.amrteam@hse.ie

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Dr. Colm Henry, HSE Chief Clinical Officer

I want to thank everyone who has played their part in making the COVID-19 vaccine roll out to healthcare workers a big success. This programme began in the most difficult of circumstances at the end of December when we saw multiple outbreaks in healthcare settings with many patients and colleagues affected. The work of our vaccination teams in hospitals and community was truly heroic.

We can see for ourselves how things have changed since January in terms of the reduction in the number of our colleagues, patients and services users who are contracting COVID-19. This very good news but we do still need to be careful. Please remember that the vaccine is excellent at protecting people but no vaccine is perfect, so even after you are fully vaccinated you need keep your guard up.

In particular, the good work you all do with infection prevention and control precautions helps to keep everybody safe. Remember that in many cases healthcare workers who get infected after getting the vaccine get very mild symptoms. This means you do need to stay off work and get tested if you have symptoms even after you are vaccinated.



Please encourage and support any of our colleagues, patients and service users who have not yet taken the vaccine to get vaccinated as soon as possible. It may help them to talk to you if they have questions or concerns.

Our age based vaccine programme is moving at pace in large vaccine centres, GP clinics and pharmacies. We anticipate that we will reach all adults with vaccination by the end of September. An additional vaccine option has been added for people age 18 – 34 who can opt for a viral vector vaccine earlier than they may receive a mRNA vaccine (view the [information video](#)).

I know that the recent cyberattack could not have come at a worse time just as we were recovering from the most severe surge of COVID-19. But once again you demonstrated remarkable resilience and professionalism in keeping the show on the road: you introduced workarounds in laboratories, wards, offices, pharmacies - the whole system - to manage the services as safely as possible. I want to acknowledge our IT colleagues from HSE and from other agencies and providers who worked night and day to get things working again as quickly as possible. I know many of you went above and beyond to try to get our systems repaired and to work in different ways to keep patients and services users as safe as we could. Thank you for that extraordinary effort.

Míle buíochas d'achan dhuine

GRMA

For COVID-19 vaccine queries, please visit <https://www.hse.ie/covid19vaccine> or contact HSELive <https://www.hse.ie/eng/hselive/>



Dr. Colm Henry, HSE Chief Clinical Officer

AMRIC webinars

The AMRIC team series of infection prevention and control webinars have restarted following the recent cyber attack. The first of the webinars (9th July) focused on Residential Care Facilities, followed by Guidance updates for Healthcare Staff Undertaking Home Care Visits and Community Outpatient Services on July 16th. We will continue to rollout education webinars over the summer. For a full list of webinars since February 2020 please click [here](#).

These webinars are to support colleagues who are providing care or managing care for people during this COVID-19 pandemic. The webinars provide guidance and information to staff across the system. The webinars are backed up by guidance documents at www.hpsc.ie. Look out for the registration information on the weekly Staff broadcast for events and training or on the HPSC twitter account @hpscireland.

Vaccine options for 18 - 34

The National Immunisation Advisory Committee, NIAC, recommend an mRNA vaccine for people aged less than 50 years. However NIAC recently updated their advice to say that it is OK to offer viral vector vaccines to people aged less than 50. People aged 18-34 years can now get a viral vector vaccine if they chose to do so.

This option offers people an opportunity to get vaccinated earlier than waiting for the mRNA vaccine at a time when there is an increasing number of cases of COVID-19 caused by the new Delta variant. Please see the information [video](#) from Dr. Colm Henry, HSE Chief Clinical Officer and check out the [online leaflet](#) to get the facts and further information.

The HSE AMRIC has issued [new guidance](#): Normalising Visiting in Long Term Residential Care Facilities (LTRCFs). This guidance came into effect on 19 July.

The new guidance advises that:

- Return to more normal visiting by specifying that there is no need for an appointment for every visit and there is no need to limit visitors to a pre-specified list of people but visiting should be managed for IPC purposes. Visitors might need to make an appointment at certain busy times.
- Previous guidance referred to routine indoor visiting with a maximum of 4 visits per week by 2 people in a setting of high vaccine uptake. In the new guidance this is a minimum level and there is no maximum level although visiting does need to be managed safely as per the guidance.
- There are less restrictions on trips or visits outside of the LTRCF – broadly speaking vaccinated residents will be advised to adhere to general public health guidance when outside the LTRCF



Residents have more normal visiting in place from the 19th July

Visiting arrangements in nursing homes should continue to take account of general public health advice and the necessary infection prevention and control measures, to reduce the risk of introduction and spread of COVID-19 and protect those living in our communities. This is particularly important in the context of the increasing prevalence of the more transmissible Delta variant. This new variant poses a significant risk, in particular to those who are not yet fully protected through vaccination.

Visitors are reminded of their responsibilities with regard to self-checks for COVID-19 in advance of visits, infection and prevention control and social interaction with all individuals, while in the nursing home. Visitors can help to keep visiting safe for everyone by getting vaccinated as soon as vaccine is offered to them.



Keep up to date with guidance and new advice on www.hpsc.ie

What can you do and what can the HSE do to make intravenous catheter use safer?

Thanks to specific funding from the Department of Health the HSE has been able to fund the establishment of intravenous catheter care teams in two model four hospitals starting later this year. There was very strong interest from model four hospitals in this initiative and they made good proposals but we were limited to two teams for this year. The successful hospitals were University Hospital Limerick and St Vincent's University Hospital.

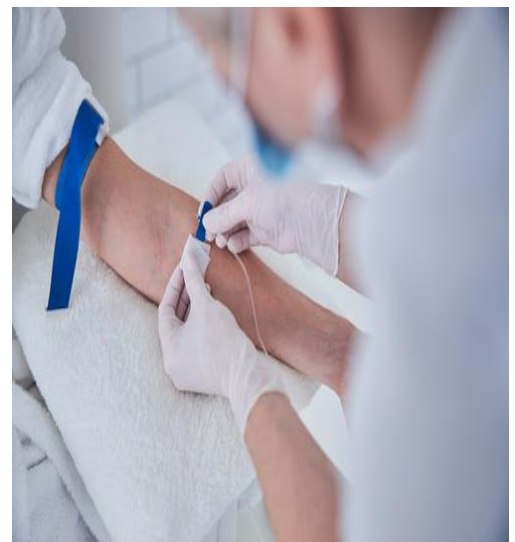
Venous catheters are so important and so routine that it is easy to forget how unpleasant they are for many patients and service users and to forget how much harm they can do. For a bug such as *Staphylococcus aureus*, someone with a peripheral or central venous catheters (PVCs or CVCs) has a hole in their skin the bug can get in through, a piece of plastic the bug can sit on and grow and a passage right into the blood stream.

Every time anyone uses the catheter, bugs from the patient or the healthcare worker hands have a chance to get in and cause infection. HSE-AMRIC estimate that about half of all the hospital acquired *S. aureus* blood stream infections we see each year are related to PVC and CVCs. We expect the new catheter teams can make a real difference to patient comfort and safety. HSE-AMRIC and Acute Hospital Operations will work closely with the two successful hospitals to collect evidence of the impact the teams make and we hope this will help us to make the case for more of these teams in the future.

We also want to work with every other healthcare service both hospital and community and with the public to improve PVC and CVC care. We will soon launch an eLearning programme on preventing catheter related infection and detailed guidance on catheter care as well as tools to support better catheter care. In the meantime, for every one of us who is involved in caring for patients or service users, try to remember to ask every day does this person really need an intravenous catheter?

REMEMBER

- If a person does not have a venous catheter they can't get a venous catheter related infection.
- Only put one in if it is needed
- Take it out as early as you can

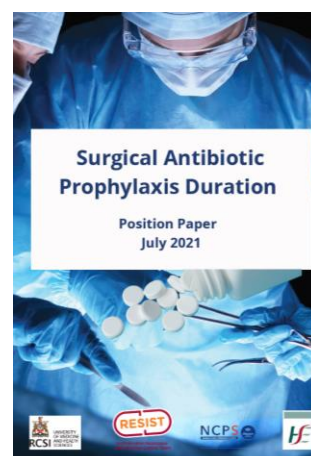


HSE-AMRIC along with other HSE national programmes & colleges for surgery, anaesthesia and obstetrics have agreed a position paper about the use of antibiotic prophylaxis for the prevention of surgical site infection. The key message is that in most cases no further antibiotic is needed once the operation is finished but in some case it may be useful to continue for 1 day and in others for 2 days.

The idea behind antibiotic prophylaxis is to have enough antibiotic in the tissues for the critical period at the time of surgery and in some cases for a short period afterwards. This has huge benefit in reducing the risk of infection but if the antibiotic is continued for too long there is no additional benefit and there is an increasing risk of harm from the antibiotic. Stopping antibiotic prophylaxis gives the best of both worlds with all the benefit and very little risk of harm.

The duration of antibiotic prophylaxis in surgery observed from a Sept/Oct 2020 audit shows that prophylaxis was continued for more than 1 dose in 62% of cases. As part of a 2017 European audit Scotland demonstrated only 35% of cases received more than 1 dose of antibiotic for prophylaxis. This suggests there is scope for improvement.

The key to making this improvement is all the key stakeholders working together. This position statement is a key step in making this happen but there is a lot of work to do. A working group including AMRIC and the national clinical programme for surgery will make available resources to help make the change. These materials will be available from early August we hoped to launch the work formally in September/October. The resources will include: an audit tool, posters, a PowerPoint presentation and an eLearning module. The eLearning module will be available through HSeLanD and will focus on all aspects of surgical antibiotic prophylaxis including “the right duration.” marie.philbin@hse.ie



Managing shortage of rifampicin and rifampicin-containing products

Updated HSE guidance on suggested treatments to manage the rifampicin and rifampicin-containing products shortage was issued on the 13th July. This was issued in response to the short supply of rifampicin (liquid & 300mg capsule) as well as Rifater® (rifampicin + isoniazid + pyrazinamide). Rifampicin 150mg capsule and Rifinah 150/100® (rifampicin 150mg + isoniazid 100mg) remain available. Rifinah 300/150® (rifampicin 300mg + isoniazid 150mg) has been short but stock is expected to return mid-July.

The shortage is due to a quality issue and multiple countries are affected by similar issues with rifampicin-containing products. Preliminary information is that the shortage of rifampicin 300mg capsules is expected to last until October 2021, as of now there are no expected return dates for the other products. Please check the latest guidance on the [hospital-related guidelines](https://www.hospital-related-guidelines.org) page on www.antibioticprescribing.ie



Antibiotic Use in HSE Older Persons Residential Care Facilities 2020

In recent RESIST newsletters you will have seen some of our announcements about new community senior antimicrobial pharmacists (AMPs). Last winter (2020) a survey was carried out to examine antibiotic use. It was carried out in 86 HSE older persons residential care facilities (RCFs) in 5 of the 9 Community Healthcare Organisations (CHOs). A total of 3,082 residents were included, approximately 70% of all HSE RCFs in Ireland. Here we outline some of the key findings from the [report](#) and focus on the quality and quantity of antimicrobial use.

Eighty percent of the facilities surveyed had previously taken part in a European-wide surveys of 'Healthcare-Associated Infection and Antimicrobial Use in Long-Term Care Facilities'. This is known as the HALT study and was carried out in 2016. In the HALT study, residents in Irish residential care settings were found to be twice as likely to be on antibiotics therapy as the European average (9.8% vs 4.9%).

Undertaking this survey was a priority for the new pharmacists to identify any changes in practice from 2016 and provide a baseline from which to measure improvement. The findings from this survey cannot be compared directly to the HALT 2016 findings and the reasons for this are outlined in the report.

Data was collected in person by pharmacists with the survey focussed solely on antimicrobial use including:

- a 30-day review of antibiotics to give a richer dataset,
- how closely prescribing followed national prescribing guidelines available on www.antibioticprescribing.ie
- how long people were on antibiotic therapy and
- quality indicators of antibiotic use (such as documentation of allergy to antibiotic, reason for prescribing and if a stop date was given).

Quantity of antimicrobial use:

- The percentage of people on antibiotics was higher than the previously measured Irish or European average. 13% of residents were on antibiotics on the day of survey. The Irish prevalence in the HALT study was 9.8% and European average prevalence was 4.9% for long term care facilities (LTCFs) in 2016.
- The percentage of people on antibiotics for prophylaxis of infection was also higher than the previously measured European average. This accounted for 48% of total antimicrobial use, with 6.7% of all residents being on prophylactic therapy.

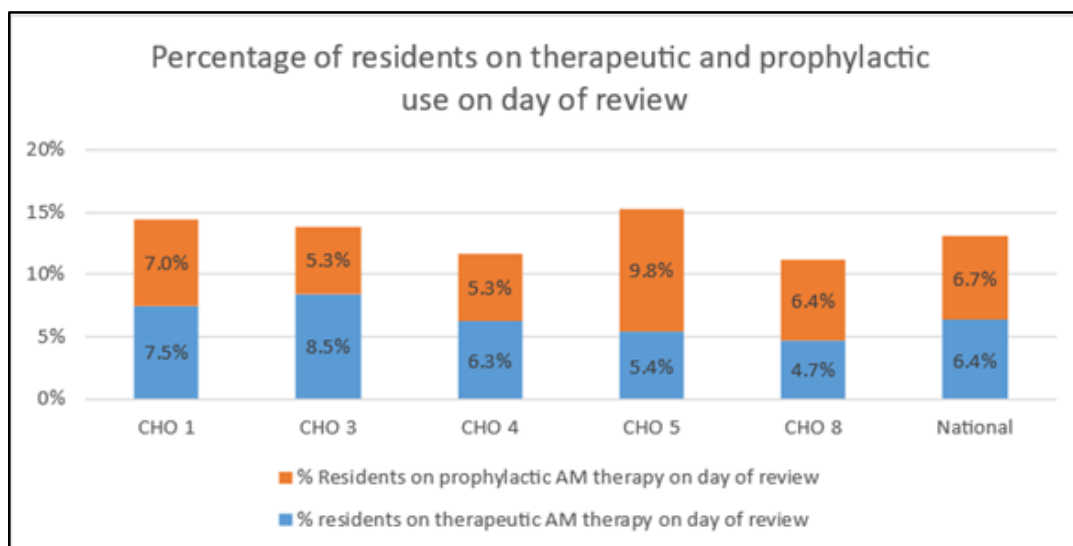
There is a lot more detail in the report if you would like to read more.

Moving forward

The results of the survey show that there is an opportunity to improve antibiotic use in HSE Older Persons facilities. More targeted use of antibiotics will make antibiotic use safer for service users and reduce the risk of antimicrobial resistance. The results for every facility surveyed is being provided to each individual facility and a quality improvement plan is being developed to progress this.

The key recommendations of the PPS are detailed below:

- The extent and duration of antimicrobial prescriptions for prophylaxis of urinary tract infection should be addressed. Every resident on urinary prophylaxis in excess of six months should be reviewed with a view to de-prescribing.
- The practice of routine use of dipstick urinalysis for asymptomatic residents (every resident on admission and/or every few months) to support diagnosis of a urinary tract infection should cease.
- Pneumococcal vaccination status should be determined, and appropriately documented, for any new or existing residents in HSE Older Persons facilities, with vaccination provided as necessary for residents aged greater than 65 years in line with National Immunisation Guidelines.
- Electronic access to relevant laboratory results should be available in all HSE Older Persons RCFs. This will support timely and well-informed decision-making and optimal use of antimicrobials.
- All clinical staff involved in prescribing, dispensing and administering antimicrobials in HSE Older Persons RCFs should be aware of and refer to www.antibioticprescribing.ie the national antimicrobial prescribing guidelines for community.
- New guidelines/content should be developed as appropriate at national level where absence of guidelines has been identified



The 5th May is International Hand Hygiene day across the world. This year for the first time the majority of people both clinical and the public understand the importance of good hand hygiene. It may be that it is one of the silver linings from the dark clouds of the COVID-19 pandemic that we are still living through. All of us working in the IPC world have always highlighted the importance of hand hygiene even though it is such a simple thing. We know that sometimes the simple things are the hardest to do.

Thanks to all of you who marked the 5th May, even though it was difficult due to COVID-19 restrictions. We have a couple of photos that were received (hcai.amr@hse.ie) If you are having a hand hygiene event or you are launching RESIST in your are please send in your photos and we will do our best to include them in the newsletter.



Members of the IPC team from University Hospitals Limerick at their Hand Hygiene Day event



Helena from St. Joseph's District Hospital, Enniscorthy at the Hand Hygiene Day event

Updated Community Hand Hygiene training programme

The RESIST community hand hygiene training programme pack and materials have recently been updated and are now accessible [online](#).

The Train the Trainer programme provides education, guidance and tools to enable other healthcare workers to deliver hand hygiene training in their service. Community Service training tools are listed on the updated pages and you can click [here](#) for the Acute Hospital training tools.

The Department of Health has recently provided additional funding to the HSE to appoint two half time GPs to the HSE AMRIC team. This have allowed us to appoint a whole time equivalent GP post to the team. This is the first time the HSE has recruited permanent GP posts to the HSE workforce.

However the HSE has had a long, valued and close working relationship with many GPs. Dr. Nuala O'Connor is the ICGP Antimicrobial Lead and by way of service level agreement has worked with the AMRIC team for many years. Nuala is a practicing GP in Cork city and has led on the GP antibiotic prescribing service improvement and education projects. Nuala will continue to work with the AMRIC team and to drive further improvements in GP antibiotic prescribing initiatives.

Nuala says, 'It's been exceptionally busy over the past 18 months and I have been leading out on covid education and support to general practice through weekly webinars and communications. I am really looking forward to getting back to broader AMRIC goals as the pandemic comes under control.'



The key focus for the new GP post is to support the Antimicrobial Resistance and Infection Control (AMRIC) team to deliver improvement in GP antibiotic prescribing and provide infection prevention and control education.

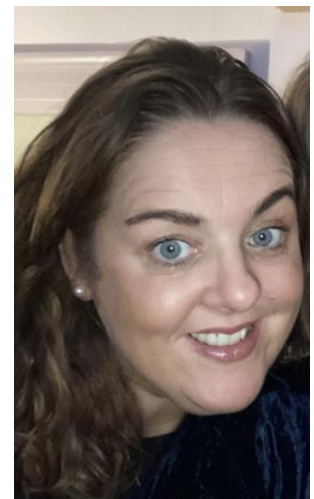
Two new HSE GPs have been appointed on a half time basis to take up the new post; Dr. Edel Doorley and Dr. Paul Ryan have recently joined the AMRIC team.

Dr. Edel Doorley

Edel Doorley joined the AMRIC team as a GP advisor in May 2021. Edel is a GP working in practice in Dublin and is also GP Assistant Scheme Director for the Mid Leinster Specialist Training Scheme in General Practice. Prior to becoming a GP, Edel spent several years working in the UK training in acute medicine including ICU care.

Within her role in the AMRIC team, Edel will help develop guidelines ensuring safe and appropriate antibiotic prescribing. She will also be involved in promoting Infection Prevention and Control within the GP community. Edel has an interest in education and is excited to expand on this and improve antibiotic prescribing nationally.

"I am delighted to join the AMRIC team at such crucial time in infection prevention control and I look forward to improving antibiotic prescribing and awareness nationally."



Dr. Paul Ryan

Paul Ryan joined the AMRIC team in the role of GP advisor in April 2021. Paul is both a pharmacist for the last 16 years and a GP who has taught therapeutics at both undergraduate and post graduate level. He is practicing as a GP in Cork in conjunction with his new AMRIC GP role. He is also the therapeutics lead with the ICGP. As part of the AMRIC team he will help develop guidelines on the use of antimicrobial agents in conditions seen primary care.

Paul has previous experience in developing guidelines at a primary care level through his work with the ICGP. He is passionate about improving the quality of prescribing. 'I am honoured and thrilled to be joining the AMRIC team and really hope to make a significant difference at a national level'.



Meet the programme management team

Shirley Keane, Programme Manager

Shirley Keane joined the AMRIC team as the National Programme Manager in June 2018. Planning is important, it pushes us to think about our goals, our decision making, who we need to engage with and actions we need to take to achieve our goals. Since 2018, I have applied a programme management approach to the work of the AMRIC Team. This has helped us to shape our extensive programme of work and associated projects in order to achieve the 5 key strategic objectives set out in the 2019-2021 AMRIC Implementation Plan and Ireland's National Action Plan on Antimicrobial Resistance (iNAP).

We apply a project management methodology to our national projects and have put in place a robust governance model to support us with our work.

Shirley has a first class honours Business Degree in Finance, is a chartered management accountant and completed a fellowship with the Chartered Institute of Management Accountants. In May she was nominated and shortlisted to the final 10 candidates for 2021 Finance Business Leader of the Year for CIMA Europe Finance Awards 2021.

Shirley is delighted to introduce the two new project managers that have joined the AMRIC Team – Margaret Culliton and Deirdre Mullins. You can contact Shirley by email Shirley.Keane@hse.ie



Deirdre Mullins, Project Manager, will also be leading out on a number of national projects as part of this new role. Deirdre joined the Health Service in 2004 and has had a long career in Project Management working initially in the Midwest and then in National Portfolio Management. In 2017, Deirdre joined the UL Hospitals Group where she managed the Group Programme Management Office and in 2019 became the interim Chief Informatics Officer for the Group with responsibility for their eHealth Division.

“I’m really excited to have joined the National AMRIC Team. The last 18 months the Covid19 Pandemic has highlighted the importance of Infection Prevention and Control across our health service, and Antimicrobial resistance is a global concern and a threat to our ability to deliver health services. I look forward to supporting AMRIC’s work in both these areas.”

You can contact Deirdre by email

Deirdre.Mullins@hse.ie



Margaret Culliton, Project Manager, will be leading out on a number of national projects as part of this new role. Margaret began her career in nursing where she primarily specialised in Intensive Care & General Practice in both Ireland and UK. In the later years Margaret’s management and operational experience spans HSE Disability Services where she worked as a Case Manager in the former Midlands area and as a Disability Manager in South East community healthcare services (CHO 8 & CHO 5).

Margaret completed her Master’s in Leadership from RCSI in 2013 and she remains as an adjunct Faculty member with the Institute of Leadership. Having completed her Diploma in Project Management, PRINCE and Lean Bronze Belt certificates, Margaret most recently worked as a Programme Lead in South East community services where together with her colleagues she focused on projects and service improvement initiatives which integrated and enhanced community health and social services across the South East.

“During these unprecedented times, as professionals and service users we are all evolving and changing. I have a keen interest in using my project management, clinical and operational experience to support the ongoing work of my new colleagues on the national HPSC AMRIC team. I look forward to playing a collaborative role in the development and implementation of system wide projects which form part of Ireland’s National Action Plan on Antimicrobial Resistance”.

You can contact Margaret by email Margaret.Culliton@hse.ie



In this edition we continue to highlight the online Infection Prevention Control/ Antimicrobial Resistance [e-learning programme](#). The course remains accessible on the temporary version of [HSeLanD](#) as the full site has been affected by the cyberattack. The programme contains a short introductory overview of Infection Prevention and Control followed by

7 key topics in line with the HSE Interim Guidance:

1. Basics of Infection Prevention and Control (RESIST edition 9)
2. Standard and Transmission-based Precautions (RESIST edition 9)
3. **Hand Hygiene (overview below)**
4. **Personal Protective Equipment (overview below)**
5. Respiratory and Cough Etiquette
6. Aseptic Technique
7. Antimicrobial Stewardship



Each AMRIC module has been accredited with NMBI (1 CPD per module) and RCPI (2 CPD's per Module). You can dip in and out of the courses at any time and can find them by following the AMRIC Resist logo on the HSeLanD homepage, by searching for 'IPC' in the search box or by visiting the Clinical Courses catalogue. We will focus on 2 of the courses in each RESIST newsletter, in this edition we are looking at:

3 Hand hygiene

Effective hand Hygiene is the single most effective thing that you can do to protect the people you care for and yourself from healthcare acquired infections (HCAI's). The current COVID-19 pandemic has significantly raised the understanding of the importance of hand hygiene in the prevention of infection transmission both directly from person to person and indirectly from surfaces we touch. The theoretical component of hand hygiene education has been updated on HSeLanD and is available to all healthcare staff.

By the end of the hand hygiene course, you should know the following:

- Why hand hygiene is important
- When to practice hand hygiene
- How to perform hand hygiene in line with the WHO 5 Moments
- How to take care of your hands

It is essential that upon completion of the e-learning module that you contact the local hand hygiene trainer or Infection Prevention and Control Nurse for your service to undertake the practical training in hand hygiene in order to have fully completed mandatory hand hygiene training necessary for healthcare workers.

(continued)

4 Personal Protective Equipment (PPE)

PPE is one element of Standard Precautions and plays a critical role in protecting staff in situations where they are at increased risk of infection. The PPE learning course will help you to understand when and where PPE is required, the types of PPE and the correct way to put on and remove PPE safely. The course will help you to reflect on your own actions and behaviours in relation to Infection Prevention and Control and encourage all your colleagues and service users that infection prevention and control is central to their duty of care

What will I know at the end of the course?

By the end of this course learners will be able to:

- Understand why you need to wear PPE and when you should wear it
- Recognise the appropriate PPE to wear to protect the face, eyes, hands and body and the situations when you should wear it
- Put on and remove PPE safely in hospital, community and residential settings
- Dispose of used PPE correctly
- Reflect on your own actions and behaviours in relation to PPE and infection prevention and control.

The course contains a set of formatted questions and a summative assessment at the end of the PPE course to assess the achievement of the learning outcomes.

Knowing is not enough – it's important to **apply** what you have learnt, and **believe** that it can be done. So bearing this in mind, the learning modules contain a whole of range of work-based activities you can do in your practice, either on your own or with colleagues so that you have the knowledge, skills and confidence to do the **right things** at the **right time** for those that we serve. Ambition is the path to success. It is in each of our hands.



The AMRIC team has updated/developed 57 COVID-19 Guidance documents since the last issue of the Newsletter issued in March 2021. The guidance documents have been and uploaded to www.HPSC.ie. These include a wide variety of guidance materials required and requested by providers and/clinicians e.g. GPs, Pharmacists, Dentists, Residential Services etc. Examples of guidance developed to support delivery of safe patient care include:

- [Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting](#)
- [COVID-19 Normalising visiting in Long Term Residential Care Facilities \(LTRCFs\)](#)
- [Infection Prevention and Control guidelines for Early Learning and Care and School Age Childcare settings during the COVID-19 Pandemic](#)
- [Interim Public Health and Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities](#)
- [Guidance on Managing Infection Related Risks in Dental Services in the Context of the COVID-19 Emergency](#)

CPE Screening data: quarter 1 - 2021

