

## Welcome

to the 13<sup>th</sup> RESIST newsletter from the Antimicrobial Resistance and Infection Control Division of HPSC (AMRIC). In this edition we welcome our new AMRIC Clinical Lead Dr. Eimear Brannigan. We also have lots of updates on antimicrobial resistance and IPC news. 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](mailto:hcai.amrteam@hse.ie)

1. Message from the Chief Clinical Officer
2. New AMRIC Clinical Lead
3. New national IT system for IPC
4. IV line teams update/ PVC and CVC update
5. Hand Hygiene Day/ new AMRIC team member
6. Red/green antibiotic prescribing update
7. Antibiotic use in mental health services
8. Websites we like
9. IPC e-learning; 3 new modules
10. A day in the life of community IPC nurses
12. Antibiotic prescribing in dental services
13. Medal winner
14. RESIST rollout/ HSE West IPC team

## Dr. Colm Henry, HSE Chief Clinical Officer;

I want to thank everyone for their continued hard work during this phase of the COVID-19 pandemic. COVID-19 is still affecting our health services across the board but most particularly in our acute services. We are caring for over 1,000 patients testing positive for COVID-19 in our hospitals, which is continuing to place great pressure on services.

This means we have reduced capacity in our hospitals, with delays in admitting people while our staff are working in very challenging environments. Many of our staff are also affected by COVID-19 and we have had almost 5,000 staff on sick leave on some days in March.

From 29<sup>th</sup> March the HSE has changed the [guidance](#) for health care workers (HCWs) who test positive for COVID 19. A HCW who has a confirmed COVID-19 infection must isolate for 7 days. The HCW may return to work on day 8 post infection, provided they have been asymptomatic for 48 hours. **They no longer require a day 8 antigen test.** HCWs returning to work on Day 8 post Covid infection, must ensure that they wear a medical grade mask at all times in the healthcare setting on Days 8, 9 and 10.

Please remember that the vaccine is excellent at protecting people but no vaccine is perfect, so even after you are fully vaccinated you need to keep your guard up.

We're still seeing unvaccinated individuals disproportionately represented in both hospitalised and ICU patients where 35% of hospitalised patients have not completed their primary course and 37% of the relatively small number in ICU have not completed their primary course of vaccination.

The good work you all do with infection prevention and control precautions help to keep everybody safe. Please ensure that you are up to date with the most recent version of the relevant [guidance for your services](#).



Dr. Colm Henry, HSE Chief Clinical Officer

I would like to take this opportunity to recognise the significant contribution that Professor Martin Cormican has made in his tenure as Clinical Lead for the AMRIC programme. Martin is stepping down from his national role on 30<sup>th</sup> April after 5 years in the post. He is returning to his Consultant Microbiologist role with GUH and his teaching in NUIG. Martin established the AMRIC team to build on and further develop the work that had been done across many departments. His knowledge and expertise helped shape the HSE response to the pandemic.

He has left a legacy of an enhanced culture of awareness and safety with regard to the whole spectrum of infection control and antimicrobial resistance as well as a greatly strengthened team in AMRIC. His contribution throughout the pandemic went well beyond his job description, with key roles in testing, NPHET and the vaccination programme. I want to welcome Dr. Eimear Brannigan who has been appointed as the new Clinical Lead and wish her well in her new role.

Thank you for your continued commitment to providing services to the people that need our help and support.

Míle buíochas d'achan dhuine

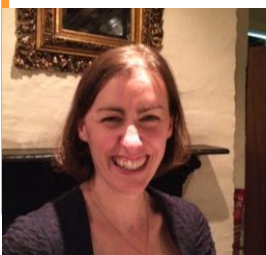
Dr Colm Henry  
Chief Clinical Officer

## New Clinical Lead for AMRIC

Dr Eimear Brannigan has been appointed as Clinical Lead for the HSE AMRIC programme and takes up her post on 1<sup>st</sup> May 2022. Eimear is a consultant in infectious disease and joined AMRIC as its first ID specialist in September 2020. Eimear qualified in medicine in 1998 and has worked as an infectious disease consultant since 2008. Her focus since appointment has been on infection prevention and control, antimicrobial stewardship and healthcare associated infections, including outbreak management and emergency planning for new and emerging infections.

Eimear was Deputy Director of Infection Prevention and Control in the Imperial hospital group in London until she joined AMRIC and led the infection control response to COVID-19 in the hospital group. She has lots of experience in infection control, management and prevention of healthcare associated infection and in antimicrobial stewardship and has applied these to hospital outbreaks of various organisms over the years."

"I am delighted to have been appointed to the Clinical Lead position to take up the reins from Professor Martin Cormican and to continue the drive for improved antimicrobial stewardship and infection prevention and control. We have a dynamic team of experts on the team who have played a huge role in the HSE response to the COVID19 pandemic. I look forward to bringing my experience to the role and helping to drive onward and build on the progress made to date in antimicrobial stewardship and infection prevention and control."



You can contact Dr. Brannigan on [AMRICClinicalLead@hse.ie](mailto:AMRICClinicalLead@hse.ie)



The HSE is introducing an IT System for managing Infection Prevention and Control. This system will be available across acute and community services. The Office of the Chief Information Officer (OoCIO) and the Antimicrobial Resistance and Infection Control Programme (AMRIC), are working to deliver this project in collaboration with acute and community services. This project will deliver improved patient safety in relation to infection prevention control. This will deliver higher quality healthcare.

The COVID-19 pandemic has highlighted how challenging it is to manage the threat of serious infectious diseases. Healthcare systems have faced unprecedented challenges during this pandemic.

IT surveillance systems can support testing, contact tracing and outbreak management. These all help to provide safe care for our patients. The project will also deliver benefits to staff. These benefits include reductions on time spent on common daily Infection Prevention Control (IPC) tasks. This releases IPC teams to support staff on the frontline to provide safe care for patients and service users.

These systems integrate data from different hospital systems. This provides actionable insights, and facilitates more efficient clinical intervention, reporting, and accessibility.

The system will also support enhanced clinical audit. There will be a more comprehensive approach to management of Infection Prevention Control risks.

The system will:

- Provide increased information flow.
- Improve our health systems ability to track compliance.
- Enable personalised, preventative and proactive care.
- Deliver enhanced health workforce productivity.
- Create greater efficiencies in obtaining patient information.
- Improve record keeping, administration and referrals.
- Assist in the timely management of outbreaks.
- Reduce the length and incidence of outbreaks.
- Replace manual tracking with a suite of reporting, monitoring and outbreak management tools.
- Generate real-time alerts.
- Support a proactive service rather than the current reactive.

If you would like further information please contact the AMRIC team project manager  
Deirdre.Mullins@hse.ie



As healthcare workers we get very used to venous catheters. They are a basic tool of the trade and it's easy to become a bit casual about them. They are a key cause of infection and inflammation. In Ireland about 3 or 4 people a week get *Staphylococcus aureus* blood stream infection (septicaemia) related to venous catheter while they are in hospital. Many more people get less serious infection or inflammation. This is because a venous catheter puts a hole in the skin, giving bacteria a way into the body and a highway into the blood stream.

HSE-AMRIC team has developed a procedure for prevention of PVC/CCV related infection guidance. The guidance is about Infection prevention and control measures that help prevent PVC and CVC related infections. This includes inserting PVC/CVC only when clinically indicated, a daily review of clinical need and removing when no longer required. It also focuses on key IPC practices such as skin decontamination, hand hygiene, aseptic technique for insertion, care and management of these devices and the use of care bundles to guide and document your practice. This guidance is supported by newly developed algorithm's and care bundles which include the following;

- steps to prevent infection inserting and maintaining a CVC poster,
- steps to prevent infection inserting and maintaining a PVC poster
- care bundles -CVC insertion and maintenance
- care bundle -PVC insertion and maintenance



The purpose of this suite of guidance and supports is to enhance the safety and quality of care related to venous catheters. Without doubt the use of vascular catheters plays an essential role in patient care. However, catheter related bloodstream infections are a cause of preventable healthcare associated infections and are associated with serious disease, longer hospital stay and sometimes can lead to death. We can never totally eliminate the risk of infection with any invasive device but it's important that we do everything we can to minimise the risk of infection for the people we care for.

Thanks to designated funding from the Department of Health in 2021 and 2022, there is now an opportunity for the HSE to implement IVC care teams in all model 4 hospitals. These new teams will help prevent device related *S.aureus* blood stream infections and other complications through standardising the practice of insertion, care and maintenance of IVCs. This will reduce harm to patients related to intravenous catheters and improve the overall patient experience related to intravenous access.



The 5th May is International Hand Hygiene day across the world. This year we will be focussing on maintaining awareness of and adherence to 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 with. 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.

We know that since the COVID-19 pandemic a lot of people are very aware of the importance of hand hygiene and are cleaning their hands regularly. Many viruses and bugs can't get through your skin but if the bug is on your hand when you put your hand to your eye, mouth or nose you can catch infection. This is why hand hygiene plays an important part in stopping the spread of COVID-19 infection, as well as preventing all the other infections that are still out there.

Department of Health research undertaken throughout the pandemic shows that 96% of people washed their hands more often as a result of COVID-19. Importantly, 90% of people say that they will continue to clean their hands frequently.

However we also know that people tend to go back to their old habits when a crisis starts to get better so it is vitally important that we all understand that hand hygiene is not just for COVID-19 it's for life.

We will be sending materials and resources out to IPC nursing leads across the system to help highlight the day. If you are having an event please talk to your local communications lead who can help publicise it. Don't forget to send in your photos of the day and we will include them in the next edition of RESIST.



## Meet our newest AMRIC team member

Barbara Slevin, is an Assistant Director of Nursing in Infection Prevention and Control and joined the AMRIC team in March 2022. She will be working closely with her nursing colleagues, Josephine Galway DON and Eimear O'Donovan ADON.

Barbara has over thirty years' experience in healthcare and she has much experience in the area of Infection Prevention and Control since she began working in this field in 2002. She developed and led the IPC nursing service across University of Limerick Hospitals Group since 2012 following her appointment as Group IPC ADON and in 2018 she held a specific remit for CPE in this hospital Group. Barbara has a wealth of experience in infection prevention and control, outbreak management, research, developing and delivering training and education programmes and quality improvement initiatives.

"It is a great time to join the AMRIC team, continuing the incredible COVID-19 work by this team throughout the pandemic. It is an especially exciting time following the launch of iNPAP2, as the wider AMRIC Team are working on all facets of delivering this programme through a specific action plan into 2025. I am really looking forward to working together with this wonderful team to deliver on this action plan. You can contact Barbara by email at [barbara.slevin@hse.ie](mailto:barbara.slevin@hse.ie)



To help GPs prescribe antibiotics for their patients that will have the most benefit and the cause the least amount of harm a green red classification system was developed. "Green" antibiotics are effective, have fewer side effects and are less likely to lead to resistant infections than "red" antibiotics. Examples of green antibiotics are amoxicillin, doxycycline and nitrofurantoin. Examples of red antibiotics are co-amoxiclav, clarithromycin and azithromycin.

Since September 2019 all GPs with a GMS list of greater than 100 patients receive an individualised quarterly antibiotic prescribing report comparing their percentages of green and red antibiotic prescribing in comparison to the average national percentages. To date this work has proven very successful with the percentage of green prescribing increasing with each report, from 56% green at the start of the work to the most recent data showing 67% green.

In March 2022 the 10<sup>th</sup> issue of the reports were circulated. This issue is the first of the reports to include a rate of antibiotic prescribing for the GP's list and compares their rate to the overall average national rate. A GP can see which of four quartiles their rate is in, that is if they are in the lower quartile, the middle two quartiles or the top quartile.

The overall aim of this antibiotic quality improvement initiative is for a GP to have a high percentage of green antibiotics and a rate of prescribing that is as low as is practical while ensuring that those most likely to benefit from antibiotics receive that benefit. It is noted that prescribing practice is appropriately influenced by patient profile and GMS lists may be quite different with respect to profile of age, deprivation and health status.

An example of a [report for a GP](#) with a low rate of antibiotic prescribing and a high percentage of green antibiotic prescribing is available on [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie) for you to have a look at.

## 10 Simple measures to reduce the risk of HCAI within a GP practice

**With over 30 million GP consultations annually, infection prevention in GP clinics is key for patient's wellbeing. Dr. Edel Doorley, GP and AMRIC team has written an article for GPs (LINK). Here we highlight some tips to promote good infection prevention in GP practices**

- Clean your hands before and after patient contact. Use alcohol gel if your hands look clean but soiled hands should be washed with soap and water
- Risk assess patients- Patients with respiratory symptoms should remain in their car until called into the surgery by the GP team. Patients should wear surgical masks and doctor should wear FFP2/surgical mask and visor in keeping with national guidelines.
- Follow respiratory etiquette and promote it for patients and visitors ([www.healthpromotion.ie](http://www.healthpromotion.ie))
- Have masks and hand sanitiser available for patients
- Ensure cleaning of any equipment used on a patient (blood glucose monitors, thermometers, blood pressure cuffs, etc.) after every use.
- Use single use disposable items when appropriate
- Clean environmental surfaces regularly and if a patient has symptoms of infection clean contact surfaces
- Regularly clean and disinfect electronic devices in clinical rooms
- Don't go to work if you are sick
- Use HSE Land Modules for staff IPC education [www.hseland.ie](http://www.hseland.ie)



Antimicrobial pharmacists (AMP) are employed by the HSE to support the delivery of a community antimicrobial stewardship programme to promote prudent use of antimicrobials. Comprehensive national antimicrobial guidelines for community settings are available on [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie). The Preferred Antibiotic Initiative promotes the use of 'green' (preferred) antibiotics over 'red' (reserve) antibiotics for first line treatment of infections. The green antibiotics generally have fewer adverse effects and are less likely to lead to resistant infections.

Antimicrobial use is of interest due to the aging population, the congregated setting and the risk of adverse drug reactions and interactions.

## Method

AMPs in seven of the nine CHOs conducted a baseline point prevalence survey (PPS) in a sample of HSE mental health facilities from November 2021 to January 2022. Approximately one third of all HSE mental health residential facilities were surveyed nationally (1003 residents).

Each site was visited by an AMP who collected data on all patients on antimicrobials within the last 30 days. All medication charts were reviewed, as well as medical notes and lab results for residents identified as being on an antimicrobial. Information was also gathered around systems and structures in place to support antimicrobial stewardship.

## Some key findings

Prevalence of antimicrobial use was 6.3% on day of survey. 15% of all residents surveyed had received antimicrobial therapy in the previous 30 days.

**Documentation and adherence to guidelines:** allergy status was documented in 95% of residents. Adherence with guidelines was 76% for choice of antimicrobial, 75% for dosing regime and 46% for duration. Indication for prescription was noted in 67% of cases and a stop/review date was specified for 47% of prescriptions (85% of therapeutic courses, but only 9% of prophylactic prescriptions).

**Green/red antibiotics:** the proportion of 'green' (preferred) antibiotics (58%) was lower than that for GMS patients in Primary Care (67.5%). Co-amoxiclav, a 'red' (reserve) antibiotic, was the most commonly prescribed agent (31% of therapeutic prescriptions). Clarithromycin and ciprofloxacin, also 'red', reserve antibiotics, accounted for 7% of therapeutic prescriptions. Due to their adverse effect profile and potential for drug-drug interactions with many psychotropic medicines they should be avoided in this patient cohort if possible.

**Prophylaxis:** there was a high prevalence of antimicrobials for prophylaxis at 3.3% (half of all active prescriptions). This is higher than reported in 2016 HALT study (1.5%). 64% were prescribed for longer than six months and 58% longer than twelve months.



## KEY RECOMMENDATIONS

- The extent and duration of antimicrobial prescriptions for prophylaxis of urinary tract infection should be addressed. Every patient on urinary prophylaxis in excess of six months should be reviewed with a view to deprescribing.
- The practice of routine use of dipstick urinalysis for asymptomatic patients (every patient on admission and/or every few months) to support diagnosis of a urinary tract infection should cease.
- All clinical staff involved in prescribing, dispensing and administering antimicrobials in HSE Mental Health facilities should be aware of and refer to [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie) This site contains the National antimicrobial prescribing guidelines for community.
- Where an antimicrobial is considered necessary, use of a [green agent \(preferred\) should be selected instead of a red agent \(reserved\)](#) where possible. Red agents (such as clarithromycin and ciprofloxacin) are more associated with adverse effects, development of antimicrobial resistance and drug interactions (particularly with co-prescription of psychotropic medications).
- Antimicrobials should be prescribed for the shortest effective duration for example three days for an uncomplicated lower urinary tract infections in females, five days for lower respiratory tract infections.

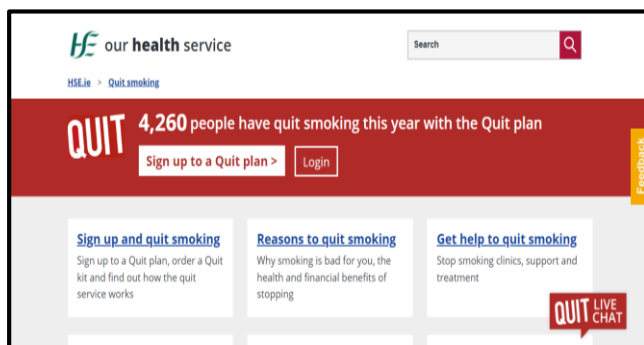
## Websites we like



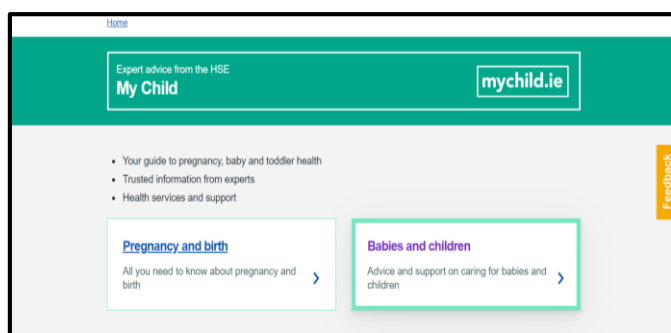
[www.antibioticprescribing.ie](http://www.antibioticprescribing.ie)



[www.immunisation.ie](http://www.immunisation.ie) National immunisation office: COVID-19 information for health professionals



[www.quit.ie](http://www.quit.ie)



[www.mychild.ie](http://www.mychild.ie)





The AMRIC team continues to develop new online training accredited courses to ensure healthcare staff have the latest techniques and information. We have added three new courses to the eLearning suite. They are available now on [www.HSeLanD.ie](http://www.HSeLanD.ie) the courses support all health and social care staff in IPC and AMR. All courses are NMBI and RCPI accredited and learners are awarded 2 CEU from NMBI and 2 CPD credits from RCPI for each of the new completed courses. The new courses are:

### ***Clostridioides difficile* Infection**

This course aims to help you prevent, recognise, and manage *Clostridioides difficile* (*C.diff*) infection as you implement IPC and AMS practices to keep the people you care for safe. This course is designed for all staff within the health services.

### **Cleaning and Disinfecting the Healthcare Environment and Patient Equipment**

In this course you'll learn best practice for cleaning and decontaminating the healthcare environment and equipment across all settings where healthcare is delivered. This course is for all staff working in healthcare environments and where patient equipment is used. It is particularly useful for those involved in cleaning and monitoring the healthcare environment and equipment.

### **Management of Blood & Body Fluid Spills**

This course aims to support your understanding of the principles of managing of blood and body fluid spills and the equipment required when treating spills of any size. This course is aimed at all healthcare workers who manage blood and body fluid spillages in the healthcare environment.



## **New guidance on azithromycin prophylaxis published**

A new guideline on azithromycin prophylaxis was developed by the HSE Antimicrobial Resistance and Infection Control Team (AMRIC), the HSE Antimicrobial Stewardship Advisory Group, the National Clinical Programme for Respiratory Medicine & the HSE National Antibiotic Guidelines Working Group. It is available on [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie) in the lower respiratory section.

Azithromycin prophylaxis may be beneficial for a small subgroup of patients who have repeated exacerbations of COPD, bronchiectasis or asthma as it has been shown to decrease the number of exacerbations. Azithromycin is an antibiotic with a significant adverse effect profile including: gastrointestinal upset, hearing and balance disturbance, liver and cardiac effects. To ensure maximum benefit with the least harm it is important patients initiated on azithromycin prophylaxis are selected carefully and reviewed regularly. If the patient shows no clinical benefit or experiences adverse effects azithromycin prophylaxis should be stopped.

The guidance details initiation criteria, recommendations for review every 6-12 months, and good practice points on when to de-prescribe if there is no evidence of clinical benefit or there is evidence of adverse effects. The primary drivers for this initiative is to ensure that azithromycin is used for patients who may benefit from it and to improve patient safety. Administering azithromycin prophylaxis in patients not receiving benefit does no good and can lead to considerable harm such as deafness, prolonged QT interval, liver damage, *Clostridioides difficile* diarrhoea or antimicrobial resistance.

A collaborative group has developed an audit tool and a patient information leaflet to support the implementation of this guidance and these are available on [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie)



*The IPC Team in Dublin North City & County (DNCC – CHO 9) is six IPC CNM2, led by an Assistant Director of Nursing. Between the team they cover a vast array of community health & social care services to a population of over 620,000 persons.*

*Caitriona Sheridan and Sinead O'Neill have been working as members of the DNCC IPC Team for over a year. The role of a community IPCN is highly varied with no two days the same. Caitriona & Sinead have provided a snapshot of a day in their working lives.*

## **Hello My Name is Caitriona Sheridan:**

I am responsible for delivering IPC services across Primary Care Dublin North, COVID-19 Vaccination & Testing Centres, liaising with the Covid Response Team (CRT) for Private Nursing Homes and Intellectual Disabilities Services.

9am: I commence my working day at my desk by turning on my laptop and immediately checking my emails. As a team we each rotate and spend a week covering the IPC helpline and this week it's my turn. I give up to date evidence based IPC advice to help services manage their IPC risks, to protect staff and keep clients safe.

9:30am: Join the weekly teleconference with the CRT and Public Health to discuss current outbreaks in Long Term Residential Care Facilities' (LTRCF) across DNCC.

10:30am: Out of the office and off to a meeting in a new COVID-19 Testing centre. I work with managers and staff to address IPC risk at the centre, and advise on best practice. This site will host the relocation of a COVID-19 Testing centre in a joint project between CH07 and CH09.

14:00pm: Back to the office and check my emails to see if any queries have come in through the IPC helpline that need to be actioned. Multiple queries arising from the publication of new guidelines for residential care facilities are coming in. I support services to implement the changes in the guidelines, applying the principles to their own unique setting.

15:30am: I leave the office again to visit a LTRCF that is currently in outbreak. I've been requested by CRT to provide IPC outbreak management advice and support. I provide IPC support, advice and education regarding best practice as per current HPSC guidelines. This usually comprises of resident placement, clear signage, hand hygiene and PPE education. It's important to me that all staff and residents in an outbreak feel supported and are protected when carrying out their daily care activities.

17:00pm: I complete my working day by once again returning to my computer to ensure that all queries to myself and the helpline have been responded to accordingly.



## *Hello My Name is Sinead O Neill:*

Caitriona and I have different remits across DNCC although we liaise quite closely as a team. Communication and collaboration is a significant aspect of the role of a community IPC CNM. My current remit is to support the Community Nursing Units, Section 38, 39 and Homecare services. My day follows a similar path to Caitriona checking emails early etc. Once, this is completed the structure of the day is dependent on whether site visits are being undertaken.



The purpose of site visits varies - some are in response to an infection outbreak or they have been planned in collaboration with the units to conduct an audit or to deliver education. One of the best resources available to me is the IPC links practitioners in the Community Nursing Units (CNU's). This role is also collaborative and underpins a proactive approach to ensure IPC standards, protocols and guidelines are evidenced based while also applicable to each individual area. This is important to ensure residents/ service users are represented while also achieving good IPC outcomes.

I often head back to base for lunch although breaks are often taken around site visits so it can vary day to day. Some days may involve more than one site visit and I try to map out visits that are close in location so some day's lunch is on the go. Depending on the purpose of the visit I will generate a report or clarify a query using the most up to date guidance. I often deliver education and training post audit if a training need has been identified and this can be both formal and informal often to all staff grades. IPC queries continue to stream in daily from my allocated sites or from the helpline and I complete the follow up required on these queries as timely as possible before the end of the working day if on allocation for that day/week.

## **Competency Framework for Infection Prevention and Control Practitioners in Ireland**

In response to a demand for more IPC expertise, additional funding for IPC specialists in acute and community settings has resulted in a welcome influx of new colleagues from the nursing, midwifery, medical and allied health professions.

A new AMRIC document on core competencies for infection prevention and control practitioners in Ireland has been developed and is currently being finalised. This will support health care professionals pursuing specialist careers in infection prevention and control. It will help in identifying and gaining the specific knowledge and skills they will require as an IPC practitioners. Watch out for the new document in the next few weeks and we will have a feature in the next edition.



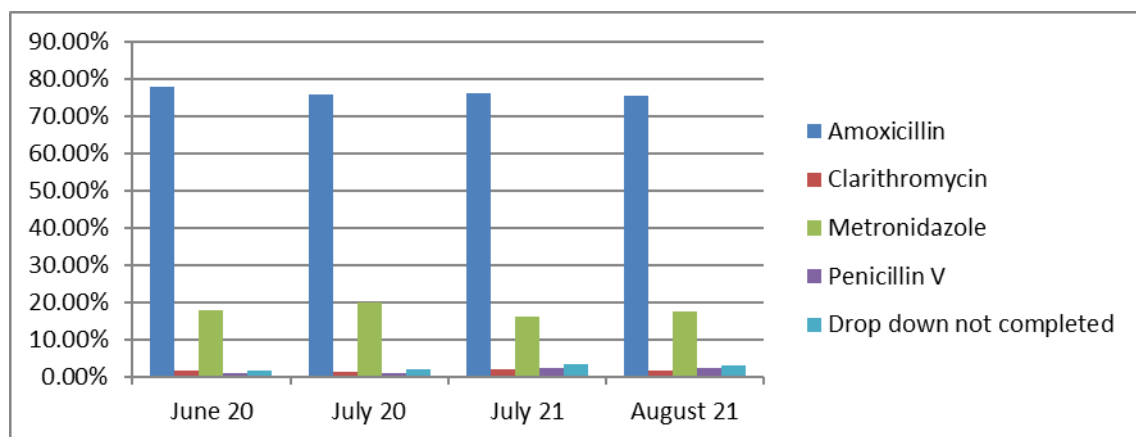
Antimicrobial stewardship is an important element of HSE Dental Services. Antimicrobial resistance is a major global concern and stewardship of antibiotics can help protect the patient from adverse effects and also protect antibiotics for future use.

HSE community dentists supported by the National Oral Health Office prescribe antibiotics in accordance with the national dental antimicrobial guidelines available on [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie). The HSE dentists use SOEL Health, the electronic national dental records and information system to prescribe antibiotics. SOEL Health is used in all HSE Primary Care dental clinics since March 2019. Since 2019, snapshot audits have been performed on the data from the electronic prescribing system.

The most recent audit reviewed data from two month periods in 2020 and 2021. June and July 2020 represent the early pandemic phase of COVID-19 when services had reopened again compared to July and August 2021.

## Audit findings

The snapshot audit found that the two most common antibiotics prescribed are amoxicillin and metronidazole as recommended in the Dental antimicrobial guidelines on [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie). Very small amounts of phenoxymethylpenicillin and clarithromycin were prescribed (<2%). There was a small percentage of antibiotics where the drop-down menu on SOEL Health was not used (2-3%). The main reasons recorded for prescribing antibiotics were abscess, swelling and pain which is in line with the guidelines. A very small amount of antibiotics were prescribed 'just in case' however only treatment of active infection is recommended in the guidelines. These findings are similar to the previous audit in dental services in 2019.



## Dosing of Amoxicillin:

The audit examined the doses of Amoxicillin prescribed and found that over 70% of prescribed doses were 500mg which is expected as this is the recommended dose for those aged over 5 years. However, the dosing in children over 5 years requires further review when prescribing to ensure an appropriate dose is prescribed as some children over 5 years were prescribed a lower dose of amoxicillin than that recommended in the guidelines. The child's weight should also be considered to ensure they receive the most appropriate dose of antibiotic.





## COVID-19 impact

The audit found that COVID-19 had a negative impact on antibiotic prescribing with an increase in the percentage of antibiotics prescribed compared to 2019. This was in contrast to the pattern seen in General Practice during the pandemic where prescribing of antibiotics reduced by approximately 30% . The public health measures associated with COVID-19, with limited access to dental surgeon experience, and potentially more severe infections being present when access was obtained were expected to cause an increase in prescribing of antibiotics in dental services and this was observed in the UK also.

## Change in Guidelines- Phenoxyethylpenicillin (Penicillin V) now first choice antibiotic for Dental Abscess

The Dental antimicrobial prescribing guidelines were updated in Q3 2021 and Penicillin V is now the preferred first line antibiotic for dental abscess infection unless there is concern about a patient's ability to comply with a four times daily regimen. Penicillin V has equivalent efficacy to amoxicillin for dental infections but has lesser impact on antimicrobial resistance due to its narrower spectrum of activity.

Thank you to all our dental colleagues for their support and their role in improving antimicrobial prescribing in dental services. If you have any queries or comments in relation to antimicrobial prescribing in HSE dental services, please contact [niamh.galvin@hse.ie](mailto:niamh.galvin@hse.ie) .

## Prof Will Van der Puten Medal Winners

Rebecca Breslin (Antimicrobial Stewardship Pharmacist - Galway University Hospital) and Stephanie Gilmore (NUIG Final Year Pharmacology & Biomedical Science Student) were presented with the Wil van der Puten Medal at virtual Grand Rounds in Galway University Hospital (GUH) in February. The Prospective Audit of Compliance with Antimicrobial Guidelines and Antimicrobial Stewardship recommendations in GUH Q1 2021 was selected as the best overall presentation at the annual Galway University Hospital Health and Social Care Professions (HSCP) Research Day.

Results suggested that the COVID-19 pandemic may have been associated with increased antimicrobial use in GUH. This was observed on COVID and surgical wards. Recommendations for ongoing quality improvement included education and prescriber feedback on IV/PO switch, restricted agent policy, documentation and duration. The judges commented on the importance and challenges of the study.

Katie McDonough (Infectious Diseases Pharmacist) and Dr Una ni Riain (Clinical Microbiologist) also took part in the audit which included 368 adult medical, surgical, and critical care inpatients and was carried out between January and April 2021.



From L to R: Prof Anthony O'Regan, Chief Academic Officer, Saolta, Katie McDonough, Pharmacy GUH, Brendan Tuohy, Principal Physicist, Medical Physics & Engineering GUH, Rebecca Breslin, Pharmacy, GUH, Stephanie Gilmore, NUIG Final Year Pharmacology & Biomedical Science Student, Dr. Una Ni Riain, Clinical Microbiologist, GUH.



RESIST is a new initiative under the HSE Antimicrobial Resistance and Infection Control programme (AMRIC). It is currently being led out in Regional Hospital Mullingar by the Infection Prevention & Control team of Dr. Cathal O Sullivan Consultant Microbiologist, Infection Prevention & Control Assistant Director of Nursing Julie Cullen, IPC Clinical Nurse Specialist Grace Kinahan and IPC CNM's Christine McDonnell & Davina Rowe.

This initiative is a fresh approach to hand hygiene education to hospital staff, patients and visitors. Hand Hygiene has been the key to preventing Healthcare – Associated Infection. The message for hospital staff is that cleaning your hands properly at the right time is one of the simplest things you can do to save you, your family and your co-workers from becoming ill and reducing the spread of illnesses' such as tummy bugs, coughs, colds, COVID-19 and even superbugs.

Regional Hospital Mullingar has been providing training and support for hand hygiene for many years and this programme promotes a combination of hand hygiene training with standardised national training materials.

Hand hygiene has been at the forefront of all of the initiatives that the HSE has been implementing to reduce the spread of COVID-19. The Infection Prevention & Control team are now launching RESIST to heighten awareness of hand hygiene practice and to keep promoting the importance of clean hands in reducing transmission of infection.



L-R Grace Kinahan IPC CNS, Katherine Kenny Director of Nursing, Dr O Cathal O Sullivan Consultant Microbiologist, Julie Cullen ADON IPC, Kay Slevin Hospital Manager, Christine McDonnell CNM2 IPC, Sharon Gorman Quality and Patient Safety Manager

## Community Healthcare West IPC/AMS nursing team

Introducing the Community Healthcare West Team Infection Prevention Control/Antimicrobial stewardship (IPC/AMS) Nursing Team.

We are delighted to introduce the IPC/AMS nursing team for Community Healthcare West. The team underwent a virtual induction and planning week in March. The week ended with a face to face planning day, reviewing progress to date and considering the work plan for 2022.

They are looking forward to working with the services across Galway, Mayo and Roscommon in a strategic way to imbed IPC/AMS. There are three nursing teams covering Community Healthcare West if you need to contact them please use the team email [ipcchw@hse.ie](mailto:ipcchw@hse.ie).



Back L-R, Angela Moore, Olivia Flynn, Ramona Neill, Fidelma Gallagher (ADON)  
Front L-R Ina O'Brien, Sarah Roche, Lorraine Hogan, Caroline Costello (MMHS)  
Missing from photo, Katie Finn & Deirdre Rowe



There are a number of hand hygiene resources available to order on [www.healthpromotion.ie](http://www.healthpromotion.ie)

