

Welcome

to the 15th RESIST newsletter from the Antimicrobial Resistance and Infection Control Division of HPSC (AMRIC). In this edition we highlight the new antimicrobial stewardship guidelines for all healthcare staff. We also have lots of updates on antimicrobial resistance, IPC news and a look at some of the many RESIST launches in community services. 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

Dear Colleagues

We are heading into the winter period which is a challenging time for the health services. We need to keep providing our normal services whilst acknowledging that managing COVID-19 continues to put a strain on services and you, the staff who deliver them.

We know that our immunity to COVID-19 infection reduces over time and booster vaccines restore protection for all the groups for whom it is advised. I would ask that all staff get their flu vaccination and COVID-19 booster. A large study was published recently in the Lancet. It was based on over 30 million individuals across England, Scotland and Wales, showing that those who received the booster vaccination had a greater reduction in hospitalisation than those who had received primary course alone. This study shows that vaccines not only protect individuals, but also protect our hospitals coming into the winter.

Getting your vaccine will help protect service users, our families, our communities and our health services. Please encourage your family members, who are advised to get vaccinated or boosted, to book a vaccination online or with their GP or local pharmacist.

The combination of COVID-19 and seasonal viruses such as influenza has the potential to create much pressure on our colleague on the frontline who have endured almost three years of pandemic pressures.

No matter what the time of year, HSE services are seeing and treating more patients in hospitals and in the community than ever before. In our acute hospitals this year, over 1.6 million people will have an inpatient or day case procedure or use maternity services.

Continued overleaf



Dr. Colm Henry, HSE Chief Clinical Officer



We have also provided 14.2 million home support hours this year to date to enable people to remain at home and to support their families to care for them.

There has been very significant investment in the health services in the last number of years and this has provided additional beds, staffing and equipment across our hospital and community services. Over the last two years we have opened 907 extra beds in our acute hospitals with a further 300 funded and due to open in the coming months. We know that there are further beds required and we are working on plans to develop those additional beds in the short term.

We know that we had a particular shortage of ICU beds in the past and to address that we have opened an extra 68 ICU beds in the last two years

A further 20 ICU beds are funded and due to become available shortly as part of Phase 1 commitments to enhancing critical care capacity.

We published the HSE [Winter Plan](#) 2022/23 recently and funding of just over €169 million has been assigned to implement these measures over 2022 / 2023, and this will include the recruitment of 608 posts across a range of services. Our response has been to create additional much-needed capacity and to diversify access to healthcare and reduce reliance on hospitals.

Míle buíochas d'achan dhuine
GRMA

Dr Colm Henry
Chief Clinical Officer

Patients for Patient Safety

Patients for Patient Safety (PFPS) is a World Health Organisation (WHO) initiative aimed at improving patient safety. Networks of PFPS exist in many countries. By bringing PFPS to Ireland, we hope to use this proven model to work together, aiming to improve safety through advocacy, collaboration and partnership.

PFPSI is a group of committed individuals representing, patients, their families, service users, healthcare providers, and health services executives. Some members have experienced harm to themselves or their loved ones. All are dedicated to using these unique experiences to bring about improvements in the healthcare system. The AMRIC team has worked alongside PFPSI members on various committees and initiatives.



PFPSI's newest venture is promoting the Medicines List and they are being supported by the HSE with their promotional orange t-shirts. At the recent national patient safety office conference in Dublin Castle, Minister Stephen Donnelly took time to chat to PFPSI members Tibbs Pereira and Sheila McConnell.

If you are interested in learning more about PFPSI please check their [website](#).

18th November is European Antibiotic Awareness Day (EAAD). This is an annual event to remind everyone how valuable antibiotics are, how important it is that we use them only when we need them and to highlight that these amazing drugs are under threat from the growing problem of antibiotic resistance.

Antibiotics are amazing drugs that treat or prevent important bacterial infections. The first antibiotic, salvarsan, was used in 1910. In just over 100 years antibiotics have transformed modern medicine and extended the average human lifespan by 23 years. The discovery of penicillin in 1928 started the golden age of natural product antibiotic discovery that peaked in the mid-1950s.”

Unfortunately over the last 100 years or so antibiotics have been used widely in people, in animals and on crops when they were not appropriate to use. Many bacteria have changed so that they no longer work as well as they did 20 years ago. This is known as antibiotic resistance and we know antibiotics can cause more harm than good if taken unnecessarily. We recently published Antimicrobial Stewardship Guidance for all healthcare settings and you can read about that on page 4. I would encourage everyone to recognise the role we all play in safe guarding antibiotics.

The HSE, in partnership with general practitioners and pharmacists has a website which gives practical, common sense advice and information on dealing with many common illnesses like colds, flu, earaches, sore throats, tummy bugs and rashes.

www.undertheweather.ie provides sound advice to us and to our service users on how to get better without antibiotics.

I also want to draw your attention to the article on Carbapenemase producing *Enterobacterales* (CPE) on page 8. Since 2017 we have been working hard to manage CPE in our health services and have provided multiple staff resources, guidance and minor capital to help local services identify CPE and to support patients. Our healthcare staff undertake over 25,000 CPE screens per month across the hospital systems and the vast majority of CPE is found through that process which leads to early isolation of cases, as a means of transmission control, and informs antibiotic treatment if necessary.

The CPE numbers stabilised during 2020 and 2021, however in 2022 the national CPE reference laboratory has reported that the number of cases have again been growing. This provides an opportunity for a renewed focus on high quality infection prevention and control practices, education and training, and work to identify and improve environmental reservoirs by upgrades of infrastructure such as bathroom facilities and drainage systems within healthcare settings.



Dr. Eimear Brannigan, HSE Clinical Lead for antimicrobial resistance and infection control



The AMRIC team were delighted to publish the HSE antimicrobial stewardship (AMS) guidance for all healthcare settings [guidance](#) in August of this year.

AMS is an integral component of patient safety; it promotes maximising the benefit of antimicrobials and causing the least harm for the individual service user. AMS programmes are delivered by a multidisciplinary team using a suite of strategies and interventions and operate within the governance structure of a healthcare facility. AMS is vital in limiting and potentially reversing the development of antimicrobial resistance (AMR). As healthcare workers we all have a role to play as an antimicrobial steward to curb, and hopefully reverse, the growing trend in AMR in order to have effective antimicrobials to enable us to deliver an optimal level of healthcare. We need, as healthcare workers, to feel empowered to play our part by learning how to incorporate antimicrobial stewardship in our day-to-day practice.

The aim of the document is to provide support and guidance to AMS teams, healthcare facility managers, and the individual healthcare worker by providing the evidence, expert guidance, and tools they need to initiate and sustain AMS programmes and embed their programmes into the routine work of each healthcare worker. The work of higher education institutions, professional colleges, and groups is central to the creation and delivery of AMS education.

This document will provide guidance to the development of curricula, educational courses, and training programmes.

We would like to acknowledge the dedication and hard work of the working group in creating this document. The input and feedback of the AMS advisory group, and our key stakeholders in acute and community healthcare and in the higher education institutions made it into the informative and well-presented guidance resource it is. We are grateful to Professor Martin Cormican, former HSE Clinical Lead for AMRIC (2017-April 2022), Dr Colm Henry, Chief Clinical Officer and the AMRIC Oversight Group for their review and approval of the guidance.

This AMS guidance will provide the base to enable many of the actions contained in the HSE AMRIC action plan 2022-2025 and Ireland's national action plan for antimicrobial resistance 2022-2025.

The electronic version of this guidance is located on the newly refreshed AMS page on www.antibioticprescribing.ie. This page contains tools and resources to assist in the implementation of AMS.

On the following pages you can find some tables from the guidance highlighting how members of the healthcare team can be good antimicrobial stewards.



Table 1.1: How each member of the healthcare team can be a good antimicrobial steward

I am a	I maximise benefit of antimicrobials and reduce harm by doing the following
Community prescriber	<ul style="list-style-type: none"> • Prescribe antimicrobials for treatment only where there is good reason to expect they will do more good than harm. • Use best-practice treatment guidelines on www.antibioticprescribing.ie, using a Green antimicrobial in preference to a Red antimicrobial where an antimicrobial is needed. • Use interventions such as incision and drainage, wound management, and removal of infected devices when required. • Recommend symptom relief for self-limiting infections, with safety netting advice, and direct service users and carers to www.undertheweather.ie. • Document indication, duration, and review dates for all antimicrobial prescriptions, including antimicrobial prophylaxis. • Review my antimicrobial prescribing using audit tools, e.g. AMRIC urinary tract infection prophylaxis audit tool. • Discuss the issue of AMR with service users. • Where appropriate, seek specialist advice from clinical microbiology, infectious diseases, or antimicrobial pharmacist.
Community pharmacist	<ul style="list-style-type: none"> • Check, where possible, if antimicrobial prescriptions align with antimicrobial prescribing guidelines on www.antibioticprescribing.ie. • Promote optimal dosing regimens and durations for antimicrobials and explain it to the service user. • Provide advice when a service user presents with a self-limiting or viral infection and direct them to www.undertheweather.ie. • Manage the expectation of an antimicrobial for a likely viral illness or self-limiting infection, even if the service user may need to see the doctor if unwell. • Remind service users that any unused antimicrobials should be returned to the pharmacy for safe disposal. • Where appropriate, seek specialist advice from clinical microbiology, infectious diseases, or antimicrobial pharmacist.
Nurse in residential care facility	<ul style="list-style-type: none"> • Check immunisation status of residents and encourage them to take all recommended vaccinations. • Help prevent unnecessary antimicrobial prescribing caused by inappropriate use of dipstick urinalysis in accordance with AMRIC position statements. • Take appropriate microbiological samples before antimicrobial administration when required. • Be aware of antimicrobial prescribing guidelines on www.antibioticprescribing.ie. • Highlight when an antimicrobial may be due for stop or review.
Medical laboratory scientist, epidemiologist or surveillance scientist	<ul style="list-style-type: none"> • Support rapid diagnosis of infection and detection and the reporting of AMR. • Communicate increasing trends in AMR within pathogens or hospital areas to relevant healthcare workers. • Be aware of national, European and global trends in emerging AMR problems.

I am a	I maximise benefit of antimicrobials and reduce harm by doing the following
Nurse or midwife in acute hospital	<ul style="list-style-type: none"> • If a nurse prescriber, follow antimicrobial prescribing guidelines. • Take appropriate microbiological samples when appropriate prior to antimicrobial administration. • Recognise signs of sepsis or failure to respond to therapy and take appropriate action. • Administer prescribed antimicrobial therapy promptly in sepsis. • Administer antimicrobials at evenly spaced intervals throughout the day. • Highlight to the prescriber or pharmacist any antimicrobial prescription which has continued beyond 7 days without a specified duration. • Encourage use of the optimal route of administration and highlight when the oral route is feasible to the prescriber or pharmacist. • Talk to service users about their treatment plan. • Support service users understanding and expectation of role of antimicrobials in their infection. www.hse.ie/antibiotics • Be aware of local antimicrobial prescribing guidelines.
Dentist	<ul style="list-style-type: none"> • Perform drainage for dental infections before issuing antimicrobials when appropriate. • Prescribe antimicrobials for treatment only when they are more likely to do good than harm. • Use www.antibioticprescribing.ie, choosing a Green antimicrobial in preference to a Red antimicrobial when indicated and safe to do so. • Discuss the issue of AMR with service users. www.hse.ie/antibiotics • Talk to service users about their treatment plan. • Where appropriate, seek specialist advice from clinical microbiology, infectious diseases, or antimicrobial pharmacist.
Physiotherapist	<ul style="list-style-type: none"> • Refer service users with suspected infections appropriately and manage the expectation that an antimicrobial will only be prescribed if clinically indicated. • Promote self-care of service users with self-limiting infections. www.undertheweather.ie
Care assistant	<ul style="list-style-type: none"> • Follow principles of good infection prevention and control. • Keep up-to-date with infection prevention and control training by completing e-learning on www.hseland.ie, e.g. AMRIC Introduction to Infection Prevention and Control and Antimicrobial Resistance. • Be aware of AMR and the importance of safe antimicrobial use.
Manager of any facility	<ul style="list-style-type: none"> • Ask for and review high-level reports on antimicrobial use in the facility. • Promote activities for Antibiotic Awareness Day within the organisation. • Promote staff education on AMS. • Provide resources for AMS, including support for ICT modernisation, which can support AMS. • Promote the display of materials, such as posters and service user information leaflets, to reduce the demand for unnecessary antimicrobials. • Ensure that relevant staff are aware that, where required, specialist advice is available from clinical microbiology, infectious diseases, or antimicrobial pharmacist, and that they know who to contact locally.

» Note that these lists are not exhaustive.



If you work in healthcare you are 10 times more likely to get the flu.

Getting the flu vaccine is the best way to help protect yourself and patients in healthcare settings from getting the flu.

We are asking you to protect yourself and your patients again this year by getting the flu vaccine.

Vaccine clinics

Flu vaccine clinics will be advertised locally to staff this year. Each area will have a combination of peer vaccinator clinics and options for staff to receive their vaccines in local GP practices or pharmacies. Ask your line manager if you're unsure of where your local flu vaccine clinic is. Last year, we saw a significant increase in flu vaccine uptake rates and we want to see that continue this autumn. While it is not possible to know whether there will be a mild or severe flu season, we do know that the flu vaccine will give you the best protection against flu this flu season.

Free of charge

The flu vaccine is available free of charge to healthcare workers, to protect you and to prevent the spread of flu to the vulnerable people you care for.

Here are some flu vaccine facts that you can share freely with your patients, service users and vulnerable family members:

- The circulating influenza viruses change each year, so each year the composition of the flu vaccine changes to protect against the new strains of flu virus expected. This is why you need to have the flu vaccine every year.
- The flu vaccine is very safe. It has been given for more than 60 years to millions of people worldwide.
- You can get both the flu and COVID-19 and flu vaccines at the same time. The COVID-19 vaccine will not stop you from getting the flu.



This is a short snapshot of the [Summary Report](#) on carbapenemase producing Enterobacterales (CPE) report; if you have any queries or comments please send them to hcai.amrteam@hse.ie

Background

CPE was first reported in Ireland in 2009 and the national CPE reference laboratory service (NCPERLS) was established in 2012. In response to a rising number of cases in 2016, a Public Health Emergency was declared in October 2017 and the National Public Health Emergency Team CPE (NPHE-T-CPE) was subsequently convened.

Recent trends

From 2016 to 2019, the number of newly detected CPE cases increased rapidly, followed by a period of stabilisation in 2020 and 2021. However over the course of 2022, there has been a sustained and concerning increase in newly detected cases.

Potential causes

Capacity, infrastructure, and the impact of COVID-19 on IPC practices

The impact of responding to COVID-19, including the use of cohorting areas, along with pre-existing issues in regards to hospital capacity and infrastructure, has made it more challenging to carry out certain control measures. Experience continues to demonstrate that water drainage sites (showers and sinks) can harbour detectable CPE in biofilm which is difficult to eradicate and serves as a reservoir for transmission within the healthcare environment and to patients.

Changing epidemiology

The epidemiology of CPE in terms of pathogens and resistance mechanisms has changed over time and continues to evolve.

International travel

There has been an increase in the number of people travelling internationally, including for the purpose of accessing healthcare. This could contribute to a rise in the number of patients in Irish acute hospitals that have been recently hospitalised abroad, which is a risk factor for CPE.

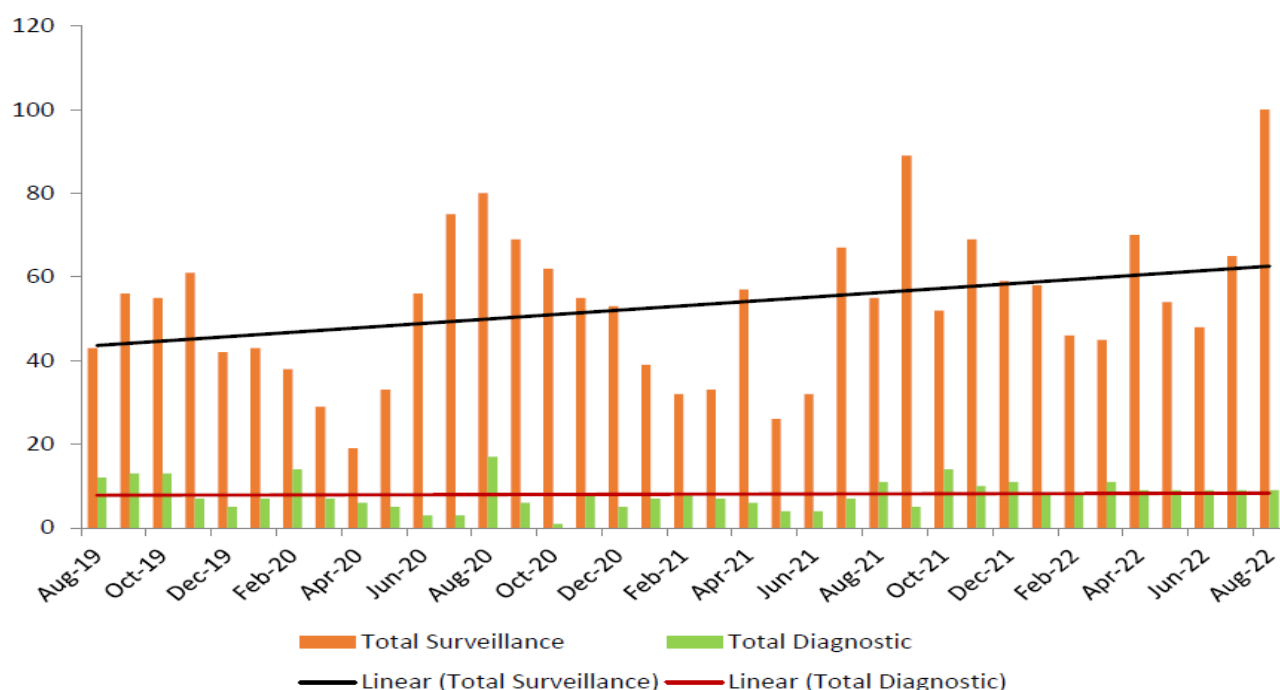
Supports put in place to address CPE in Ireland

- The CPE Expert Advisory Group developed, agreed with stakeholders and published in excess of 25 CPE clinical guidance and factsheets. This remains current best practice and is being brought together into a consolidated clinical guidance document.
- The CPE screening programme in HSE acute hospitals was fully resourced, rolled out and is now at a steady state undertaking on average 25,000 screens per month.
- The national CPE Reference Laboratory was resourced and established; this service provides a monthly CPE report for the Minister including data from private hospitals.
- Monthly, quarterly and annual review of HSE acute hospital CPE data including monthly reporting of issues through the established HSE accountability process.
- Ongoing education and training programme in place including education webinars on AMRIC IPC & AMS available online at [HSeLanD](#).



- Established minor capital programmes for acute hospitals and community facilities to upgrade infrastructure that presents IPC risks e.g. bathroom facilities and drainage systems.
- Staff networks have been developed that provide forums for staff to raise clinical / technical queries with AMRIC team members e.g. AMRIC Micro and ID Consultants Forum, IPCN, Pharmacists (PAMS-net), GP engagements.
- IPC and AMS teams have been developed and resourced, in particular newly established community IPC and AMS teams.
- Data and trends continue to be reviewed on a monthly basis and issues of concern will be escalated through acute hospital governance process.
- Continued engagement with acute hospital infection specialist colleagues to understand and support response to increased numbers of cases of CPE.

**Number of newly detected CPE patients identified by surveillance
v diagnostic cultures August 2019-present**



If you have any queries or comments please send them to hcai.amrteam@hse.ie



The HSE Antimicrobial Resistance and Infection Control (AMRIC) team and the Irish Institute of Pharmacy (IIOF) have collaborated to develop a new network for all registered pharmacists - the **Pharmacist Antimicrobial Stewardship Network (PAMS-net)**.

The PAMS-net webpage and discussion forum launched on the 15th August 2022. The network aims to support pharmacists across all sectors to work towards the common goal of promoting responsible use of antimicrobials in all patients and limiting the emergence of antimicrobial resistance. Pharmacists working in all sectors play a pivotal role in antimicrobial stewardship (AMS) due to their expertise in medicines and accessibility to patients.

Both Ireland's second One Health National Action Plan on Antimicrobial Resistance (iNAP2) and HSE AMRIC Action plan 2022-2025 identify pharmacists as a key stakeholder and highlight the need to maximise engagement of pharmacists with antimicrobial stewardship (AMS).

Through the PAMS-net discussion forum and member events pharmacists can come together to provide support and advice to one another. Pharmacists across different settings can share knowledge and learning in the area of antimicrobial stewardship.

All pharmacists with an interest in responsible antimicrobial use are welcome to join this network. The network aims to bring together pharmacists from a diverse range of settings including community, hospital, education, researchers, other HSE and national bodies. The network welcomes pharmacists from all professional backgrounds, those who are considered experienced antimicrobial pharmacists and those who wish to further their knowledge.

The vision of the PAMS-net is a more joined up approach to AMS across the pharmacy profession. The PAMS-net aims to bring pharmacists working across all settings together to share knowledge and learning about AMS. Pharmacists across all settings have guided the development of this vision through participation in focus groups, feedback sessions and membership of the PAMS-net working group.

The functions of this network will be:

- To share knowledge, information, learning and experience in AMS, both across and within sectors
- To provide a discussion forum for members
- To share AMS work and foster creativity in AMS
- To assist in the provision of CPD for pharmacists with an interest in AMS

AMRIC would like to acknowledge the dedication and hard work of the working group, which brings together pharmacists from a diverse range of settings, in creating this pharmacist network. The valuable input and feedback of many pharmacist colleagues who contributed to the focus group and feedback sessions to inform the vision and resources for the project is also acknowledged.

To become a member of the network click here <https://bit.ly/3RPu6Wa> . Or go to the "Courses and Events" page on the IIOF website and click the "Forum" tab.

Well done to the Nursing and Pharmacy members of the AMRIC team who recently received certificates at the National Excellence Awards for 2 AMRIC projects.

The nursing project focussed on the development of e-Learning modules to support healthcare staff across all facilities to improve their knowledge and awareness around infection prevention & control and antimicrobial stewardship.

Pictured l-r are Dr. Eimear Brannigan, HSE AMRIC Clinical Lead, Dr. Colm Henry, Chief Clinical Officer, Josephine Galway AMRIC DoN, Barbara Slevin, AMRIC ADON and Eimear O'Donovan, AMRIC ADON



Dr Colm Henry, CCO presents the certificate to (left) Shirley Keane, Programme Manager AMRIC and Marie Philbin, Chief Pharmacist AMRIC

Congratulations also to our pharmacist colleagues for their award on the reduction of the use of red antibiotics. The Medicines Management Programme (MMP) together with the Antimicrobial Resistance and Infection Control (AMRIC) team in the HSE developed a preferred antibiotics initiative. It's commonly referred to now to as the Green/Red antibiotic list. This initiative was undertaken as part of the HSE's drive to reduce antimicrobial resistance and we have covered it in previous editions.

The HSE AMRIC team has produced a point of care risk assessment (PCRA) poster and explainer to support staff who provide face to face care across all healthcare environments. A PCRA is an integral part of standard practice which should be performed by every healthcare worker (HCW) BEFORE every patient/resident/client interaction to allow them to accurately assess the risk of exposing themselves and/or others to infectious agents/transmissible microorganisms.

This PCRA supports the selection of appropriate actions and personal protective equipment (PPE) in addition to any infection prevention and control (IPC) recommendations already in place such as patient placement and occupational aspects, (including healthcare worker vaccination) to further minimise any risk of exposure. Refer to the following link for details on healthcare worker vaccination.

<https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter4.pdf>

This PCRA also supports the early identification of individuals who may have travelled to an area where they may have been exposed to a high consequence infectious disease (HCID). This is a generic tool, and risk assessments are likely to vary from person to person. A full explainer can be accessed [online](#) or by scanning the QR code below. The new A3 posters have been circulated to all hospitals and community IPC leads. Additional copies of the poster can be ordered via the AMRIC team HCAI.AMRteam@hse.ie

A webinar was delivered by the AMRIC nursing team on point of care assessment and it is accessible [here](#)

Point Of Care Risk Assessment (PCRA)

Infection prevention & control (IPC)

To be carried out before each patient/client interaction

IMPORTANT Check patient's /client's symptoms /MDRO status	Does the patient have unexplained rash, cough, sneezing / unexplained diarrhoea / fever or known MDRO. Suspected or confirmed droplet (eg influenza, meningitis) or airborne illness (e.g. chicken pox, measles, MDRX TB)	If yes:	PPE (as per below) determined by level of anticipated contact and type of activities. For suspected/confirmed droplet/airborne illness - medical (droplet) or respirator (airborne) mask as minimum	
HANDS Perform hand hygiene as per WHO 5 moments	Can my hands be exposed to blood, body fluids, non intact skin, mucous membranes or contaminated items	If yes:	Don gloves	
MUCOUS MEMBRANES	Will I be exposed to a splash, spray, cough, sneeze while I am within 2 metres of a patient/client	If yes:	ADD Facial protection (includes mask & goggles or visor)	
SKIN/CLOTHING	Will my skin/clothing come in direct contact with blood, body fluids, non intact skin or items contaminated with body fluids	If yes:	Low contact activity = apron High contact activity = gown	
IF CONDUCTING AN AEROSOL GENERATING PROCEDURE	Aerosol generating procedure (AGP) Does the patient have a suspected droplet/airborne illness or an emerging respiratory pathogen	If yes:	ADD FFP2/3 respirator	

REMEMBER: Hand Hygiene (WHO 5 moments) first and last in all cases to protect patients and yourself

Since the last edition of RESIST we have been notified of six RESIST launches in our community services. Many thanks to all of the staff and residents for taking part in the rollout of RESIST in our community services. This programme helps us to refresh and energise our hand hygiene approach among both staff of the hospital and patients. The link nurses, our Hand Hygiene Trainers and our Infection Control Nurses help us to do this. If you have any photos or news of local launches please send them to us hcai.amrteam@hse.ie

CHO7 – Cherry Orchard Hospital and St. Vincent’s Hospital Athy

The Infection Prevention and Control (IPC) and Antimicrobial Stewardship (AMS) team in CHO 7 launched the HSE RESIST programme in their Older Persons Services in September. The launches were held in St Vincent’s Hospital Athy and Cherry Orchard Hospital.

Sharon Maher Assistant Director of Nursing DSKWW IPC and Roisin Foran Antimicrobial pharmacist were keen to promote hand hygiene and AMS, “Antibiotics have been overused in recent years and bacteria are becoming resistant to the antibiotics used to treat them. This means that some common antibiotics no longer work as well as they used to and this makes infections much more difficult to treat. We need to use antibiotics in the right way to slow down antibiotic resistance. Effective hand hygiene also plays an important role. When healthcare workers keep their hands clean, they help prevent the spread of serious healthcare-associated infections, further reducing the need for antibiotics.”



Wilma Cullano, Linda Davidson, Celeste Torres, Aileen Coniando, Marvin Marzo, Shifali Maurice, Regina Dunbar



Liby Punnoose, Lince George, Joel Belen, Roisin Foran at the launch in St. Vincent’s



IPC ADON Sharon Maher hosting a quiz at St Vincent’s Hospital Athy

Pictured right: IPC CNM2 Claire Bolger using a hand scanner to promote awareness of effective hand hygiene



Sacred Heart Hospital Carlow and the Carlow District Hospital

Julie Meally (CNS IPC Carlow/Kilkenny) and Elaine Flanagan (Assistant Director of Nursing, Sacred Heart Hospital Carlow) added: said: “here in both the Sacred Heart Hospital and the District Hospital, we have a very good record in hand hygiene. We are always however looking to improve our standards. The RESIST programme will help us to do that and we are delighted to have been selected to be part of the rollout in HSE residential services.”



(L to r) Sunitha Aneesh, Corina Mayling, Dorothy Kealy O'Brien, Julie Meally, Catherine Mannion, Ann Bray, Elaine Flanagan

Members of staff in Sacred Heart Hospital attending the hand hygiene campaign

St. Columba's Hospital, Thomastown, Kilkenny

Speaking at the recent launch in St. Columba's, Julie Meally (Clinical Nurse Specialist Infection Prevention and Control for Carlow/Kilkenny) and Catriona Kirwan (Director of Nursing, St. Columba's Hospital, Thomastown) said, “As a programme, RESIST is aimed not just at those giving care or living in our facilities but at everyone who comes into our services.

We will be intensifying the RESIST campaign across the South East over the coming months and are delighted that St. Columba's Hospital is promoting such an important programme.”

Staff of St. Patrick's ward, I to R
Laura Mason, catering assistant,
Terri Butler A/ADON
Catherine Mannion
Antimicrobial Pharmacist



L to r Link nurse Brid Challoner, IPC CNS Dorothy Kealy O'Brien, Medical Officer Dr.Heera, IPC CNS Julie Meally, AMP Catherine Mannion, AMP Patricia Sheehan, IPC CNS Ann Bray

St. John's Hospital, Enniscorthy

Speaking at the launch of the RESIST campaign in St John's Community Hospital today, Emer Ward (Assistant Director of Nursing for Wexford) and Ann Bray (Clinical Nurse Specialist Infection Prevention and Control for Wexford) both summarised, "Along with our own staff, our residents and visitors all have a role to play to help stop the spread of infections and join the superbug resistance. This programme will help us to refresh and energise our hand hygiene approach."



Pictured right: Elsa George infection prevention and control link practitioner promoting hand hygiene with staff colleagues on the launch day in St. John's Hospital



Pictured above at the RESIST launch in St. John's Hospital were: Siobhan O'Rourke, Dorothy Kealy O'Brien, Ann Bray, Catherine Mannion, Elsa George and Catriona Prendergast

St. Mary's in the Park

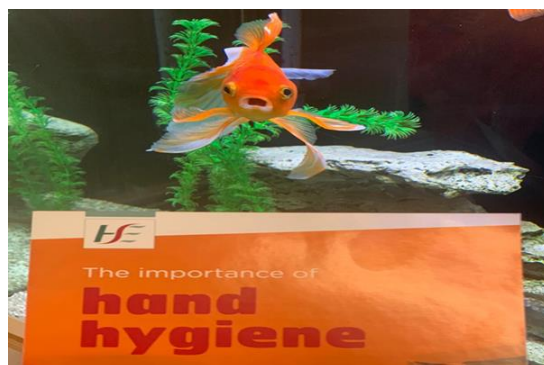
The IPC/AMS team members Caitriona Sheridan, Sinead O'Neill and Margaret Donnelly officially launched the CHO 9 DNCC RESIST campaign on Wednesday the 13th of July in the CNU's Clarehaven and Seanchara. It took place on a lovely sunny day, in the court yard were residents, their families and staff who all took part. A key comment in the launch was hearing a resident's family member share their experience of AMR and sepsis with their final comment "Clean Hand Do Save Lives". Great fun was had and all that was missing was Ice creams all around.



CNM2 IPC Caitriona Sheridan, CNM2 IPC Sinead O'Neill, Antimicrobial Pharmacist Margaret Donnelly



Caitriona Sheridan, Sinead O'Neill, Margaret Donnelly, Jude Madden, Judith Jackson, Catherine Grogan, Claire Vogan, Esther Irwin, Helen Bancale



Even the residents' goldfish got in the action

Dublin North City and County community services (DNCC)

During International Infection Prevention Week the Infection Prevention and Control Team in Community Healthcare Organisation (CHO) Dublin North City and County raised awareness of the Resist Programme. Resist stalls were set up in 5 areas across the CHO, St Mary's Hospital, Ashlin Centre Beaumont, Phoenix Care Centre North Circular Rd, Department of Psychiatry Connolly, and, at our IPC Link Practitioner workshop day. Staff across all departments came to the stalls where the IPC Team did interactive training sessions.



Phoenix Care Centre, North Circular Rd, left to right: Staff nurses King Pagdangan, Shadrach Asare, Cebi Paul and Sonata Sinicaite (student nurse)



St Mary's Hospital, Phoenix Park, Dublin, left to right: Codruta Dragos, Chellette Cabansay, Figi Savio (IPC A/ADON), Yvonne O'Loughlin (IPC CNM 2), Joy Denila, Annie Shabu, Suja George (IPC CNM 2), Roisin Ryan (IPC CNM 2).

DNCC IPC Link Practitioner Workshop Day (CHO9)



To mark International Infection Prevention Week (16th – 22nd October) the Infection Prevention and Control Team in Community Healthcare Organisation (CHO) Dublin North City and County Dublin IPC/AMS Team held an IPC Link Practitioner Workshop Day in the Clayton Hotel. 11/10/2022

Pictured at the event were left to right: Vahida Anandan (IPC CNM 2), Roisin Ryan (IPC CNM 2), Jasmin O'Brien (IPC Team Admin), Caitriona Sheridan (IPC CNM 2), Margaret Donnelly (AMS Community Pharmacist), Aoife Lennihan (QSSI Head of Service CHO DNCC), Figi Savio (IPC A/ADON), Wendy Hurdial (QSSI Team Admin), Suja George (IPC CNM 2), Yvonne O'Loughlin (IPC CNM2), Annie Shabu (IPC CNM 2).

Number of CPE screens Q2 2022 (Rate per 10,000 Bed Days Used)

