

Welcome

to the 17th RESIST newsletter from the Antimicrobial Resistance and Infection Control Division of HPSC (AMRIC). In this edition we highlight the upcoming hand hygiene day on the 5th May, AMRIC resources and education modules. 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

Ignaz Semmelweis was the first doctor to discover the importance for medical professionals of hand hygiene. In the 19th century, it was common for women to die from an illness contracted during or after childbirth, known as childbed fever.

While working at an obstetric department in Vienna, Austria, Semmelweis noticed that women delivered by physicians had a much higher mortality rate than women delivered by midwives. He concluded that the problem was that physicians were handling corpses during autopsies before attending to pregnant women. He concluded that hand washing would prevent them from passing on illness.

After Semmelweis initiated a mandatory hand-washing policy, the mortality rate for women delivered by doctors fell from 18 per cent to 2 per cent the same as it was for midwives. When he began washing medical instruments, it fell to just 1 per cent.

Proper hand hygiene is still the single most important, simplest, and least expensive means of reducing the prevalence of HCAs and the spread of antimicrobial resistance. There are plenty of reports and evidence to suggest that compliance with good hand hygiene practices significantly reduces the rates of acquisition of pathogens on hands and has ultimately reduced the rates of HCAs in health services.

In recent years with the COVID-19 pandemic hand hygiene was centre stage again. It was seen to be a key factor in reducing the spread of the virus, particularly before we had vaccines. However as we became more dependent on PPE and vaccination was introduced the focus on hand hygiene has diminished. We can all remember how we had to use sanitiser before we entered shops/schools/cinemas; mini sanitisers that we carried when we and our children were out and about and countless times in the day when we used sanitiser or soap and water. This is no longer the case and the sanitiser dispensers are empty in many places outside of health service locations. In health services hand hygiene is critical to reducing the spread of pathogens and protecting the people we care for.



Continued overleaf

Dr. Colm Henry, HSE Chief Clinical Officer



This is no longer the case and the sanitiser dispensers are empty in many places outside of health service locations. In health services hand hygiene is critical to reducing the spread of pathogens and protecting the people we care for.

This year for hand hygiene day on the 5th May our theme is Back to Basics. We all have to focus on reducing HCAs to protect our patients, residents, ourselves, our families and colleagues. Take the opportunity to refresh your knowledge around hand hygiene, many services will have launches, talks and events to promote the importance of hand hygiene. I urge you to join in and renew your commitment to good hand hygiene practices.

We have recently updated our COVID-19 guidance including mask wearing, you can read more about that in Dr. Eimear Brannigan's column on the following page. The [HSE Service Plan 2023](#) has been published and our key focus continues to be the provision of safe health and social care services. Infection prevention and control is crucial to the safe delivery of services and hand hygiene plays a major role. Thank you for your commitment and dedication to improving hand hygiene and for your role in highlighting its importance.

Míle buíochas d'achan dhuine, GRMA

Dr Colm Henry, Chief Clinical Officer

Dublin South Kildare West Wicklow supporting their Hand Hygiene Trainers

Dublin South Kildare West Wicklow (DSKWW) have 101 hand hygiene trainers spread across all services. They provide face to face training to their staff within their facility and service and act as a local hand hygiene resource and champion. They are supported by the wider Infection Prevention and Control community team.

Hand hygiene is the single most effective way of reducing and preventing the spread of healthcare associated infections. Glow boxes are a supportive educational tool used to assist trainers in their practical delivery of hand hygiene training. They aim to demonstrate the effectiveness of the hand washing process and improve awareness, focus and motivation to wash hands effectively.

The community IPC team would like to acknowledge the funding received by the DSKWW flu steering lead (Health and Wellbeing Service) which facilitated the purchase of 18 hand hygiene glow boxes and AMRIC Community Operation Quality and Patient Services who funded 4.

As a result of this funding glow boxes have been provided to all the hand hygiene trainers in the residential care facilities, Older Person Services and to the Vaccination Centre.

The glow boxes are available to all hand hygiene trainers and can be requested by contacting ipc.cho7@hse.ie or calling 059 8643736.

L to R: Fiona Galvin, Flu Lead Health & Wellbeing & Sharon Maher, ADON Infection Prevention and Control



From April 19th, HSE [guidance on PPE](#) has changed and healthcare workers will no longer have to wear masks for all healthcare interactions, although they may choose to do so even if it is not clinically required. This update is in line with ECDC and WHO guidance.

The response to COVID-19 in Ireland and internationally changes as we move through different phases of the pandemic. Our national public health advice has changed, and at this stage, widespread testing for COVID-19 has ended. We will continue to offer COVID-19 vaccination to a large number of people.

Where there isn't a high level of COVID-19 in the community, it is also appropriate to move away from universal use of masks for healthcare workers and patients and visitors in health and care settings.

The requirement for personal protective equipment or PPE is based on **the tasks** that a health and care worker are likely to perform rather than the service/location they work in. PPE is the last line of defence against COVID-19; vaccines and boosters, regular hand washing and respiratory etiquette remain our best defence against spreading the virus.

Key points for healthcare workers

- From April 19th, healthcare workers do not have to wear surgical masks for all healthcare interactions, although they may choose to do so.
- Healthcare workers caring for patients with suspected or confirmed COVID-19/respiratory viral infection should continue to wear surgical or respirator masks.
- Healthcare workers caring for people where there is a high-risk they might have COVID-19 should continue to wear surgical masks or respirator masks.
- Healthcare workers in low-risk settings should carry out a risk assessment on wearing a surgical mask or other PPE.
- Care staff who live and work with residents in health and social care settings should revert to standard precautions and risk assessment on wearing a surgical mask.
- Healthcare workers in non-clinical settings where patients are not cared for are not required to wear a surgical mask, although they may choose to do so.
- Surgical and respirator masks will continue to be available to healthcare workers in all settings.
- Healthcare workers will continue to advise patients and service users when mask wearing is required. Masks will be available to service users and staff who choose to wear a mask where it is not clinically required. A person's preference to wear a mask will be respected and facilitated.



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

A local institutional risk assessment is appropriate to determine the timing of a move away from universal use of masks in that setting. It is important that staff continue to carry out a point of care risk assessment ([PCRA](#)) before every interaction with a patient or service user.

The HSE guidance for [Acute Services](#) and [Residential Care](#) facilities have also been updated to reflect current public health advice. Please check out the updated guidance, the changes are all listed at the front of each guidance document.

I would like to highlight Hand Hygiene Day 5th May which is happening shortly. It's an opportunity for us all to focus on hand hygiene and I would like to thank you in advance for all of the work, events and awareness programmes that you are planning. Contact us on hcai.Amrteam@hse.ie if you would like a copy of our communications partner pack.



More than 60 participating hospitals in Ireland will take part in the third ECDC point prevalence survey in May 2023.

Ireland conducted its first PPS in 2006 in collaboration with the UK. The second PPS took place over the period 2016/2017 ([May 2017 in Ireland](#)). Table 1 shows a summary of the prevalence of healthcare associated infection (HAIs) and antibiotic use (AU) for EU/EEA countries overall and for Ireland in ECDC Point Prevalence Surveys organised in 2011/2012 and 2016/2017.

Table 1. Prevalence of healthcare-associated infection (HAI) and antimicrobial use (AMU) for EU/EEA countries overall and for Ireland in ECDC Point Prevalence Surveys organised in 2011/2012 and 2016/2017

	EU/EEA	Ireland
PPS 2011/2012		
HAI Prevalence	6.0%	5.2%
AMU Prevalence	35.0%	34.0%
PPS 2016/2017		
HAI Prevalence	5.5%	6.1%
AMU Prevalence	35.5%	39.7%

Note: there were amendments to the protocol for the 2nd PPS thus the data are not directly comparable

ECDC Third Point Prevalence Survey, May 2023

The main changes for the Third PPS are the:

- inclusion of healthcare-associated COVID-19 and related indicators,
- simplification of AU data,
- inclusion of indicators on automated HAIs surveillance and an alignment of the question regarding multimodal strategies for the implementation of IPC interventions with the question in the World Health Organization (WHO) Infection Prevention and Control Assessment Framework (IPCAF) tool to support the implementation of the WHO Guidelines on core components of infection prevention and control (IPC) programmes at the acute healthcare facility level.

The goal of the framework is to assess the current IPC situation in acute care hospitals, i.e. existing IPC activities/resources, and to identify strengths and gaps that can inform future plans.

HPSC will coordinate the ECDC PPS in Ireland with the support of the PPS Steering Group led by Dr Susanna Frost (Consultant Microbiologist HPSC/Tallaght University Hospital). Ireland have more than 60 participating acute hospitals confirmed so far and the survey will take place between **Tuesday May 2nd and Wednesday May 31st 2023.**

Training days for PPS data collectors from all participating hospitals will be held in the HPSC and virtually by the HPSC PPS co-ordination group during April 2023. Data will be submitted to ECDC by the end of July 2023 and HPSC aims to publish the PPS national report in Quarter 4 2023. The final European PPS report will be published by ECDC (publication date is yet to be confirmed).

For more information on PPS of healthcare-associated infections and antimicrobial use in acute hospitals in Ireland, visit HPSC's website: [HPSC National PPS reports](#). (This is a synopsis of an article in HPSC [Epi-Insight April 2023](#))



ELearning update for 2023

The AMRIC team have developed an e-learning plan for 2023. One new interactive eLearning module on Microbiology and surveillance is currently in development.

The ARMIC team are also reviewing and updating e-learning courses from 2020 to reflect aspects of care in all healthcare settings. Our team will engage with stakeholders for the review process and development in order to capture elements of IPC in these various settings where healthcare is delivered. This will broaden the scope of the e-learning courses and meet the educational needs of different staff groups in these areas. The courses which will be reviewed and updated include the following:

1. Breaking the Chain of Infection
2. Standard and Transmission based Precautions
3. Hand Hygiene
4. PPE
5. Respiratory hygiene and cough etiquette
6. Aseptic technique
7. Antimicrobial stewardship



These courses will also incorporate additional elements to further enhance the current IPC programme, reflecting new guidance and alignment with the draft NCEC Infection Prevention and Control guidance.

The team is working closely with HSELand to develop a new collaborative AMRIC learning Hub on HSeLand, which will improve accessibility to our AMRIC ELearning courses and resources and ensure that this is more user friendly.

A set of learning impact studies on the e-learning courses developed in 2022 will be undertaken during 2023.

We encourage all staff who use our e-learning resources to complete a post evaluation survey within 29 days after course completion. Your feedback is helpful to us, as it guides us to meet your eLearning needs in developing new and updating existing e-learning courses.

Level 3 & 4 Impact Studies will also be conducted through multidisciplinary focus groups/interviews with learners, line managers and leaders throughout the selected organisations to assess learning transfer and opportunities. Again this will assist us to further refine the learning resources so that the AMRIC programme continues to meet the needs of all staff who use these resources.

The Irish Institute of Pharmacy (IIOIP) and HSE Antimicrobial Resistance and Infection Control (AMRIC) team collaborated to host a parallel session as part of the 2023 Royal College of Surgeons in Ireland (RCSI) Charter Week “Shaping the future”.

HSE-AMRIC and the IIOIP were delighted to welcome key stakeholders from the Pharmacy Sector who presented on the topic of ‘Empowering all pharmacists to deliver antimicrobial stewardship’ and took part in the lively discussion panel. There was a fantastic turnout of over 40 pharmacist colleagues from across the profession at this in-person event which took place in RCSI on 1st February 2023.

The notable line up of speakers included:

- Marie Philbin, Chief Antimicrobial Pharmacist HSE-AMRIC
- Rosarie Lynch, Head of Clinical Effectiveness and Antimicrobial Resistance, National Patient Safety Office, Department of Health
- Clare Fitzell, Head of Professional Services, Irish Pharmacy Union (IPU)
- Ailbhe O’Mahoney, CPD Quality Assurance Pharmacist, IIOIP
- Orla Carroll, Strategic Policy Officer, Pharmaceutical Society of Ireland (PSI)
- Dr Aoife Fleming, Lecturer in Clinical Pharmacy and Vice-Dean of Interprofessional Learning, University College Cork

The session was co-chaired by Marie Philbin, Chief Antimicrobial Pharmacist HSE-AMRIC team, and Sarah Chambers, Operations Director, IIOIP.

The event provided an opportunity to reflect on what we have achieved in Ireland to date and provided a stimulus to think about what we can focus on in the future. The event showcased how vital AMS is in delivering safe care for our patients and the central role that pharmacists have in AMS.

Stakeholders took the opportunity to outline how they are supporting pharmacists to engage in AMS through their work, whether that be through policy, regulation, guidelines, education or other strategies. There was discussion of the great strides made in NHS England through embedding AMS into the community pharmacy contract and through independent pharmacist prescribing.

Throughout the presentations and discussions some key themes emerged: a strong focus on improving patient safety, the emphasis on the need for a collaborative multidisciplinary approach to AMS, and an appetite across the profession to maximise pharmacists’ contribution to AMS and practice to the full scope of the profession’s expertise. As Clare Fitzell aptly concluded in her presentation – “an enhanced role in AMS is within the pharmacist’s skillset and pharmacists are ready for action”.

Rosarie Lynch’s reminder that “there is no action too small” to contribute to the common goal of improving patient safety through AMS resonated with all speakers and led to the meeting culminating in a discussion of take-home actions (summarised in the table on the next page).

As the session closed there was a real sense of celebration of what has been achieved on Ireland’s AMS journey to date and optimism at what can be progressed into the future as we pursue our collective aim of further embedding AMS into pharmacy practice across Ireland.

Actions provided by speakers for audience and other panellists

Join the Pharmacist Antimicrobial Stewardship Network (PAMS-net) - all registered pharmacists can do that by going to the “Courses and Events” page on the IOP website, clicking the “Forum” tab and then enrolling in the PAMS-net.

Build into your thinking and practice a mini AMS pause – in your day-to-day practice take a moment to sense check if there is anything else you need to do to maximise your engagement with AMS

Empower patients by providing them with the proper advice around antibiotic use and good antimicrobial stewardship.

Empower pharmacy students as members of the healthcare team and as antimicrobial stewards – we can support AMS by empowering and building confidence in our pharmacy students.

Tell a friend to join the PAMS-net!

Take a moment to network and connect with pharmacist colleagues about AMS

‘Improving Antibiotic Use in Primary Care’ - a research project

Congratulations to our colleague Mala Shah, *Chief II Antimicrobial Pharmacist*, who had the honour of having her first paper published as primary author in the *Journal of Antimicrobial Chemotherapy* (paper is [here](#)). It was part of a European study providing valuable insights on general practice (GP) respiratory tract infection (RTI) consultations and to benchmark findings in Ireland to the European data.

Background: RTIs are the most common reason for antibiotic prescriptions from GPs. The COVID-19 pandemic has impacted on the nature of GP RTI consultations.

Objectives: To assess the quality of antibiotic prescribing, the impact of the COVID-19 pandemic and identify opportunities for antimicrobial stewardship (AMS) in Ireland.

Methods: Point prevalence audit surveys for GP RTI consultations were conducted as part of a European study at three time periods: January–February 2020, March–May 2020 and March–May 2021. Antibiotic prescribing was assessed and comparisons made between the three time periods.

Results: In total, 765 consultations were recorded, which were mainly face to face before the pandemic, but changed to predominantly remote consultations during the pandemic surveys in 2020 and 2021 (82% and 75%). Antibiotics were prescribed in 54% of RTI consultations before the pandemic. During pandemic surveys, this dropped to 23% in 2020 and 21% in 2021. There was a decrease in prescribing of Red (reserve) agents in 2021. Assessment against indication-specific quality indicators showed a high proportion of consultations for bronchitis and tonsillitis resulting in an antibiotic prescription (67% and 85%). Point-of-care testing (POCT) to aid diagnosis of RTIs were utilized in less than 1% of consultations.

Conclusions: During the COVID-19 pandemic, there was a reduction in antibiotic prescribing. Opportunities identified to support AMS in primary care in Ireland are targeted initiatives to reduce antibiotic prescribing for bronchitis and tonsillitis and introducing POCT to support appropriate antibiotic prescribing.



Timely notification of [notifiable infectious diseases](#) is important to facilitate prompt public health action. As soon as a medical practitioner or clinical director of a diagnostic laboratory becomes aware or suspects that a person is the carrier of a notifiable infectious disease they must notify the Medical Officer of Health (MOH)/Area Director of Public Health (ADPH).

There is also a requirement to give “[immediate preliminary notification](#)” to a MOH in the case of certain specified notifiable diseases (for example, legionellosis and meningococcal disease) or if there is a serious outbreak of infectious disease in the locality.

Notification of infectious disease provides an early warning of possible outbreaks and potential threats to public health. It enables Public Health to respond to prevent and control the spread of diseases through:

- case and contact management
- implementation of control measures
- public education
- monitoring and identification of emerging trends to guide policy and interventions.

Eighty-nine diseases are currently classified as notifiable and specified under the Infectious Diseases Regulations. The regulations require medical practitioners and clinical directors of diagnostic laboratories to refer to [case definitions](#) when notifying infectious diseases. These case definitions have been developed in line with standardised European case definitions. HPSC is responsible for maintaining, updating and circulating the case definitions.

Six new Public Health Areas (PHAs) have been established that align with Sláintecare Regional Health Areas. Notifications of infectious disease are

made to the ADPH in the area of residence of the patient. The list of who to notify can be found [here](#).

The clinical notification can be made by various means (telephone, email, post) by the use of a [standard notification form](#). Notification to the MOH is a legal obligation and is not in contravention of data protection legislation.

HPSC – Ireland’s specialist service for the surveillance for infectious disease

At national level, HPSC undertakes the surveillance of all notifiable infectious diseases, in order to:

- detect changes in disease occurrence e.g. identify outbreaks and new pathogens
- monitor trends
- describe the current burden and epidemiology of disease
- determine risk factors for disease and populations at greatest risk
- guide immediate public health actions and longer-term programmes
- evaluate control measures / interventions
- generate hypotheses
- stimulate research

Computerised Infectious Disease Reporting System (CIDR)

The [Computerised Infectious Disease Reporting System](#) (CIDR) is the national IT system developed to manage the surveillance and control of infectious diseases in Ireland. CIDR is certified to ISO 27001 Information Security Management System standard.

Continued overleaf



Clinical notifications originating from medical practitioners are created manually on CIDR by surveillance and administrative staff in Departments of Public Health. Laboratory notifications are uploaded electronically to CIDR and processed by staff in Departments of Public Health.

Infectious disease reporting

Anonymised epidemiological information obtained from notifications of infectious diseases reported in Ireland is made publicly available and published by HPSC in the form of [weekly](#) and [annual](#) reports, and the [COVID-19 Epidemiology dashboard](#). In addition, quarterly reports are produced for some diseases.

Ireland is also required to report information on certain infectious diseases and incidents such as outbreaks, to the European Centre for Disease Control and Prevention (ECDC), to the EU through the Early Warning and Response System (EWRS), to the World Health Organization (WHO).

Further information on how data is handled is available on the HPSC [website](#)

Thanks to HPSC Epi-Insight for the synopsis- the full report is [here](#) Authors: Angeline McIntyre, Louise Cullen, Margaret Fitzgerald, and Breeda Neville, CIDR Business Process Team, HPSC.

Asia Europe Foundation

AMRIC was invited to participate in the Asia Europe Foundation Public Health Network workshop in Tokyo, on the theme of Universal Healthcare Coverage in an era of Antimicrobial Resistance (AMR) and Pandemics in February 2023. Dr Eimear Brannigan, AMRIC Clinical Lead, attended as the country representative for Ireland, and participated in this highly interactive, two day event, sharing the experience of development and implementation of Ireland's second national action plan on antimicrobial resistance, iNAP2.

Fellow participants included senior decision-makers from Ministries of Health of Asian and European member states, directors of national health agencies from member states working in universal healthcare coverage or antimicrobial resistance, representatives from international organisations, non-profit organisations and academia, as well as representatives of private sectors whose work is closely related to AMR, such as pharmaceutical industries.

The report of the meeting is available [here](#)

In it is highlighted the importance of recognising the linkages between AMR, universal healthcare coverage and pandemic planning and response, together with the need for global coordination and collaboration to streamline actions and avoid duplication of effort at national level. It also sets out that increased awareness of AMR is required, together with greater awareness of the adverse humanitarian and economic impact of AMR.

Participants in the workshop highlighted that the problem of AMR is global and requires a global response that takes into account health inequities. Governments need to take the lead in establishing a global governance and financing mechanism to ensure equitable access to basic health care, including surveillance, prevention, diagnosis and treatment for resistant infections.

The AMRIC team will continue to promote awareness of AMR and develop tools to support the HSE in its goal to reduce HCAs and improve infection prevention and control.





RESIST launches continue to rollout

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

St. Dymphna's Carlow

St. Dymphna's Hospital and Group homes, Mental Health Services Carlow has joined the national "RESIST" hand hygiene campaign.

Speaking at the launch of the RESIST campaign in the St. Dymphna's at the Castle Activation Centre Carlow on 28th March Geraldine Sweeney A/DON said:

"As a programme, RESIST is aimed not just at those delivering care but at everyone who comes into a hospital or residential care facility, including patients and visitors. We will be intensifying the campaign across the South East over the coming months and are delighted that the St. Dymphnas Hospital has today taken part in promoting such an important programme."

Also speaking at the launch, Julie Meally Infection Control Nurse Specialist Carlow/Kilkenny added: "We are always looking to improve our Infection Control standards. The RESIST programme and the local IPCN and Local Link nurse practitioners programme are two ways we can do this at local and hospital level. Julie added she wished particularly to thank link nurses Helen Heffernan, Patricia Walsh, Anne Marie Nolan and management's assistance from Teresa Hughes, Manager of the Castle Activation centre on the day and Hospital management who highlighted the event to all areas within and around the campus.

There was a large turn out and participation of staff from all areas, including nursing staff, hygiene staff and healthcare assistants and student nurses. There are things we can encourage and assist the residents to do to protect themselves from picking up an infection or super bug. We are conscious of the role of our antimicrobial pharmacists in making us very aware of proper use of antibiotics and antimicrobial stewardship.

To this end we can follow the guidelines:

- Clean your hands regularly, using the alcohol hand gel in the hospital/healthcare facility
- Clean your hands before you eat and wash your hands after you go to the toilet.
- Avoid sharing your personal things with other residents – for example, your phone.
- Do not let anyone sit on your bed and avoid sitting on other residents beds
- Remember it is OK to remind a staff member or your visitors to clean their hands
- It is OK to tell a staff member if you see anything that is not clean.



From left to right: JoeJoe Menehan and, Anna Liro (Housekeeping, Kelvin Court MHS Carlow) with Catherine Mannion (Antimicrobial Pharmacist CHO 5)



From left to right: Catherine Mannion (Anti-Microbial Pharmacist) Julie Meally (IPCNS) Maree Hosey (IPCNS) and Michelle Hennebry (IPCNS)





RESIST launches continue to rollout

Clare Greene, AMS Pharmacist, Midland Regional Hospital Tullamore talking about the new RESIST tunics, “The initiative has increased awareness and knowledge of AMR and changed people’s mind-set somewhat – getting a reward for good behaviour rather than another job! Hopefully the positive mind set continues, especially as some ‘rewards’ are still up for grabs for staff members who perform AMS activities well.”



Regional Hospital Mullingar Infection Control Nursing team pictured above wearing the new RESIST tunics . L-R Claire Duffy CNM2 IPC, Christine McDonnell CNM2 IPC, Davina Rowe CNM2 IPC & Julie Cullen ADON IPC.



UCC student antibiotic awareness posters



This colourful collage is a small representation of some of the submissions in the recent UCC infographic competition which focussed on antibiotic awareness. The full details are accessible [here](#)



Infection Prevention & Control (IPC) Link Practitioners are being trained and supported by the IPC community staff locally and nationally. Dublin South Kildare West Wicklow (DSKWW) Community Health Organisation 7 (CHO7) currently have 48 link practitioners working across all services. They act as a local resource and role model for their service, whilst also being supported by a wider network of IPC experts. This role is designed to support service providers to implement effective infection prevention and control practices in their facility or service.

The IPC team in DSKWW have launched a Link Practitioner Audit and Quality Improvement folder across all services in Q1, 2023.

The aim of this team project was to develop and produce a comprehensive tool that would assist and guide IPC link practitioners within their role of auditing and the audit process. The folder outlined a step by step approach to the process and provided them with the templates, supportive information and guidance to assist and guide them in their auditing, report writing and quality improvement roles. It also provides them with a designated system for filing all documentation pertaining to the audit process.

The folder can be used as a reference tool for all staff including managers and auditors. The folders are being provided to all facilities and services that are supported by IPC link practitioners.

The CHO7 Community IPC team would like to acknowledge the important role of the IPC link practitioners in driving change to improve service delivery and to all who participated in the development of this quality improvement project. We would also like to acknowledge AMRIC and Community Operation Quality and Patient Safety Department who provided the funding for the project.



Baltinglass Community Unit
L to R: Ruth Curran & Phoebe Corregidor



St. Vincent's Hospital
L to R: Ruth Curran & Vengie Garcia



St. Brigid's Hospice
L to R: Missy Leeson & Margaret O'Connell



The Meath Community Unit
L to R: Jacinta Grace-Parker, Mittu Alungal, Jennifer Buela, Sidney Sabater, Onesima Placides, Reeja Baby, Adedayo Fadaio, Sunil Varghese



AMRIC Business Manager – Donna McNena

Donna McNena joined the AMRIC team in 2017 supporting the office of the National Clinical Lead. She took up the post of the AMRIC Business Manager in March 2022 leading out on the business, HR and finance functions for the AMRIC team, Donna works alongside the AMRIC Project Management team (PMO). Donna leads the AMRIC Administration team who support the office of the AMRIC Clinical Lead and provides administrative support to AMRIC projects aligned to HSE AMRIC Action Plan 2022 – 2025 aligned with iNAP2.

“Having worked in the Microbiology department of UHG for over 20 years, I have always been acutely mindful of the need for awareness around Hospital acquired infections (HCAIs) and the importance of correct antimicrobial use. The vital need to emphasise good IPC practices to address HCAIs and the ever more urgent need to use antimicrobials in a more appropriate and responsible way. Working alongside the multidisciplinary team in AMRIC has shown me that change can be made and that the message of good IPC practices and Antimicrobial stewardship (AMS) is making a real difference.”



You can contact Donna via email Donna.McNena@hse.ie

Assistant Staff Officer – Marie Donohoe

Marie joined the growing AMRIC team in July 2022. Marie previously worked with the vaccination centre and Home Support Services. Marie brings her 20+ years’ of knowledge, experience and expertise in bookkeeping and HR to the team. Since completing a Certificate in Management and Leadership at ATU, Marie is using her Management and Leadership skills leading out in supporting the office of AMRICs National Clinical Lead. Marie works closely with the AMRIC Business Manager and her fellow administration colleagues to progress all HR, Finance and administrative duties required by the AMRIC team.

"I am aware of the need for a new consciousness in the use of AMR and the domino effect on our environment and threat to human, animal, plants and the environment which is part of the AMRIC programme for One Health.

I am in awe of the expertise within the team and have a front row seat to the direct actions and quality improvements each member has in transforming Ireland’s healthcare with education and guidance for the better care of the patients, public, HSE staff – all stakeholders."



You can contact Marie on mariet.donohoe@hse.ie

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Assistant Staff Officer – Teresa Cunningham

Teresa Cunningham joined the AMRIC team in late 2022 at a very busy exciting time. Having completed a Certificate in Bio-Pharmacy and Medical Device Technology in 2019 and answering Be on Call for Ireland in March 2020. Teresa joined the HSE as part of CHO2s Covid-19 testing team as a community swabber. This role developed Teresa's keen interest in infection prevention and control practices and fostered a desire to extend her knowledge in antimicrobial stewardship. Her new role in AMRIC came at the ideal time to develop this knowledge base further.

Teresa brings over 20 years' experience of administration and project development to the AMRIC team and hopes to use this experience to support the team to further their work in public health and infection prevention.

You can contact Teresa on teresa.cunningham3@hse.ie



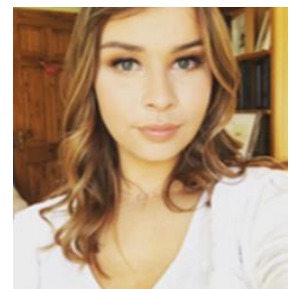
Assistant Staff Officer – Sinead Cummins

Sinead Cummins joined the HSE and the AMRIC team in November 2022 supporting the AMRIC team's administration. Sinead just completed a degree in Human Resource Management.

“Having completed a four year degree in Human Resource Management, I look forward to bringing the skills and tools I have learned to this role. I have a keen interest in Microsoft Excel and have already brought my expertise in this area to AMRIC.

I am delighted to be working with a national team in the HSE and look forward to helping AMRIC achieve the projects committed to and learning more about Infection Prevention Control and Antimicrobial stewardship.”

You can contact Sinead on Sinead.Cummins2@hse.ie



This is a repeated article to remind staff that you have access to a wide range of patient leaflets and translated patient information. Please order in time for hand hygiene day.

There are a number of AMRIC print resources available to order including awareness posters, guidance posters and patient information leaflets. These resources are available to order online from www.healthpromotion.ie. To place an order you should first set up a professional account when registering. To access the AMRIC resources you should type RESIST into the search box. This will bring up the 27 items that are currently available to health professionals to order.

The printed patient information leaflets include the following:

CPE	<i>C. Diff</i>	VRE
MRSA	ESBL	IV lines
How to take your antibiotics	Norovirus	Urinary catheters
Infection prevention in hospital	Multiple Drug Resistant Organisms (MDROs)	

We have also provided translations of all of these leaflets in French, Irish, Polish, Russian, Spanish and Ukrainian. The fact sheets are available to download and print [here](#). Please note that in some translations you will need to open on the link to identify the content. It will be shown in the title line at above the document.



RESIST merchandise (t-shirts, note books, bags etc) is reserved for hand hygiene day, European Antibiotic Awareness Day and RESIST launches. Merchandise will continue to be issued via the AMRIC team and are not available to order online. If you have any queries please contact the AMRIC team

hcai.amrteam@hse.ie



Number of CPE screens Q4 2022

(Rate per 10,000 Bed Days Used)

