

Welcome

to the 18th RESIST newsletter from the Antimicrobial Resistance and Infection Control Division of HPSC (AMRIC). In this edition we reflect on International Hand Hygiene day on the 5th May, AMRIC resources and education modules. We also have lots of updates on antimicrobial resistance, IPC news and an update on the IV teams in Beaumont and Tallaght hospitals.

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

1. Message from the Chief Clinical Officer
2. Irish Dental Association honorary membership
3. AMRIC Clinical Lead
4. AMS poster presentation in Copenhagen
5. PPS of mental health antibiotic use
6. Beaumont and Tallaght IV line teams reach 1,000 lines
7. CPE screening map
8. AMRIC grant programme 2023
9. Launch of NCEC IPC guidance
10. Celebrating hand hygiene day
12. & 13 Continuing the RESIST rollout
14. AMRIC staff news
15. Community Healthcare West roundup
16. AMS resources roundup for residential care facilities
18. AMRIC resources and ordering

Dr. Colm Henry, HSE Chief Clinical Officer

We all know that effective infection prevention and control is central to providing clean, safe and high quality health and social care for the people who use our services. It also protects our staff as we deliver services and it protects the wider community. Nevertheless, for many health care practitioners IPC is often seen as a rule book of dos and don'ts.

The past three years have been very much around trying to follow rules. However, it's essential that we see the individual person we are treating as the most important aspect of any service we provide. We have to manage IPC risks as part of our overall support to the individual.

Over the past few years the AMRIC team published or updated over 390 guidance documents to support all of you who were providing care and services in the midst of a pandemic. In the 3 years of the pandemic we provided over 70 webinars and training sessions with 45,000 staff tuning in to get the latest updates and ask for advice. The AMRIC online education modules have nearly 600,000 successful completions.

This support and these resources were critical in the midst of a pandemic. It was essential for AMRIC and Public Health to review IPC trends, evidence and guidance from ECDC and the WHO to adapt it for Ireland and to take a lead in providing up to date guidance for staff dealing with the ever changing virus.

However as we move to a non-pandemic service it is now timely that we re-focus on providing guidance and leadership to empower **you** to revert to your local risk analysis and decision making.

The new NCEC IPC guideline launched by the Department of Health will be available shortly, watch out for the DOH announcement when it has been published. The new guideline will enable you to make those decisions based on agreed principles. Guidance will never replace professional judgement on particular cases or circumstances if an individual guideline recommendation is not appropriate in the circumstance presented. This is the key to all guidance – it never replaces professional judgement when it comes to individual circumstances or cases. *Continued next page*



Dr. Colm Henry,
HSE Chief Clinical Officer

I want to ensure that you have the supports and resources aimed at enabling local decision making. For example; the AMRIC Competency [Framework](#) for Infection Prevention and Control Practitioners is an essential tool for all IPC practitioners working in our health services. Importantly, the framework launched last year builds on the learning and experience from the COVID-19 pandemic response, a time when IPC was so important for safe environments for patients receiving care and the staff that delivered such care. The framework gives staff clear guidance on the skills and knowledge required to be an IPC practitioner.

We also recently launched tools to support local institutional risk assessment, the new point of care risk assessment ([PCRA](#)) and updated standard precautions resources. Again, this is a key part of the focus on providing tools and resources to support local decision making. The AMRIC team and the Clinical Programmes will continue to provide educational webinars and online education modules to make sure IPC and healthcare staff have access to current knowledge.

Key to empowering staff is peer education and networking. We will continue to rollout networking meetings, webinars and opportunities to raise issues. I want to ensure that staff are enabled to give their IPC advice based on local risk assessment, guidance and their experience of managing infection prevention and control on the frontline.

I have been talking recently about getting back to basics of IPC for all healthcare staff, reaffirming our knowledge, using guidance to support decision making locally and taking managing risk at a local level. The new NCEC IPC guidelines will be pivotal to supporting you in making the best IPC decisions for our patients.

Míle buíochas d’achan dhuine, GRMA, **Dr Colm Henry, Chief Clinical Officer**

Irish Dental Association lifetime honorary membership

Professor Martin Cormican, former Clinical Lead for the Antimicrobial Resistance and Infection Control Team was recently conferred by the Irish Dental Association with a lifetime honorary membership in recognition of the AMRIC work with the dental profession during COVID-19. When Professor Cormican accepted the award he said the following: “Throughout this challenging period I relied heavily upon the support of a small dedicated team in the HSE. In presenting me with this honour this evening you also honour the team that made it possible for me to be of use to you.



Professor Martin Cormican pictured with Dr. Eamon Croke, President of the Irish Dental Association at the recent conferring.

On the night Martin talked about the support of the AMRIC team. “For anyone who should work through such a challenging period, they could not wish for better than to work with the AMRIC team. I trusted completely in their commitment, discretion and loyalty and they never gave me cause to regret it.”



The HSE launched its [Climate Action Strategy 2023-2050](#) in June and is committed to achieving net-zero emissions no later than 2050.

Climate change is one of the greatest threats to public health across the globe, and as Ireland's largest public body, we have a significant role that we can play in tackling the climate crisis. The healthcare sector is a contributor to greenhouse gas emissions, accounting for an estimated 5% of total emissions globally. We are also responsible for responding to people's changing health needs affected by climate change.

Why are you reading about this in the RESIST newsletter? What does the climate have to do with infection prevention control and antimicrobial resistance? Globally, healthcare is a key contributor in fuelling climate harm due to our need for high-energy intensive buildings, transportation footprint of employees and patients, global supply chain emissions including supplies, pharmaceuticals, devices, and food, the use of single-use goods and more. I want to focus on a couple of things that we can all do to improve our carbon footprint as we work.

Most of our PPE is single use so we need to be sure that we are using it appropriately at all times. Always ensure that you carry out a point of care risk assessment ([PCRA](#)). This is an integral part of standard practice, which should be performed by every healthcare worker **before** every patient/ resident/ client interaction. This helps to assess the risk of exposure to infectious agents or transmissible microorganisms. PPE should be used where appropriate and should not be used continuously when it is not required.

As well as ensuring that we only use PPE where it is necessary, it is important that we dispose of used PPE in the correct [waste management](#) bin. Not all PPE needs to be placed in healthcare risk waste - so always check that you are using the right bin. PPE which is not contaminated with blood or hazardous body fluids and also wastes which, while assessed as non-infectious, may be regarded as potentially offensive, can also be disposed of in non-risk waste streams. For example gloves with no body fluids on them can be placed in the non clinical waste bins.

Clinical waste is disposed of in a way that generates higher carbon and it is more expensive to deal with. The HSE National Sustainability Office identified that only 66% of waste in yellow clinical bins was clinical.

Another thing prescribers can consider is minimising the use of IV antibiotics where possible. Switching from IV to oral medications has an immediate reduction in carbon footprint and reduces the risk of infection to our patients from IV cannulas. Every time we insert a cannula into a patient, we open an entry point for infection. Always consider if there is an oral alternative that is better for the patient and the environment.



We need to stop and think about the production effects and waste from prescribing inappropriate IV antibiotics instead of pills. Each IV has a much higher carbon footprint for manufacturing and transport. We all know that IVs have a lot of plastic – the bag, the tubes, the cannulas and packing compared to using a blister pack of 12 tablets. Even visualising the two types of antibiotics can be an eye-opener. Of course, there will always be times where IV antibiotics are the absolute best option for patients. However, we know that there are many opportunities to switch from IV to oral in a more timely way.

I urge you to familiarise yourself with the new climate action strategy and consider how you can make even small changes to make a big difference.

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



HSE Community Antimicrobial Pharmacists present a poster at the European Congress of Microbiology and Infectious Disease (ECCMID)

In April, Róisín Foran and Sarah Fagan (Senior Antimicrobial Pharmacists for Dublin South, Kildare and West Wicklow CHO and Midlands Louth Meath CHO, respectively) presented a poster at the ECCMID conference in Copenhagen, Denmark. Representing the CHOs and their community antimicrobial pharmacist colleagues from around the country, Róisín and Sarah presented the findings and recommendations from the National Point Prevalence Survey of Antimicrobial Use in HSE Mental Health Facilities. A visual representation of the Antimicrobial Point Prevalence Survey results and key findings is now available in the Mental Health PPS infographic poster – see page 5.

This year, the ECCMID conference was attended by almost 15,000 delegates and was a fantastic opportunity to share one of the antimicrobial stewardship initiatives from Ireland on the international stage.

The contribution of colleagues in Mental Health Services residential care facilities and the National Antimicrobial Resistance and Infection Control (AMRIC) team was acknowledged and is greatly appreciated as we continue our work to promote best use of antibiotics and tackle the growing problem of antimicrobial resistance.

For further information on community antimicrobial stewardship initiatives you can contact the antimicrobial pharmacist for your area. Further details available from www.antibioticprescribing.ie



Róisín Foran and Sarah Fagan
HSE Senior Antimicrobial Pharmacists

Survey results are provided on the next page



National Antimicrobial Point Prevalence Survey of HSE Mental Health Residential Care Facilities 2021/2022

1003
Number of persons surveyed
in 51 Facilities

KEY FINDINGS

Prevalence of Antibiotics



Approximately **1 in 16** (6.3%) persons on an antibiotic

>50%
antibiotics for
prophylaxis



Green/Red Antibiotics



38% Red antibiotics

National target for 2022: 32%
National target for 2023: 30%



Green:
Preferred antibiotics

e.g. amoxicillin, doxycycline, cefalexin,
nitrofurantoin, flucloxacillin



Red:
Reserve antibiotics

e.g. co-amoxiclav, clarithromycin (macrolides),
ciprofloxacin (fluoroquinolones), clindamycin,
other oxphthalosporins

Infections Treated



Dipstick Urinalysis for UTIs



53% facilities perform dipstick urinalysis in
asymptomatic patients for assessment of UTI

Drug Interactions



Clarithromycin, ciprofloxacin
and many other **Red Antibiotics**
interact with psychotropic agents

- reduced seizure threshold
- QT prolongation
- drug toxicity

Choose **Green Antibiotics** where possible
Refer to www.antibioticprescribing.ie

KEY RECOMMENDATIONS

1



Every person on UTI
prophylaxis in excess
of six months should
be reviewed with a
view to de-prescribing

2



The practice of routine use
of dipstick urinalysis for
asymptomatic persons to
support diagnosis of a
urinary tract infection
should cease

3



All staff should
be aware of antibiotic
guidelines at
www.antibioticprescribing.ie

4



Green Antibiotics
should be used in
preference to **Red**
Antibiotics
where possible,
if antibiotic indicated

5



Shorter is better
Use shortest effective
course of antibiotic, e.g.
5 days for respiratory
tract infections

Thanks to designated funding from the Department of Health in 2021 and 2022 the HSE has implemented IVC care teams across model 4 hospitals and one model 3 hospital. The majority of teams are now in place in these hospitals. The aim of this intervention is to help prevent device related S.aureus blood stream infections and other complications through standardising the practice of insertion, care and maintenance of IVCs.

Intravenous catheters (IVCs) are a significant contributor to hospital acquired Staphylococcus aureus (S. aureus) blood stream infection (BSI). Other harms to people related to venous catheters are more common and include extravasation, tissue damage, local site infection and blood stream infection related to other microorganisms.

The HSE 2022 national key performance indicator (KPI) for hospital acquired S.aureus blood stream infections is 0.8/10,000 bed days used (BDU). A high proportion of these cases are associated with model 4 hospitals.

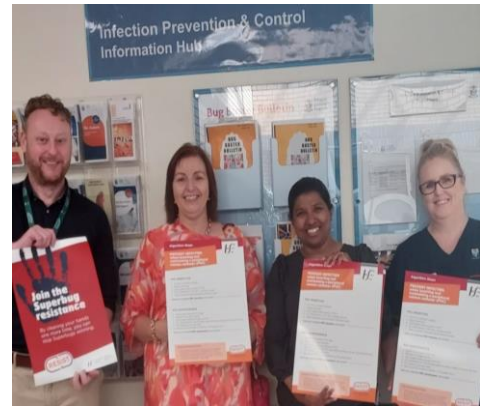
Approximately half of the cases were identified as related to IVCs. Improved IV care is expected to reduce the incidence of this very serious infection so as to improve patient care, meet the KPI target, reduce harm to patients related to intravenous catheters and improve the overall patient experience related to intravenous access.

Two meetings of the Intravenous Catheter Teams (IVC) Forum and an AMRIC educational webinar have taken place in Q2 2023. This is a joint collaborative between the AMRIC Team and Acute operations.

In June 2023, two hospitals, Beaumont Hospital and Tallaght Hospital celebrated 1,000 peripheral venous catheter insertions by their IVC teams. This was a noteworthy milestone to reach and demonstrates the significant work which has been achieved by these teams in a short timeframe. Further AMRIC initiatives are planned throughout 2023 to support the IVC teams. (See page 7 for further photos.)



Pictured celebrating the announcement of 1,000 Peripheral Vascular Catheter (PVC) Insertions by the Beaumont Hospital Intravenous (IV) Team from Infection Prevention and Control were from left to right: Mary Poulouse, CNS, IPC; David McCabe, HCAI/AMR, Project Manager/Acute Operations HSE; Josephine Galway, Director of Nursing, AMRIC; Marie Murray, Director of Nursing; George Kurane, Staff Nurse, IV Team; Caoimhe Finn, Assistant Director of Nursing, IPC; Fe Criselda O' Rourke, Staff Nurse, IV Team; Helen Carpenter, CNM3/IPC; Sini Thomas, Staff Nurse, IV Team; Professor Karen Burns, Consultant Microbiologist; Angelo Alparache, CNM2, IPC; Giribabu Kalukondanahally, CNM3, IV Team Lead, IPC and Jincy Thomas, CNM2, IPC. The IV Team is funded by AMRIC (Antimicrobial Resistance and Infection Control) and were joined in their celebrations by Josephine Galway and David McCabe from AMRIC.

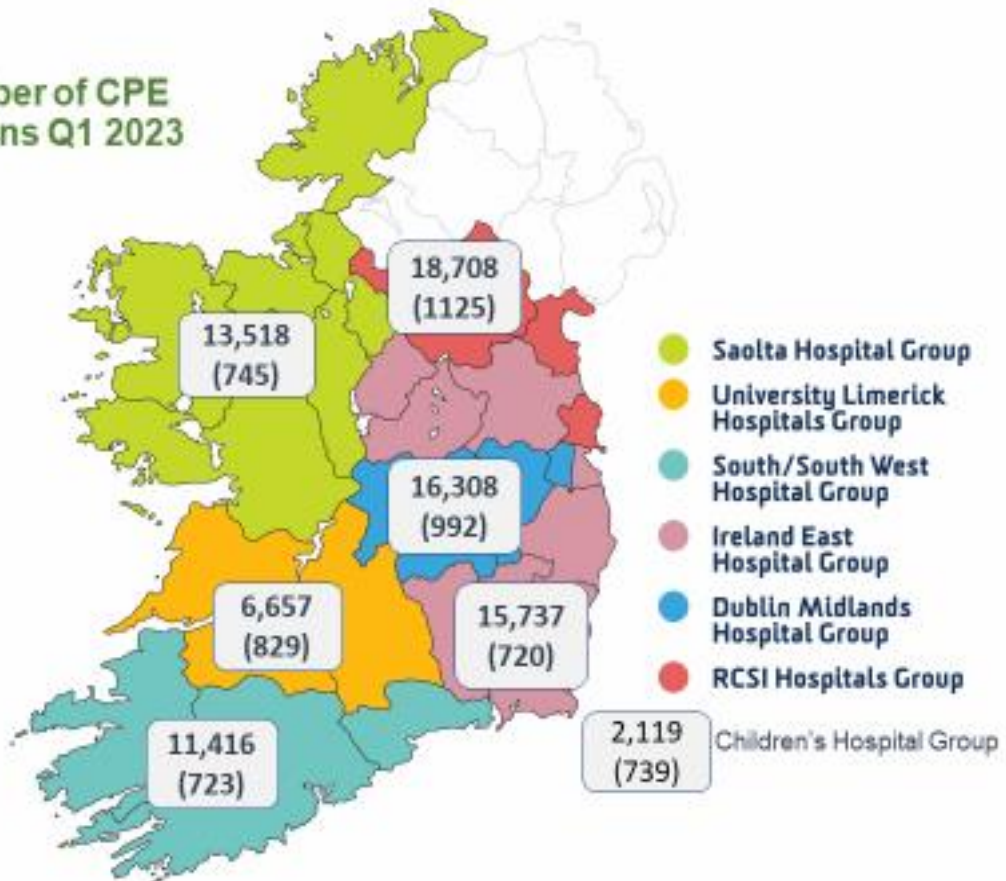


From L-R: Sandra McCarthy (Interim DON TUH), Shaini Paul Mathew (ADON, IPC TUH), Josephine Galway (DON, AMRIC), Andrea Doyle (CNM3, AMRIC TUH), David McCabe (Acute Operations, AMRIC), Edwin Pabilona (Staff Nurse, VAQST), Shantimol Jose (Staff Nurse, VAQST).

From L-R: David McCabe (Acute Operations, AMRIC), Josephine Galway (DON, AMRIC), ShainiP Matthew ADON IPC, Andrea Doyle (CNM3, Vascular Access Team, Tallaght University Hospital)

CPE Screening map Q1 2023

Number of CPE screens Q1 2023



Have you got a good idea for raising awareness about antimicrobial resistance or infection control in your place of work? Is it something that a grant from the AMRIC team would help to kick start? The AMRIC team is looking to support local initiatives aimed at raising awareness around antimicrobial resistance (AMR), antimicrobial stewardship (AMS) and infection prevention and control (IPC).

The communications and awareness grant project is looking to improve outcomes for service users through the promotion of AMS or raising awareness of AMR and IPC. The grant application process is open to HSE acute or community services who want to promote AMS projects around awareness or stewardship in 2023.

Audrey Lambourn, AMRIC team Communications Lead says, “Raising awareness of AMR and AMS is a key part of Ireland’s National Action Plan on Antimicrobial Resistance 2021-2025 (iNAP2). The plan aims to implement policies and actions to prevent, monitor and combat AMR across the health, agricultural and environmental sectors. Reducing the inappropriate use of antimicrobial medicines, as well as preventing the transmission of infections and disease, is vital to stop the development and spread of resistant microorganisms.”

A key part of that strategy is raising awareness of AMR and implementing initiatives to improve patient outcomes. The local grant initiative is aimed at supporting HSE services implement local actions. We look forward to receiving applications for the funding. The total grant fund is €40k which will be distributed across 8 services broken down as follows:

- 6 grants of €5000
- 4 grants of €2500

A key assessment is that the event/activity must promote AMS/AMR in the context of reducing HCAs. Priority for funding will be given to activities/events that would not go ahead without AMRIC grant support. One-off grants cannot be used for ongoing revenue funded projects. Grants will not usually be provided for printed resources e.g. posters, patient information leaflets etc. as AMRIC provide a wide range of printed materials (see page 16).

Services can download an application form [here](#) and the completed form should be scanned/photographed to be sent via email to the AMRIC team hcai.amrteam@hse.ie

The deadline for receipt of a completed application form is 17.00 on Friday 28th July. Successful HSE services will be advised on the week of the 14th August ensure that funding is transferred within the 2023 financial year. Only fully completed application forms will be assessed.

Only 1 application per hospital or community service will be considered, budget codes must be provided for budget transfer by 25th August. Successful services that cannot provide a budget code by that date will not receive a grant.



One of the previous winning grants to Kerry University Hospital; Dress for Success. A new branded tunic for AMS staff which has now been replicated across many IPC and AMS teams countrywide.



On Thursday 11th May 2023, the Department of Health hosted a launch for the NCEC National Clinical Guideline No. 30 Infection Prevention and Control. The event was held in the Town Hall in the Department of Health offices in Dublin.

There was a broad range of speakers at the event including Prof. Martin Cormican, Chair of the Guideline Development Group, Dr. Eimear Brannigan, HSE AMRIC National Clinical Lead, Josephine Galway, Director of Nursing, HSE AMRIC National Team, and Bernie O'Reilly, Patient Representative.

The event was chaired by Rosarie Lynch, Head of Clinical Effectiveness and AMR, Department of Health. The Chief Nursing Officer, Rachel Kenna provided the initial opening remarks, and the day was brought to a close by the newly appointed Director of the National Patient Safety Office, Department of Health, Kate O'Flaherty.

Congratulations to the Guideline Development Group and all involved in the guideline which has met the Quality Assurance criteria of the National Clinical Effectiveness Committee, which aligns to international best practice. The guideline is available at www.gov.ie/clinicalguidelines

The Human Health Midterm Review of Ireland's second One Health National Action Plan on Antimicrobial Resistance 2021-2025 (iNAP2) was published on the same day. As iNAP2 was developed during a time of change and challenge in the health system, provision for a mid-term review was included in the plan.

The new National Clinical Guideline on IPC is an action under Strategic Objective 5 in iNAP2 and new actions were added in the Midterm Review to progress implementation and work on guidelines for *C. difficile* and MRSA. The Midterm Review is available at www.gov.ie/amr

The Department of Health acknowledged the huge work of everyone involved in the IPC Clinical Guideline and all the stakeholders who contributed to the completion of the Human Health Midterm Review. Congratulations to all.



Members of the AMRIC team and NCEC working group with front l-r Dr. Eimear Brannigan HSE Clinical Lead, Professor Martin Cormican, Chair of NCEC National Clinical Guideline No. 30 Infection Prevention and Control and Rosarie Lynch, Principal Officer, DoH Clinical Effectiveness and Antimicrobial Resistance Division



Thank you

5th May was International Hand Hygiene day across the world and this was marked in many services across the HSE this year. The focus this year was a focus 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 could have filled 10 pages with the photos, apologies if you have not been included this time.

Have a look at some of the events that were held to mark the day

CHO8

Staff and Infection Prevention and Control (IPC) nursing team celebrated World Hand Hygiene day across numerous CHO 8 care group settings on the 5th and during the month of May 2023, as can be seen in the photos from some of the services. During the month, facilities were encouraged to participate in a hand hygiene quiz, check their hand hygiene technique using the hand examination cabinets, and display hand hygiene promotional material. The IPC team developed key messages for the month, which were shared to the facilities for display in prominent locations, the messaging format was key to enable delivery of the message at safety pauses/handovers. (See images 1-3). The IPC team are reminding staff, service users and visitors that Hand Hygiene is not just for COVID-19... It's for Life. This year it is about how we can strengthen and empower one another to improve hand hygiene and infection prevention and control at the point of care to keep residents/clients and staff safe. Further information is available on www.hse.ie/handhygiene



Staff in Riada House Tullamore celebrating World Hand Hygiene Day with IPC Link Practitioner Gigi Kollalill Itoop,



Staff in Barrack Street Health Centre celebrating World Hand Hygiene Day with IPC Nurses (Kathleen Murray & Noeleen Hallahan)



Staff in Barrack Street Health Centre celebrating World Hand Hygiene Day 2023 with Infection Prevention & Control Nurses (Kathleen Murray & Noeleen Hallahan)



Staff celebrating 5th May World Hand Hygiene Day 2023 and Angela Fagan, Joe Flood (Hand hygiene train the trainer)



Even Teddy joined in on the big day



Well done to Dr Saied Ali, Micro registrar who dressed up as the GERMINATOR pictured with Belsie Jayaseelan, CNM3 IPC



Susan Thomas and Priya Biju ,IPC CNS



Clodagh Keville (white t-shirt) , ADON IPC CHO1 with team members and staff highlighting hand hygiene day. Well done on the youtube [video](#)



Launching the new RESIST tunics and hand hygiene day in St. Luke's Hospital are left to right: Chiara Parisella, Agnes Murray CNM3 bed manager, Maggie Gormley CNM2, Noeleen McDaid CNM2 and Roisil Gill CNM3 Education



John Ward is being shown how to do proper hand hygiene by Sharon Hoban from Community Healthcare CDLMS IPC Team.

This was taken in The Angle Community Inclusion Hub for HSE Disability Services.

Thank you John for letting us use your photo.



Michelle Merrit (left) with Eleanor McCarthy ADON IPC CKCHC talking to Minister Donnelly about the importance of hand hygiene

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. Vincent's Community Unit Mountmellick

St. Vincent's Community Nursing Unit recently launched the HSE RESIST hand hygiene programme, to refresh the unit's hand hygiene messages and to continue to promote the importance of clean hands. This launch was timely as World Hand Hygiene day took place in May.

Speaking at the launch Mary Margaret Daly, Interim Director of Nursing said, "St. Vincent's unit is always looking to improve their standards. Shelia and Rosemary completed the Infection Prevention and Control (IPC) Link Nurses Link Practitioner programme, and are a great support to promote good IPC practices and provide hand hygiene training amongst staff. The RESIST programme will help us to do that and we are delighted we were selected to be part of the rollout in HSE CHO residential services. We have always implemented good hand hygiene in practices in St. Vincent's, but this programme will help us to refresh and energise our hand hygiene approach. Along with our staff, our residents and their visitors we have a role to play to help stop the spread of infections."

The IPC Nurses Liz Winters, Deirdre Nolan, Claire Dowling & Antimicrobial Pharmacist Sarah Fagan joined the staff in St. Vincent's to support the launch. The RESIST programme also raises awareness of antimicrobial stewardship (protecting antibiotics). Lisa Fetherstone (ADON IPC CHO 8) added "The RESIST programme is aimed not just for healthcare workers but also includes everyone entering a facility/service and our residents and visitors. Good hand hygiene is one of the greatest protections for our health and the health of our families. When healthcare workers keep their hands clean, they help prevent the spread of serious healthcare-associated infections. These infections can happen in any healthcare service and can be very serious for our residents. We can all help stop the spread of these infections by cleaning our hands."



Infection Prevention and Control Link Practitioners Shelia Slevin and Rosemary Young



Members of the Infection Prevention & Control nursing team (Claire Dowling and Liz Winters), Antimicrobial Pharmacist Sarah Fagan) with the staff and residents of St Vincent's Mountmellick for the launch of RESIST

New Houghton Hospital, New Ross

The Director of Nursing at New Houghton Margaret Nowlan-O Neill, the Acting Director of Nursing in Gorey District Hospital Michelle Stokes and their respective staff colleagues joined Kerensa McRedmond (Clinical Nurse Manager 2, Infection Prevention & Control/Wexford, Quality, Safety & Service Improvement Division, South East Community Healthcare) this week in promoting RESIST in their hospitals.

Cleaning your hands properly, at the correct time, when delivering care to our service users, is the most effective way to stop the spread of many infections including COVID-19. When healthcare workers like doctors, nurses and carers, keep their hands clean, they help prevent the spread of serious healthcare-associated infections (HCAIs). These are infections that can happen in any healthcare service. New Houghton Hospital is always 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 Older Persons Services.

The new hand hygiene awareness programme is aimed at all healthcare workers and public utilising the service. Some infections found in healthcare facilities can be very serious. We can all help stop the spread of these infections by making sure that our staff, service users and visitors clean their hands. We want our staff to continue their hand hygiene training and join the Superbug Resistance. We have always implemented good hand hygiene practices in New Houghton Hospital, but this new programme will help us to refresh and energise our hand hygiene approach.

The public can also play a big part in reducing the spread of infection. There are things you can do to protect yourself from picking up an infection or superbug:

- Clean your hands regularly and use the alcohol gel available
- It's OK to remind staff to clean their hands
- It's OK to tell a staff member if you see anything that is not clean



Round up of hand hygiene day in Dublin North City & County



Caitriona Sheridan, CNS IPC DNCC showing the Hand Hygiene commitment tree for IPC



Staff from CHC Dublin North City & County celebrating hand hygiene day. L-r Vahida Anandan, Deirdre O Connell, Figi Savio, Yvonne O'Loughlin, Caitriona Sheridan and Sinead O'Neil





Staff & residents in Dungloe Community Hospital with IPC staff



Staff & day patients in The Angle Community Inclusion Unit, Dungloe with IPC staff

AMRIC team:

Farewell

This is my final RESIST Newsletter for AMRIC and I would like to thank each person who submitted articles and gave feedback. I am finishing up on 31 August as Communications Lead for the AMRIC team where I have been for the past 5 years. It has been a privilege and a pleasure to have worked with the national AMRIC team and all of the regional teams across the health services.

There will be a new communications lead in place this autumn who will take over the editor role for the newsletter. Please continue to send in any articles or photos to the AMRIC team HCAI.amrteam@hse.ie.

I wish you well in your endeavours and commitment to improving IPC and AMS across the HSE.

Go n-éirí an bóthar libh

Audrey Lambourn
Communications Manager



Hello

Martina Connolly joined the AMRIC team in April 2023, as a Clinical Nurse Specialist in Infection Prevention and Control. She will be working as part of the nursing team with, Josephine Galway DON and Barbara Slevin ADON.

Martina has over 20 years of experience in healthcare where she began her nursing career in the Royal Free Hospital, London. Martina has been working in the field of Infection Prevention and Control since 2007. She has completed her Master's Degree and has gained great experience across both the acute and community settings, within the Mater Misericordiae hospital and Community health CDLMS, working on quality improvement initiatives in support of Infection prevention and control.

“It is an exciting time to join the AMRIC team following the publication of the Infection Prevention and Control (IPC) National Clinical Guideline No. 30. I am also really looking forward to working together with this wonderful team to deliver on the iNAP2 action plan”.



Appreciation Day

On Wednesday May 3rd Community Healthcare West (CHW) hosted a much deserved appreciation day for our Link Practitioners and Peer Flu Vaccinators.

The event took place in the Ard Ri Hotel Tuam, Co Galway. The purpose of the day was to provide a platform for shared learning experiences and acknowledge the consistent hard work and dedication shown.

The Community Healthcare West Infection Prevention & Control Team and Flu Lead offered refresher training in Hand Hygiene and Injection Technique to coincide with Hand Hygiene Awareness Day on May 05th. Thanks to AMRIC for the wonderful bags and other items supplied to the event.



Some of the participants at the appreciation day in Galway

Hand Hygiene Train the Trainer, Community Healthcare West

Providing Safe Patient Care is a key commitment for the HSE. As Infection Prevention and Control nurses supporting services in providing safe patient care is fundamental to our role.

Healthcare associated infection is a major burden and threatens the safety and care for patients. Hand hygiene is the single most effective action to stop the spread of infection, while integrated with other critical measures.

Staff participation in The National hand hygiene Train the Trainer programme drives local improvement and ensures effective mandatory education takes place.

The programme provides education, guidance and tools to enable other healthcare workers to deliver hand hygiene training in their service.

The IPC CHW Team recently facilitated a hand hygiene Train the Trainer programme in Ballinasloe, Co. Galway. (see below).

We would like to thank our colleagues in the HSE for their continued support and participation in the programme and the Centre of Nursing and Midwifery Education in Galway and Mayo/Roscommon who support us in facilitating these courses.



HSE Community Services has published a very helpful 2 page synopsis of all the relevant resources for antimicrobial stewardship in residential care facilities <https://rb.gy/g7149> Please note the links will not open in the images below and on the next page. Use the short url to access the online version.

Antimicrobial Stewardship Resources for Residential Care Facilities

RESIST

www.antibioticprescribing.ie is the national reference source for best-practice guidelines for antibiotic use in residential care facilities, including a dedicated section for '**Antimicrobial Use in Long-Term Care Facilities**'.

Antimicrobial Stewardship Supports

(clickable links)

- **Infographic** of key findings and recommendations from Antimicrobial PPS in HSE RCFs for Older Persons 2020/2021
- **Infographic** of key findings and recommendations from Antimicrobial PPS in HSE Mental Health 2021/2022
- **Preferred antibiotic use** in the Community Green/Red Table
- **Good Practice Points** for commonly used antibiotics
- **Supporting pneumococcal vaccination** in long-term care facilities
- **Position statements** for the use of dipstick urinalysis in assessing evidence of UTI in adults
- **The use of dipstick urinalysis for Older Persons** in residential care facilities 13 May 2022 (Webinar link to YouTube)
- **The use of dipstick urinalysis for Older Persons** in residential care facilities.pdf (Presentation Slides size 3.9 MB)
- **Decision Aid** for Management of Suspected UTI in Older Persons (over 65yrs) in Residential Care.pdf (size 736.4 KB)
- **National Antimicrobial Stewardship Guidance** for all healthcare settings
- **www.hseland.ie** includes the following educational modules:
 - Antimicrobial Stewardship in Practice
 - Prevention and management of Urinary Tract Infection
 - *Clostridioides difficile* infection, IPC and AMS principles, prevention and management.
 - Pneumococcal Polysaccharide Vaccine (PPV23)
- **National Standards for Infection Prevention and Control** in Community Services

In many cases the Preferred Antibiotic is No Antibiotic

Advise patients/caregivers to visit the HSC website www.hseland.ie for self-care advice for viral and self-limiting infections.

Respiratory Infections	Urinary Tract Infections	Skin and Soft Tissue Infections
Amoxicillin Duration in general: 5 days	Nitrofurantoin* (Only for lower UTI)	Flucloxacillin
Doxycycline*	Cefalexin	Cefalexin
Penicillin V (phenoxymethylpenicillin)	Trimethoprim*	Doxycycline* (acute)
	Fosfomycin* (Only for lower UTI)	Lymecycline* (acute)

Antibiotics To Be Avoided First Line In Community

<p>Co-trimoxazole Risks: C:SE Unless as first line for: atypical or human bites; facial cellulitis; post-partum endometritis; neisseria meningitidis; peritonsillar abscess</p> <p>Other cephalosporins Risks: C:SE • Cefaclor • Cefadroxil • Cefprozil</p> <p>Clindamycin Risks: C:SE *Preferably only be considered in patients with true penicillin allergy, immediate hypersensitivity, or 1st or 2nd degree cross-reactivity. See www.antibioticprescribing.ie for details</p>	<p>Quinolones Risks: C:SE, drug interactions, tendon/nerve & other toxicities, prolongation of QT interval, lowers seizure threshold</p> <p>• Levofloxacin* • Ofloxacin* • Moxifloxacin* • Mircyclizine Risks: C:SE, drug interactions, prolongation of QT interval</p> <p>• Clarithromycin* – Unless as first line for helicobacter eradication • Azithromycin* • Erythromycin*</p>
--	---

Version 5, February 2023





Antimicrobial Stewardship Resources for Residential Care Facilities



Audit Tools

Antibiotic UTI prophylaxis audit tool

The aim of this UTI prophylaxis audit tool is to enable review of residents currently prescribed antimicrobials for prophylaxis of urinary tract infections (UTIs). Further instructions and guidance can be found within the tool. You can download and use the antibiotic UTI prophylaxis audit tool here:

[Audit UTI Prophylaxis \(Excel Tool\).xlsm \(size 79.3 KB\)](#) which has auto-analysis. Please note the electronic tool is a macro-enabled file. Depending on your version of excel, you may receive prompts to 'Enable Editing' and 'Enable Content' for optimal functionality.

[Audit Tool for UTI Prophylaxis \(Word Version\).pdf \(size 261.9 KB\)](#)

Azithromycin prophylaxis in adults with respiratory disease audit tool

- The **[azithromycin prophylaxis audit tool](#)** is available to support healthcare professionals reviewing residents on azithromycin prophylaxis.

Good practice points for tackling HCAI/AMR IN RCFs

Reduce the spread of infection and disease

- Implement standard precautions for all residents at all times and transmission-based precautions when indicated.
- Reduce the risk of a catheter-associated urinary tract infection (CA-UTIs) by only inserting urinary catheters when clinically indicated. Ensure all staff are trained to properly manage the device. Review with medical team if you think the catheter is no longer required. Implement best practice guidelines in relation to preventing **urinary tract infection**.
- Promote the uptake of vaccine-preventable disease amongst staff and residents, e.g. influenza, COVID-19 and pneumococcal vaccine
- Implement device specific or condition specific IPC guidelines to prevent and control healthcare associated infection in line with *Infection*

Prevention and Control (IPC) National Clinical Guideline No. 30.



Optimise use of antibiotics

www.antibioticprescribing.ie is the reference source for best-practice guidelines for antibiotic use in residential care facilities

Good Practice Points for commonly used antibiotics:

- Antibiotic therapy (by mouth, injection or topical) should not be started unless there is clear evidence of infection and the indication should be clearly documented.
- For empiric treatment of infection, if an antibiotic is indicated, a Green (preferred) antibiotic should be chosen and Red (reserve) antibiotics should be avoided where possible.
- Duration of antibiotic therapy should be as short as possible to effectively treat the infection e.g. 5 days for Respiratory Tract Infections
- All antibiotic prescriptions should have a stop date or review date, including prophylactic antibiotics. Antibiotics prescribed for prophylaxis of UTI should be reviewed with a view to de-prescribing at 3-6 months.

This is a repeated article to remind staff that you have access to a wide range of patient leaflets and translated patient information. Please allow 7 working days for completion of orders.

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

