

Welcome

to the 20th RESIST newsletter from the Antimicrobial Resistance and Infection Control Team (AMRIC). In this edition we look at measles, a new link practitioner programme and new AMRIC resources. We have lots of updates on antimicrobial resistance and IPC news.

Thanks for your comments and inputs, if you have any suggestions on content or want further information please contact us on hcai.amrteam@hse.ie

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Upcoming events:

World Hand Hygiene Day 5th May 2024

Dr. Colm Henry, HSE Chief Clinical Officer

I want to acknowledge that the roll out of the 6 new Health Regions commenced on the 1st March 2024, 5 of the Regional Executive Officers (REOs) have taken up post in March.

With the new Health Regions, the HSE will provide services that are integrated, locally planned and delivered. Services should be easier to access and navigate for patients and their families and be available closer to patients' home when they need them – *right care, right place, right time*.

Hospital Groups (HGs) and Community Health Organisations (CHOs) serve populations that are grouped in different ways, covering different areas and services that are managed separately. This makes it hard for the health system to deliver integrated care. The creation of 6 Health Regions aims to address this challenge.

In the Sláintecare Report (May 2017) the Committee on the Future of Healthcare defined integrated care:

“Healthcare delivered at the lowest appropriate level of complexity through a health service that is well organised and managed to enable comprehensive care pathways that patients can easily access and service providers can easily deliver. This is a service in which communication and information support positive decision-making, governance and accountability; where patients’ needs come first in driving safety, quality and the coordination of care.”



Dr. Colm Henry,
HSE Chief Clinical Officer

Continued
overleaf

In summary integrated care is where people can access the right care, at the right time, in the right place, with the right team. It is designed first and foremost around the needs of the person, integrated care has the dual aim of improving both system efficiency and service user experience and outcomes.

Though there will be multiple phases as we transition to full Health Region Implementation, there will be supports for staff and managers who are working through the transition. During this transition phase, together we will continue our IPC and antimicrobial stewardship efforts to keep our patients and staff safe. The recent increase in measles cases has shown the importance of a fully integrated health service in delivering integrated care to our patients. Illness does not discriminate on the patient setting and provision of care will only improve with increased coordination and communication between services. I want to thank all our IPC and antimicrobial stewardship colleagues for their tireless and diligent work.

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

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

IVC Care Teams

The IVC teams continue to progress across model 4 hospitals and one model 3 hospital with the aim of helping to prevent device related *S.aureus* blood stream infections and other complications through standardising the practice of insertion, care and maintenance of IVCs.

The IVC teams have received funding from AMRIC to avail of tunics, fob watches and banners. These resources will support the teams in promoting the role of the IVC teams and become a familiar and recognisable valued team member within their facilities. Further AMRIC initiatives are planned throughout 2024 to support the IVC teams



Welcome to our first edition of RESIST in 2024. With the first quarter of 2024 now completed I find myself reflecting on how interconnected our work is with the wider world. In the few short months of 2024 alone the AMRIC team have cooperated and shared knowledge and experience with colleagues from all over the world.

On the 29th of February I, along with our AMRIC Team Head of Service and Prof. Martin Cormican, Clinical Lead for Laboratory Services Reform Programme, attended a meeting of the World Health Organization (WHO), Pan American Health Organisation and Latin American Caribbean Network for AMR Surveillance. There were over 250 attendees from across the Americas and included attendees from every Reference Laboratory in the Americas and all the WHO offices.

I presented on the Irish experience of AMR surveillance pertaining to hypervirulent *K. pneumoniae* ST23 - preparation for detection and containment and an overview of the experience of the CPE Public Health Emergency in Ireland. Prof. Martin Cormican kindly supported with addressing some of the technical queries that were raised. Previous to this a similar presentation on this topic was delivered at the EU Commission Health Security Committee. We are always happy to share our experiences and to hear about the experiences of other countries.

We have also assisted our WHO colleagues in seeking cooperation from Primary Care/GP services in a survey relating to IPC in national, primary care, secondary care and tertiary care services in Ireland. The goal of this survey is to assist facilities to understand their local, national and EU situation regarding IPC minimal requirements and to allow the identification of strengths and gaps and inform contextually relevant IPC plans. By submitting the data via the WHO online survey system, services had the opportunity to be part of a global picture while maintaining data confidentiality and anonymity. Upon submission respondents were provided with automatically generated and downloadable results and scores for their practice setting. We expect to receive a comprehensive WHO report in the coming months that will allow us to assess where Ireland stands on a global scale on the specific IPC issues queried and to help inform our continued work.

In the coming months we will be working closely with our colleagues in The European Centre for Disease Prevention and Control (ECDC) and The WHO on World Hand Hygiene Day which is on May 5th 2024.

Finally, we recently re-established cross border cooperation with our NHS colleagues in Northern Ireland. This work had originally begun prior to the COVID pandemic but unfortunately was stalled due to the COVID-19 response. However I am very happy to see this important work resume in 2024.

This is just a small snapshot of the international cooperation of one small part of the health service. As the world becomes more accessible with increased options for travel and with global communities communicating through social media the world is becoming akin to a global village and to effectively accomplish our goals greater international cooperation will become the norm and we in AMRIC welcome this. This will allow us to share our IPC, AMR and AMS expertise and strengths with international colleagues and also to learn from them so we may improve.

Thank you again colleagues for all your hard work and I look forward to accomplishing much more in 2024 and beyond.



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

“MIRROR MIRROR ON THE WALL, who is the most infectious of them all?”, I asked. The mirror said nothing, because, well, it’s a mirror.

R nought (R_0) is an estimate of the average number of secondary infections produced by one infected individual in a completely susceptible population. It is a measure of transmissibility. The 1918 flu epidemic, estimated to have killed 50 million people, had an R_0 of 1.5 to 3.8. Zika virus, said to have interrupted Ireland’s hopes for an Olympic medal on the golf course, had an R_0 of about 2.



**Recognise,
prevent spread,
and notify**

Be vigilant for measles.
Measles is highly infectious
and can be transmitted easily.

Poliomyelitis, which struck fear into parents before the availability of a safe vaccine, had an R_0 of about 6.

All of these values are minnows compared to the transmissibility of measles. While estimates vary, an R_0 of 12-18 is commonly cited. Ninety per cent of non-immune individuals exposed to a case of measles will develop clinical infection. International travel increases risk of measles acquisition.

So, had the mirror responded, it would have chanted “Measles is the most infectious of them all, and next time, just Google it. It’s very odd to talk to mirrors”.

This enormous transmissibility risk is the reason why in general practice we need to protect ourselves, our staff and our patients from measles.

As a general rule of thumb, healthcare workers born in Ireland before 1978 are considered measles-immune. For those whose immunity is uncertain, in the absence of contraindications, offering an additional MMR vaccine (or two if needed) is safe and effective. Those born in 1978 or later are considered immune if they are known to have had two doses of MMR vaccination after their first birthday, at least four weeks apart.

Nationally, MMR uptake is under 90%, well below the 95% level that the WHO considers the minimum for herd immunity. There are particular geographical areas where MMR vaccine uptake is low, and particular age cohorts where serological immunity is low. Areas of particular concern include some of the border areas and north Dublin city. According to the HPSC’s sero-epidemiology unit, 18% of males currently aged 19-20 years are measles IgG seronegative.

In a practice, a case of measles will cause substantial disruption. Any susceptible individual in a room occupied by a person with measles in the preceding two hours will need to be traced and offered post-exposure prophylaxis. Prophylaxis is usually by MMR vaccination, but in some cases it requires immunoglobulin. Involving public health at the earliest possible stage, by same-day notification of suspected cases, will enable prompt mitigation measures.



Post-exposure prophylaxis with MMR should be carried out as soon as possible after exposure, certainly within 72 hours. Immunoglobulin should also be given as soon as possible and within six days. The best infection prevention and control measure is MMR vaccination

Where clinically safe to do so, suspected cases of measles should be managed over the phone. When face-to-face consultations are required, patients with suspected measles should be seen in a room that can be left vacant for two hours after the consultation. They should avoid areas used by other patients and should be managed by staff who are measles-immune. This is probably most feasible by aiming to assess such patients at the end of the day.

This presents practical difficulties, but the implications of an outbreak in a practice centre present even greater challenges.

Cough etiquette, hand hygiene and offering surgical masks to patients with acute respiratory symptoms help to minimise transmission.

Use of FFP2 masks by clinical staff managing suspected cases of measles is recommended. Those suspected of measles should self-isolate at home. If hospital admission is needed, the hospital should be informed in advance of the referral of a case of suspected measles.

Test for measles by collecting oral fluid using the OraCol collection device, or a mouth/throat VTM/UTM swab if OraCol is unavailable. Where phlebotomy is possible, a serum sample should also be sent. The following information should be provided on the request form: date of rash onset; date of prodromal symptoms onset; date of sample collection; MMR vaccine history - one or two doses, including dates if possible; and referring clinician contact number (ideally a mobile number).

Author: Dr Scott Walkin, Irish College of General Practitioners Lead for Antimicrobial Resistance and Infection Control (AMRIC)

Think Measles It isn't just a little rash

Measles can be dangerous, especially for babies and young children, pregnant women and people with a weak immune system.

Measles is very contagious

Measles spreads through the air when an infected person coughs or sneezes. It can spread very quickly and easily in busy or crowded places.

Measles symptoms typically include:

- > High fever which may reach around 40 degrees Celsius
- > Cough and runny nose
- > Sore/red eyes
- > Loss of appetite
- > Tiredness, irritability and a general lack of energy
- > Rash – usually appears on head and neck first and spread to rest of the body



A number of resources related to measles can be found to download at the below link.

bit.ly/MeaslesResources



- MMR vaccination is highly effective, safe and is the best option to protect our patients, our staff and ourselves
- Avoid bringing people with suspected measles into the practice. If unavoidable, isolate them from other patients and staff not known to be immune
- Measles is highly transmissible – a case of measles in a practice would be extremely disruptive
- FFP2 masks and standard precautions are advised
- Suspected cases of measles should be notified the same day to public health
- Inform the hospital in advance of referring suspected cases requiring hospital care
- Test protocols and interpretation are determined by clinical details. Include on request forms: dates of prodrome and rash onset; dates of previous MMR administration; sample collection date. Provide a mobile phone number

In 2023, 7 modules were updated in addition to the development of a new eLearning resource, which include the following:

- Microbiology and surveillance (new)
- Antimicrobial stewardship
- Respiratory hygiene and cough etiquette
- Basics of IPC
- Standard and transmission based precautions
- Aseptic technique
- PPE
- Hand Hygiene

AMRIC are continuing to work with Aurion in 2024 to further develop new and update current eLearning modules. The eLearning plan for 2024 includes review and update to the following 2021 modules:

- Surgical antibiotic prophylaxis
- Blood and body fluid spills
- Cleaning and disinfection.

Two new courses will be developed. The Role of the Registered Nurse in AMS and IPC Risk Assessment. Further review and development will be progressed in 2024.

All of our modules are collated on the AMRIC Hub which can be accessed through the Hubs & Resources tab on HSeLanD.

AMRIC Standard and Transmission-Based Precautions

(Updated Nov 23)

Suitable for: **ALL STAFF**

The eight elements of Standard precautions
Different categories of transmission based precautions
The use of personal protective equipment (PPE)
Applying this learning in practice

30 MINS **2 CPD POINTS**

[View module →](#)

Meet our newest AMRIC team members

We would like to welcome some new members to the AMRIC team.



Sinead Hurley, a Roscommon native with a degree in Biomedical Science and a PhD in Infectious Medicine has joined our Epidemiology team.

Sinead has expertise in data management and analytics. You can contact Sinead by email:

Sinead.Hurley3@hse.ie



Sebastian Vencken also joins our Epidemiology Team. Originally from The Netherlands, Sebastian has been living in Ireland for over 20 years. Also a Biomedical Science Graduate, Sebastian completed his PhD in Molecular Biology.

Sebastian has expertise in computer programming and a background in lab work. You can contact Sebastian by email:

Sebastian.Vencken@hse.ie



Liam McLoughlin joined the AMRIC Admin Team in 2023. Liam's background is in Communications and Journalism.

He joined the HSE during the pandemic and has also worked in Galway University Hospital. Liam can assist with communication and general admin queries.

You can contact Liam by email:

Liam.McLoughlin2@hse.ie

Sinead, Sebastian and Liam have already shown themselves to be great assets to the AMRIC Team.



The AMRIC team in conjunction with colleagues across acute and community services held a webinar in October 2023 on the role of the registered nurse/midwife in AMS. A series of four webinars on this topic are scheduled throughout 2024, two with a focus in community settings and two with a focus in acute hospital settings.



Nurses and midwives play a critical role in antimicrobial stewardship (AMS). It is important to engage nurses and midwives in AMS as they are one of the largest groups of healthcare workers across all healthcare settings. Valuing the role of nurses and midwives in AMS can significantly influence antimicrobial prescribing across the healthcare system as they are a trusted source of advice on a range of health-related issues and are generally the first point of contact for the people we care for.

Nurses and midwives are key members of the multidisciplinary team and can support AMS by:

- Obtaining allergy history from the patient to support optimal prescribing
- Monitoring for signs of infection
- Timely and appropriate specimen collection, avoiding unnecessary specimen collection
- Administering antibiotics correctly and monitoring adverse events
- Educating patients and promoting healthy practice e.g. vaccination
- Monitoring antibiotic use
- Collaborating with the healthcare team.

Infection prevention and control (IPC) programmes should also include or be associated with antimicrobial stewardship. Adhering to IPC practices to include standard and transmission based precautions as appropriate is a key driver to successful AMS.

Engagement from front line nursing and midwifery staff is crucial to a successful antibiotic stewardship program. Nurses and midwives are advocates for the people they care for who ensure the importance of a person-centred approach to care. Patients/residents/clients are considered an integral part of their own healthcare so that they can have a better patient experience and have improved treatment outcomes.



This and all our other webinars are available to watch at the following link: <https://bit.ly/AMRICWebinars>

“Change won’t happen overnight; but with every person who hears our message on AMR, and with every antibiotic that is used responsibly, we can together move the dial. Future generations depend on it, but this generation can be the ones to save modern medicine”

Prof. Dame Sally Davies.



The HSE's Infection Prevention and Control Link Practitioner Programme being delivered in the South East

Throughout the month of February, the HSE is delivering an intensive five day Infection Prevention and Control Link Practitioner Programme for staff of private nursing homes and disability services organisations in the South East.

The building of capacity within community health and social care services to identify and manage Infection Prevention and Control risk is a key priority for the HSE and its Quality, Safety and Improvement Team in its South East Community Healthcare organisation.



A total of 24 private nursing homes in counties Carlow, Kilkenny, South Tipperary, Waterford and Wexford and four disability care organisations (one each from counties Kilkenny, Waterford, Wexford and one regional provider and supported by the HSE through funding per Sections 38 and 39 of the Health Act) are completing the programme this month, in its first delivery in a community setting in the South East.

Following this training, recognised Infection Prevention and Control Link Practitioners (IPCLPs) will act as a local resource and role model for their service, whilst also being supported by a wider network of HSE Community Infection Prevention and Control Clinical Nurse Specialists.

The Infection Prevention and Control Link Practitioners (IPCLPs) role is designed to support service providers to implement effective infection prevention and control practices in their facility or service.





The HSE's Infection Prevention and Control Link Practitioner Programme being delivered in the South East (continued)

Speaking following a programme session in the Hoban Hotel, Kilkenny, Mary Clare Hayes (Asst. Director of Nursing/Infection Prevention and Control, HSE/South East Community Healthcare) said:



“Where actively engaged and with the support of their management, IPCLPs have over the past three years proven to have a valuable role in supporting their entire health and social care team to provide safe, quality care to service users in a wide variety of community health and social care settings. IPCLPs act as a local resource and role model for their service whilst also motivating their colleagues to improve infection prevention and control practices.”



“The HSE/South East Community Healthcare Infection Prevention and Control Nursing Team is delighted to be facilitating and supporting the roll-out of this programme. This intensive five day programme (four days of which are online and then followed by a regional gathering) allows the newly trained IPCLP to gain an enhanced knowledge on the many aspects of Infection Prevention and Control, antimicrobial stewardship, risk management, clinical audit and outbreak management.”

“In addition, each IPCLP will be an accredited Hand Hygiene and PPE trainer for their facility. The HSE Southeast Community IPC Nursing Team is very much looking forward to supporting these newly trained IPCLPs into the future.”

“Our own residential care centres in the HSE are already in the programme and we also look forward to further roll-out with other nursing homes and organisations across the South East.”





Antimicrobials are essential in treatment of many serious infections. However, they can also cause harm: not only to the individual, but also have wider implications by promoting the development of antimicrobial resistance. Antibiotic stewardship is all about using antibiotics wisely, to optimise patient outcomes, and minimise harm.

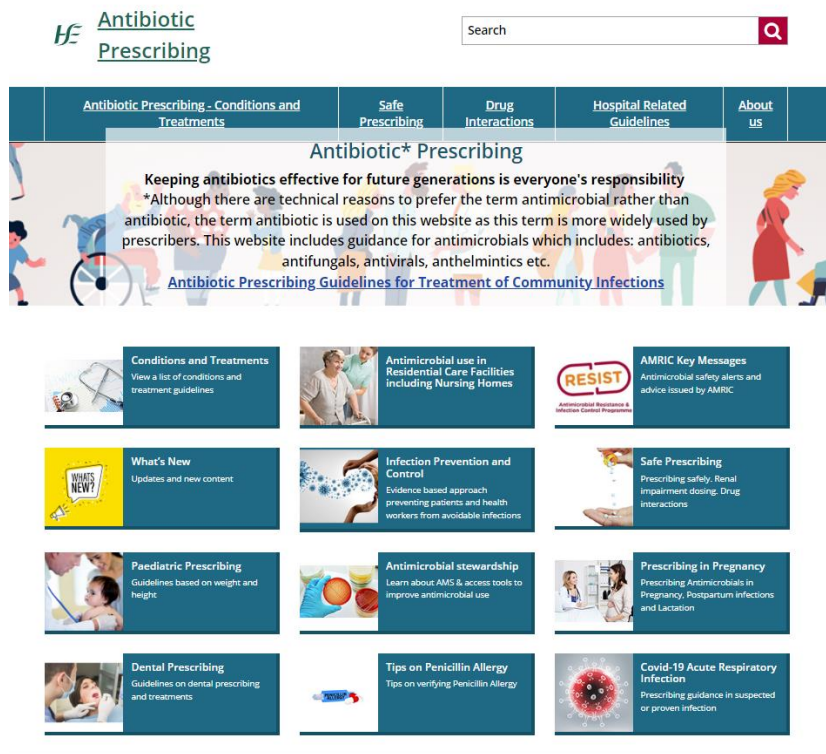
Evidence-based antimicrobial guidelines are a key tool in promoting antimicrobial stewardship. The HSE website www.antibioticprescribing.ie hosts national guidelines for antimicrobial use in community settings, and is the key reference source for healthcare professionals (e.g. GPs, dentists, nurses and pharmacists) treating common infections in the community

This resource is a collaboration between the HSE Antimicrobial Resistance and Infection Control (AMRIC) team and HSE Community Antimicrobial Pharmacists. The HSE AMRIC National Clinical Lead provides oversight with delegated authority for guidance approval from the HSE Chief Clinical Officer. There are over 80 guidelines available. Expertise is provided to each guideline review by an extensive panel of advisors.

The website also highlights when antibiotics may not be appropriate for management of infections and what other steps may be taken to support patient care. It also provides other resources to support healthcare professionals in practicing antimicrobial stewardship, including antibiotic audit tools, links to patient information, information on common antimicrobial drug interactions, dosing in children and renal impairment.

A recent study conducted by O'Brien et al (BJGP Open 2023) found it is the most widely used resource for clinical practice guidance amongst GPs in Ireland, with 76% of 499 GPs surveyed reporting they use the website. The www.antibioticprescribing.ie website reach continue to grow annually, and in 2023 it had almost 2 million pages views.

If you prescribe, dispense or administer antibiotics in community settings, please refer to these guidelines - they are readily accessible on www.antibioticprescribing.ie



New poster resources have been developed by the AMRIC nursing team. These include how to put on and how to take off personal protective equipment (PPE). It was recognised that existing resources were focused on COVID-19 and there was a requirement to reflect PPE use for other scenarios. These posters have been incorporated into the updated eLearning resources.

A new “Gloves off” poster resource was launched in March 2024. This poster promotes best practice around hand hygiene, encouraging responsible and appropriate PPE use, and empowers users to make informed decisions in relation to glove use. The AMRIC team are cognisant of sustainability and environmental factors in relation to the use of gloves and therefore recognise the importance of supporting and empowering staff to make correct decisions regarding glove use. This poster should be used in conjunction with other poster resources including “the point of care risk assessment (PCRA)” and “safe use of gloves” to support appropriate PPE selection and use.



This poster promotes the message that gloves are not a substitute for hand hygiene and raises awareness about the over reliance on gloves

Finally, minor updates to the point of care risk assessment (PCRA) (online version only) were completed in March 2024 to incorporate a reminder to Healthcare workers to think about a patients “travel history” on the PCRA poster.

Whilst this is included in the PCRA explainer, it was felt that it was best to include this in the PCRA poster. It reminds HCWs to think of the possibility of high consequence infectious diseases (HCID) when any patient first presents to a health care facility. Although rare events they have a high impact especially if they go undetected. Existing PCRA posters can still be used in clinical areas however, note that travel history should be asked as part of this point of care risk assessment.

Some additional updates to the PCRA explainer include the following: additional reference links related to HCID, changes to the wording on the use of “Patient” to align with the NCEC guidelines, updated reference to NCEC guideline.

You can see more examples of our posters overleaf

These new & updated poster resources are available at the following link:

<https://bit.ly/AMRICPosters>



HOW TO PUT ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

Before you put on PPE key points to remember:

- Identify any hazards, risk assess & manage the area
- Do not bring your mobile phone or blood with you into isolation area
- Gather the necessary PPE
- Secure hair back off face
- Be clean before the entry
- Remove all jewellery
- Perform hand hygiene

For prolonged wearing of PPE or high consequence infectious disease also remember:

- Be well hydrated
- Have taken a toilet break
- Wear a trained observer (PPE buddy)
- Consider waste management

- 1** Contact a point of care risk assessment (PCRA) to help assess your choice of appropriate PPE
- 2** Perform hand hygiene
- 3** Put on a gown or apron if required as per PCRA. Remove fasten at back of gown or at waist (if applicable)
- 4** Put on eye protection (face shield or goggles) if required as per PCRA
- 5** Put on a mask. Surgical masks have 40% efficacy if worn as per PCRA. N95 masks are different types of masks. Refer to the manufacturer's instructions.
- 6** Put on gloves if required as per PCRA. If wearing a gown, do not touch the front.
- 7** Visually check yourself (in a mirror or with a trained observer/PPE buddy if required)
- 8** Perform hand hygiene

RESIST

HOW TO TAKE OFF PERSONAL PROTECTIVE EQUIPMENT (PPE)

The order for removal of PPE is shown here, this is to minimise potential for cross contamination.

Remember to perform hand hygiene if your hands become contaminated at any stage during removal of PPE.

- 1** Remove gloves. Do not touch the exterior surface of the gloves. Turn the gloves inside out and place them in the designated disposal bin. Perform hand hygiene.
- 2** Remove eye protection (visor or goggles). If using the visor or goggles or mask of any kind, do not touch the front or sides.
- 3** Remove mask/respirator. Do not touch the front or sides of the mask. Hold the top of the mask by the top of the headband or the top of the ear loops. The front and sides will be contaminated. Do not touch the outside.
- 4** Remove gown/apron. Do not touch the front or sides of the gown or apron. Hold the bottom of the gown or apron by the bottom of the waistband or the bottom of the leg loops. The front and sides will be contaminated. Do not touch the outside.
- 5** Remove mask/respirator. Do not touch the front or sides of the mask. Hold the top of the mask by the top of the headband or the top of the ear loops. The front and sides will be contaminated. Do not touch the outside.
- 6** Remove mask/respirator. Do not touch the front or sides of the mask. Hold the top of the mask by the top of the headband or the top of the ear loops. The front and sides will be contaminated. Do not touch the outside.
- 7** Risk assess disposal of PPE. Dispose of hazardous PPE in the designated disposal bin. Dispose of non-hazardous PPE in the designated disposal bin.
- 8** Perform hand hygiene

RESIST

Point Of Care Risk Assessment (PCRA)

Infection prevention & control (IPC)



To be carried out before each patient* interaction

IMPORTANT Check patient's symptoms/ MDRX status/ travel history	Does the patient have unexplained rash, cough, sneezing / unexplained diarrhoea / fever or known MDRX. 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) to protect patients and yourself

*The term patient refers to patients, service users, clients, residents, person, supported individual



AMRIC/IPC Risk Tools/HEALTHcare/IPC Health Care, Covid



AMRIC posters can be ordered at the following link: <https://bit.ly/AMRICPosters>

Further AMRIC resources can be ordered on HealthPromotions.ie by following the instructions at this link: <https://bit.ly/AMRICOrders>





RESIST Launch at Haywood House, Clonmel

Congratulations to the management and staff at the HSE's Haywood Lodge facility in Clonmel, Co. Tipperary on a very successful rollout of the RESIST hand hygiene awareness programme. The programme promotes a combination of hand hygiene training with standardised national training materials. RESIST is being rolled out to refresh our hand hygiene messages and to keep promoting the importance of clean hands.



Pictured at the launch of the HSE's "RESIST" hand hygiene programme in Haywood Lodge, Clonmel, Co. Tipperary were Aoife Nolan (Clinical Nurse Manager 1) and Yvonne O' Connor (Clinical Nurse Manager 2).

Dr. Rosemary Curran (Consultant Microbiologist), Catriona Walsh (Staff Nurse), Kelly Lee (Peer Support Worker), Michelle Hennebry (HSE Infection Control Nurse Specialist, South Tipperary), Mary Noonan (Staff Nurse), Aidan Stuart (Clinical Nurse Manager 1), Aoife Nolan (Clinical Nurse Manager 1), Yvonne O Connor (Clinical Nurse Manager 2), Dr. Michele Brannigan (Consultant Psychiatrist), Adrian Johnson (Addictions Counsellor), Megan Ryan (Staff Nurse), Kate Beaton (Clinical Nurse Manager 3), Leonard O Connor (Clinical Nurse Manager 2) and Maree Hosey (Infection Control Nurse Specialist).



Michelle Hennebry (HSE Infection Control Nurse Specialist, South Tipperary) and Aoife Nolan (Clinical Nurse Manager 1).

Maree Hosey (Infection Control Nurse Specialist), Dr. Rosemary Curran (Consultant Microbiologist) and Michelle Hennebry (HSE Infection Control Nurse Specialist, South Tipperary).





If you have an article in mind, please send in an outline of what it will be about, along with an estimated word count, as well as suggested photography. The more photographs the better!

Please bear in mind that due to space restraints, not every article submitted will make it into the newsletter

- News articles - maximum 400 words
- Feature articles - maximum 900 words for a two-page feature
- Photographs in jpeg format,
- Clear captions for all photographs submitted, particularly if it's a stand-alone picture with extended caption

if you have any suggestions on content or want further information please contact:

hcai.amrteam@hse.ie or liam.mcloughlin2@hse.ie

Deadlines for 2024

Summer 2024

**Initial ideas by:
Friday, 24th May**

**Finished articles by:
Monday 17th June**

Autumn 2024

**Initial ideas by:
Friday 23rd August**

**Finished articles by:
Monday, 16th September**

Winter 2024

**Initial ideas by:
Friday, 15th November**

**Finished articles by:
Monday 9th December**

