

Welcome

to this bumper edition, the 7th RESIST newsletter from the Antimicrobial Resistance and Infection Control Division of HPSC (AMRIC). In this edition we focus on the AMRIC pharmacist team and the experience and support they bring to reducing AMR and healthcare associated infections.

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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Prof Martin Cormican, National Clinical Lead, COVID-19 Fighting fatigue

There have been all sorts of COVID-19 challenges for healthcare workers and indeed for everyone in recent months. Maintaining General Practice services, managing outbreaks in nursing homes, contact tracing, healthcare worker infection, supplies of PPE, developing testing capacity and managing general hospital ICU and ED capacity are just a few of those challenges. All of those workplace challenges have been against a background of wider challenges around childcare, schools and just seeing family and friends.

In the early months, the threat was new, events were dramatic, and the healthcare system and the public were energised. Now most of us are tired and fed up of COVID-19 and just want things to go back to some sort of normality. But if anyone was in any doubt, the numbers in the last couple of weeks make it clear that COVID-19 did not go away. COVID-19 is still in Ireland, Europe and across the globe. Although there is hopeful news on the development of a COVID-19 vaccine nothing is certain yet. If there is a vaccine on the way it is probably some months to go until we start to get enough vaccine. We still have a long road to travel with COVID-19 and if getting prepared was tough: keeping prepared is tougher.

In the past few months we have learned a lot about this infection and made some good progress. We know that people who are sick with COVID-19 may not have fever or any respiratory symptoms, they may just feel generally unwell. This is especially true of older people. We know that some people do not become ill or have very mild symptoms. Although people are most infectious to other people when they have symptoms we have learnt that sometimes infection can spread from people without symptoms.

We now have good tests for COVID-19 but they are not perfect. The test sometimes fails to detect the virus in people who are infectious. On the other hand the test can be positive in someone weeks after they stop being infectious. We know that strict application of infection prevention and control measures works well to protect patients and healthcare workers. We have good access to the alcohol hand rub and personal protective equipment needed to support good infection prevention and control practice.

The new HSE interim [guidance](#) on Infection Prevention and Control issued this month stresses the importance of basic precautions (called Standard Precautions) with all patients at all times because you can never know for sure that someone is not infectious. When caring for people with COVID-19 and other communicable infections we need extra precautions (called Transmission-based precautions) to keep patients and healthcare workers safe. The key to using Transmission-based precautions for COVID-19 and for everything else is to identify patients with infectious disease as quickly as possible to prevent onward transmission.

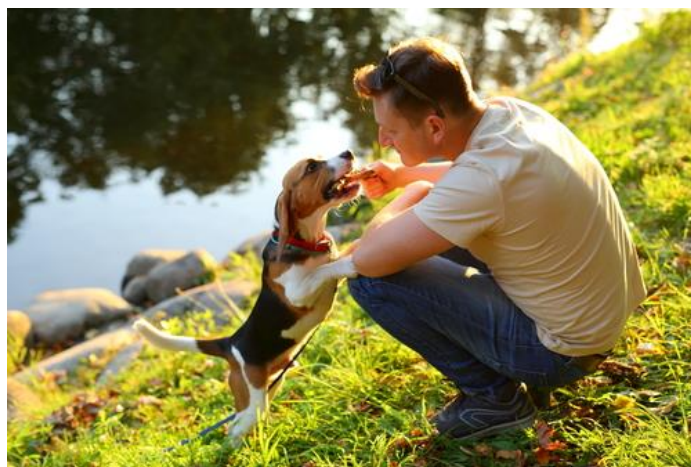
Whether you are caring for patients in their own home or in any healthcare setting try to ask yourself every day about every patient who's condition has changed. Could this be COVID-19? Remember the tests are not perfect so do not drop your guard just because the test did not find the virus. If there is a suspicion of COVID-19 then a senior clinician needs to look at the whole picture, not just the test, to decide that you no longer need the extra precautions.

This has been a long, difficult and dangerous year for everyone and especially for healthcare workers and people who need ongoing regular access to our services. At best we are probably only at half time. We have learned a lot about the opposition but the second half is going to be very difficult especially because it will be complicated by influenza and other respiratory viruses. One of the biggest challenges of the second half for all of us is COVID-19 fatigue but the opposition has not lost any of its force so everyone has to try to sustain the effort.

What can you do to prepare for the second half? Get the flu vaccine as soon as it become available. Keep a safe distance whenever you can. Try to find time to review with some colleagues your training on hand hygiene, when to use PPE and the safe donning and doffing of PPE. Mistakes and bad habits tend to creep in over time so we all need to refresh training. Remind yourself and remind everyone you work with that staying home when you are sick is doing everyone a favour. Learn to recognise the many faces of COVID-19 – it's not all cough and fever.

Unfortunately we can't drop our guard when we leave work because we have the same obligations as everyone else on social distancing, hand hygiene and the legal requirement to wear a face covering in indoor public places.

The other big part of getting ready for the second half is looking after yourself. Go for a walk, ride your bike, switch off the news for a while and put on a film, read a book that's not about COVID-19. You need to be fit and rested for the second half.



MRHT launches RESIST hand hygiene awareness programme

The RESIST hand hygiene programme was launched in Midland Regional Hospital Tullamore (MRHT) as part of the wider national campaign aimed at reducing antimicrobial resistance and infection in hospitals.

Hand Hygiene has been the key to preventing Healthcare Associated Infection and it has never been more important than currently as a preventative strategy for COVID-19. MRHT has been providing training and support for hand hygiene for many years. This initiative is about a fresh approach to hand hygiene training to hospital staff, including greater involvement of hospital staff, patients and visitors. The national launch of the RESIST hand hygiene programme took place in Q4 2019 and MRHT has been planning the rollout locally.

Noreen Hynes, General Manager, MRHT stated: "Proper hand hygiene is such a critical issue for all of us, both at home and in our health services. And in light of the COVID-19 pandemic it has become more important than ever. We are delighted that we are launching a new hand hygiene awareness programme in the hospital that is aimed not just at those delivering care but at everyone who comes into the hospital, including patients and visitors. We can all help reduce the spread of these infections if we as healthcare workers, patients and visitors all make sure that our hands are clean."

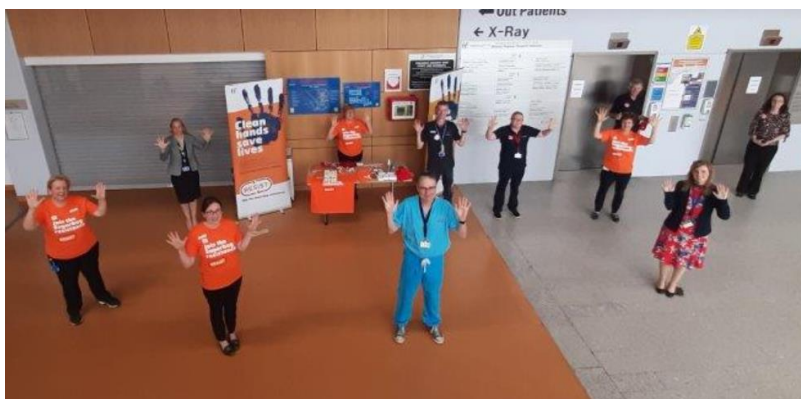
Michelle Bergin, Assistant Director of Nursing, Infection Prevention & Control commented: "This programme has been launched by the Infection Prevention/Control Nurses with the support of the Infection Prevention/Control Committee and Hospital Management.



Noreen Hynes, General Manager; Sean Johnston, Clinical Director; and Sinéad Geraghty, Operations Manager at Midland Regional Hospital Tullamore

Part of the launch and quality improvement initiative is the rebranding of hand hygiene within the hospital to promote hand hygiene through training and promotional signage for colleagues within the hospital. Going forward measurement of the impact will be captured through on-going hand hygiene audits and this will ensure patient safety through prevention of infection."

"Hand hygiene is one of the most important things that we can do to stop the spread of COVID-19 infection, as well as preventing all the other infections that are still out there. This is true for people who work as healthcare workers and also for everyone in the home or in the workplace."



MRHT staff at the RESIST launch



As healthcare workers continue to deal with the current COVID-19 pandemic challenge, hand hygiene remains a top priority to prevent transmission of the virus. The hand Hygiene Train the Trainer programme is an essential support to healthcare workers. Staff who undertook to become hand hygiene trainers and champions in their local service in the past number of months are playing a crucial role in supporting healthcare colleagues to develop their knowledge and apply this essential competency to deliver safe patient care and to keep themselves safe.

With the handover of the programme to Community Operations, the AMRIC team continue to support Infection Prevention and Control teams and hand hygiene trainers with a suite of standardised training materials (online and presentation folders) based on quality improvement methodology.

Mary McKenna, HSE AMRIC team lead for IPCN says, “This approach is working for us during the current pandemic as there is full support and engagement at all levels to embed hand hygiene effectively and sustainably across the healthcare system. It is very apt that the governance of hand hygiene has been supported with the handover of the Hand Hygiene trainer programme to Community Operations QPS lead, Ms Aileen O’Brien, General Manager of AMRIC in Community Operations.

As of January 2020 over 800 hand hygiene trainers are now in place across Community Health services. Measurement of the initiative showed that more than 14,500 staff availed of the hand hygiene training support from local trainers to end of December 2019.

A pilot of the Train the Trainer Programme was completed in 2019. Full rollout of the RESIST programme is ongoing in acute hospitals.

Clean your hands one more time

Join the Superbug resistance.



The RESIST communications programme is part of the hand hygiene train the trainer programme being introduced in hospitals and community services all over the country. Resist will be used as a way to engage with staff about hand hygiene, about how we use antibiotics, and how we care for our patients by improving hand hygiene and reducing healthcare associated infections.

The programme promotes a combination of hand hygiene training with standardised training materials to enable local trainers to support the delivery of mandatory hand hygiene training. A new addition to the Train the Trainer programme includes communications materials and merchandise to promote improved hand hygiene awareness.

The national AMRIC team will continue to support acute and community services in the long term with a series of webinars to maintain the skillset of the Hand Hygiene Trainers and communicate updates in knowledge and best practice regarding the appropriate application of evidence based hand hygiene practice.

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A time to reflect, in these unprecedented times, on the critical element of infection prevention and control practices in the safe delivery of healthcare.

The international year of the nurse is a special occasion for all nurses and midwives to take some time to reflect on the contribution that nurses have made and continue to make to ensure the provision of a high quality of evidence based care and service to our patients, clients, service users and their families.

This notable event has particular relevance this year where the concept of keeping the COVID-19 pandemic curve flattened with good infection prevention & control practices. This has become a factor in everyday life and conversation as we continue to wait and watch the daily updates of new cases and mortality rates.

This year nurses and midwives globally celebrate the 200th anniversary of the birth of Florence Nightingale. Nurses and midwives devote their professional careers to caring for individuals across the lifespan; giving lifesaving immunisations and health advice; looking after older and vulnerable people and generally meeting everyday essential health and social care needs.

History of infection prevention & control nursing in Ireland

The history of infection control nursing in Ireland dates back to 1975 when the first “Infection Control Sister” Jane Strong was appointed in the Mater Hospital, Dublin. This appointment coincided with several major developments including appointments of additional consultant microbiologists, and improved laboratory staffing and facilities.

The aim was to standardise infection prevention and control processes and procedures. This in turn greatly advanced hospital infection prevention and control in Ireland at that time.

In the subsequent years further appointments of nurses with the skills to provide specific specialist advice have promoted an awareness of the importance of infection prevention and control in healthcare. The national capacity and structures within Ireland have changed to reflect the growing need for robust infection prevention and control practice.

The development of the National Antimicrobial Resistance and Infection Control Team (AMRIC) represents a significant enhancement of existing national clinical leadership on IPC in the HPSC.

The team work with an HSE ARMIC Implementation Team and AMRIC Oversight Group to ensure clinical leadership and a strong governance structure. The goal is to support and standardise evidence based infection prevention & control guidance and practice across all healthcare services.

Currently the focus is on providing guidance, IPC training, videos, webinars, support, promotional materials and responses to IPC queries.

Surveillance of healthcare associated infection and antimicrobial consumption are core functions to support improved IPC. It has been challenging to maintain surveillance with the demands associated with COVID-19.

Within contemporary Irish nursing and midwifery the historical inspiration supports the commitment to the core principles and values of nursing and midwifery which include care, compassion, trust and learning. There has been less time for celebration this year than we might have hoped for. However nurses and midwives working with colleagues in many disciplines have marked the year and paid tribute to the core values through their work on the pandemic frontline when these core values were most needed.

You're a what? The role of antimicrobial pharmacists

Antimicrobial resistance (AMR) is one of the most serious global public health concerns and it knows no boundaries. AMR occurs when micro-organisms that cause infections adapt and prevent an antimicrobial (e.g. antibiotics, antivirals and anti-fungals) from working against it.

As a result the antimicrobials used to treat infections are often less effective, limiting the treatment options available and making many of the most common infections more difficult to treat.

Ireland has developed a strategy for [Ireland's National Action Plan on Antimicrobial Resistance 2017-2020](#) (iNAP) that recognises the urgent and growing problem of antimicrobial resistance for human health animal health and the environment worldwide. The "One Health" concept that is one of the foundations of the action plan emphasises the importance of this multi-sectoral approach and is strongly supported by the Department of Health and the HSE. The HSE AMRIC team has a major role to play in delivering the HSE actions to reduce AMR.

The issue of AMR crosses the acute hospital, residential care and community setting. The need for a nationally coordinated antimicrobial stewardship program, with strong leadership and governance, is increasingly recognised as a key element to tackling this threat. The other key elements are infection control and surveillance.

Antimicrobial pharmacists are core members of the antimicrobial stewardship team. We work alongside clinical microbiologists, infectious disease physicians, surveillance scientists, prescribers and nurses. Our joint collaboration is central to an effective stewardship program.

Among the Antimicrobial Resistance and Infection Control Team of the HPSC is Chief Antimicrobial Pharmacist Marie Philbin, who joined in 2018.

Marie brings a wealth of experience in the field of antimicrobial pharmacy in Ireland to this national position. In May 2020, Ellen Martin took up the position of Senior Antimicrobial Pharmacist on the AMRIC team.

HSE Community Operations have the very experienced antimicrobial pharmacist, Bernie Love, as Chief Antimicrobial Pharmacist, nationally working very closely with the AMRIC team coordinating an antimicrobial stewardship program. Each CHO has a designated antimicrobial pharmacist delivering on this program (see the update on page 9)

The AMRIC team antimicrobial pharmacists play a central role in coordinating and managing the delivery of antimicrobial stewardship across the Irish healthcare system. Key initiatives include education, prescription audit and feedback, resource management and development of programs and guidelines to protect patients from harm from inappropriate antimicrobial use and promote prudent prescribing practices to limit resistance.

An important focus of our work is to optimise antimicrobial consumption surveillance. This is to make sure that we have a comprehensive data capture, interpretation, reporting, benchmarking and analysis in all sectors of human health in Ireland. This data will assess the impact of current stewardship work and inform future plans.



The role of antimicrobial pharmacists continued

A central part of the work of any stewardship or infection control team is responding to the requirements of an outbreak or, as in 2020, a worldwide pandemic. The last few months have necessitated a change in some of the work of the pharmacists on the AMRIC team, whilst maintaining the progression of day-to-day work.

Key work pieces of note from this pandemic are: Interim Guidance for the Use of Antiviral Therapy in the Clinical Management of Acute Respiratory Infection with SARS-CoV-2 (COVID-19), An Antimicrobial Stewardship in COVID-19 statement, a webinar to 440 Community Pharmacists on Infection Control in the COVID-19 era and a survey of AMS in the acute hospitals during COVID-19 (survey findings detailed in separate article page 15). We want to acknowledge the rapid engagement and collaboration of so many stakeholders; it allowed a rapid turnaround of guidance, advice and education.

Building on AMS work (pre-COVID-19), the fantastic work relationships fostered during the pandemic and the appetite for national guidance, AMRIC are looking forward to progressing the AMS agenda. The inter-professional efforts of AMRIC aim to integrate antimicrobial stewardship into all existing settings to improve patient safety and outcomes and reduce the emergence of resistance.

Marie, Ellen and Bernie

AMS InSight webinar

The AMS InSight team with the ICGP hosted their annual seminar on the 8th June - "Antimicrobial Stewardship (AMS) during the COVID-19 Pandemic".

The zoom webinar was hosted by Dr. Robert Cunney, Consultant Microbiologist Temple St. The webinar kicked off with a presentation entitled "Co-infections and AMS in COVID-19" from Dr. Timothy Rawson, Imperial College London, which drew together the growing research on co-infection in COVID-19 patients from around the world and considered the long-term implications that the pandemic may have on AMS. Dr. Nuala O'Connor, ICGP GP lead & HSE AMRIC team, provided a primary care perspective in her presentation.

Ms Marie Philbin, Chief Antimicrobial Pharmacist, HSE AMRIC team, presented on the impact COVID-19 has had on AMS in the acute hospital setting in her presentation. The presentations were followed by an interactive forum in which the speakers were joined by Professor Martin Cormican, National Lead HSE AMRIC team, Professor Colm Bergin, Interim National Lead for Infectious Diseases and AMS Insight Chair, Dr Alida Talento, and other members of the Insight Committee. Participant questions via the chat function resulted in an animated and informative discussion on a broad range of AMS issues pertinent to AMS programmes in the COVID-19 era such as procalcitonin and electronic prescribing. Please click [here](#) if you want to listen back to the webinar.



Chief 1 Antimicrobial Pharmacist

My name is Marie Philbin and I am the first Chief Antimicrobial Pharmacist to be appointed to the HSE's Antimicrobial Resistance and Infection Control team. I have had an interest in optimising the use of antimicrobials for each individual patient right from my undergraduate pharmacy training in University of Brighton.



I did a personally chosen final year project involving urinary pathogens, antibiotics and pH manipulation of urine! Answering antimicrobial related calls in the middle of the night in King's College Hospital as part of my basic grade training strangely seemed to enhance this interest. This led me to taking up one of the first antimicrobial pharmacist posts in Ireland in the Midland Regional Hospital Tullamore.

I thoroughly enjoyed carving out this new role, and being a central part of the development and progression of antimicrobial stewardship within the hospital over the 14 years I was there. During this time I completed a research Masters with Consultant Antimicrobial Pharmacist colleagues in the UK. I was a founding member of the Irish Antimicrobial Pharmacists Group and held the position of Chair for ten years. It seemed like a natural progression to apply for the Chief Antimicrobial Pharmacist position with AMRIC in 2018.

I am privileged to be in this role, and together with my AMRIC colleagues, will work with you to coordinate and develop antimicrobial stewardship from a national perspective, while still making a difference for the individual patient and for future generations. I am delighted to welcome Ellen Martin as a second Pharmacist on the AMRIC team and Bernie Love as Chief Antimicrobial Pharmacist in HSE Community Operations, both of whom have taken up their new roles recently.

New senior antimicrobial pharmacist

I was delighted to take up my position as Senior Antimicrobial Pharmacist with AMRIC in May 2020. I studied pharmacy in Trinity College Dublin and completed my pharmacy master's degree from RCSI in 2012. I have 7 years of experience working as a pharmacist in Ireland, in both the community pharmacy and addiction pharmacy settings. Most recently I worked as Hepatitis C Pharmacist in the HSE National Drug Treatment Centre prior to taking up my current position with AMRIC.

The AMRIC team is an inspiring bunch, full of enthusiasm and passion for tackling the global issue of antimicrobial resistance through a national "One Health" antimicrobial stewardship approach and I am privileged to have joined the team. I will bring my pharmacy knowledge, experience and insight into prescribing practices in the primary care setting to my work on the AMRIC team. Monitoring antimicrobial consumption, contributing to programmes to improve antimicrobial prescribing and further developing the fantastic resource that is antibioticprescribing.ie are all key parts of my role. I will work with the team to raise the profile of antimicrobial stewardship in all healthcare settings in Ireland.

Ellen Martin (ellen.martin@hpsc.ie)



The Department of Health has provided significant funding to support the implementation of Ireland's National Action Plan on Antimicrobial Resistance ([iNAP 2017-2020](#)). This funding has enabled the appointment of key staff to implement a standardised national approach to managing healthcare-associated infection (HCAI) and antimicrobial resistance (AMR) in the community. Collaborating with key stakeholders in agriculture and environment to deliver on a "One Health" vision is important for all of us working on in this area in the HSE with our partners in the Dept of Health. Funding provided by the Department has enabled the recruitment of a Community Healthcare: Quality and Patient Safety (QPS) IPC Team at national level. The National Community QPS IPC team which includes antimicrobial stewardship is led by Aileen O'Brien, Community Lead for IPC. Bernie Love, Chief II Antimicrobial Pharmacist, joined the team in June 2020. Bernie will lead and support the development of a community antimicrobial stewardship programme. A Director of Nursing, Infection Prevention and Control is to be appointed.

At community healthcare (CH) level, funding has been provided for a Senior Antimicrobial Pharmacist (AMP) and an Assistant Director of Nursing (ADON) in IPC in each of the HSE's nine community healthcare services. The National Community QPS IPC Team will provide ongoing professional support to newly appointed AMPs and IPC ADONs and The Team will work closely with the National AMRIC Implementation Team and other partners to develop and support the implementation of a standardised national approach to antimicrobial stewardship in the community.

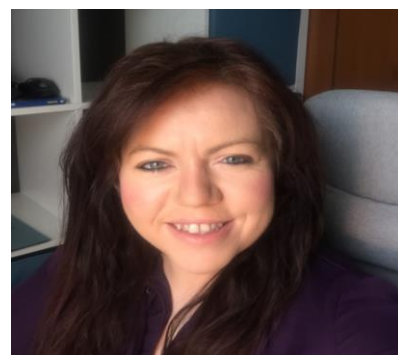
Overview of the role of the senior antimicrobial pharmacist (AMP) in a CHO

Recruitment of a Senior AMP in each of the 9 community health services will provide a key clinical leadership role. This is central to delivering an antimicrobial stewardship service at the front line in community services. The new AMPs will engage with those involved in antimicrobials in community health and social care settings to ensure their best use.

Engagement will include the provision of education, evidence-based guidance (www.antibioticprescribing.ie), audit and prescriber feedback, promoting patient and public awareness (www.undertheweather.ie) and support and implementation of national quality improvement programmes. This will support effectiveness and sustainability in the long-term.

The AMP appointments will expand and strengthen existing efforts to optimise use of antimicrobials in community settings which accounts for approximately 80% of total antimicrobial use in Ireland. These new positions are a very welcome development as it is the first time that AMPs will be dedicated to antimicrobial stewardship activities in the community in Ireland, having supported stewardship activities in the acute setting for 10-15 years. Antimicrobial stewardship in the community is a necessary to improve patient care and join the battle against antimicrobial resistance, and is strongly advocated by global health agencies.

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New swabbing technique video

A new [video](#) for taking COVID-19 tests has been produced by the AMRIC team and Beaumont University Hospital. This video shows how to take a nasopharyngeal swab and a throat swab. The video sets out the infection prevention and control measures that testers are required to follow including appropriate use of PPE. It also shows the way to seat a person being tested and how to sample both sites. Note that the same swab is often used to sample both sites. There are checklists and links to information on carrying out COVID-19 swabbing tests on children and people with disabilities.

The new video also has a computerised demonstration of the nasal swab which will assist testers to take the test as quickly and with as little discomfort as possible. Thanks to the team in Beaumont Hospital for their assistance in making the video.

The Safe Mask Use poster for healthcare workers has been updated to reflect feedback in relation to disposal of medical masks used for care of people who do not have suspected or confirmed COVID-19. Version 3.0 is accessible [here](#). The public poster How to Use Face Coverings has also been updated to incorporate feedback in relation to children under 13. Version 2.0 is accessible [here](#). Please remove earlier versions from your service areas and replace with the updated posters.



New HIQA online learning module

HIQA has launched an online learning module to support front-line staff to understand and implement the *National Standards for infection prevention and control in community services*. These standards apply to all services provided in the community.

The module aims to promote good practice in the area, while also addressing knowledge and skills gaps identified through extensive stakeholder engagement throughout the standards development process. It contains self-reflection questions to help staff to think about how they are already applying the standards, identify areas they may be able to improve and how they might set about doing that.

This digital learning course, will take approximately one hour to complete and can be accessed at this [link](#).



Latest AMRIC webinars

The AMRIC team series of infection prevention and control webinars have continued in June and July; the webinars are listed below. For a full list of webinars since February 2020 please click [here](#). These webinars are to support colleagues who are providing care or managing care for people during this COVID-19 pandemic. The webinars provide guidance and information to staff across the system. The webinars are backed up by guidance documents at www.hpsc.ie.

Some of the more recent webinar slide sets are accessible on www.hpsc.ie and you can listen back when you click on the webinar link and use the password listed. The online webinars and slide presentations have been accessed over 22,000 times.

July 2020

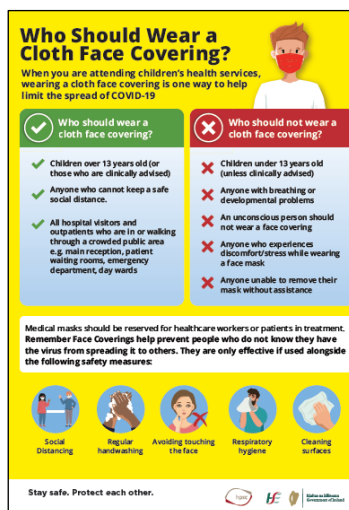
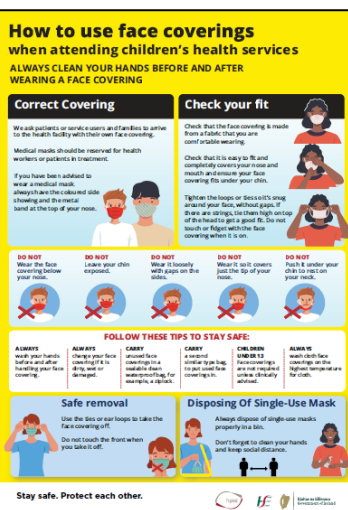
- 24th July: Update on Infection prevention and control in residential care facilities
- 17th July: Update on infection prevention and control for COVID-19 in acute and community hospitals
- 10th July: Infection prevention and control guidance for disability services
- 10th July: Prevention and management of COVID-19 in mental health services

June 2020

- 10th June: Guidance for residential care facilities re admissions, transfers and visiting
- 8th June: Antimicrobial stewardship during the COVID-19 pandemic

May 2020

- 1st May: Guidance re delivering home care including PHNs , AHPs and home helps.
- 8th May: Prevention and management of outbreaks in Acute Hospitals.



New face covering posters for children's services

There are 2 new high resolution posters available to download from the COVID-19 infection prevention and control section of HPSC. The posters can be printed locally. For HSE hospital groups and community health services please link in with your [communications lead](#) to check if they are being printed on a hospital group or community services basis.

The following posters have also been updated and are available on [HPSC](#):

- Doffing PPE
- Guide to donning and doffing standard personal protective equipment (PPE) in a social care setting
- Doffing coveralls in the context of COVID-19
- Safe mask use in health services



All of our lives changed on the 5th of March 2020 when the first confirmed community transmission of COVID-19 happened in Ireland. It was also in Cork city where I practice. During the course of my working lifetime we have had SARS CoV 1, Mers CoV, Ebola, Swine flu. The first 3 while sounding dramatic initially never became an issue on our shores and the latter although it did affect many here was generally mild.

When we sent the first notification to general practitioners about COVID-19 at the end of January I genuinely thought this was never going to amount to much of an issue in Ireland- how naïve I was. The pace at which the pandemic took hold and how rapidly we had to completely change the way we run general practice in this country was at times overwhelming.

For a period of about six weeks much reduced numbers of patients were physically seen in general practice. All walk-in surgeries were stopped. Everyone was triaged by phone to see if they need to be seen face to face. Even the normal footfall to reception to collect prescriptions, forms, and work certs all changed to online versions.

General practice never closed as we are the first port of call for most patients when they feel unwell. We saw all urgent conditions. We continued with necessary routine care such as baby immunisations, antenatal care, psychological care and medical care for those most vulnerable in our society . We visited nursing homes and supported those dying at home. The normal cycle of life did not stop with COVID-19. Sadly, many of our frail elderly patients were taken from us prematurely.

But there were positive changes that came from the collective energy of all parts of the health service and the government working together to fight COVID-19 and flatten the curve.

We had tried for years to operationalise the option of electronic prescriptions; now we can do that. Without doubt being able to email prescriptions for a patient direct to a pharmacy of their choice is so much safer, convenient and much kinder to the planet. I hope to never have to hear the dreadful noise of a dot matrix printer again!

29 COVID-19 community assessment hubs were designed and operationalised in 3 weeks to assess deteriorating COVID-19 patients in the community by GPs. These were physically separate from normal surgeries to enable us to see patients safely. 42 community COVID-19 testing sites sprang up. PPE was made available to all health care services in the community to enable us to provide the safest possible healthcare to our patients.

Accessible education delivered in a timely fashion has been a critical support for all frontline healthcare workers . General practice was particularly lucky in this regard. The AMRIC team developed infection control guidelines and videos to support education of GP practice teams. The ICGP has delivered and recorded 20 educational evening webinars since late March with over 1,500 GPs logging on each week.

We have had fantastic speakers from across all the medical disciplines including Dr Tony Holohan, Dr Mike Ryan (WHO) and our former Taoiseach Dr Leo Varadkar. Our virtual AGM hosted a panel discussion with HSE CEO Paul Reid, CCO Dr Colm Henry, Director of QI Dr Philp Crowley and Prof Martin Cormican who has been adopted by the GP community for his leadership, knowledge and calm support in all infection prevention and control issues we faced.
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Just a few examples of multidisciplinary and multiagency working together and breaking down barriers to effective safe patient care. I hope we can continue to move forward with this new energy and positive 'can do' attitude to really make the improvements we need to create the type of healthcare service we all want for the Ireland.

As we head into winter GPs are concerned about how it will be possible to administer flu vaccine to all children age 2-12, all adults of any age in the at-risk groups as well as the normal over 65 age group. It is very important to have the flu vaccine if you are eligible as we cannot risk a combined wave of influenza and COVID-19.

Working together we can all keep each other safe and continue to provide the safest and best possible patient centred care to our patients.

Keep your distance, wear a mask/face covering, wash your hands, and cough into your elbow. Stay home if you feel unwell and choose wisely how and with whom you spend our social time.

Dr Nuala O Connor GP Cork
ICGP Lead advisor on COVID 19
AMRIC GP lead.



The HSE's Health Protection Surveillance Centre (HPSC) distributed bi-lingual cough etiquette posters to all schools as part of a resource pack earlier this year. Currently new bi-lingual hand hygiene posters are being finalised. Two aimed at younger children and two for secondary schools. Cough posters can be ordered from www.healthpromotion.ie. The new hand hygiene posters are being printed and will be distributed to each primary and secondary school. They will be available to order from 14th September.



You will have read about the changes in GP services outlined by Dr. Nuala O'Connor. Nuala outlines what happens now when you want to access your local GP service

- You need to make an appointment by phone. Phone or use an online booking if available but be prepared for a series of questions. We need to ensure that those who have symptoms of an infection are triaged so they can be seen at the safest time and the GP /nurse is wearing appropriate PPE.
- The car park has become the new waiting room in many surgeries although internal waiting rooms are being used again but make sure you check the procedure in your GP surgery.
- You may be offered the option of a video or telephone consultation. These are appropriate for some issues, but nothing will ever fully replace the face to face interaction and examination.
- If you are bringing a child to be seen please try to avoid bringing other children.
- If you are accompanying an older person – we would ask that just one carer attends.
- Please do wear a face covering and observe social distancing signs. Use hand sanitising gel on entry and exit.
- It may all take a little longer so please be patient with us.
- Reception staff may operate from behind a screen or wear masks / face shields
- Your GP /nurse will wear PPE and may have any combination of surgical mask, face shield, goggles, apron, gown.
- Many are wearing scrubs although this is not necessary just convenient.
- Access to specialist opinions /hospital outpatient services may take longer as the backlog is cleared.
- Most GP practices are now back to providing a full suite of services with a few limitations still due to COVID-19 concerns.

Online communications links

There is a considerable amount of online information for service users, families, the public. All of this information is available on the HSE website and the link is listed below.

There are many pieces of translated materials, videos in Irish sign language and specific materials for patients who have intellectual disability or who have dementia.

Please familiarise yourself with the range of materials accessible here:

<https://www.hse.ie/eng/services/news/newsfeatures/COVID-1919-updates/partner-resources/>



European antibiotics awareness day

A date for your diary. Don't forget European Antibiotic Awareness Day is on 18th November.

If you are planning an event please let us know and we can give you some advice and share the 2020 partner pack with you (available after 19th October).
hcai.amr@hse.ie



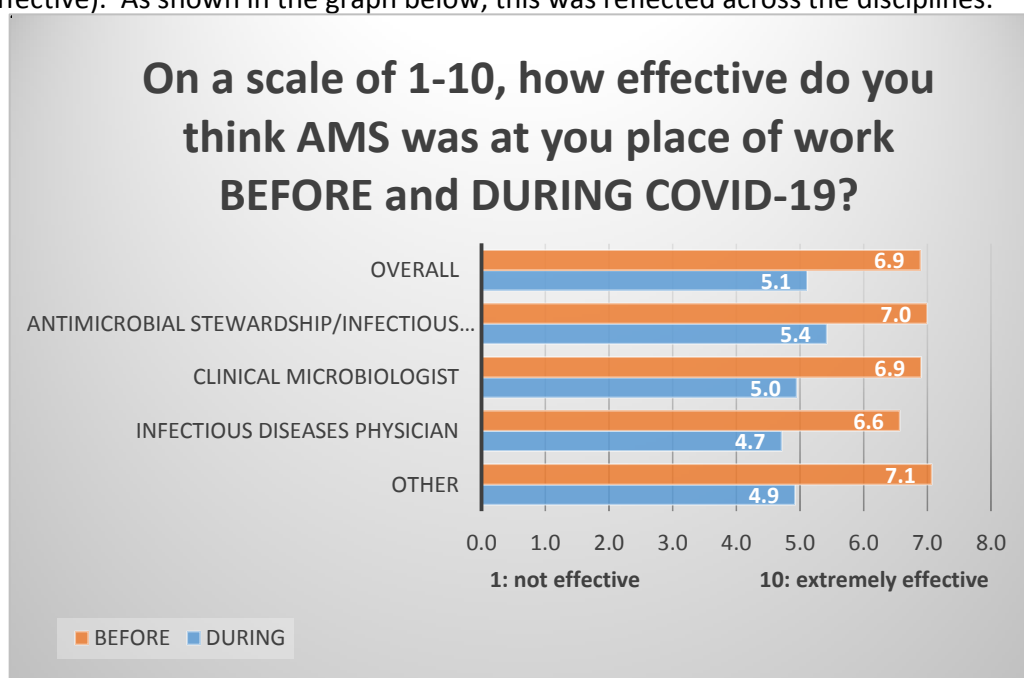
The AMRIC division of HPSC, along with AMS Insight group, invited clinical microbiologists, infectious disease physicians, antimicrobial pharmacists and infectious diseases pharmacists to participate in a survey. The survey looked to provide insight into challenges the COVID-19 pandemic has posed to the effective delivery of AMS in the acute hospital setting in Ireland.

The survey was disseminated on 20th May 2020 and 98 responses were received. Survey respondents were spread across the key disciplines involved in AMS and a survey response was received from 67% (45 hospitals out of total of 67) of all public and private hospitals in the country. 100% of model 4 hospitals, 65% of model 3 hospitals and 50% of model 2 hospital in Ireland responded to the survey.

76% (65/86) of respondents reported that COVID-19 had significantly changed AMS in their place of work. The primary changes reported were a reduction in AMS ward rounds (74%, 48/65) and less time for AMS (70%, 45/65). Other changes described by respondents include a reduction in consultant microbiologist availability, inability to complete AMS audits or reports, reduction in education sessions and AMS meetings. When these results were broken down by discipline (Antimicrobial stewardship/Infectious Disease Pharmacist, Clinical Microbiologist, Infectious Disease Physician and other), the effect of COVID-19 across the disciplines was found to be broadly similar.

The key reasons for changes in AMS practice were reduced face-to-face contact for meetings and education due to IPC restrictions (62%, 40/65), reduced ward/chart access due to IPC restrictions (60%, 39/65) and staff shortages (46%, 30/65). 37% (24/65) of respondents described other reasons such as a prioritisation of COVID-19 related tasks and workload and diversion of consultant microbiologists from AMS work to IPC.

Overall, respondents (n=77) reported a decline in the effectiveness of AMS in their place of work from 7/10 prior to the pandemic to 5/10 during the pandemic. (1: not effective at all, 10: extremely effective). As shown in the graph below, this was reflected across the disciplines.



40% (31/79) of respondents reported having experienced unexpected AMS events or occurrences at their place of work as a result of COVID-19. Examples include: reduced adherence to antimicrobial prescribing policy, increased use of restricted or broad-spectrum antimicrobials, increased prescription duration and an increased consumption of antimicrobials despite an overall decrease in patient numbers. Queries and adverse reactions to experimental antiviral agents were reported. Antimicrobial drug shortages and supply issues were noted.

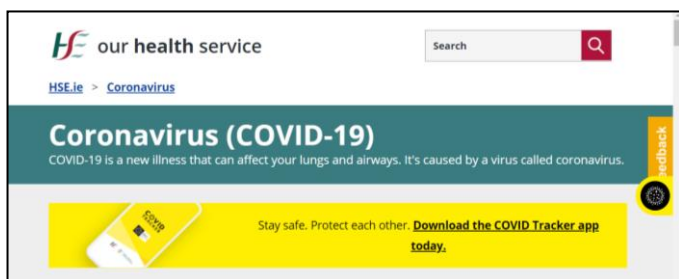
COVID-19 clearly challenged AMS programmes around the country resulting in a distinct change in work patterns. However, there was a collaborative adaptive response during this crisis and a huge amount of innovation and resilience was seen, even during a period when resources and time were so limited. 28% (21/75) of respondents reported introducing AMS interventions that proved particularly effective during the acute phase of COVID-19.

53% (39/74) of respondents introduced AMS interventions specific to their COVID-19 patient cohort. Several respondents described updating AMS guidelines due to COVID-19 and implementing a system for review of COVID-19 patients. A positive occurrence was noted in emergence and use of procalcitonin testing in many hospitals to reduce prescribing uncertainty in bacterial coinfection. Innovative utilisation of electronic resources was noted to facilitate education, AMS meetings, virtual ward rounds and handover. Hospitals with electronic prescribing used it to remotely progress AMS work.

Encouragingly, 49% (37/76) of respondents stated that their hospitals planned to continue all AMS activities post COVID-19 while many respondents commented that they would endeavour to do so as soon as this was feasible.

The results of this survey have given us a good insight into the challenges that the COVID-19 pandemic has presented to AMS around the country. AMS is more important now than ever. There is a real need and will within the AMS community to refocus and progress effectively and efficiently both nationally and locally. It is crucial to further develop and utilise electronic resources as much as possible to deliver AMS.

Websites we like



<https://www2.hse.ie/coronavirus/>



www.antibioticprescribing.ie



COVID-19 infection prevention and control guidance

Since the last RESIST newsletter (May 2020) the AMRIC team has published a large amount of COVID-19 guidance documents which are on www.HPSC.ie. One of the most important pieces of guidance published by the AMRIC team is the IPC [framework](#) document - **Interim HSE Guidance on Infection Prevention and Control as at 10/08/2020**. The published guidance includes a wide variety of guidance materials required and requested by providers and clinicians e.g. GPs, residential services, childcare settings etc. Examples of guidance developed to support delivery of safe patient care include:

- Infection prevention and control guidance for settings providing childcare during the COVID-19 Pandemic
- Visits to residential care facilities during the COVID-19 pandemic
- Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units V5.1 08/06/2020
- V2. Guidance for registered nurses performing sampling for COVID-19 in residential care facilities as at 17/07/2020
- Interim Public Health, Infection Prevention & Control Guidelines on: Admissions, Transfers to and Discharges from Residential Care Facilities during the COVID-19 Pandemic .V6.0 Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities

CPE Screening data: quarter 2 2020

Number of CPE screens Q2 2020

