

Welcome

to this edition, the 8th RESIST newsletter from the Antimicrobial Resistance and Infection Control Division of HPSC (AMRIC). In this edition we focus on the Stay Safe at Work campaign and the development of new online education IPC modules. We have lots of updates on antimicrobial resistance and European Antibiotic Awareness Day. Thanks for your comments and inputs, if you have any suggestions on content or want further information please contact us on hcai.amrteam@hse.ie

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Dr. Colm Henry, HSE Chief Clinical Officer

Infection Prevention and Control – now more than ever

‘There are decades when nothing happens and months when decades happen’ – so goes an old political quote. The word ‘unprecedented’ is used repeatedly in relation to our experience of the COVID-19 pandemic and, for infection prevention and control teams, this word applies to the demands and response of our teams throughout the country.

In his piece on staff safety for this newsletter Martin Cormican comments that “One of the problems with Infection Prevention and Control is that when it works well there is not much to see.....” When things go wrong and organisms get the better of our control systems the impact on the people we care for can be stark. This year more than ever we also see how failure of our controls impacts on patients and our colleagues. This can be very disheartening when you feel you are doing your best in very challenging and stressful circumstances.

At the end of this exhausting year I would like to take this opportunity to thank you all for the things ‘we don’t see’, as Martin might put it. Thank you for the cases of hospital acquired *Staphylococcus aureus* blood stream infection that did not happen because you took good care of an IV line. Thank you for the cases of *Clostridioides difficile* that did not happen because you stopped the antibiotics. Thank you for the outbreak of COVID-19 that did not happen because you stayed home from work when you had symptoms of COVID-19. Although not counted, these actions represent real infections avoided, illness averted and lives saved.



Every infection prevented means someone getting better faster, going home earlier and having a better experience in our service. The prevention of those infections is down to the work of everyone who cares, cleans, manages, maintains, operates and prescribes. I want also to acknowledge the tireless work of infection prevention and control practitioners and teams in the community, hospital and national level who have supported all of us in delivering clean safe care this year. All the training and all the gentle nudges (never nagging) to clean the hands, apply the care bundle, keep the distance and use the PPE correctly have helped to keep the service safe for us and for those we care.

Continued overleaf



I hope that the arrival of vaccination will lead to better control of COVID-19 next year but, until a critical mass of the population are safely and effectively vaccinated, we must remain vigilant and not let up on the measures in place to reduce transmission of COVID-19. In addition, all the old challenges of CPE, MRSA and Norovirus will still be there so all the good practices you have developed this year and the skills of the IPC teams will still be needed next year even if we get COVID-19 under much better control.

So thank you again for the infections and the outbreaks that never happened. Though 'unseen', it is much appreciated. I know it took a lot of work from everyone including the IPC teams. Next year we will all try to make sure even less happens. I wish you and your loved ones a happy, healthy and safe Christmas. I hope you get to take a well-deserved break and recharge the batteries for 2021.

Míle buíochas daoibh ulig. Nollaig shona agus athbhliain faoi mhaise.



Stay Safe at Work- a message from Prof Martin Cormican

The most important resource in our health services is you, our colleagues. This year has been one of the most challenging and stressful most of us have lived and worked through. At work there is the challenge of delivering care while coping with the fear of infection for the people we care for, ourselves or families and our colleagues. Added to this we have colleagues off work because they are COVID-19 contacts or because they have COVID-19 and we have to limit the social side of work that helps to keep you going through difficult times. The demands to keep the infection prevention and control guard up at work is always there and even when we finish at work it follows us in to every part of our lives.

One of the problems with infection prevention and control (IPC) is that when it works well there is not much to see so it is easy to focus on the things that went wrong this year. There have been so many outbreaks in community and acute hospital settings with such serious impact on service users, patients and colleagues that it is easy sometimes to get discouraged. But don't get discouraged. During a pandemic spread of infection in a healthcare system is always a huge risk and as difficult as this year has been it would have been much worse if not for the tremendous efforts by everyone throughout the systems to learn and follow best practice for infection prevention and control.

During this miserable pandemic year there are thousands of people in every community, many of them amongst the most vulnerable people, that have stayed safe and well because of the care you took in the work you do to deliver clean safe care and the risk you accepted in doing that.

Continued overleaf

We have good reason to hope that the vaccine is going to help but that is not going to happen overnight so there is a while to go yet. Now is a critical time hold tight and keep the guard up

Keeping the IPC guard up is especially tough to do if you are tired at the end of a busy shift. We all miss the support of the chat over coffee to sort out a clinical problem and let off some steam. It is especially hard to go without that contact this time of year. The virus is an unforgiving enemy and it's not going to give a truce for Christmas. We know the risk can be just as great in the tea room as at the bed side and it follows us also into the bus, the filling station or the restaurant. So, hard as it is, let's try to stick with the following as much as we can while we hope 2021 will be a better year

- Please stay home if you are sick with COVID-19 symptoms or if you are a COVID-19 contact.
- If you have symptoms of a viral infection please stay home until 48 hours after you are better even if your doctor says you don't need a test
- If you have symptoms of a viral infection please stay home until 48 hours after you are better even if you have a test and the virus is not detected
- At work and outside work try to keep the number of people you have to meet face-to-face as small as you can, especially meeting indoors
- Keep your distance as much as you can from people you do have to cross paths with. Perform hand hygiene often, wear a mask and follow all infection prevention guidance
- You can check out the options for safe online meetings [here](#)
- When face to face training is unavoidable ensure that it conforms to the [guidance](#) for holding face to face sessions.

In addition to line management support and assistance, there are supports and guidance for staff to help protect your health and the health of your colleagues and family. These resources include the Employee Assistance Programme PPE advice and all infection prevention guidance is available on www.hpsc.ie

The AMRIC team has launched a Stay Safe at work internal communications campaign with [resources](#) that you can access to help you and your colleagues to stay safe. Watch out for the social media tweets and posts, staff broadcasts and newsletter articles (see poster overleaf).

Communications tools

- New stay safe at work [poster](#) (it can be ordered from www.healthpromotion.ie from 6th January)
- New stay safe at work staff webpages
- New stay safe at work animated [video](#)
- Key messages from Prof Cormican [video](#)



The new Stay Safe poster will be available to order from 4th January at www.healthpromotion.ie

Stay safe at work.



Do not come to work if you have symptoms of COVID-19 infection, are a contact or are waiting for a test.
Remember, the risk doesn't go away when you are out of the clinical area.

Travel to work



If you have to share transport, always wear a face covering.
Passengers should sit in the rear of the car, away from the driver.

Keep 2M apart or wear a mask if you cannot keep 2M apart.

Break times



Keep 2M from other staff.
If you can't keep 2M distance, wear a surgical mask.
Keeping your distance is safer.



Changing rooms



Keep your distance from other staff.
Do not bring personal items into clinical areas.
When you are caring for people, remove your wrist jewellery and fitness bands.



Public corridors and meeting rooms



Do not stand talking in groups in the corridors. Avoid face to face meetings, but, if you must, please maintain 2M social distance.
If you cannot keep 2M apart, you must wear a mask. Healthcare staff should wear surgical face masks in public work areas.

Stay safe. Protect each other.



Riailtas na hÉireann
Government of Ireland

RESIST

The HPSC has published a [Brief Evidence Summary: Efficacy of visors compared with masks in the prevention of COVID-19 in non-health care settings](#). Expert opinion and international guidance indicates that cloth face coverings or masks are more effective than visors.

Dr John Cuddihy, Director HPSC, said ‘We are grateful to all members of the public who are helping to suppress COVID-19 in our communities by taking daily protective actions. These include wearing face coverings, which are recommended to help to stop the spread of the virus. After a recent review of evidence, the consensus of opinion is that cloth face coverings are more effective than visors. So our message is; in non-healthcare areas when a face covering is required please wear a cloth face covering. Visors are only considered an option when it is not practical to use a cloth face covering for some specific reason.

You do not have to wear a face covering if you have an illness or impairment that would make wearing a face covering difficult. Face coverings are also not recommended for anyone who:

- has trouble breathing
- is unconscious or incapacitated
- is unable to remove it without help
- has special needs and who may feel upset or very uncomfortable wearing the face covering
- needs to communicate with someone who has learning difficulties, is hard of hearing or deaf

The following is the current guidance on face coverings and visors on www.hse.ie

Face coverings are one part of a range of public health actions recommended. Others include limiting our contacts with other people, keeping physical distance, cleaning hands and covering coughs and sneezes.

All the measures work together to help protect people. In all health care areas staff must wear surgical face masks when a distance of 2m cannot be maintained, this is in line with NPHET guidance. HSE staff are also required to wear masks in public areas of HSE buildings and services even if not within 2m of another person.

Cloth face coverings should be of multiple layers of suitable fabric and correctly applied and should conform to National Standards Authority of Ireland (NSAI) standard. Further information on the handling and care of cloth face coverings can be found [here](#)



In the limited settings in which cloth face coverings cannot be used and where visors are used, they should cover the entire face. That means above the eyes to below the chin and wrap around from ear to ear, and be correctly applied. Reusable visors should be cleaned after each use and then stored in a clean place until needed.

The AMRIC team has developed a new Infection Prevention and Control/AMR e-learning foundation programme for all healthcare workers. This will help all staff and services throughout the HSE access IPC learning and staff development in an easy to use, accessible way.

The programme consists of 8 modules and is hosted on [HSE LanD](#). It is highly interactive throughout and developed using best practice in learning design. This initial suite of resources developed will help meet the immediate IPC learning needs of staff.

The 8 modules are aligned to the Interim Infection Prevention and Control Guidance for the HSE and other complementary publications and resources available on the HPSC website. Each module includes assessments and *extend my learning pieces* for those who wish to do further learning on the modules. The modules have been accredited by the Nursing and Midwifery Board of Ireland has awarded 7 continuous professional development points (CPD) for completing all modules. The Royal College of Physicians of Ireland has also accredited the programme with 14 CPD points.

The first 3 modules go live on HSE LanD in December;

- **Infection Prevention and Control and Antimicrobial Resistance explainer**
- **Basics of Infection Prevention and Control and Antimicrobial Resistance**
- **Hand Hygiene**

The individual modules enable the learner to learn the principles of IPC as set out below;

Introduction to IPC/AMR (explainer)

Key messages:

- The drive towards IPC in the health services.
- The need to involve the patient in their own care

Basics of IPC/AMR

By the end of this course learners will be able to:

- Identify and analyse risks of infection in the healthcare setting.
- Recognise how a risk-management approach can help prevent infection.
- Make on-the-spot IPC risk assessments in your day-to-day work.

Hand hygiene

By the end of this course learners will know:

- Why hand hygiene is important
- When to practice hand hygiene
- How to perform hand hygiene in line with the WHO 5 Moments
- How to take care of your hands.

The remaining 5 modules are being developed and will be live in early January 2021 and include the following modules:

1. Standard and transmission based precautions
2. Anti-microbial stewardship
3. Personal Protective Equipment
4. Respiratory Hygiene and Cough Etiquette
5. Aseptic technique.

If you would like further information please contact hcai.amrteam@hse.ie



Latest AMRIC webinars

The AMRIC team series of infection prevention and control webinars have continued throughout the Autumn; 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. All of the webinars below are listed in date order and are accessible at this [link](#)

September 2020

18/09 IPC Guidance, IPC Framework and Estates Guidance (510 participants)

28/09 IPC Guidance for Residential Care Facilities (519)

October 2020

02/10 Infection Prevention and Control Guidance in Disability Services (829)

09/10 Infection Prevention and Control Webinar Guidance for staff in Mental Healthcare Services (305)

16/10 Infection Prevention and control Guidance for Primary Care outpatient services and health care visits in the home (973)

23/10 Infection Prevention and Control Guidance for Healthcare Staff Who Provide COVID-19 Testing (495)

30/10 Infection Prevention and Control Guidance Updates and Q&As for Visits to Community Healthcare Facilities and Acute Hospitals (740)

November 2020

11/11 AMS webinar to Pharmacists (193)

13/11 Infection prevention and control guidance for palliative care services (247)

27/11 Outbreak Management in acute hospitals (329)

December 2020

04/11 Revised Visiting Guidance for Residential Care Settings (723)

11/11 Guidance updates for healthcare workers providing home visits and community outpatient services



With the onset of the COVID-19 pandemic it was clear that there was a need to provide a foundation level education and training programme in infection prevention and control (IPC). In particular for practitioners who could work as IPC link practitioners in community healthcare settings. In September 2020 a working group was set up to develop such a foundation programme.

The key objectives of the group were to:

- Develop a national standardised and accredited programme for community health & social care services to develop IPC capacity at local level.
- Clarify the role of IPC link practitioners within community health & social care services.

The programme sets out to help services build capacity to identify and manage their own IPC risks at local level. The working group considered programmes already available and decided to build on these programmes to support consistent IPC link practitioner training across the county.

The overall aim of this is to build capacity among healthcare workers who are not dedicated IPC practitioners to manage common IPC and antimicrobial resistance risks at local level. This approach may also encourage nurses to consider working full time in this important area of nursing. This pandemic has highlighted the need for more of IPC nurses in the community and funding for additional posts in 2021 has been provided by the Department of Health. There is now also a strong career pathway for nurses working in IPC/AMR which makes this a more attractive career choice.

This project was a collaborative approach between Community Operations, Nursing and Midwifery Practice Development Unit and AMRIC; it was a very successful way of working with continuous engagement and commitment everyone involved.

The pilot programme was developed and delivered 80% virtually/20% face to face in November 2020 in Dublin North City and County Community Healthcare (formerly CHO9). Participants were invited from a broad range of community health and social care services. For the purpose of the pilot, participation was confined to nurses of whom 10 were at CNM2 grade or higher with leadership roles within their organisation. The programme was submitted to the Nursing & Midwifery Board of Ireland and received 7.5 CEUs educational credits. Sixteen nurses took part in the pilot which concluded on the 20/11/20.

Collaborative plans in the working group are underway to progress this programme nationally. If you would like further information please contact josephine.galway@hse.ie



An antibiotic quality improvement initiative for community prescribers

The Medicines Management Programme (MMP) together with the Antimicrobial Resistance and Infection Control (AMRIC) team in the HSE developed a preferred antibiotics initiative. It's now commonly referred to as the Green/Red antibiotic list. This initiative was undertaken as part of the HSEs drive to reduce antimicrobial resistance.

The antimicrobial guidelines for community prescribers on www.antibioticprescribing.ie recommend the preferred use of "green" antibiotics. These are proven to be effective, have fewer side effects and are less likely to lead to resistant infections than "red" antibiotics. The green agents are: **cefalexin, amoxicillin, doxycycline, trimethoprim, nitrofurantoin, fosfomycin, lymecycline, flucloxacillin and penicillin V**

The red agents are: **quinolones, most cephalosporins except cefalexin, macrolides, co-amoxiclav and clindamycin.**

GPs and community pharmacists have access to antibioticprescribing.ie and the Green/Red list is on a mouse-mat to assist in antibiotic decision making at the point of prescribing. The latest version (shown on the next page) highlights risks associated with the red agents. The updated mouse-mat was issued to GPs and community pharmacists as part of European Antibiotic Awareness Day on the 18th November.

AMRIC are working with the Primary Care Reimbursement Service (PCRS) to build on this green/red initiative. Since September 2019 each GP with a list of over 100 GMS patients receives an individualised report. The report shows antibiotic use for GMS patients on their list for a rolling 12 month period. The fifth report issued to GPs in early October 2020. The report details the percentage of prescribed antibiotics that are green and the percentage that are red agents. It also shows where the prescribing for patients on the GP's list sits within a national scoring of low, midrange or high. It is important to say that some of the antibiotics used by patients on a GP's list may be prescribed by other doctors and some of it may be recommended by hospital doctors.

AMRIC sincerely thanks all community prescribers for engaging so positively in the green/red initiative and we welcome any additional feedback from prescribers or community pharmacists. Thank you to the significant contributions of staff in the MMP and PCRS.

Improvements in antibiotic use in the last year

Figures show an a change towards use of safer (**green**) antibiotics for medical card patients in General Practice between July 2018 to March 2020. The percent of antibiotics used that are "**green**" has increased from 56.4% to 60.7%.

There has also been a 50% reduction in use of **Moxifloxacin** in one year after the issue of a safety alert to GPs and community pharmacists (also available in the AMRIC key messages section on www.antibioticprescribing.ie) *“Even in those particular cases where a fluoroquinolone is necessary, moxifloxacin should only be used where other antibacterial agents, including the other fluoroquinolones, are inappropriate or have failed.”*

There has also been improvement in the quality of antibiotic prescribing for non-GMS patients. Community pharmacy dispensing data from Health Market Research data for Jan-Apr 2020 vs. Jan-Apr 2019 shows **co-amoxiclav** down 28%, **clarithromycin** down 25%, **doxycycline** up 19%, **cefaletin** up 22%.

Red Green mousemat

In many cases the Preferred Antibiotic is No Antibiotic

✓ Preferred Antibiotics in Community

See www.antibioticprescribing.ie If antibiotic therapy is indicated the preferred first line choices below are effective, have fewer side effects, and are less likely to lead to resistant infections.

Respiratory Infections (upper and lower)	Urinary Tract Infections	Soft tissue infections - cellulitis, acne
Penicillin V (phenoxymethylpenicillin)	Nitrofurantoin*	Flucloxacillin
Amoxicillin	Cefalexin	Cefalexin
Doxycycline*	Trimethoprim*	Doxycycline*
	Fosfomycin*	Lymecycline*

✗ Antibiotics to be avoided first line in community

Co-amoxiclav Unless as first line for: animal or human bite; facial cellulitis; post partum endometritis; caesarean wound infections; perineal wound infection	Risks: C.diff	Quinolones Risks: C.diff Drug Intx, Tendon/Nerve, AA+D, QT, Seizure <ul style="list-style-type: none"> • Levofloxacin* – unless consultant advice or known resistance to preferred AB in COPD acute exacerbation • Ciprofloxacin* only in proven resistant UTI or acute prostatitis/epididymo-orchitis • Ofloxacin* – only on consultant advice or if treating genital infxn • Moxifloxacin* – AVOID risk of severe liver toxicity
Other cephalosporins • Cefaclor • Cefixime • Cefuroxime	Risks: C.diff	Macrolides Unless TRUE PENICILLIN ALLERGY or specific indication e.g. mycoplasma, helicobacter eradication <ul style="list-style-type: none"> • Clarithromycin* • Azithromycin* – only on advice of consultant or if treating STI • Erythromycin* – best avoided as other macrolides better tolerated
Clindamycin*	Risks: C.diff	

AA+D – risk of aortic aneurysm and dissection, Seizure – lowers seizure threshold, QT – prolongation of QT interval.

Antibiotics marked * may be safely used in patients with true penicillin allergy (immediate hypersensitivity).

See www.antibioticprescribing.ie for details



Version 4, October 2020



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service

Thanks to everyone who took part or shared information as part of the recent European Antibiotics Awareness Day which was marked across Europe on the 18th November. Antimicrobial resistance is a growing and significant threat to public health that is compromising our ability to treat infections effectively. It is widely acknowledged that antibiotic resistance is driven by high rates of antibiotic prescribing and it is critical that we all work to reduce unnecessary antibiotic use.

Evidence-based antimicrobial guidelines are a key tool in efforts to improve antibiotic prescribing, reduce the progression of antibiotic resistance and optimise patient outcomes. The HSE antibiotic prescribing website, www.antibioticprescribing.ie is a reference source that offers up-to-date guidelines for community-based healthcare professionals involved in prescribing, dispensing and administration of antibiotics.



The website has the user in mind; easy to navigate and find treatment and dosing tables as well as additional safety information such as drug interactions or dosing in renal impairment. We ensure any medication recommendations or suggested approaches have patient safety (to maximise cure and minimise chance of harm) and practicality as the primary consideration. We aim to keep guidelines realistic and relevant to their setting. We are aware of the time pressure on a healthcare professional in a clinical consultation and aim to ensure content is comprehensive and concise.

Users will find information and guidelines on a number of health conditions; including upper and lower respiratory conditions, urinary infections, skin and dental infections. Prescribing for children is one of the most visited pages – it contains dosing tables of all major antibiotics as well as weight and height calculation and unit conversion tables.

Led by Dr. Nuala O'Connor, GP Lead AMRIC (Antimicrobial Resistance and Infection Control team), the website team has a wide range of skill sets and knowledge. Each content team has, at a minimum, expertise from GP practice, a consultant in microbiology or infectious diseases, an antimicrobial pharmacist and an expert in the clinical area (where applicable e.g. hospital consultant).

Guidelines are reviewed and updated regularly by content teams and subject specialists. Everyone on content teams believe in the benefit the website offers; safer and optimal prescribing of antibiotics in community settings.

Recent content updates include revised guidelines for dosing in renal impairment, bites (animal and human) and diagnosis & management of catheter associated urinary tract infections in residential/long-term care/nursing home residents. A new webpage includes hospital-related guidelines. Over time, the goal is to work with relevant hospital colleagues to develop the same approach to providing guidance and information for hospital practitioners.

Continued overleaf



A 'What's new' tab has been created on the website as a quick reference for recent updates and a twitter handle has been created (@AntibioticPresc) where recent updates are highlighted. Follow us there to hear the latest, as more new content is due shortly, including advice for de-prescribing UTI prophylaxis, and a patient safety sheet for fluoroquinolones.

Antibiotic prescription rates in the community 2018

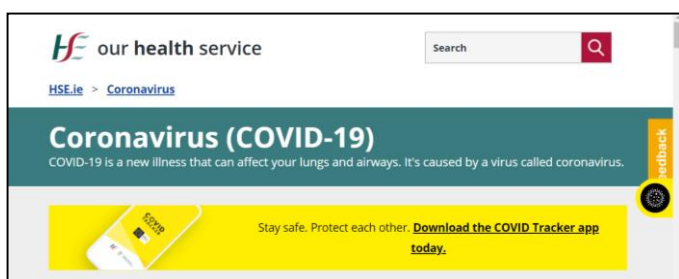
- Ireland – 20.7 daily doses/ 1,000 population.
- UK – 16.3 daily doses/ 1,000 population.
- Sweden – 10.8 daily doses / 1,000 population.
- For every 4 patients on antibiotics in the UK, Ireland has 5 patients on antibiotics.
- Irish patients are prescribed twice as many antibiotics as Swedish patients.

Contact hcai.amrteam@hse.ie if you want any further information on the website.

Antibiotic background and fast facts - why we should all take note

- Antibiotics are life-saving treatments when needed, but overuse and misuse causes more harm than good.
- 1 in 5 patients get side effects from antibiotics. Some of these side effects can be very serious, even life-threatening.
- Antibiotics can also cause harmful drug interactions, which can be sometimes fatal.
- Taking antibiotics can cause bacteria to become resistant, we often refer to them as superbugs. It is much more difficult to kill superbugs with antibiotics.
- Ireland is in the top third of antibiotic prescribing rates in Europe.
- 80% of antibiotics are prescribed in the community setting.
- In Ireland, antibiotics prescribed to those aged over 65 is increasing while figures for children and younger adults are decreasing.
- On a positive note, Ireland is showing a reduction in our use of broad-spectrum antibiotics especially ciprofloxacin, co-amoxiclav and clarithromycin.
- Residents in Irish nursing homes are more than twice as likely to be on an antibiotic as those in other European countries.

Websites we like



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



www.antibioticprescribing.ie



Dr Eimear Brannigan is a consultant in infectious disease and joined AMRIC as its first ID specialist in September 2020. Eimear qualified in medicine in 1998 and has worked as an infection consultant since 2008. Her focus since appointment has been on infection prevention and control, antimicrobial stewardship and healthcare associated infections, including outbreak management and emergency planning for new and emerging infections.

Eimear was Deputy Director of Infection Prevention and Control in the Imperial hospital group in London until recently and led the infection control response to COVID-19 in the hospital group. She has lots of experience in infection control, management and prevention of healthcare associated infection and in antimicrobial stewardship and has applied these to hospital outbreaks of various organisms over the years. Eimear will be working closely with her consultant colleagues Prof Martin Cormican and Dr. Karen Burns to develop new guidance and support for clinicians across the health service.

‘What a great time to have joined this dynamic team of experts, as they continue to respond to the COVID19 pandemic! I look forward to bringing my experience to the role and helping to drive onward and build on the progress made to date in antimicrobial stewardship and infection prevention and control.

You can contact Eimear eimear.brannigan@hpsc.ie



The HSE has appointed Eimear O’Donovan as Assistant Director of Nursing on the HSE Antimicrobial Resistance and Infection Prevention and Control team. This is another important development in the role of infection prevention control nursing in Ireland. Eimear will be working alongside Josephine Galway DON and her colleagues Mary McKenna and Helen Murphy. She will be leading out on IPCN strategy for community and acute services.




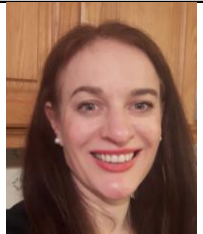

Eimear will also be working with the wider national AMRIC team to drive an increased focus on the wider issues on the control of healthcare associated infection (HCAI) and antimicrobial resistance (AMR). Eimear has a long career in nursing and worked as an emergency department nurse in University of Limerick Hospital Group before joining the hospitals infection control team

In recent years Eimear worked as an operational ADON in ULHG before returning to Infection Prevention and Control as ADON in 2018. “ I am very excited to have been appointed to this role and to be joining the national team at such a significant time during this global pandemic. I know that there will be challenges ahead and I want to bring my experiences working across the acute services to help build on the great infection prevention and control work that is already underway by the team”.

You can contact Eimear by email emerm.odonovan@hse.ie



In the last RESIST newsletter we highlighted the appointment of new community antimicrobial pharmacists, we have an update on our new colleagues and their contact details if you need to get in touch. Contact details for pharmacists are also available on www.antibioticprescribing.ie *Recruitment for the remaining community health services are in progress

	Shirley Armitage shirley.armitage@hse.ie (Clare, Limerick, North Tipperary)	<p>Shirley has an MSc in clinical pharmacy and over 15 years' experience in hospital pharmacy. She spent 5 years in London working in the Royal Marsden Hospital and Great Ormond Street Hospital and has worked for the past 10 years as a clinical and antimicrobial pharmacist at Midlands Regional Hospital Tullamore.</p>
	Aisling Clancy aislingn.clancy@hse.ie (Donegal, Sligo, Leitrim, Cavan, Monaghan)	<p>Aisling has over 20yrs pharmacy experience working in community, hospital and industry settings. She has an MSc in Clinical Pharmacy and a Diploma in Health Economics. She has had the opportunity to work abroad at The Hospital For Sick Kids in Toronto and later with Sanofi Genzyme at their Boston HQ. For the past 13yrs, Aisling has worked as the Antimicrobial Pharmacist at Letterkenny University Hospital (LUH).</p>
	Sarah Fagan sarah.fagan@hse.ie (Laois, Offaly, Longford, Westmeath, Louth, Meath)	<p>Sarah has over 20 year's pharmacy experience (17 in hospital and 5 years in community). Sarah has a Diploma in Clinical Pharmacy and an MSc in Healthcare Management. Sarah has worked in Louth County, Hospital, Our Lady's Hospital, Navan and Our Lady of Lourdes Hospital, Drogheda as well as community pharmacy settings in Ireland, UK, Australia and New Zealand.</p>
	Catherine Mannion catherine.mannion@hse.ie (South Tipperary, Carlow, Kilkenny, Waterford, Wexford)	<p>Catherine has an MSc in Clinical Pharmacy and has worked as the Antimicrobial Pharmacist at St. Luke's General Hospital Carlow/Kilkenny for over 10 years. She also has experience of providing a clinical pharmacy service to ICU, pharmacy management and oncology.</p>
	Mala Shah mala.shah@hse.ie (Cork, Kerry)	<p>Mala has over 20yrs hospital pharmacy experience. She has an MSc in Clinical Pharmacy, and is an adjunct senior lecturer for UCC. She started her career as HIV pharmacist in London and has worked as an Antimicrobial Pharmacist in Cork University Hospital for the last 13 years.</p>

Since the last RESIST newsletter (August 2020) the AMRIC team has published a large amount of COVID-19 guidance documents and factsheets which are on www.HPSC.ie. Please note the links below are to current guidance, they will not work when the guidance is updated. However you will always find the most up to date version on www.hpsc.ie

Some of the guidance and factsheets published recently by the AMRIC team include:

- [Guidance](#) on visits to and from community housing units for people with disabilities
- [Guidance](#) on Control of COVID-19 in Specialist Palliative Care In-patient Units
- [Guidance](#) and [video](#) on Collection of Collection of a Deep Nasal / Mid-turbinate Swab for testing for COVID-19
- V1.4 COVID-19 [Guidance](#) on visits to Long Term Residential Care Facilities (LTRCFs)
- V3.0 [Guidance](#) on Managing Risk of Transmission of Respiratory Viruses Including COVID-19 in General Practice as at 03.11.2020
- V3.0 Interim guidance to minimise the risk of transmission of COVID-19 infection in Community Pharmacies
- Managing a COVID-19 infection at home – [factsheet](#)
- Information leaflet for visiting nursing homes and residential care facilities – [leaflet](#)
- V1.2 [Guidance](#) on Managing Infection Related Risks in Dental Services

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](#)

Staff resources online

The new HSE Staff pages went live earlier this year, since the start of March there have been 470,063 visits to the core staff COVID-19 content with 1,009,811 page views. The most visited page has been the AMRIC PPE information [page](#) with 115,000 page views from 30th Mar to 4th December.

As of 29th November 2020 there have been 120,458 successful completions of the HSE PPE education videos uploaded to [HSELandD](#) in March 2020 (70,039 Community; 50,419 Acute).

COVID-19 guidance is constantly being updated, check www.hpsc.ie for the latest version.

Metronidazole Fact Sheet for Prescribers

- Metronidazole is the third most commonly prescribed antimicrobial in Irish hospitals¹
- Over two thirds of prescriptions were for intravenous metronidazole.
- Almost half of prescriptions were in combination with a second antibiotic with anaerobic activity.

There is an updated fact sheet for prescribers available on the Hospital-Related page on www.antibioticprescribing.ie This fact sheet outlines patient safety considerations with metronidazole, the types of infections it may be used and the optimal formulation that should be used for administration.

CPE Screening data: quarter 3 2020

