

Welcome

to the 9th RESIST newsletter from the Antimicrobial Resistance and Infection Control Division of HPSC (AMRIC). In this edition we focus on the vaccine rollout and the new online education IPC modules. We have lots of updates on antimicrobial resistance and new staff who have started work in IPC and AMS roles. 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

On December 29th 2020, 79-year-old Annie Lynch became the first person to get a COVID-19 vaccine in Ireland. Since Annie walked away feeling 'privileged to have received the vaccine', the national vaccination programme has continued to gain pace.

Dr. Colm Henry, HSE Chief Clinical Officer, says "Vaccines are already having a very positive impact here with cases falling dramatically among healthcare workers and in our nursing homes. We have seen a drop of over 95% in healthcare worker infections in acute hospitals from 1000 per week in January to less than 50 per week by the end of February. The number of health service staff absent due to a diagnosis of COVID or self-isolation continues to trend down, and for 09th March – 16th March was 976; down 5,501 (-85%) compared to the week of the 6th – 12th January. Evidence is mounting quickly that these vaccines, as well as stopping people from getting sick, also help to stop people passing the virus onto others," he said.

A vaccination plan for all people aged 70 and older is currently under way nationwide, we expect that this group will have completed their first dose by mid-April and have completed their 2 doses by mid-May.



The Government, advised by the National Immunisation Advisory Committee (NIAC), has updated the guidance on the groups who get vaccinated early. As a result of the updated Government policy advice, many people age 16 to 69 with conditions that put them at very high risk or high risk of severe COVID-19 disease will now be offered vaccination earlier than was first planned. The people who are very high risk are now in group 4 and next in line for vaccination after people aged 70 years and older. The people at high risk are in group 5 if aged 65 to 69 years and in group 7 if aged 16 to 64 years. The HSE welcomes this update and is working on how to reach people in this new Group 4 as quickly as possible. The first vaccines for this group started the week of the 8th March. We are also looking ahead to how we reach people in the next groups as soon as possible.



While vaccines are being given mainly by GPs and by hospitals at the moment the plan is that as more vaccines become available many people will register themselves on line to get their vaccine in one of the [vaccination centres](#) around the country. The work to have everything in place for this next stage is going well.

The COVID-19 vaccine registration portal was a key part of the vaccination programme for frontline healthcare workers. The portal allowed frontline workers to register for their vaccine. The registration portal closed to staff on Friday 26th as most frontline healthcare workers have already registered and had at least their first dose.

Recommendations about COVID-19 vaccine are changing as more information becomes available so please check the National Immunisation Office website for the most up to date information. www.immunisation.ie

For COVID-19 vaccine queries, please visit <https://www.hse.ie/covid19vaccine> or contact HSELive <https://www.hse.ie/eng/hselive/>



Dr. Colm Henry, HSE Chief Clinical Officer

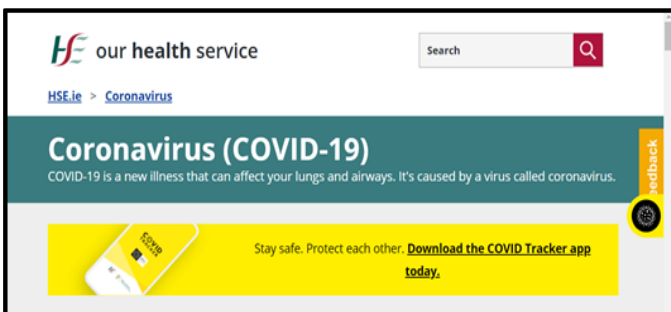
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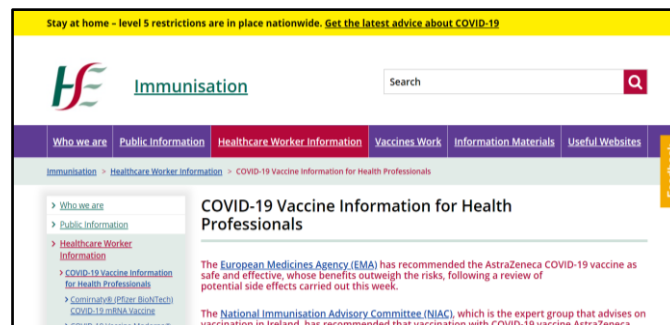
www.hpsc.ie



www.antibioticprescribing.ie



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



[National immunisation office: COVID-19 information for health professionals](#)



We know that most frontline health care workers (FHCW) have received at least one dose of vaccine and the numbers of FHCWs becoming infected with COVID-19 has reduced by over 95% since January (see CCO message page 1). This is great news but there are a few points we need to remember about the COVID vaccines.

1. Vaccines don't work right away

Your immune system needs some weeks in training with the vaccine before it is fit to fight the real virus. **Don't drop your guard the day you get the vaccine.**

2. Vaccines are not perfect

After your immune system has trained up the vaccine effect is very good at protecting most people from disease but the effect is not perfect in everyone. Some people do get COVID disease even after completing the schedule of vaccination. **Don't drop your infection prevention and control precautions just because you had the vaccine.**

3. Vaccines might not stop you spreading the virus.

Although we are seeing more evidence on this topic we are not sure yet how good vaccines are at preventing silent infection that can contribute to spread of the virus to others (patients and colleagues). **Don't drop your infection prevention and control precautions just because you had the vaccine.**

4. COVID vaccines only prevent COVID

There are a lot of other infections that healthcare workers can catch and spread. **Don't drop your infection prevention and control precautions just because you had the vaccine.**

So for now even after you complete your vaccination schedule

- Keep your distance from other people as much as possible, perform hand hygiene often, wear a mask when required and follow all infection prevention guidance
- Do not come to work if you have symptoms of any viral respiratory tract infection even if your GP advises that you do not need a COVID-19 test at the moment. You should not come into work until you have been better for 48 hours.

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.

Communications tools

- Stay safe at work poster (poster is online and printed, it can be ordered from www.healthpromotion.ie)
- Stay safe at work staff [webpages](#)
- Stay safe at work animated video <https://youtu.be/iIR1ZHIMvo0>
- Key messages from Prof Cormican video <https://youtu.be/mxOjqkLy7QU>



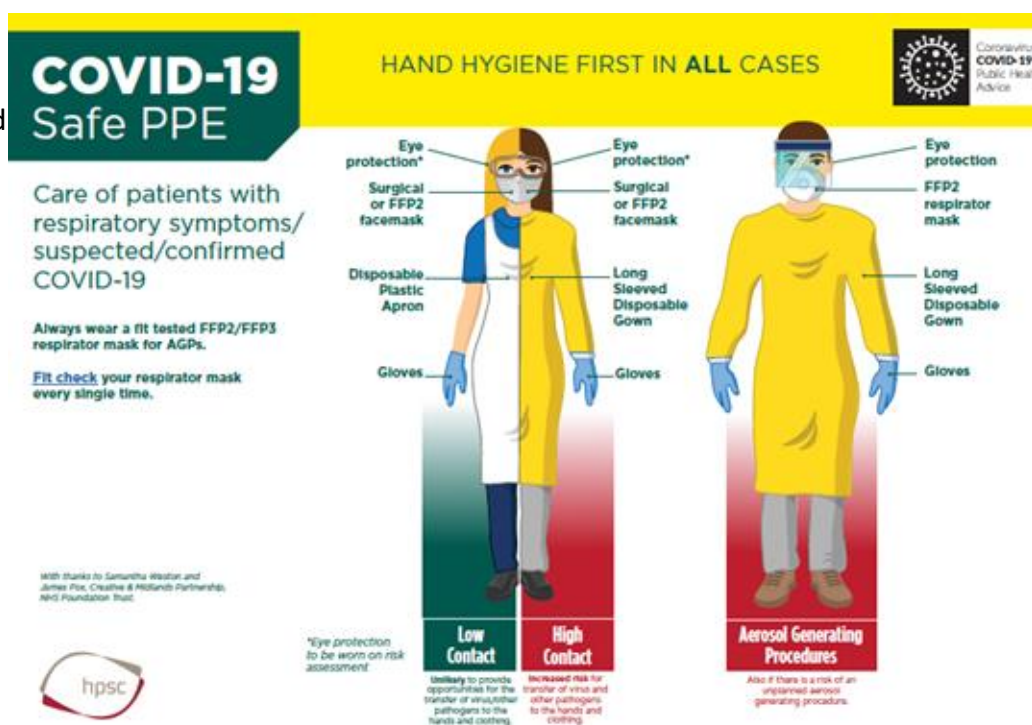
On January 12th Colm Henry, Chief Clinical Officer advised of a change in the use of FFP2 facemasks. As there was a very large surge of COVID-19 at that time and some concern re increased potential for airborne transmission he advised that it was appropriate to allow greater scope for institutional risk assessment and individual risk assessment with respect to use of respirator masks in situations in which surgical masks were generally recommended.

Based on the fifth update of the European Centre for Disease Control document “Infection prevention and control and preparedness for COVID-19 in healthcare settings” **the updated HPSC/AMRIC guidance includes a recommendation that healthcare workers in community and hospital settings should have access to a well-fitted respirator mask (FFP2) and eye protection when in contact with possible or confirmed COVID-19 cases and COVID-19 contacts. In the context of a ward or facility based outbreak or a COVID-19 assessment hub it is appropriate to consider all patients in the setting as suspected or confirmed COVID-19 cases.**

A surgical mask and visor also offer a high degree of protection. These may be more comfortable for and preferred by some staff. A surgical mask is appropriate for non-patient facing activity and when caring for patients where there is no suspicion of COVID-19 and there is no evidence of transmission in the service.

With regard to PPE, it is important to emphasise that PPE is only one element of a comprehensive approach to IPC as outlined in HPSC/AMRIC guidance documents. PPE is only likely to be effective when used in conjunction with rigorous adherence to the fundamentals of IPC including hand hygiene, environmental management, early identification of people with COVID-19 and the application of contact and droplet precautions. Please see the FFP2 fit check poster on page 5 and also view the fit check video [here](#) Thanks to the IPC team in Limerick University Hospital for their help with the new poster.

The HSE has a comprehensive approach to PPE and guidance is continuously updated. Always check the IPC guidance on www.hpsc.ie for the latest version.



Safe use of **FFP2** respirator mask



1
Separate the edges of the respirator mask to fully open it.



2
Slightly bend the nose wire to form a gentle curve.



3
Hold the respirator mask upside down to expose the two headbands.



4
Using your index fingers and thumbs, separate the two headbands.



5
While holding the headbands with your index fingers and thumbs, cup the respirator mask under your chin.



6
Pull the headbands up over your head.



7
Release the lower headband from your thumbs and position it at the base of your neck.



8
Position the remaining headband on the crown of your head.



9
Conform the nosepiece across the bridge of your nose by firmly pressing down with your fingers.



10
Continue to adjust the respirator mask and secure the edges until you feel you have achieved a good facial fit. Now, perform a fit check.

Check the fit of the respirator mask every time you wear it.



The wearer should be clean shaven to achieve a good fit.

Forcefully inhale and exhale several times.

The respirator mask should collapse slightly when you inhale and expand when you exhale. You should not feel any air leaking between your face and the respirator mask.

If the respirator mask does not collapse and expand, or if air is leaking out between your face and the respirator mask, then you have NOT achieved a good facial fit.

Adjust the respirator mask until the leakage is corrected and you are able to successfully Fit Check your respirator mask.

For coloured masks the coloured side **MUST** be worn facing outward and upward in order to provide fluid resistant protection.

HELPFUL TIPS:

The wearer should remove the respirator mask if:

- The respirator mask becomes uncomfortable
- Breathing becomes difficult
- The respirator mask is damaged or distorted
- The respirator mask becomes obviously contaminated by respiratory secretions, blood or bodily fluids.

Stay safe. Protect each other.

In 2017 the Minister for Health declared that the spread of CPE in Ireland was a National Public Health Emergency. No other country in the European Union has taken this step. Following on from the decision the Department of Health and the HSE worked together to slow the spread of CPE. It is time to ask if the effort is paying off.

CPE means Carbapenemase Producing Enterobacterales. The E (Enterobacterales) are a family of bacteria that people and animals have in vast numbers in their gut. CPE are variants of that E family of bacteria that are able to make an enzyme that destroys antibiotics such as meropenem. Meropenem is an antibiotic that we often rely upon in hospital when other antibiotics no longer work. If a bug can destroy meropenem then the meropenem no longer works. This means the bug is resistant to meropenem and similar antibiotics.

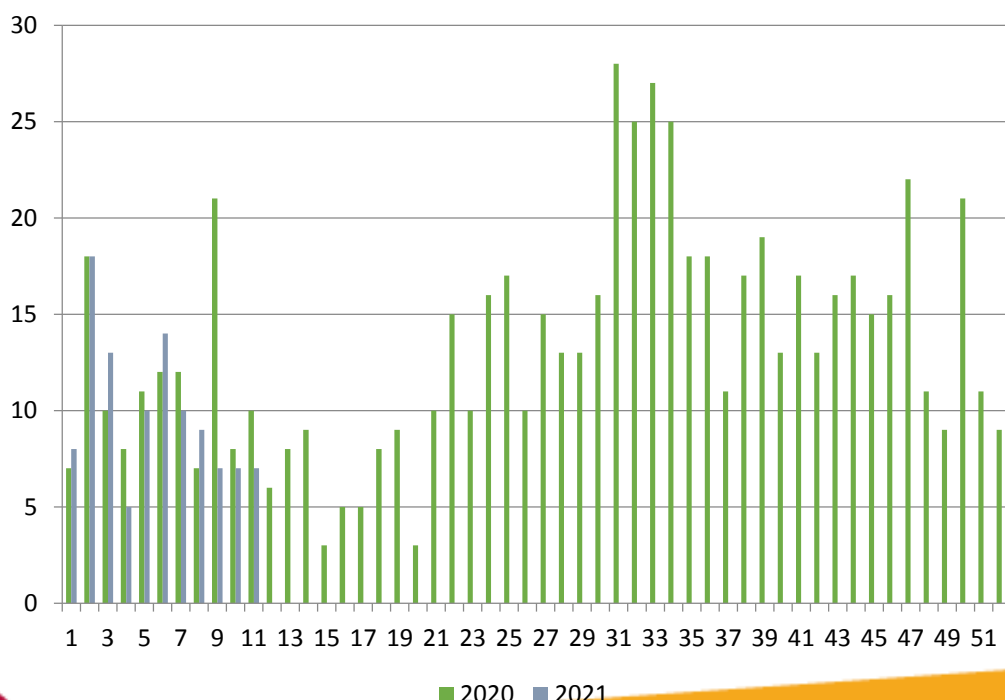
All Enterobacterales come out of the gut in faeces and are easily picked up by other people from invisible traces of faeces that contaminate surfaces, water and food. Spread of CPE is especially common in hospitals. Preventing the spread involves tracking who and where the CPE is in the hospital and putting in place measures to reduce the risk of spread.

In a recent [article](#) published in the Journal of Hospital Infection ([A.Vellinga](#), [W.Brennan](#), [H.Humphreys](#), [K.Burns](#)) a group of researchers looked at how effective were the measure taken on foot of the CPE public health emergency. It is still early days but the study suggests that Ireland has made progress in slowing the spread but CPE is still a problem and there is a lot more to do.

The progress made in the first two years after the declaration of the public health emergency is thanks to the leadership and investment of the Department of Health and HSE and the efforts of a very broad range of healthcare workers including infection prevention and control teams, laboratory staff, ward staff, cleaning staff, maintenance and managers.

The additional information we have since the researchers began work on the paper shows that we are still keeping CPE in check. This is a huge achievement given the difficulties of the past year so thanks to everyone for keeping the lid on CPE while keeping the ship afloat through the COVID public health emergency.

Number of newly detected patients with CPE by the National CPE Reference Laboratory by week



Director of Nursing IPC, Community Healthcare: Quality and Patient Safety

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 support healthcare workers to improve the control of healthcare-associated infection (HCAI) and antimicrobial resistance (AMR) in the community and to bring a more consistent approach to infection prevention and control and antimicrobial stewardship practice across the country.

Funding provided by the Department has enabled the recruitment of a Community Healthcare: Quality and Patient Safety (QPS) IPC/AMS Team at national level. The National Community QPS IPC/AMS team is led by Aileen O'Brien, Community Lead for IPC/AMS. The National Community QPS IPC/AMS team also includes Bernie Love, Chief II Antimicrobial Pharmacist; Bernie has been in post since June 2020.

Gwen Regan, Director of Nursing IPC, is the latest team member appointed and she joined the team in February 2021. Gwen has a wealth of experience in community infection prevention and control, general nursing, primary & community care, nurse practice development and advanced nursing practice. Before joining the team, Gwen provided IPC expertise to the COVID-19 response in Dublin North City & County.

Multi-disciplinary infection prevention and control and antimicrobial stewardship teams are currently being established in each of the nine Community Healthcare Organisations. These teams will comprise an Assistant Director of Nursing (ADON) in IPC and a Senior Antimicrobial Pharmacist (AMP) in each CHO. Senior Medical Recruitment and additional Infection Prevention and Control Nurses to join these teams is progressing. The National Community QPS IPC/AMS Team will provide ongoing professional support to newly appointed IPC ADONs and Senior Antimicrobial Pharmacists. The team will collaborate closely with the National AMRIC Implementation Team and other partners to develop and support the implementation of a standardised national approach to infection prevention and control and antimicrobial stewardship in community health & social care.









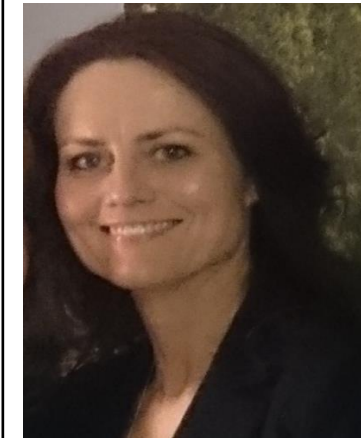
Overview of the role of the Assistant Director of Nursing (ADON) Infection Prevention and Control (IPC) in community services

Our new IPC ADONs have been in position in Community Healthcare Organisations 1,2,3,4,5,7,8 and 9 for several months. We are still working to fill the position in CHO 6. Community IPC ADONs and Community IPC nurses have worked tirelessly and under tremendous pressure to support all community health & social care services in relation to IPC during the COVID-19 pandemic. Their work over the past year has prioritised provision of expert IPC advice and support to frontline staff and management in facilities experiencing outbreaks of COVID-19. They have been working with services to prevent outbreaks, supporting COVID-19 Crisis Response Teams, supporting all community health & social care services including Older Persons, Primary Care, Mental Health & Disability Services, delivery of IPC training to staff, supporting the safe reopening of services, and providing IPC expert advice to COVID-19 testing centres and mass vaccination clinics. (continued)

Meet the new Assistant Directors of IPC Nursing

Going forward, IPC ADONs will be responsible for building and managing their respective IPC nursing teams and working together with their multidisciplinary team colleagues to deliver a nationally standardised community infection prevention and control service. The implementation of the Infection Prevention and Control Link Practitioner Programme across community health and social care services, led by IPC ADONs, will further support services to identify and manage IPC risk locally whilst also proactively implementing effective IPC programmes.

	<p>Clodagh Keville Clodagh.keville@hse.ie</p> <p>CHO 1 Donegal, Sligo, Leitrim, Cavan, Monaghan</p>
	<p>Fidelma Gallagher Fidelma.gallagher@hse.ie</p> <p>Community Healthcare West Galway, Mayo, Roscommon</p>
	<p>Figi Savio (Acting ADON) Figi.savio@hse.ie</p> <p>Dublin North City & County Community Healthcare</p>
	<p>Eleanor Mc Carthy Eleanor.mccarthy1@hse.ie</p> <p>Cork Kerry Community Healthcare</p>

	<p>Mary Clare Hayes MaryClare.hayes@hse.ie</p> <p>South East Community Healthcare South Tipperary, Carlow, Kilkenny, Waterford, Wexford</p>
	<p>Sharon Maher Sharon.maher2@hse.ie</p> <p>CHO Dublin South, Kildare, West Wicklow</p>
	<p>Lisa Fetherstone Lisa.fetherstone@hse.ie</p> <p>Midlands Louth Meath Community Healthcare Organisation Laois, Offaly, Longford, Westmeath, Louth, Meath</p>
	<p>Ann Hammersley Ann.hammersley@hse.ie</p> <p>Midwest Community Healthcare Clare, Limerick, North Tipperary</p>

Vaccination and infection prevention

If you are part of a team that is vaccinating patients it is really important that the correct infection prevention and control protocols are followed. It is not necessary to use gloves for vaccine injections, unless you are going to be in contact with potentially infectious body fluids, or unless you have an infected lesion on the hand. Please ensure you are keeping up to date by regularly checking the [NIO pages](#).

Hand hygiene practice for safe vaccination

“Clean hands save lives”

Vaccination is a clean /aseptic procedure so performing hand hygiene is vital as per the WHO hand hygiene practice to prevent the risk of cross infection.



- Use an alcohol hand rub for hand hygiene when hands are visibly clean.
- When hands are visibly soiled use soap & water.

Basic hand hygiene rules as listed below must be followed when preparing & administering a vaccine

- Bare the wrists (e.g., short sleeved top or rolled up sleeves)
- Remove all wrist jewellery, including wristwatch
- Remove all hand jewellery (a single plain band may be worn)
- Keep fingernails short (tips less than 0.5cm)
- Do not wear false nails or nail enhancements (e.g., gel nails)
- Do not wear nail varnish
- Cover cuts and abrasions with a waterproof dressing

New epidemiology post

Lauren Webster joined the AMRIC team in the role of epidemiologist in February 2021. Lauren completed her masters of public health in epidemiology at the University of Toronto. As part of the HSE AMRIC team she will be supporting the use of epidemiological methods to help the team and the HSE understand and manage the challenges of antimicrobial resistance and healthcare associated infection.

Lauren has previous experience working with large administrative health services data which she analysed to produce public reports and peer-reviewed publications in a variety of areas such as healthcare wait times, emergency department visits, antipsychotic prescribing in long-term care homes, and cannabis and tobacco use among young people. More recently she worked in the area of clinical trials, analysing the trial data in order to perform remote risk-based monitoring. This involved the surveillance of data quality and patient safety issues in order to identify trial sites that may require additional resourcing and monitoring.

“I am so excited to be joining the HSE AMRIC team and hope to contribute positively to the great work that is being done here. This is a monumental time for the areas of public health and infection prevention and I am delighted to be able to use my experience to be a part of it.” You can contact Lauren at lauren.webster@hspc.ie






In the last RESIST newsletter we highlighted the appointment of the first of the new community antimicrobial pharmacists that have been funded as part of an ongoing initiative to strengthen IPC and AMS resources at a community level. These appointments have been enabled through working closely with the team at the Department of Health Patient Safety Office. Contact details for pharmacists are also available on www.antibioticprescribing.ie

Recruitment of an antimicrobial pharmacist (AMP) in each CHO in Ireland aims to provide a key clinical leadership role that is central to the delivery of an antimicrobial stewardship service at the front line in community services. In February, we were delighted to welcome an antimicrobial pharmacist into CHO 2, CHO 6 and CHO 9. These pharmacists are now available to support antimicrobial stewardship activities in community settings and their contact details are below, and also on www.antibioticprescribing.ie.

They join the network of CHO-based AMPs already established (in summer 2020) in CHO 1, 3, 4, 5 and 8. Newly appointed antimicrobial pharmacists will engage with those involved in prescribing, dispensing and administering antimicrobials in community health and social care settings to ensure their best use. This includes the provision of education across multidisciplinary groups, provision of evidence-based guidance (www.antibioticprescribing.ie), audit and prescriber feedback, promoting patient and public awareness (www.undertheweather.ie) and support and implementation of nationally standardised quality improvements to ensure effectiveness and sustainability in the long-term.

These appointments expand and strengthen existing efforts to optimise use of antimicrobials in community settings. Community prescribing 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 community settings in Ireland. Recruitment for CHO 7 is in progress.

	<p>Mary Eva Regan mary.regan12@hse.ie CHO 2 (Mayo, Roscommon, Galway)</p>	<p>Mary Eva has a Postgraduate Diploma in General Pharmacy Practice from University College London which she completed whilst working as a Resident Pharmacist at Guys & St Thomas Hospital. Mary's final year of her three year postgraduate training was dedicated to antimicrobial use and stewardship. Mary has experience as an Antimicrobial Pharmacist in Queen Elizabeth Hospital London, Beaumont and more recently Sligo University Hospital.</p>
	<p>Olivia Gallagher olivia.gallagher2@hse.ie CHO 6 (Wicklow, Dun Laoghaire, Dublin South-East)</p>	<p>Olivia completed has over eight years' experience working as a community pharmacist, with five of those years spent as a supervising pharmacist. During this time she has developed her interest in antimicrobial stewardship in the community through the provision of extensive vaccination services, OPAT provision and Medicine Usage Review programmes in long term care facilities.</p>
	<p>Margaret Donnelly margaret.donnelly2@hse.ie CHO 9 (Dublin North, North-West & North City)</p>	<p>Margaret has over ten years' experience in Pharmacy in Ireland. She has worked in various roles in both community and hospital pharmacy. For the last four years she has been in the Rotunda hospital working in a number of clinical roles including antimicrobial stewardship. She has completed her MSc. in Clinical Pharmacy and has a particular interest in medication safety and allergy de-labelling.</p>

Latest AMRIC webinars



AMRIC webinars

The AMRIC team series of infection prevention and control webinars have continued throughout the spring season; 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. Look out for the registration information on the weekly Staff broadcast for events and training.

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](#)

Date	Title	Participants
15/01/2021	COVID-19 IPC Guidance updates for Residential Care Facilities	838
22/01/2021	Webinar for Acute Hospitals on COVID-19 Testing, PPE and Vaccination	859
27/01/2021	COVID-19 Infection Prevention and Control guidance in childcare settings	3281
05/02/2021	COVID-19 Infection Prevention and Control guidance in Disability Services	795
12/02/2021	COVID-19 Infection Prevention and Control guidance for PPE in all healthcare settings	2,079
19/02/2021	COVID-19 Infection Prevention and Control Guidance for Health and Social Care Workers providing home care visits	1214
26/02/2021	COVID-19 Infection Prevention Guidance for Healthcare Staff in Residential Care Facilities	956
05/03/21	COVID-19 Guidance for Staff in Mental Health Services	238

In the last edition of RESIST we highlighted a new online Infection Prevention Control/ Antimicrobial Resistance [e-learning programme](#). The programme contains a short introductory overview of Infection Prevention and Control followed by 7 key topics in line with the Interim Guidance:

- Basics of Infection Prevention and Control
- Standard and Transmission-based Precautions
- Hand Hygiene
- Personal Protective Equipment (PPE)
- Respiratory and Cough Etiquette
- Aseptic Technique
- Antimicrobial Stewardship



Each AMRIC module has been accredited with NMBI (1 CPD per module) and RCPI (2 CPD's per Module). You can dip in and out of the courses at any time and can find them by following the AMRIC Resist logo on the HSeLandD homepage, by searching for 'IPC' in the search box or by visiting the Clinical Courses catalogue. We will focus on 2 of the courses in each RESIST newsletter; this quarter we are looking at:

1 Basics of Infection Prevention and Control

The purpose of Infection Prevention and Control (IPC) is to support the delivery of appropriate and safe healthcare, including care of those with infectious diseases. IPC is not a barrier to care, although in some circumstances IPC may point to the need for additional planning and preparation to minimise risk. IPC is everybody's business. Understanding the way infectious organisms spread and knowing how and when to apply the basic principles of IPC is critical to success. Good IPC is essential to good clinical care.

The course will assist health and social care workers to improve the quality of the care they deliver. The course aims to promote and facilitate the overall goal of IPC: the creation of clean and safe healthcare environments. This comes from following evidence-based practices that minimise the risk of transmission of infectious microorganisms. Learners will be able to understand how to prevent infection in all health and social care facilities and in the home, understand specific measures to take for patients, caregivers, health and other essential staff.

Two key points in this module are;

1. As a health or social care worker this course will help you to understand that a risk assessment must be performed to determine what measures should be used and when to use them. Recognise how a risk-management approach can help prevent infection. Make on-the-spot IPC risk assessments in your day-to-day work.
2. It is important that you practise the basics of IPC. Prevent the onwards transmission of infection. The courses were based on the interim guidance on infection Prevention and Control Health Service Executive 2021 available at [HSE Infection Prevention and Control Guidance and Framework - Health Protection Surveillance Centre \(hpsc.ie\)](#)

Feedback to date has been very positive and has been found to be practical and helpful.

(continued)

2 The antimicrobial stewardship e-learning module

Ireland's national action plan for antimicrobial resistance (iNAP) highlights the whole society approach required to optimising the use of antibiotics, and that each staff member involved in the provision of healthcare has a part to play. Antimicrobial stewardship is a term used to describe the work which aims to maximise the benefit of antibiotics with the least harm. The antimicrobial stewardship module has been designed for anyone involved in prescribing, dispensing or administering antimicrobials and is equally applicable to those who may influence antimicrobial prescribing or antimicrobial stewardship (e.g. managers, clinical pharmacists).

This module is relevant to staff in all health care settings including acute, community and residential care. Examples of patient scenarios in various settings are used to provide learning in a relatable format.

Two key points in this module are:

1. The balance of whether an antibiotic will do more harm than good must be assessed for each individual person. Some examples of the harms of antibiotics are: 1 in 5 hospitalised patients on antibiotics suffer from harm (an adverse effect) related to the antibiotic. All antibiotic use disrupts the normal 'good' bacteria of the body and that can predispose you to further infection such as thrush or *Clostridioides difficile* infection.
2. A person is most likely to benefit from an antibiotic if they have an infection likely to be caused by bacteria. In order to optimise the choice of antibiotic so that it can be an effective treatment for that person in treating their infection, yet reducing the chance of harm it is helpful to refer to guidelines. Guidelines are devised by infection experts using available evidence and take into account the likely organisms and resistance patterns for each infection type in your setting. They guide towards agents that will most likely treat the infection with the least harm. Use your local hospital guidelines or visit antibioticprescribing.ie to access the guidelines for the acute and community setting.

Feedback from people who have completed the module includes: *"has very practical day-to-day examples of optimising antibiotic use in the setting I work (residential facility nurse)"* *"explains the broad spectrum antibiotic vs. the narrow spectrum antibiotic in an easily understandable way (doctor)"* *"a great overview of stewardship which is important to be aware of as a HSE manager."*

Eimear Brannigan, Consultant in Infectious Diseases & Marie Philbin, Chief Pharmacist from AMRIC along with Bernie Love, Chief Pharmacist, Community Operations put the content together. They see it as "fantastic to have a single go-to point for learning on antimicrobial stewardship for all healthcare staff," and are looking forward to developing further modules which will add to this antimicrobial stewardship learning resource.

HSE Infection Prevention and Control and Antimicrobial Resistance
Learning Programme



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



HSE Community Operations have launched a new Infection Prevention and Control Link Practitioner programme. The programme was developed together with HSE AMRIC and the Office of the Nursing and Midwifery Services Director (ONMSD). The Framework document describing this programme is available online [here](#). For the first time there is a nationally standardised approach to guide the training and development of Infection Prevention and Control Link Practitioners across Community Health and Social care settings. Building capacity within community health and social care services to identify and manage infection prevention and control (IPC) risk is a key priority for the HSE.

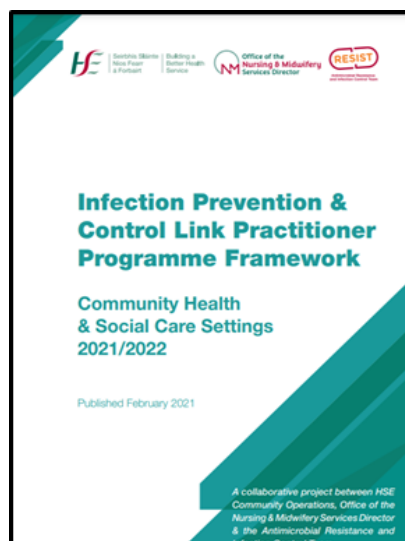
IPC Link Practitioners will act as a local resource and role model for their service, whilst also being supported by a wider network of IPC experts. This role is designed to support service providers to implement effective infection prevention and control practices in their facility or service. The IPC Link Practitioner role is not intended to replace that of specialist trained Infection Prevention and Control Nurses.

Infection Prevention and Control is the cornerstone of clean safe patient care. The experience of COVID-19 has highlighted the need for all services to

access infection prevention and control advice in a timely fashion, relevant to the service they deliver. The IPC Link practitioner programme will be rolled out incrementally across community health and social care settings. The ultimate aim is to have at least one IPC Link Practitioner in each residential care facility. The programme will also be offered to staff working in other community health and social care services.

The success of this programme is dependent on the support and encouragement of management to facilitate IPC link Practitioners to undertake this important role. The commitment of IPC Link Practitioners to have ongoing engagement with local CHO IPC nurses is also essential.

The programme will be rolled out across Community Healthcare Organisations in the coming months with the support and input of Regional Centres for Nursing and Midwifery Education and Community Assistant Directors of Nursing for Infection Prevention and Control.



Approximately 40 AMRIC COVID-19 Guidance documents, posters and videos have been updated/developed and uploaded to www.HPSC.ie since the last issue. These include a wide variety of guidance materials required and requested by providers and clinicians e.g. GPs, Pharmacists, Dentists, Residential Services etc. Examples of guidance developed to support delivery of safe patient care include:

- [COVID-19 Infection Prevention and Control Education and Guidance for Quarantine Hotels and Facilities](#)
- [Information leaflet for visiting nursing homes and other residential care facilities during COVID-19](#)
- [COVID-19 Infection Prevention and Control Guidance for visiting in Residential Care Facilities \(webinar\)](#)
- [Epidemiology Frequently Asked Questions \(FAQs\)](#)
- [How to put on and take off PPE \(video\)](#)
- [COVID-19 Guidance on visits to Long Term Residential Care Facilities \(LTRCFs\)](#)

CPE Screening data: quarter 4 2020

Number of CPE screens Q4 2020

