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Office of the  
Nursing & Midwifery  
Services Director



# Infection Prevention & Control Link Practitioner Programme Framework

## Community Health & Social Care Settings 2021/2022

Published February 2021

*A collaborative project between HSE  
Community Operations, Office of the  
Nursing & Midwifery Services Director  
& the Antimicrobial Resistance and  
Infection Control Team.*

# Table of Contents

Foreword .....	3
List of Abbreviations .....	4
Introduction .....	5
<b>Section 1</b>	
Standardised educational programme leading to IPC Link Practitioner recognition .....	6
<b>Section 2</b>	
Guidance on operational issues relating to rolling out of IPC Link Practitioner programmes and role within Community Health Organisations .....	11
References .....	15
<b>Appendices</b>	
Appendix 1 Membership of IPC Link Practitioner Development Group .....	17
Appendix 2 Pilot Sites in CHO Dublin North City and County .....	18
Appendix 3 Service Commitment Form .....	19
Appendix 4 Foundation Programme Timetable .....	21
Appendix 5 Participant Evaluation Form .....	24



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Antimicrobial Resistance  
and Infection Control Team

## Foreword

On behalf of HSE Community Operations I am delighted to present this Framework document, which will for the first time, nationally standardise and 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 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 with the ultimate aim of having 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.

This was a truly collaborative project and I would like to express my sincere gratitude to all those who were involved in the development of this framework. In particular my thanks to Dr. Geraldine Shaw, Director of the ONMSD, and her teams in the NMPDUs and RCNMEs for supporting the project through the pilot phase, and also agreeing to provide ongoing support in delivering the foundation training programme in Regional Centres of Nursing and Midwifery Education in collaboration with appointed IPC Assistant Directors of Nursing. I would also like to thank the National AMRIC team for their expert advice and input in developing and supporting this programme. Finally, I would like to thank infection prevention and control specialist staff working in community health and social care settings with responsibility for delivering foundation course content and providing ongoing support to our IPC link Practitioners.



**JP Nolan**

*Assistant National Director, Head of Quality and Patient Safety, HSE Community Operations*

## List of Abbreviations

ADON	Assistant Director of Nursing
AMR	Antimicrobial Resistance
AMRIC	Antimicrobial Resistance and Infection Control
CHO	Community Healthcare Organisation
CNM	Clinical Nurse Manager
CNS	Clinical Nurse Specialist
CORU	Regulator for Health & Social Care Professionals
DOH	Department of Health
DON	Director of Nursing
HCAI	Healthcare Associated Infection
HIQA	Health Information & Quality Authority
HSCP	Health & Social Care Professionals
HPSC	Health Protection Surveillance Centre
HSE	Health Service Executive
IDS	Intellectual Disability Services
IPC	Infection Prevention & Control
MHS	Mental Health Services
NMBI	Nursing & Midwifery Board of Ireland
NMPDU	Nursing & Midwifery Planning & Development Unit
ONMSD	Office of Nursing & Midwifery Services Directorate
PPE	Personal Protective Equipment
RCNME	Regional Centre for Nursing and Midwifery Education

## Introduction

Building capacity within services to identify and manage infection prevention and control (IPC) risk and promote good antimicrobial stewardship (AMS) are key priorities for the HSE.

In September 2020 a development group was convened to consider measures to support services to identify and manage IPC risks at local level (Appendix 1 Membership of the Development Group and Course Content Contributors). This Framework is the outcome of the development group's work over the intervening months, and will direct IPC Link Practitioner Programme implementation across community health & social care settings in 2021 – 2022.

A fundamental requirement of effective infection prevention and control and antimicrobial stewardship is an educated workforce (HSE 2015). A pilot programme was developed by the development group and delivered to 16 participants representing a broad range of community health and social care services across Dublin North City & County in November 2020 (Appendix 2 Pilot Participating Sites). Following evaluation of this programme, and extensive stakeholder engagement, this framework was developed to guide and inform the development of Community Health and Social Care IPC Link Practitioners in 2021/2022.

This Framework will consider two keys areas:

1. A standardised education programme for Community IPC Link Practitioners
2. Guidance on operational issues relating to implementation of IPC Link Practitioner education programmes and ongoing engagement with these practitioners within Community Health and Social Care settings.

This framework builds on work already undertaken in the HSE, and will compliment other developments including the National AMRIC Team HSE Land E-Learning Modules – Infection Prevention & Control. The working group acknowledges other IPC link programmes which have been developed in the past and seeks to standardise these programmes nationally.

## Responsibility for Review & Audit

The Director of Nursing, Infection Prevention & Control, HSE Community Healthcare: Quality Patient Safety will be responsible for ensuring ongoing review and audit of this framework with relevant stakeholders to ensure it meets the objectives set out, and escalate any challenges identified that could impact the operationalising this programme.

The document will be reviewed two years from sign-off, but more frequently should changes in practice/legislative changes/operational/governance changes occur.

# Section 1

## Standardised IPC Link Practitioner education programme

### 1.1 Programme Rationale

Patient safety is considered the cornerstone of quality health care. Healthcare Associated infections (HCAI's) are defined as infections acquired as a result of healthcare treatment in any setting. Recent studies have shown that approximately 5% of hospital inpatients or residents in long-term care facilities may have an infection acquired in that healthcare facility at any given time (HPSC 2017, 2018).

There is a growing awareness amongst health care managers and policy makers of the scope for harnessing the potential of IPC Link Practitioners to support the entire health care team to provide safe, quality care to patients/service users in a wide variety of clinical settings. Frontline healthcare workers and their managers play a vital role in coordinating and integrating the multiple aspects of quality of care and quality improvement strategies. This is achieved through patient safety interventions in conjunction with evidence based guidelines. Effective IPC is central to providing high quality, safe healthcare for service users and creating a safe working environment for all.

IPC Link Practitioners will act as a local resource and role model for their service, whilst also being members of a wider network of IPC experts. The IPC Link Practitioner will increase awareness of infection prevention and control issues locally whilst also motivating their colleagues to improve infection prevention and control practices.

This framework will reference the HSE (2015) Core Infection Prevention and Control Knowledge and Skills Document and subsequent updates which aims to:

- Provide a framework for prioritising the development of IPC training and education programmes within services locally
- Provide a resource which supports:
  - Service managers to evaluate uptake of staff IPC training and education requirements
  - Education providers and employers to develop standardised IPC education programmes
  - Evaluation and benchmarking of existing IPC training and education programmes.

The COVID-19 pandemic has highlighted the need for services at local level to have access to infection prevention and control knowledge to support decision-making

in relation to care and service delivery. It is recognised that community health and social care services are hugely diverse in the range of services they provide. In addition multiple providers deliver health & social care services, including HSE, Section 38 and Section 39 agencies, and Private Service Providers. However, regardless of the setting or organisational governance, the principles of infection prevention and control in health and social care services include the consistent application of IPC practices to protect staff and services users, and prevent harm.

## 1.2 Programme Philosophy

Principles of adult education will underpin the delivery of this programme, with an emphasis on facilitating participants to critically evaluate their own learning needs and take responsibility for their ongoing professional development. This is an important consideration given the dynamic and evolving healthcare system in which health and social care workers practice. An environment of active learning is the main focus of this programme and effective learning is supported when the participant is actively engaged in the process and a climate of inquiry is encouraged.

Various teaching and learning methodologies will be utilised throughout the programme in order to foster a learner-focused approach. These methodologies will enable the learners to be knowledgeable in the area of infection prevention and control. The core focus of this programme is to provide a blended learning approach incorporating e-learning programmes, live webinars integrated with classroom based workshops.

## 1.3 Programme Aim

The principle aim of this programme is to provide the IPC Link Practitioner with an opportunity to advance and practice their knowledge and skill safely in infection prevention and control in contemporary healthcare practice. Existing National Infection Prevention & Control Guidelines and National IPC E-learning modules will facilitate further learning and support.

## 1.4 Learning Outcomes

1. Discuss the principles and practices of infection prevention & control recognising and promoting evidence based practices that reduce transmission risks
2. Understand the principles of Standard and Transmission Based Precautions
3. Discuss the principles of antimicrobial stewardship
4. Discuss the national, international and local policies as applied to IPC.
5. Develop capability to assess and manage IPC risk within their own health / social care environment
6. Understand the importance of audits in clinical practice and their impact on quality improvement
7. Conduct nationally standardised and local level IPC audits
8. Develop confidence and skills to educate/train colleagues in IPC practice.



## 1.5 Indicative Content

### 1. Core Knowledge & Skills IPC

- The Chain of Infection
- Standard Precautions
- Transmission Based Precautions: Contact, Droplet & Airborne precautions
- Respiratory Hygiene / Cough Etiquette
- Hand Hygiene
- Appropriate use of personal protective equipment
- Safe handling and disposal of sharps
- Environmental controls including cleaning and blood & body fluid spills management
- Single use equipment and appropriate reprocessing of reusable equipment and instruments including appropriate use of disinfectants
- Aseptic technique
- Appropriate handling and disposal of waste and linen
- Antimicrobial stewardship in health & social care settings.

### 2. Managerial Issues in IPC

- Role of the Link Practitioner in IPC/Governance structure
- Risk assessment - infection prevention & control
- Developing an IPC plan for your service
- Responding to IPC risk in health & social care environments, e.g. outbreak management, promoting influenza vaccination etc.
- Recognising Infection and obtaining clinical specimens

### 3. IPC Resources

- Introduction to the Health Protection Surveillance Centre
- Overview of the National AMRIC Strategy
- HIQA Standards in relation to Infection Prevention & Control

### 4. RESIST Hand Hygiene Train the Trainer for Healthcare Workers in Community and Primary Care

- National Hand Hygiene Train the trainer programme – develop skills to teach hand hygiene in local setting
- In addition participants will develop the skills required to train colleagues in the correct donning and doffing of PPE

### 5. Audits & Quality Improvement in Infection Prevention & Control

- Principles of clinical audit / the audit cycle
- Planning for audits – routine and reactive
- The action plan – delivering quality improvements

**Optional content (*at least two sessions from below must be completed*)**

- Teaching in Clinical Practice / Promoting IPC in the Workplace
- Care of Invasive Medical Devices
- Palliative Care Considerations in Infection Prevention & Control
- IPC in challenging environments (*IDS/MHS/Dementia care etc.*)

**1.6 Target Audience**

The target audience for this programme will initially be registered nurses or health and social care professionals who are involved with direct patient care and invasive procedures within the health and social care community setting.

Ideally, participants will be at CNM1 / CNM2 / senior HSCP level or above, with the authority to influence infection prevention and control within their facility.

**1.7 Programme Prerequisites**

There must be a demonstrated commitment from services / line manager to support IPC link practitioner candidates, including completion of the Service Commitment Form signed by management (Appendix 3).

The CHO must ensure there are adequate IPC resources in place to effectively lead and support the Link Practitioners in their services.

**1.8 Teaching and Learning Strategies**

This programme will provide a blended learning approach incorporating e-learning programmes, live webinars integrated with classroom based workshops. Programme participants will be supported by a daily Q&A session with programme facilitators. This programme, in time, can be delivered face-to-face however, this must be in line with Public Health advice/guidance/restrictions in place. It will also depend on local resources and geographical spread of participants.

A standard suite of presentations will be provided to course facilitators to ensure standardised education provision nationally. These presentations will be updated centrally through the DON IPC Community Healthcare QPS should change in practice/guidance/new evidence emerge.

**1.9 Assessment**

An MCQ assessment will be undertaken for the hand hygiene train the trainer programme. HSE Land Certificates as relevant to programmes undertaken must be submitted to the facilitator to confirm course has been undertaken and successfully passed.

On programme completion, participants will be given the opportunity to complete a programme evaluation.

## **1.10 Programme Duration**

It is recommended that the programme be delivered over 5 days consecutively. To ensure flow of content Day 1 & 2 must be delivered in sequence.

## **1.11 Programme Facilitators and Educational Resources Required**

This programme is a collaboration between the Regional Centres of Nursing & Midwifery Education working in partnership with CHO Assistant Directors of Nursing in Infection Prevention & Control. Contributions from expert speakers, for example Infection Prevention and Control Nurses and CHO Antimicrobial Pharmacists, will support the programme.

Programme facilitators are required to be qualified IPC nurses (on Active Register with NMBI). At a minimum facilitators will be required to have obtained a Level 9 qualification (Post Graduate Diploma) in Infection Prevention & Control, or equivalent. Programme facilitators will be supported by Registered Nurse Tutors in the RCNMEs.

## **1.12 Programme Evaluation and Review**

On programme completion, participants will be given the opportunity to complete a programme evaluation. This will be used in conjunction with feedback from key stakeholders (speakers/experts and clinical managers) to inform programme review. Structure and content modifications/changes will be made as appropriate.

## **1.13 Accreditation with Professional Bodies**

The programme has been awarded 35 Continuous Education Units (Category 1) approval from the Nursing and Midwifery Board of Ireland. Health & Social Care Professionals registered with CORU may submit certificates from this programme as evidence of continuous professional development.

## **1.14 Programme Timetable**

The agreed foundation programme timetable is provided in Appendix 4. The programme has been designed so that one topic leads to another in a sequential fashion therefore ideally the timetable should not be changed unless in exceptional cases.

## Section 2

# Guidance on governance and operational issues relating to implementation of IPC Link Practitioner programmes and roles within Community Health Organisations

## 2.1 Governance

The Governance of Infection Prevention and Control services within community care is currently under the remit of the Community Healthcare Organisation Chief Officers. Before implementing the Link Practitioner programme each CHO will need to evaluate their own requirements based on IPC risk within their organisation. Assistant Directors of Nursing IPC in each CHO area will be responsible for engaging with and working in partnership with their own local Regional Centre of Nursing and Midwifery Education (RCNME) to roll-out the programme. A database of IPC Link Practitioners will be maintained centrally with the Director of Nursing IPC Community Healthcare QPS to support resource and operational plans.

## 2.2 Role of the IPC Link Practitioner

The role of the IPC link practitioner may vary depending on local needs. 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 a specialist trained Infection Prevention and Control Nurse.

The IPC Link Practitioner role may include the following:

- Support the implementation of infection prevention and control policies, procedures and guidelines
- Act as an advocate and resource for IPC /AMS in their facility or service
- Deliver face to face HSE hand hygiene training programme to colleagues within their service
- Train colleagues in relation to donning and doffing personal protective equipment and/or ensure staff can access online training resources such as HSEland
- Create, maintain and promote the use of an up to date IPC/AMS resource file for the facility/service so that colleagues know how to access up to date national infection prevention and control guidelines

- Support the Director of Nursing/Person in Charge to disseminate information provided by the ADON IPC/CHO antimicrobial pharmacist to other staff in their facility as appropriate
- Undertake/facilitate audit in relation to infection prevention and control based on local IPC risks / priorities
- Orientate new staff in relation to infection prevention/control measures
- Attend CHO IPC Link Practitioner meetings, and feedback the information gained to colleagues at local level
- Provide feedback to their line manager in relation to progress made and any opportunities for improvement that have been identified
- Escalate concerns in relation to IPC and AMS through an agreed line management structure so that these are followed up and addressed
- Participate in facility level infection prevention and control committees as requested
- Other IPC/AMS activities as required by local organisation/CHO as appropriate.

## 2.3 Role and responsibilities of Service Providers

Service providers who nominate a staff member to undertake the IPC Link Practitioner programme will be asked to undertake certain responsibilities in order to ensure the goals of the programme are achieved (*Appendix 4 Service Commitment Form*). The role and responsibilities of Service Providers are to:

- positively facilitate, support and encourage the IPC link practitioner to undertake their role
- allocate protected time to allow the IPC link practitioner to undertake their role. It is anticipated that IPC link practitioners will require at least 0.5 days per week to undertake activities relating to the role
- ensure that there is an agreed process whereby IPC Link Practitioners can raise/escalate any requirements or concerns in relation to IPC/AMS and that these are addressed in a timely manner.
- In addition IPC Link Practitioners will be required to have a work email address and access to a PC/Work Laptop

## 2.4 Role and responsibilities of HSE ADONs IPC in Community Healthcare Organisations

A key enabler for the successful delivery of the IPC Link Practitioner programme, and ongoing support for IPC Link Practitioners, is the IPC team in each CHO. The key role and responsibilities of the IPC ADON will be to:

### **Pre-programme**

- Agree with the Chief Officer (or designate) service areas where IPC Link Practitioners are required. Initially, priority should be given to higher risk areas e.g. congregated care settings.
- Identify protected time to prioritise delivery of the programme. In order to address and build capacity at a minimum the programme should initially be delivered monthly
- Aim to initially have at least one IPC Link Practitioner in each Residential Care Facility
- Liaise with colleagues in the RCNMEs to facilitate implementation of the educational component of the programme – communicate with attendees, identify appropriate venues for face to face components, identify and source educational requirements (e.g. Personal Protective Equipment for demonstration purposes etc.)
- Liaise with colleagues at local level to deliver aspects of the programme, e.g. IPC Nurses, Antimicrobial Pharmacists, Health & Safety Advisors, Nurse Tutors etc. It is advised that the ADON arranges a pre-meeting with presenters to go through the programme and address any issues that may arise.

Due to the requirement for good communication between IPC Link Practitioners and HSE IPC experts it is recommended that a central email/phone number for the IPC team be generated in each CHO which all members of the IPC team can utilise. This will ensure the IPC Link Practitioners are not dependant on any one individual for communication but will have access to the team which is essential for sustainable communication.

### **During Foundation Programme Delivery**

- ADON IPC (or delegate) will be required to attend daily (virtually or in person, depending on course delivery method) to greet participants, and act as host for the foundation programme
- Deliver components of the foundation programme live as per the timetable
- Liaise with RCNME regarding any technical issues that may arise
- ADON IPC (or delegate) will be required to take part in daily live questions and answers session with participants
- Deliver face to face hand hygiene train the trainer/PPE training.

### **After the Programme**

- ADON IPC (or delegate) to coordinate communication and regular engagement with IPC Link Practitioners. At a minimum it is suggested that meetings are held monthly initially to build and establish good relationships. Meetings should have a standard agenda and minutes maintained. Terms of Reference for the IPC Link Practitioner group should be agreed with support from the DON IPC Community Healthcare QPS as required

- ADON IPC (or delegate) will support IPC work plans for IPC Link Practitioners, for example advising on audits, hand hygiene training etc. to coordinate and standardise IPC practices
- ADONs IPC do not have line management responsibility for IPC Link Practitioners therefore can only advise and influence practice within the health and social care setting, overall governance and work plans of the IPC Link practitioner remains with their organisation
- ADON IPC must maintain a register of IPC Link practitioners within their Community Healthcare Organisations
- Numbers of IPC Link Practitioners trained will be requested as part of programme oversight.

## Role of Regional Centres of Nursing & Midwifery Education

The Regional Centres of Nursing & Midwifery Education will support this programme through various means as appropriate to location. Some suggested supports include:

- Hosting face-to-face delivery of the programme in line with HPSC (2020) Guidance Document on Infection Prevention and Control Practices in Relation to Delivering Face to Face Education during the Global COVID-19 Pandemic
- Offering administrative support to the programme, for example through virtual classroom platforms
- Managing programme bookings through classroom management systems where available
- Assisting with programme delivery where appropriate (e.g. facilitation skills, presentation skills etc.)
- Supporting any reviews / evaluations as part of wider stakeholder group to inform ongoing development of the programme.

The role of the RCNMEs will be determined through a partnership approach with the CHO ADON IPC and the Director/s of participating RCNME/s in each CHO.

## References

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## Appendices

### Appendix 1 – Membership of IPC Link Practitioner Development Group

Aileen O' Brien, Head of Infection Prevention and Control, Community Healthcare, QPS

Anne Brennan, Director NMPDU Dublin North

Ann O' Connor, ADON IPC Dublin North City & County (until mid-February 2020)

Ellen O' Dea, Head of Health & Well-Being, CHO 9 Dublin North City & County

Gwen Regan, Director of Nursing, Infection Prevention & Control, Community Healthcare, Quality & Patient Safety (Chair)

Josephine Galway, Director of Nursing, Infection Prevention and Control Lead Nurse on HCAI and AMR, National HCAI/AMR Response and Implementation Team, Strategic and Transformation Planning.

Kathleen Leahy, QQI Health Service Skills Coordinator, Registered Nurse Tutor, CNS IPC, CNME, University College Hospital Galway

Mairead Hallinan, Administrative Officer, NMPDU Dublin North

Professor Martin Cormican, National Clinical Lead Antimicrobial Resistance & Infection Control Team, Consultant Microbiologist Galway University Hospitals, Professor of Bacteriology NUI Galway School of Medicine.

Vivienne Browne, Director CNME Connolly Hospital

## Appendix 1 continued

### Course content contributors

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Eleanor Mc Carthy, Assistant Director of Nursing, Infection Prevention & Control, Cork-Kerry Community Healthcare

Figi Savio, Acting IPC ADON, Dublin North City and County

Gemma Brennan, Influenza Immunisation Lead, Dublin North City and County

Josephine Galway, Director of Nursing, Infection Prevention and Control Lead Nurse on HCAI and AMR, National HCAI/AMR Response and Implementation Team, Strategic and Transformation Planning.

Lisa Fetherstone, ADON, Infection Prevention and Control CHO 8

Sharon Maher, ADON, Infection Prevention and Control, Dublin South, Kildare, West Wicklow

Vivienne Browne, Director CNME Connolly Hospital

## Appendix 2

### Pilot Participating Sites – Community Healthcare Organisation Dublin North City & County

<b>HSE</b>	St. Mary's Hospital Older Persons Residential Care Navan Road, Older Persons Residential Care St. Clare's, Older Persons Residential Care Lusk Community Unit, Older Persons Residential Care St. Joseph's, Intellectual Disabilities / Mental Health Mental Health Community Services Primary Care Dublin North West Public Health Nursing / Homecare Services
<b>Private</b>	Highfield Nursing Home – Older Persons and Mental Health Residential Care St. Doolagh's Nursing Home – Rehabilitative Centre, Residential and Day Services
<b>Section 38</b>	St. Michael's House Intellectual Disability Services Daughter's of Charity, Intellectual Disability Services

## Appendix 3



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## Service Commitment Form (Template)

### HSE National Infection Prevention & Control Link Practitioner Programme

**Please complete all sections and return a scanned copy of this form to**  
[insert email here](#)

**Service / Facility Name:**

**Location:**

- Older Persons Services
- Mental Health Services
- Disability Services
- Primary Care Services

Would like to apply for a place on the **HSE National Infection Prevention & Control Link Practitioner Programme**

We are nominating \_\_\_\_\_ (insert name and grade) to become our IPC Link Practitioner.

Email address for the nominee (Work email address preferred): \_\_\_\_\_

Contact number for the nominee: \_\_\_\_\_

If successful in the application, and on completion of the foundation programme, our service will support our IPC Link Practitioner by committing to:

- Releasing the IPC Link Practitioner to attend CHO IPC Link Practitioners meetings at a frequency to be determined (*initially monthly*)
- Ensuring the IPC Link Practitioner has access to an established e-mail access address (ideally a work email address) to communicate with HSE Infection Prevention and Control Nurses, and access to a computer within the clinical area
- Supporting the IPC Link Practitioner to access local and national infection prevention and control guidelines by providing access to the internet at work
- Supporting the IPC Link Practitioner to attend relevant study days/webinars in relation to IPC
- Providing the IPC Link Practitioner with protected time to undertake the IPC Link Practitioner role (at least 0.5 days per week would be required to implement activities as an IPC Link Practitioner)

- Reviewing the results of local level infection prevention and control audits and action improvements indicated in collaboration with the IPC Link Practitioner
- Releasing the IPC Link Practitioner to attend a Refresher Programme where required, in consultation with the ADON IPC

**There are a limited number of places for each programme, please select the preferred week the nominee would like to attend for training** (*start date below – programme will run for five full days that week. Full attendance on all dates required*):

Course 1 Commencing: \_\_\_\_\_ Course 2 Commencing: \_\_\_\_\_

**If no preferred date is selected or the preferred date is fully booked, the nominee will be allocated an alternate week. Allocation of places will be based on service need.**

**Nominated By:**

**Line Manager**

Print Name & Title: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Approved By (mandatory):**

**Director of Nursing/Head of Department**

Print Name & Title: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

If the line manager is the Director of Nursing/Head of Department – only complete the ‘approved by’ section.

Please return completed form by email to *‘insert email address’* no later than *‘insert date’* at 12 noon.

**Next Steps:**

Upon receipt of applications, an email will be returned stating if the nominee has been successful in securing a place and the allocated programme start date. Further correspondence will be issued by the CNME.

Nominees who are unsuccessful in securing a place on the programme will be added to a waiting list and offered a place when additional dates are confirmed

## Appendix 4

### Foundation Programme Timetable

The timetable for the foundation programme is based around the following five themes:

- Day 1 Introduction to Infection Prevention & Control**
- Day 2 Standard & Transmission Based Precautions**
- Day 3 IPC Risk Assessment & Antimicrobial Resistance**
- Day 4 Management & Governance of Infection Prevention & Control**
- Day 5 National Hand Hygiene Trainer the Trainer Programme incorporating PPE demonstration**

Sections highlighted in green are live and must be attended at that specific time – Day 1 and 2 must always proceed the following day's content.

<b>Day 1 - Introduction to Infection Prevention &amp; Control</b>			
<b>Day 1 Time (from – to)</b>	<b>Presenter</b>	<b>Topic/Content</b>	<b>Platform</b>
9.30am – 10am	ADON IPC	Live facilitation - Introduction and overview of programme	Live Webex
10am – 10.30am	ADON IPC	IPC Link Practitioners – the who, why and how of IPC Link Practitioner Practice in Community Care	Live / Webex
<i>10.30 – 11am</i>	<i>Break</i>		<i>Break</i>
11am – 11.45am	ADON IPC	Introduction to Microbiology & The Chain of Infection	Live Webex
11.45am – 12.30pm	ADON IPC	The importance of audit and quality improvement in IPC – collecting and using data	Pre-recorded
12.30pm – 1pm	ADON IPC	Review of morning / Q&As	Live Webex
<i>1pm – 2pm</i>	<i>Lunch</i>		
2pm – 5pm	ADON IPC	IPC Resources, signposting	Pre-recorded Webinar
	HSELand – all programmes available under COVID-19 resources – National AMRIC programmes	Introduction to Infection Prevention & Control Standard and Transmission Based Precautions	HSELand

Day 2 - Standard & Transmission Based Precautions			
Day 3 Time (from – to)	Presenter	Topic/content	Platform
9.30 – 10am	ADON IPC	Live facilitation – Q&A and overview of Day 2 programme	Live Webex Training
10am – 10.45	ADON IPC	Review - Standard Precautions Re-iterate ( <i>Mandated training</i> ) Safe use and disposal of sharps including use of safety devices to minimise their use Safe injection Practices Management of Waste in the Clinical Environment	Pre-recorded
10.45-11.15	<i>Break</i>		
11.15 – 12.30	ADON IPC	Review – Transmission Based Precautions	Pre-recorded
12.30 – 1pm	ADON IPC	Review of morning, Q&A, overview of afternoon	Live
1pm – 2pm	<i>Lunch</i>		
2 – 5pm	HSE-Land	The flu vaccine – protect yourself and others	HSELand
		Respiratory hygiene & cough etiquette	
		Antimicrobial Resistance	

Day 3 Risk Assessment & Antimicrobial Resistance			
Day 3 Time (from – to)	Presenter	Topic/content	Platform
9.30 – 10am	ADON IPC	Live facilitation – Q&A and overview of Day 3 programme	Live Webex Training
10-10.30am	DON National AMRIC Team	Overview of National AMRIC Strategy	Pre-recorded
10.30am – 11am	<i>Break</i>		
11am – 12md	CHO Antimicrobial Pharmacist	What is a Healthcare Associated Infection? Antimicrobial Resistance and Antimicrobial Stewardship	Live Webex
12 – 1pm	ADON IPC	Risk assessing in Infection Prevention and Control Case Study – COVID 19 Q&A / review of morning	Live Webex Training
1-2pm	<i>Lunch</i>		
2-5pm	HSELand	Hand Hygiene	HseLand
		Aseptic Non-Touch technique	
		Putting on and taking off Personal Protective Equipment in the community	
	HIQA	HIQA Standards in IPC	HIQA

<b>Day 4 – Management &amp; Governance Issues Infection Prevention &amp; Control</b>			
<b>Day 4 Time (from – to)</b>	<b>Presenter</b>	<b>Topic/content</b>	<b>Platform</b>
9.30 – 10 am	ADON IPC	Live facilitation – Q&A and overview of Day 4 programme	Live Webex Training
10am – 10.45am	ADON IPC	How to recognise infections – S&S, taking specimens, the Sepsis Six	Live Webex Training
10.45 – 11.15am	<b>Break</b>		
11.15 -12.30pm	ADON IPC	Recognising and Managing an Outbreak	Pre-recorded Webinar
12.30pm – 1pm	ADON IPC	Review, Q&A	Live Webex
1.30pm – 5pm	<p>Day 4 afternoon will be allocated to ‘Optional’ modules. Depending on the service where the participant works they must choose two modules to complete, however all modules may be completed.</p> <p>Option 1 Care of Invasive Medical Devices – IV/PICC/PEG/Indwelling Urinary Catheters (1.5 hours) Including the use of care bundles in clinical practice</p> <p>Option 2 Palliative Care Considerations in Infection Prevention &amp; Control (1.5 hours)</p> <p>Options 3 Infection Prevention &amp; control in challenging environments (IDS/MHS/Dementia care etc.) (1.5 hours)</p> <p>Communicating IPC messages with services users</p> <p>Option 4 Facilitating and promoting learning in the Workplace</p>		

<b>Day 5 – Hand Hygiene / PPE Train the Trainer</b>		
<b>Day 5 Time (from – to)</b>	<b>Speaker</b>	<b>Topic/content</b>
9am – 4.30pm	ADON IPC / CNM2	Hand Hygiene Train the Trainer & PPE Training
4.30pm	ADON IPC	Certificates & Close

*\*All face to face training must be planned and undertaken with strict adherence to Public Health Advice. Pre-recorded sessions may be delivered live as resources allow*



## Appendix 5

### Course Evaluation Form (Template)

#### Infection Prevention & Control Link Practitioners Foundation Programme

We would appreciate your feedback on the foundation programme. Please complete and return to:

*Insert Nominated CHO IPCN email address*

Please rate the sections below by circling the appropriate category:

**1. Overall rating of the IPC Link Practitioner Foundation Programme?**

Excellent                  Good                  Average                  Fair                  Poor

**2. Relevance to your area of work?**

Agree Strongly      Agree                  Disagree                  Disagree Strongly

**3. What information was most valuable for you and why?**

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**4. What information had less relevance for you, and why?**

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**5. Any other feedback?**

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**6. Please rate the following overall aspects of the Programme?**

<b>(a) Live Sessions:</b>	Excellent	Good	Average	Fair	Poor
<b>(b) Webinars:</b>	Excellent	Good	Average	Fair	Poor
<b>(c) HSE Land Programmes:</b>	Excellent	Good	Average	Fair	Poor

Signature (Optional) \_\_\_\_\_ Title \_\_\_\_\_

**Thank you for taking the time to complete this evaluation.**



Seirbhís Sláinte  
Níos Fearr  
á Forbairt

Building a  
Better Health  
Service



Office of the  
Nursing & Midwifery  
Services Director



Antimicrobial Resistance  
and Infection Control Team

