



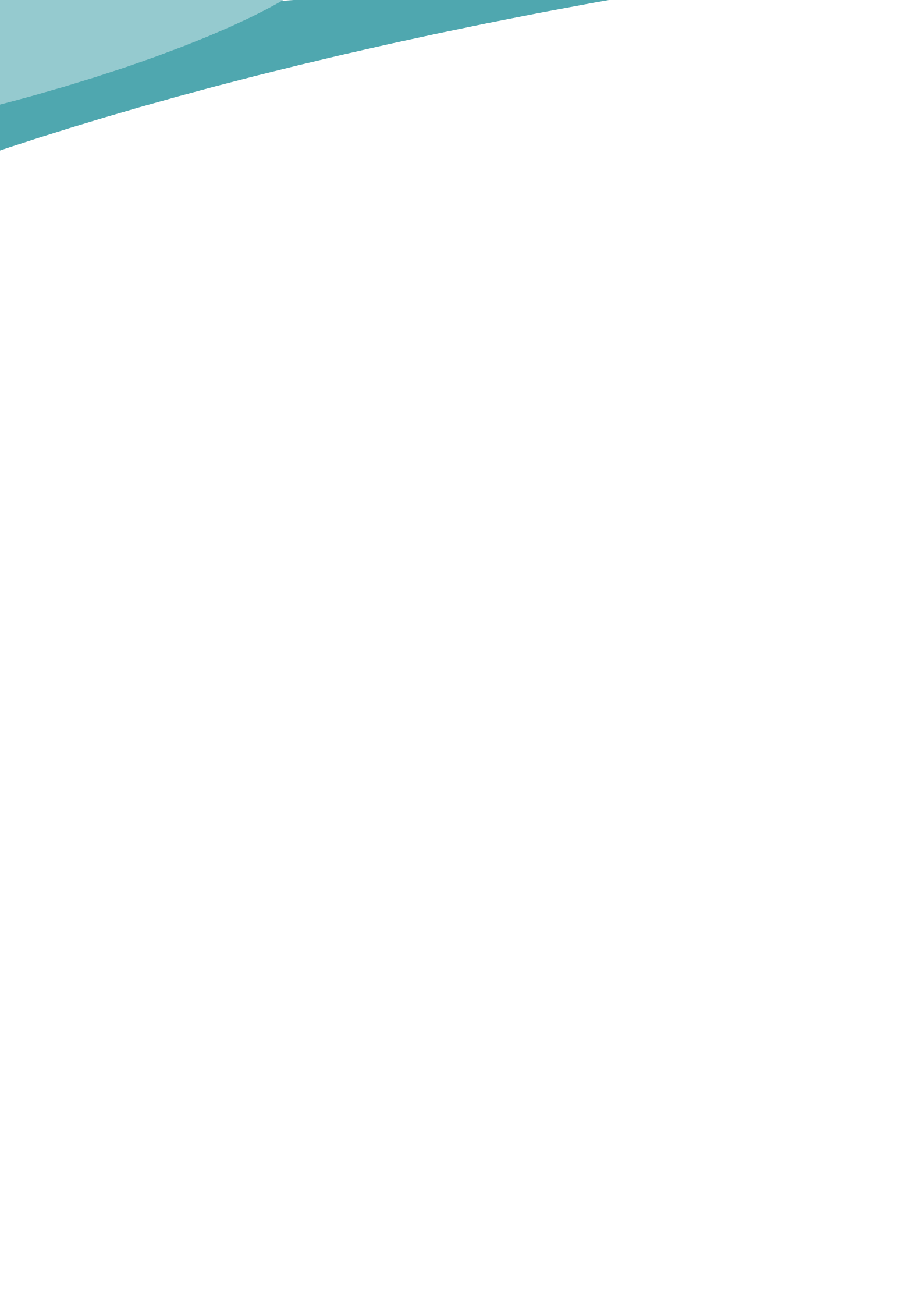
# Infection Prevention & Control Link Practitioner Programme Framework

Community Health  
& Social Care Settings  
2023 - 2025

Revised Framework Version

Published June 2023

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



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## Foreword

On behalf of HSE Community Operations I am delighted to present this updated framework document, which continues to provide a structure to 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 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. Since the programme commenced in 2021 over 800 IPC link Practitioners have been trained across the community. This has been a phenomenal achievement, and can be credited to the highly successful collaborative working relationship and commitment between community infection prevention and control nurses and Regional Centres of Nursing & Midwifery Education. The success of this programme has also been 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 has also been essential.

The primary focus for the original framework was residential care settings, which in the context of the COVID-19 pandemic were considered the highest risk community settings from an infection prevention and control perspective. However, community care continues to evolve in line with Sláintecare and also the proposed implementation of Regional Health Areas, due to happen within the lifetime of this document. For that reason this amended version of the programme will be applicable to a wider audience, including persons working in primary/integrated care, mental health/disability settings and also those working in non-HSE settings.

I would again 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, who is committed to providing ongoing support in delivering the 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 ongoing expert advice to our community IPC/AMS services. Finally I would like to thank our IPC Assistant Directors of Nursing and their teams for leading, delivering and implementing this programme across our community services.



*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 2 Membership of the original Development Group and Course Content Contributors). The outcome of this group was the development of a Framework to guide the delivery and implementation of the IPC Link Practitioner programme. In collaboration with Regional Centres of Nursing and Midwifery, Community IPC Nursing teams began the roll-out of IPC Link Practitioner programmes nationally in March 2021.

In September 2022 Community Infection Prevention & Control Assistant Directors of Nursing met with the Director of Nursing IPC, Community Healthcare: Quality and Patient Safety to commence an extensive review of the programme. Over the course of the following months this review included:

- Analysis of participants who had completed the programme
- A three month survey completed by nursing teams to measure ongoing engagement with IPC Link Practitioners
- A survey of RCNME staff to identify and evaluate their opinions in relation to the programme
- A review of the timetable to ensure it met current and anticipated community health and social care needs.

Following this review an amended timetable was approved and agreed (Appendix 5).

In light of the recommendations of the DOH COVID-19 Nursing Homes Expert Panel report (2020) Community Support Teams are currently being established across the HSE. At time of writing IPC Teams are recruiting additional nurses to support these teams. The IPC Link Practitioner programme will be offered to private nursing homes providers, and in the future privately provided home support agencies, in line with the finalised operational plan for Community Support Teams once available. For this reason the implementation section of the framework has been expanded to consider these developments and guide IPC Nursing Teams in relation to the implementation of the programme.

This Framework considers 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 and compliments other developments including the National AMRIC Team HSE and E-Learning Modules – Infection Prevention & Control, the development of the antibioticprescribing.ie and undertheweather.ie websites, the ‘Making Every Contact Count’ initiative and the National Patient Safety Strategy.

## Responsibility for Review & Audit

The Director of Nursing, Infection Prevention & Control, HSE Community Healthcare: Quality and 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 operation of this programme.

The document will be reviewed two years from publication, 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).

Where actively engaged and with the support of their managers, IPC Link Practitioners have over the past two years proved to have a valuable role in supporting their entire health and social care team to provide safe, quality care to service users in a wide variety of community health and social care settings. 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 act as a local resource and role model for their service, whilst also being members of a wider network of IPC experts. IPC Link Practitioners can increase awareness of infection prevention and control issues locally whilst also motivating their colleagues to improve infection prevention and control practices.

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 are utilised throughout the programme in order to foster a learner-focused approach. These methodologies 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 and 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

This programme will enable participants to

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 national, international and local policies as applied to IPC
5. Develop capability to identify, 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. Develop confidence and skills to educate/train colleagues in IPC practice, with a particular emphasis on practical hand hygiene skills and the safe donning and doffing of personal protective equipment.

### 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, sepsis 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**

As outlined earlier in this document a wider range of optional modules have been developed to expand accessibility and relevance of the programme to a wider audience. In order to gain accreditation the minimum number of modules to be completed will be outlined in the timetable. Participants will be able to complete all optional modules listed should they wish to do so:

- IPC in Mental Health services
- IPC in Intellectual Disability Settings
- IPC in settings where care is provided to persons with dementia
- IPC in the Domiciliary (Home) Setting
- Invasive Medical Device Management (mandatory for nursing grades)
- Teaching in Clinical Practice / Promoting IPC in the Workplace.

## 1.6 Target Audience

The target audience for this programme are registered nurses/health and social care professionals who are involved with direct service user care within the community, including Older Persons Care, Primary Care, Mental Health Care and Disability/Social care settings. Ideally, participants will be at with a grade where they have the authority to influence infection prevention and control within their facility.

## 1.7 Programme Prerequisites

Programme prerequisites will be determined by the sector where participants are employed. See Section 2 for more information.

The CHO must ensure there are adequate IPC resources (i.e. qualified IPC nurses) in place to effectively lead and support the Link Practitioners in their services. As a general rule 1 qualified infection prevention and control nurse should be available to support up to 20 IPC Link Practitioners.

## 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 can be delivered face-to-face however this must be in line with Public Health advice/guidance/restrictions in place at time of delivery. 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 Director of Nursing IPC, Community Healthcare: Quality and Patient Safety should change in practice/guidance/new evidence emerge.

## 1.9 Assessment

Multiple Choice Question 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 the course has been undertaken and successfully passed.

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

A key component of the programme is the National RESIST Hand Hygiene Train-

the-Trainer element. Completion of this requires participants to submit hand hygiene training data to confirm that they have trained staff within their services on completion of the theoretical component of the training. Participants will not receive their IPC Link Practitioner Certificate until this aspect of the programme has been completed. Participants will have three months to complete hand hygiene training within their own setting. Should a participant not complete this element the ADON IPC will write to their service manager/Director of Nursing to inform them and discuss how best to address this.

## 1.10 Programme Duration

It is recommended that the programme be delivered over five days consecutively. To ensure flow of content Days 1, 2 & 3 must be delivered in sequence. If the programme is to be delivered over a longer period it is recommended that it is delivered over no more than five weeks, to ensure audience participation and on-going engagement is optimised.

## 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, Sepsis Leads and CHO Antimicrobial Pharmacists, will support the programme.

Programme leads 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.

## 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 I) 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 programme timetable is provided in Appendix 5. 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.

## 1.15 Suggested Role of the IPC Link Practitioner on completion of training

The role of the IPC link practitioner is designed to support service providers to implement effective infection prevention and control practices in their 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 (suggested list only):

- 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 IPC/AMS team 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 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 activities as appropriate.

# Section 2

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

This amended framework has been written in the context of a changing healthcare landscape. For this purpose the programme will in the future be delivered through two separate pathways. Governance issues will be relevant to the specific pathway.

It is acknowledged that a number of health and social care related services are provided in the community by Section 38 and 39 agencies. Staff from these services can be offered a place on a Pathway 1 programme. Follow-up and on-going engagement with these services will be determined by the ADONs IPC within their own local area, and will be discussed with service providers when course places are being offered.

It is worth noting that at time of writing a National IPC Forum has been established for disability service providers (HSE/Section 38/Section 39/private agencies). A bespoke programme for these services is planned within the lifetime of this framework. The Director of Nursing IPC will also provide assistance to providers who have their own in-house qualified IPC Nurse to establish a link practitioner programme at local level.

Section 2 will outline guidance in relation to the governance and operation of the programme across two pathways.

Pathway 1	HSE <b>provided and funded</b> Community Health and Social Care Services
Pathway 2	Private Providers

## 2.1 Pathway 1 Governance & Operation of IPC Link Programme

### 2.1.1 Governance

The governance of HSE Infection Prevention and Control services within community care is currently under the remit of the Community Healthcare Organisation Chief Officers, and is operationally managed within the Quality, Safety and Service Improvement division. Assistant Directors of Nursing IPC have a dual reporting relationship – direct line management by Heads of Service Quality, Safety & Service Improvement, and professional reporting to the Director of Nursing IPC, Community Healthcare: Quality and Patient Safety.

Each ADON IPC is 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. The programme will be delivered through the RCNME Classroom Management System (or equivalent learning platform).

A database of IPC Link Practitioners will be maintained centrally with the Director of Nursing IPC, Community Healthcare: Quality and Patient Safety to support resource and operational plans.

### 2.1.2 Role and responsibilities of HSE Service Providers

HSE 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, HSE Service Commitment Form). The role and responsibilities of HSE 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.



## 2.3 Role and responsibilities of Service Providers

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

- Review and recommend areas where IPC Link Practitioners are required. This will be based on service risk, number of link practitioners already trained, available resources within the IPC nursing team, specific service requests etc.
- Identify protected time to prioritise delivery of the programme. In order to continue to build IPC capacity within services, whilst also ensuring sustainability of the programme, a minimum of two programmes per year in each Community area is recommended
- Promote IPC link practitioners within each community service, in line with available resources for ongoing engagement (estimated ratio of 1 IPCN per 20 IPC Link Practitioners)
- 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, Sepsis Leads, 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 teams a central email/phone number for the IPC team has been established in each CHO which all members of the IPC team utilise. This ensures IPC Link Practitioners are not dependant on any one individual for communication but have access to the team which is essential for sustainable communication.

### During 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 programme
- Deliver components of the 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 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 (suggested terms of reference are available in the facilitators resource toolkit)
- 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 service
- ADON IPC must maintain a register of IPC Link practitioners within their Community Healthcare Organisation.
- Numbers of IPC Link Practitioners trained to be submitted to Director of Nursing IPC, Community Healthcare: Quality and Patient Safety as part of programme oversight.

## 2.4 Role and responsibilities of RCNME's in Community Healthcare Organisations

The Regional Centres of Nursing & Midwifery Education will continue to support this programme through various means as appropriate to location and available resources within the RCNME team. Some suggested supports include:

- Hosting face-to-face delivery of the programme in RCNME facilities
- 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.

## 2.2 Pathway 2 Governance & Operation of IPC Link Programme

Community Support Teams are currently being developed within the HSE in line with recommendations from the COVID-19 Nursing Homes Expert Panel report (2020). To support these developments at time of writing IPC resources are being recruited and inducted nationally.

Governance of IPC remains with the private provider. This framework recommends that in order to successfully implement the IPC Link Practitioner role within services a minimum of a half day per week should be protected to undertake training, audit, IPC quality improvement etc. For private providers the HSE cannot mandate this, however it is strongly recommended private providers consider this when deciding whether or not to engage in this programme. On-going engagement and commitment to protected time for IPC Link Practitioners to undertake initiatives within their setting will optimise the outcomes from this programme.

The IPC Link Programme will be delivered directly by the Community IPC nursing team using a blended learning approach.

### 2.2.1 Role of HSE ADONs IPC (Pathway 2)

#### Pre-Programme – Private Providers

- ADON IPC/Delegated IPCN will meet with CST lead to identify and scope out potential demand for the programme locally
- ADON IPC/Delegated IPCN and CST lead will collaborate to identify suitable venue for face-to-face component of training
- Programme to be run on a virtual platform (e.g. WebEx) and/or face to face. Larger groups may be facilitated to ensure maximum capacity on programme, with the primary aim to develop at least one IPC Link Practitioner per private provider site
- Administrative support will be required to book venues, invite participants and record details of same, manage chat rooms/technical support, receive and collate HSE and certificates daily etc. ADON IPC will provide advice on level of support required at local level
- ADON IPC/Delegated IPCN to identify and request any additional supports required to ensure programme runs effectively.
- ADON IPCs/Delegated IPCNs will work with their local CST lead and HOS Quality, Safety and Service Improvement to scope out and offer IPC Link Programmes. Administrative resources will be required to run the programme.

## During Programme delivery

The ADON IPC will provide resources to:

- Attend daily (virtually or in person, depending on course delivery method) to greet participants, and act as host for the programme
- Deliver components of the programme live as per the timetable
- Liaise with CST administrators regarding any technical issues that may arise
- Lead daily live questions and answers session with participants
- Deliver face to face hand hygiene train the trainer/PPE training.

## Post Programme

The Delegated IPCN resource with the support and direction of the ADON IPC and with the support of the Community Support Teams once established will:

- Communicate and regularly engage with private provider IPC Link Practitioners. At a minimum it is suggested that meetings are held monthly 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
- The focus of private provider IPC LP monthly meetings will be to continue to educate practitioners, and also to provide a forum to raise queries or concerns. Any queries or concerns to be emailed to the IPC team at a minimum of three working days before IPC Link Practitioner meetings
- Evaluate feedback from the programme
- Maintain a database of participants
- Raise any issues identified/ concerns with HSE managers (HOS QSSI / CST lead as relevant)
- Advise on quality improvements. Share relevant resources / signpost to resources to support IPC Link Practitioners within private provider services
- Numbers of IPC Link Practitioners trained to be emailed on the designated template to the Director of Nursing IPC, Community Healthcare: Quality and Patient Safety as part of programme.

### 2.2.2 Role of Regional Centres of Nursing & Midwifery Education – Pathway 2

Additional support may be provided by Regional Centres of Nursing & Midwifery Education. The CHO ADON IPC will liaise with their local centre to determine what supports are available.

Regional Centres will continue to provide expert advice to the ADON IPCs in relation to education and training as relevant.

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## Appendix 1 – Review Group

This document was updated by:

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Vivienne Browne, Director, Regional Centre of Nursing & Midwifery, Dublin North

Annette Cuddy, Director Centre of Nursing & Midwifery, Castlebar, Co. Mayo

Kathleen Leahy, QQI Health Service Skills Coordinator / Nurse Tutor, Centre of Nursing & Midwifery Education Galway / incorporating Portiuncula Hospital

## Appendix 2 - Membership of Original IPC Link Practitioner Development Group (2021-2023 Framework – alphabetical order)

Aileen O' Brien, Head of IPC/AMS, 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 AMRIC Team, Consultant Microbiologist Galway University Hospitals, Professor of Bacteriology NUI Galway School of Medicine

Vivienne Browne, Director CNME Connolly Hospital.

## Appendix 3 - Course content contributors

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Vivienne Browne, Director CNME Connolly Hospital.

### **Added 2023**

Karen Davis, Assistant Director of Nursing, Sepsis, Deteriorating Patient / Woman, SSIs & Influenza Lead

Majella O'Donnell, CNS Dementia, ICTOP Team, St John's Community Hospital, Sligo

Caroline Costello, CNS IPC Mayo Mental Health Services

Louise Kenny, St. Michaels House Intellectual Disability Service

Mala Shah, Chief II Antimicrobial Pharmacist, HSE Community Healthcare: QPS

Ann Hammersley, ADON IPC, Mid-West Community Healthcare



## Appendix 4 – Service Commitment Pathway 1



### 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 5

### 2023 – 2025 Updated Programme Timetable

The timetable for the updated 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 / optional content**
- Day 5 National Hand Hygiene Trainer the Trainer Programme incorporating PPE demonstration**

<b>Day 1: Introduction to Infection Prevention &amp; Control</b>			
<b>Time</b>	<b>Title</b>	<b>Duration</b>	<b>Format/ Comments</b>
09:00	Introductions & Housekeeping	30 mins	Live
09:30	IPC Link Practitioners – the who, why and how of IPC Link Practitioners in the Community	30 mins	Live
10:00	Introduction to Microbiology & the Chain of Infection	45 mins	Live
10:45	Break		
11:00	Sepsis	60 mins	Live / Recorded presentation available
12:00	Recognising Signs and Symptoms of Infection	30 mins	Live
12.30	IPC Resources & Signposting	15 mins	Live
12.45	Facilitated discussion	15 mins	Live
13:00	Lunch		
14:00	AMRIC Basics of Infection Prevention & Control	30 mins	HSELand
14:30	AMRIC Standard & Transmission Based Precautions	40 mins	
15.10	AMRIC Cleaning & Disinfecting the Healthcare Environment & Patient Equipment	40 mins	
15:50	AMRIC Management of Blood & body fluid spills	25 mins	
16:15	Participant self-reflection on learning, identify any queries or issues for discussion Day 2, assigned reading		
17:00	End		

<b>Day 2: Standard and Transmission Based Precautions</b>			
<b>Time</b>	<b>Title</b>	<b>Duration</b>	<b>Format/ Comments</b>
09:00	Introduction to day	30 mins	Live discussion & review of day 1
09:30	Review of Standard Precautions	75 mins	Live
10.45	Break		
11:00	Review of Transmission Based Precautions	60 mins	Live
12:00	Importance of Audit & Quality Improvement in IPC	45 mins	Live
12.:45	Facilitated Discussion	15mins	Live
13:00	Lunch		
14:00	AMRIC Antimicrobial resistance and multi drug resistant organisms	55 mins	HSELand
14:55	AMRIC Respiratory Hygiene and Cough Etiquette	25 mins	
15.20	The flu vaccine - protect yourself and others	25 mins	
15.45	AMRIC Putting on and taking off Personal Protective Equipment in the Community	30 mins	
16:15	Participant self-reflection on learning, identify and queries or issues for discussion Day 3, assigned reading		
17:00	End		

<b>Day 3: IPC Risk and Antimicrobial Stewardship</b>			
<b>Time</b>	<b>Title</b>	<b>Duration</b>	<b>Format/ Comments</b>
09:00	Housekeeping / Review Day 2	15 mins	Live
09:15	Risk Assessment and Incident Reporting in IPC	105 mins	Live Pre-recording available
11:00	Break		
11:15	Antimicrobial Resistance & Antimicrobial Stewardship	90 mins	Live Pre-recording available
12:45	Facilitated Discussion	15 mins	Live
13:00	Lunch		
14:00	HIQA Standards in IPC - HSELand	30 mins	HSELand
14:30	AMRIC Hand Hygiene	40 mins	
15:10	AMRIC Aseptic Non-Touch Technique	40 mins	
15:50	Participant self-reflection on learning, identify and queries or issues for discussion Day 4, assigned reading		
17:00	End		

<b>Day 4: Optional Modules (7 hours content must be completed)</b>			
	<b>Title</b>		<b>Format</b>
09:00	Housekeeping / Review Day 3	30 mins	Live – outline process for Day 4
09:30	Obtaining Specimens	30 mins	Live
10:00	AMRIC Outbreak Prevention & Management	45 mins	HSELand
10:45	Break		
11:00	Overview of National AMRIC Strategy	30 mins	Live Pre-recording available
11:30	Developing an IPC plan in your facility	30 mins	Live
12:00	Facilitated Discussion	30mins	
12:30			
13:30	Optional Modules (choose min. 3 hours 45 mins content)		
1.	Facilitating and Promoting Learning in the Workplace	90 mins	Pre-recorded <i>Highly recommended for all participants</i>
2.	Care of Invasive Medical Devices – PVC/ PICC/PEG/Indwelling Urinary Catheter	90 mins	Live if large numbers opting for this module Pre-recording available <i>Highly recommended for all nursing grades &amp; participants who care for people with these devices</i>
3.	Applying IPC in Intellectual Disability Settings (1)	45 mins	Pre-recorded <i>Highly recommended for all staff working with people with an intellectual disability</i>
4.	Applying IPC in Mental Health Settings (2)	45 mins	Pre-recorded <i>Highly recommended for all staff working in mental health services</i>
5.	Applying IPC in Services for Persons with Dementia (3)	45 mins	Pre-recorded <i>Highly recommended for all staff who provide care to older persons in all settings</i>
6.	Applying IPC Principles in the Home Setting	45 mins	Pre-recorded <i>Highly recommended for all staff who deliver care in the home</i>
7.	AMRIC Clostridioides difficile Infection	50 mins	HSELand <i>How to prevent, recognise, and manage C. difficile infection as the learner implements IPC and AMS best practices in their own setting</i>
8.	AMRIC Antimicrobial Stewardship in Practice	40 mins	HSELand <i>All healthcare professionals involved in prescribing, dispensing, or administering antimicrobials</i>
9.	Prevention and Management of Urinary Tract Infection	40 mins	HSELand <i>Participants who play a role in the prevention of urinary tract infection</i>
10.	Pneumococcal Polysaccharide Vaccine (PPV23)	35 mins	HSELand <i>Participants who will be administering PPV23 or will be responding to queries about PPV23</i>
17:00	End		

## Day 5: IPC Skills Based Workshop

Skills based workshop is delivered in person and comprises of two elements:

### 1. National RESIST Hand Hygiene Train the Trainer Programme

- a. This programme as a standalone programme is run over the course of a full day. However much of the content of the theory element of the day is provided in Days 1 & 2 of the link programme. Therefore the theory content is reduced in order to allow time for the second element of the day
- b. All participants must on completion of the programme return evidence that they have trained some of their colleagues in their own settings before they can receive their IPC Link Practitioner certificate / Hand Hygiene Train the Trainer certificate.

### 2. Donning and Doffing PPE – Train the Trainer

- a. There is currently no nationally standardised donning and doffing PPE train the train programme
- b. This element of the workshop will involve a short presentation / video followed by a practical skills demonstration where participants will 'buddy-up' in the donning and doffing process
- c. Where possible out of date PPE should be used to reduce waste as these items can no longer be used in clinical practice.

## Appendix 6

### Participant 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.**

