

Welcome

to the 24th RESIST newsletter from the Antimicrobial Resistance and Infection Control (AMRIC) team. In this edition we look at World Hand Hygiene Day 2025, the needle free flu vaccine and updates to antibioticprescribing.ie. We also have lots of updates on antimicrobial stewardship (AMS) and infection prevention and control (IPC) news.

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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World Hand Hygiene Day, Monday 5th May 2025

Dr. Colm Henry, HSE Chief Clinical Officer

The day to day care we deliver on the frontline of the health service will always be of paramount importance. At a recent progress meeting with the Department of Health, the level and scale of IPC and AMS projects being implemented and supported across all of our services was very much acknowledged. Frontline IPC and AMS teams are leading the way, motivating and guiding staff to ensure best IPC and AMS practice across all our services.

In supporting this ongoing work, it is necessary to adopt new methods of communication and to incorporate digital innovation into our services.

One such project is the National Clinical Surveillance IT System for Infection and Prevention Control project that is underway. The introduction of this software will support the surveillance and control of HCAs. An update on the roll out of this important project featured in the last edition of Resist. I look forward to supporting its implementation phase, with the initial focus on the South West area.

Another significant recent digital development, is the launch of the HSE Health App by the HSE and the DoH. The app will bring essential health information to the fingertips of our service users while reinforcing the safety and quality of our services. This marks another significant step forward in our commitment to providing accessible, patient-centred care through digital innovation.



*Dr. Colm Henry,
HSE Chief Clinical Officer*

This new app is a central pillar of the Government’s Digital for Care: A Digital Health Framework for Ireland 2024-2030. It securely brings together a host of personal health resources in one place. Patients aged 16 and over now have access to a digital medication list, vaccination records for both COVID-19 and influenza, and digital versions of their health cards – including their Medical Card, EHIC, GP Visit Card, and Long-term Illness Card. Expectant mothers, too, will benefit by being able to view their upcoming maternity clinic appointments, with key details such as dates, times, clinic addresses and contact information – all designed to ease the navigation of their care pathways.

This early version has been thoroughly tested right through development, ensuring that the app is not only robust in performance but also intuitive and user-friendly. While it represents an important first step, I want to emphasize that this is an evolving programme of work. In the months and years ahead, new features will be added – including appointment viewing for all public hospitals, notifications, reminders, and support tools for those living with chronic conditions.

I recognise that digital transformation is not without its challenges. Securing personal health information is of utmost importance, and the requirement for a verified MyGovID account assures us that each user’s data is shared with the right person. For those who prefer to engage with health information without logging in, the app remains a useful resource for learning about health conditions and locating our HSE services, from emergency departments to injury units.

This initiative is a testament to our drive for innovation in healthcare. It exemplifies our commitment to ensuring that our patients receive the right care at the right time, in the right place – underpinned by safety, security, and integrated service delivery. As we take this bold step forward, I extend my sincere thanks to everyone involved – from the technical teams to our clinical colleagues – for their dedication to improving our service user experience and advancing our digital health capabilities.

Míle buíochas le achan dhuine, GRMA
Dr. Colm Henry, HSE Chief Clinical Officer

Scabies patient information videos available in 14 languages

[Scabies](#) has been in the news of late with a reported increase in the number of outbreaks in 2024. New video resources for patients on how to manage scabies have been developed and are available in 14 languages with audio and subtitles.



Developed by the HSE’s National Health Protection Office, National Social Inclusion Office, Sexual Health Programme and AMRIC, all the videos are available at the links below and on the [HPSC website](#).

[Albanian](#), [Arabic](#), [Czech](#), [Dari](#), [English](#), [French](#), [Georgian](#), [Pashto](#), [Romanian](#), [Russian](#), [Slovak](#), [Somali](#), [Ukrainian](#), [Urdu](#)



Welcome to the first issue of RESIST for 2025. While new structures in the HSE are further bedded down, our work to ensure infection prevention and control (IPC) and addressing antimicrobial resistance (AMR) is a constant and remains a key priority for our health services.

AMRIC focus: Our focus in AMRIC is to continue to support IPC and AMS staff in their work. In developing and implementing IPC and AMS guidelines, we work closely with colleagues on the frontline to promote best practice, minimise transmission of infection and ensure appropriate use of antibiotics. To this end, some of the updated information we have published includes guidelines on; *Prevention of Surgical Site Infections, Acute Hospital IPC guidance on the prevention and management of*



Dr. Eimear Brannigan, HSE Clinical Lead for Antimicrobial Resistance and Infection Control

cases and outbreaks of respiratory viral infections, Public Health and IPC guidance on the prevention and management of cases and outbreaks of respiratory viral infections in residential facilities and Infection Control Guiding Principles for buildings Acute hospitals and community settings. You will find these and other resources on www.hpsc.ie or the AMRIC hub on HSeLanD. Please also link in with your local IPC or AMS teams who provide expertise and advice and who are there to support you.

Collaboration: In terms of collaboration on a wider scale, I attended the EU-JAMRAI 2 event in Athens with my colleague Marie Philbin, AMRIC Chief Pharmacist, in January where we contributed to a workshop on antibiotic stewardship. The main focus of the workshop was to gain insight and experience from antimicrobial stewardship experts across Europe to inform an antimicrobial stewardship framework for hospitals. This was a wonderful opportunity to co-operate and share knowledge and experience with colleagues from all over the world. We also welcome the collaboration with colleagues from the Centre for One Health in the National University of Ireland, Galway in relation to this EU JAMRAI work. Marie has written in more detail about the work of the EU-JAMRAI 2 further on in this issue.

World Hand Hygiene Day 2025: An important forthcoming event in the IPC and AMS calendar is World Hand Hygiene Day (WHHD) on 5th May. This annual event highlights the importance of good hand hygiene and how it is one of the most important things we can do to stop the spread of infection both in our work and in our day to day life.

Hand hygiene is a key component of HSE IPC policies. As you know, in 2024, hand hygiene training was included on the HSE list of statutory and mandatory training for all HSE staff (clinical and non-clinical) as well as for staff in HSE funded services. This further standardises and strengthens a culture of good hand hygiene practice and an awareness of its importance across all staff disciplines. My AMRIC nursing team colleagues have written about WHHD in more detail in this issue. I urge you to get involved and avail of the AMRIC and WHO resources online to support any events you may be hosting on the day. It is always encouraging to see your photographs and receive feedback from your events so thank you to everyone who takes the time to keep a spotlight on promoting good hand hygiene across our services.

An audit of compliance with HSE antibiotic prescribing guidelines

In 2024, AMRIC / ICGP awarded two bursaries to acknowledge general practice trainees who have undertaken an antimicrobial stewardship (AMS) or infection, prevention and control (IPC) audit or quality in practice project. The following details the two audits which were successfully awarded this bursary. This audit evaluates antibiotic prescribing in a general practice setting compared with HSE antibiotic prescribing guidelines. Ensuring appropriate antibiotics use and stewardship are key to protecting patient health and preventing antibiotic resistance. A recent audit at Maryborough Family Practice, Portlaoise, assessed prescribing practices against HSE antibiotic prescribing guidelines to identify areas for improvement and promote antimicrobial stewardship.

The audit was conducted in two phases: January 2023 and March-April 2024. Data from 105 patients (2023) and 97 patients (2024) were analysed to assess adherence to the guidelines, correct dosing, and appropriate duration of treatment.

Key Findings

Initial Audit (January 2023):

Compliance with HSE guidelines: 69%

Correct dose prescribed: 74%

Correct duration prescribed: 27%

Significant discrepancies noted in antibiotic duration and dosing. After reviewing the findings, GPs engaged in peer to peer discussions to reinforce HSE antibiotic treatment guideline recommendations.

A re-audit in (March-April 2024) showed the following results:

Compliance with HSE guidelines: 97%

Correct dose prescribed: 97%

Correct duration prescribed: 62%

Marked improvements in compliance and dosing were noted, although further attention is needed for prescription duration.

Common Areas of Discrepancy

Upper Respiratory Tract Infections (URTIs): Should be treated with a 5-day course.

Uncomplicated Urinary Tract Infections (UTIs): Recommended 3-day treatment often exceeded.

Nitrofurantoin dosing: Frequently not in line with HSE antibiotic prescribing guidelines.

Doxycycline prescriptions: Often extended beyond the recommended duration.

Co-amoxiclav: Previously a first-line treatment, is now no longer recommended.

Conclusion:

This audit highlights significant progress in adherence to HSE antibiotic prescribing guidelines. While compliance and correct dosing have improved, further focus is needed on ensuring the correct duration of treatment. Continued education and monitoring will be essential to maintaining these improvements and safeguarding antibiotics for future generations. For the latest information on antibiotic prescribing guidelines please visit [AntibioticPrescribing.ie](https://www.antibioticprescribing.ie)

Audit on Antibiotic UTI Prophylaxis

Audit undertaken in the Moyview Family Practice, Ballina: August 2023 - March 2024

Recurrent urinary tract infections (UTIs) are defined by two or more infections within the past six months, or three or more within the past twelve months. While prophylactic antibiotics are commonly used to manage recurrent UTIs, there is little evidence that using prophylaxis beyond three to six months is of any additional benefit and there is significant evidence of harm.

Using the HSE's Antibiotic UTI Prophylaxis Audit Tool, an audit was conducted to evaluate patients who are currently prescribed prophylactic antibiotics for recurrent UTIs.

Patients receiving prophylactic antibiotics for recurrent UTIs were identified and documented in the audit tool's spreadsheet. Only six patients were identified, despite this small number of patients it was found that all six had been on UTI antibiotic prophylaxis for greater than six months, with five overdue for a review.



By means of an intervention, each of the six patients were contacted to review their antibiotic prophylactic use. A follow-up data collection was conducted six months later using the same search criteria. This revealed three patients still on UTI antibiotic prophylaxis. Two of these patients had been identified in the initial audit: one experienced a UTI very soon after discontinuing prophylaxis and requested to resume antibiotics, with a follow-up review scheduled in six months. The second patient was reluctant to stop their prophylaxis due to upcoming holidays but had an appointment to come into the practice shortly to have a discussion about discontinuation. The third patient was newly prescribed antibiotics, and a review alert had been set for six months' time.

Conclusion:

Overall, the number of patients on prophylactic antibiotics for recurrent UTIs decreased by 50% between the two audit cycles. This audit improved awareness of the GP's in the practice regarding the necessity of routine reviews for antibiotic prophylaxis and also the importance of discussing a potential stop date with patients at the outset of treatment.

EU-JAMRAI 2 is the second iteration of the European Joint Action on Antimicrobial Resistance and Healthcare-Associated Infections, building upon the successes of its predecessor, EU-JAMRAI 1 (2017–2021).

Launched in February 2024, EU-JAMRAI 2 aims to transform global strategies for tackling antimicrobial resistance (AMR) through a One Health approach, which integrates human, animal, and environmental health perspectives.

This initiative brings together over 120 partners from 30 countries, supported by approximately 40 stakeholders, including European institutions like the European Centre for Disease Prevention and Control (ECDC) and the European Food Safety Authority (EFSA), as well as global bodies such as the World Health Organization (WHO), the World Organisation for Animal Health (WOAH), the Organisation for Economic Co-operation and Development (OECD), the United Nations Environment Programme (UNEP), and the Food and Agriculture Organization (FAO).

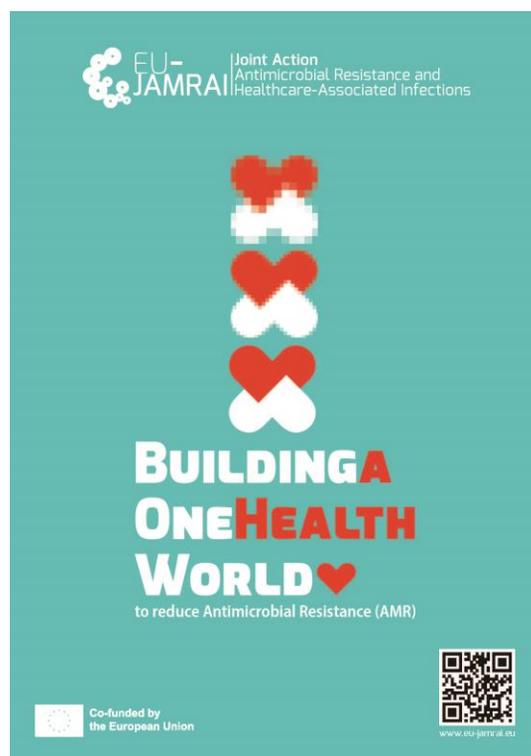
The overall aims and objectives of EU-JAMRAI 2 include:

- Providing direct and substantial support to help member states develop and update their National Action Plans on AMR
- Supporting the broader adoption of state-of-the-art infection prevention and control (IPC) measures for both community-acquired and healthcare-associated infections, as well as antimicrobial stewardship (AMS) strategies
- Strengthening surveillance and coordination between the animal, human, and environmental sectors to protect people and animals from AMR
- Increasing awareness and understanding of AMR across Europe
- Promoting the One Health approach to make Europe a best-practice region.

By fostering interdisciplinary collaboration among countries, institutions, and sectors, EU-JAMRAI 2 aims to safeguard the effectiveness of antimicrobials and protect public health now and in the future

Funding:

EU-JAMRAI 2 is co-funded by the involved partners and the EU4Health Programme, with a total budget of €62.5 million, including €50 million from the European Commission. This level of funding underscores the priority given to combating antimicrobial resistance by the European Union.



The EU-JAMRAI 2 Conference was held in Athens on the 21st and 22nd of January 2025

Work packages

The work of the EU-JAMRAI 2 is addressed through 10 work packages, each with specific objectives:

1. Coordination and management
2. Communication and dissemination
3. Evaluation
4. Awareness raising
5. Member state commitment
6. Antibiotic stewardship
7. Infection prevention and control
8. Integrated one health surveillance
9. Access to antimicrobial resistance-related diagnostic tools and products
10. Research and innovation.

HSE AMRIC's participation

In January 2025, Dr Eimear Brannigan, AMRIC Clinical Lead and Marie Philbin, AMRIC Chief Antimicrobial Pharmacist attended a workshop in Athens relating to work package 6 (WP6) antibiotic stewardship. The main focus of the workshop was to obtain insight and experience from antimicrobial stewardship experts across Europe to inform an antimicrobial stewardship framework for hospitals.

The workshop was complimented by updates from EU partner organisations and there was a session on behavioural change. It was a fantastic opportunity to learn of AMS successes and challenges in other countries. Some points of note from the workshop included:

- In Slovenia to seek re-licensing need to complete compulsory AMS training
- When developing educational supports important to involve an end user in development
- Relating to behavioural change: "One size does not fit all" – we must tailor interventions to particular settings

WP6 is coordinated by the Spanish Agency of Medicines and Medical Devices and the National Public Health Organisation in Greece with active participation from various European partners. One of the objectives is to develop antimicrobial stewardship frameworks for hospital, long term care facilities and primary care by August 2027.

AMRIC welcomes the opportunity to collaborate with colleagues from the Centre for One Health in the National University of Ireland, Galway in relation to this EU-JAMRAI work.



Dr. Eimear Brannigan AMRIC Clinical Lead & Marie Philbin AMRIC Chief Antimicrobial Pharmacist at the EU-JAMRAI 2 Conference

Antimicrobials are essential in treatment of many serious infections. However, they can also cause harm: not only to the individual, but also have wider implications by promoting the development of antimicrobial resistance. Antibiotic stewardship is all about using antibiotics wisely, to optimise patient outcomes, and minimise harm.

Evidence-based antimicrobial guidelines are a key tool in promoting antimicrobial stewardship. The HSE website antibioticprescribing.ie hosts national guidelines for antimicrobial use in community settings, and is the key reference source for healthcare professionals (e.g. GPs, dentists, nurses and pharmacists) treating common infections in the community.

If you prescribe, dispense or administer antibiotics in community settings, please refer to these guidelines - they are readily accessible on antibioticprescribing.ie.

Recently updated content on the website;

Scabies - February 2025

- Clarification of the application schedule for benzyl benzoate.

Influenza in Pregnancy - January 2025

- Guidance on use of antivirals for influenza treatment and chemoprophylaxis updated to align with HPSC guidance
- Antiviral treatment is recommended for pregnant women or women up to two weeks postpartum (including following pregnancy loss) with suspected or confirmed severe influenza.

COVID-19 Infection - January 2025

- Updated HSE guidance on Paxlovid™ (nirmatrelvir/ritonavir), January 2025. COVID-19 antivirals may be considered for selected seriously immunocompromised COVID-19 patients.

Seasonal Influenza - December 2024

- Update terminology to align with WHO, complicated and non-complicated to severe and non-severe influenza
- Update to align with WHO classification, high risk of hospitalisation and extremely high risk of hospitalisation
- Use of antivirals for treatment of severe influenza
- Treatment for patients with non-severe influenza but at high risk of progression to severe disease based on clinical discretion following a risk benefit analysis
- Prophylaxis for asymptomatic persons at extremely high risk for hospitalisation if they were to develop seasonal influenza.



The homepage of antibioticprescribing.ie

Lactational Mastitis - December 2024

- Additional advice on non-pharmacological management of lactational mastitis. Continuation or breastfeeding (and/or pumping) and anti-inflammatory measures are key interventions.

Postpartum Endometritis – December 2024

- Additional safety netting advice on suspected postpartum endometritis and referral.

Respiratory tract infections - November 2024

- [Respiratory infection information leaflet \(including self-care and safety-netting advice\) \(PDF 488 KB\)](#) is now available for GP consultations with patients presenting with respiratory or ENT infections that do not require immediate antibiotics.

C-section Wound Infection - October 2024

- Updates to recommended duration of treatment (5 - 7 days in general, 10 days if Group A Strep isolated)
- Additional advice on antibiotic treatment for mother and neonate if Group A Strep is isolated.

Perineal Wound Infection - October 2024

- Updates to recommended duration of treatment (5 - 7 days in general, 10 days if Group A Strep isolated)
- Additional advice on antibiotic treatment for mother and neonate if Group A Strep is isolated
- Advice on hygiene and wound care.

Pharmacy team presents at Irish Pharmacy Students Association (IPSA) educational event

Ellen Martin, AMRIC senior antimicrobial pharmacist had the opportunity to speak with pharmacy students at an educational event in February hosted by the Irish Pharmacy Students Association (IPSA) in Trinity College.

Ellen shared information on antimicrobial resistance and antimicrobial stewardship, the role of the pharmacist in antimicrobial stewardship and outlined some key antimicrobial stewardship projects coordinated by the national team.

Pharmacy students engaged with content through live slido polls and there was lots of questions and active discussion!



Selfie taken by Fiona Murphy, IPSA Education Officer





Needle-free Flu Vaccine Nasal Spray

1,196,763 seasonal Influenza vaccine doses were administered in Ireland between 16th September 2024 and 9th March 2025 of which 659,565 (55%) were administered to those aged 60+ years of age. The uptake rates in 2-4 year olds was 15% and in 12-18 year olds it was 13%. There was a schools-based campaign for 5-12 year olds and the uptake was 26.5% - a lot done, much more to do.

During the 2023 / 2024 influenza seasons in Ireland, the influenza vaccine effectiveness was 68% among 2-17 year-olds. This was higher than the vaccine effectiveness seen in other age groups, suggesting that children may have been better protected by influenza vaccination compared to the overall population. The findings state that the vaccine reduced the risk of influenza among children presenting to general practice in Ireland. An additional benefit to vaccinating children against influenza is that it offers indirect protection to older populations by reducing the spread of influenza within the community. This, ultimately, may lead to fewer presentations of all age groups to the GP and the hospital, resulting in a reduction in serious illness and an improved workload during the hectic winter season.



Dr. Scott Walkin, ICGP Lead for AMRIC

A Potential Young Scientist Project for 2026

Want to spark your child’s curiosity and get them thinking like a scientist? The **BT Young Scientist & Technology Exhibition** (<https://btyoungscientist.com>) is the perfect place for them to explore the world of science and what better topic than the flu vaccine?

This is a **hot public health topic** with real-world impact plus, it's a **relatively new vaccine in Ireland** and is **predominantly delivered in schools**, where students see it first-hand. Researching this area could not only make for a fantastic Young Scientist project but also **help increase vaccine uptake** by providing fresh insights into how children and parents perceive it. It will also increase awareness of the vaccine in your child’s school.

We all know kids love asking "why?"—so why not encourage them to turn that curiosity into a project? The needle-free nasal flu vaccine is a fascinating area of research, and there are so many fun ways they can dive into it. Here are some ideas:

- **“Why do some young people and their families say yes to the flu spray, while others say no?”**
A fun investigation into vaccine attitudes among classmates.
- **“Can getting the flu spray mean fewer sick days from school?”**
A study looking at how many students get sick based on vaccine uptake.
- **“Who’s better at giving flu facts to school-aged students—young people or adults?”**
A comparison of how different age groups understand and explain flu vaccines.
- **“What’s stopping more people from getting vaccinated?”**
A deep dive into vaccine hesitancy and how to tackle it.

Not only will these projects help kids develop critical thinking and research skills, but they could also provide valuable insights into improving vaccination rates. Plus, who knows? Their findings might even help shape future public health campaigns!

If your child loves science, or even just loves asking questions, encourage them to think about a flu vaccine-related project for the next Young Scientist Exhibition. It’s a great way to learn, have fun, and maybe even make a difference!





Engagement with AMRIC eLearning modules

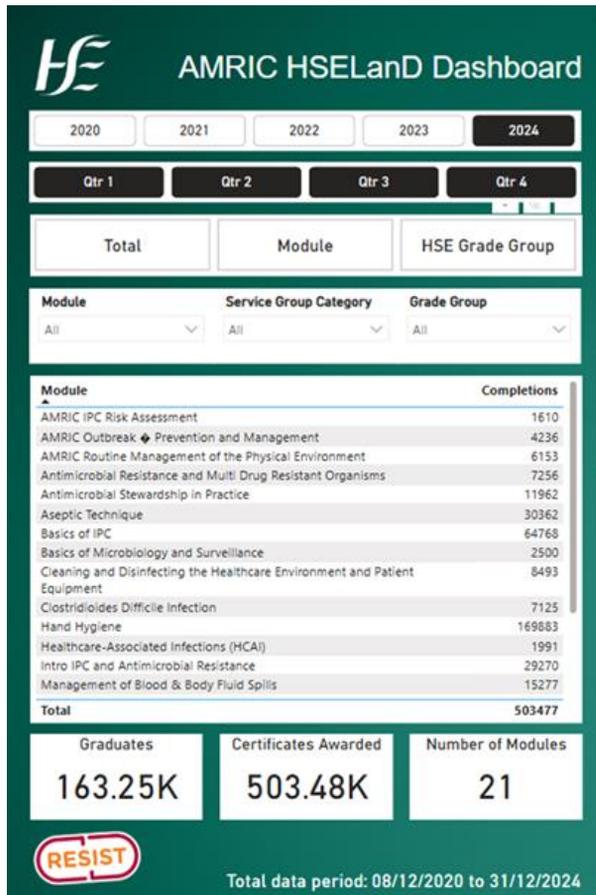
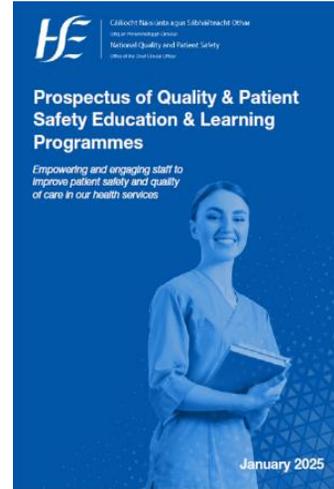
New AMRIC eLearning resources continue to be developed and updated as part of our Digital Plan for 2025. Throughout this year, our team will focus on developing a new eLearning course on high consequences infectious diseases PPE; something that has been identified as a learning need across the service.

The following eLearning resources will be reviewed and updated to reflect updates to guidance, prescribing and resources:

- AMRIC *Clostridioides difficile* infection
- AMRIC Prevention and Management of Urinary Tract Infection
- AMRIC Prevention of Peripheral and Central Venous Catheter Related Infections

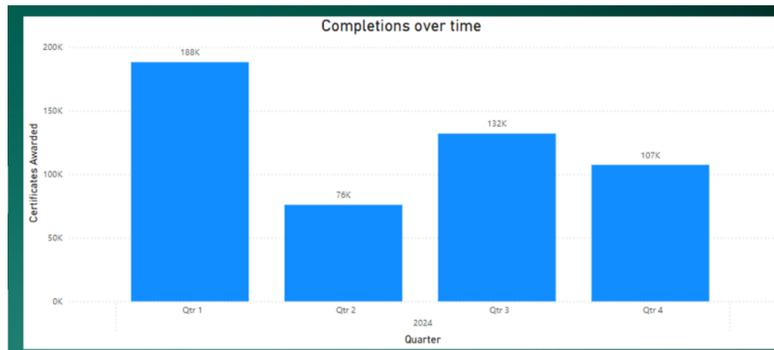
Our eLearning modules align with the National Clinical Guideline No. 30. Infection Prevention and Control (IPC) (2023) and are accredited with NMBI and RCPI. All modules can be readily accessed through the AMRIC hub on [HSeLand](https://www.hseland.ie).

Details on the AMRIC eLearning modules are listed in the [QPS prospectus](#).



Engagement with our eLearning modules continued throughout 2024. 503,000 certificates were awarded for these modules to more than 163,000 graduates. The uptake for eLearning continues to grow; this is so encouraging as the commitment to learning and education reflects the ongoing efforts of staff to maintain and continually improve standards across our services.

The details here provide an overview of the uptake of these modules throughout 2024.



Dr Emily Glynn joined the national AMRIC team in 2024 on a one year fellowship in antimicrobial resistance and infection control. As a 4th year Clinical Microbiology Specialist Registrar, she brings her experience in infection management, laboratory diagnostics, antimicrobial stewardship and infection prevention and control (IPC).

Since joining the national AMRIC team, Emily has been involved in the national surgical site infection (SSI) surveillance programme; supporting the development of national SSI guidelines and contributing to the established AMRIC / NOCA hip fracture SSI surveillance programme.

A key project on which Emily led was a national survey on current SSI surveillance practices in Irish hospitals. This work will be used to inform the future development of the national AMRIC SSI programme, and was presented at the Irish Society of Clinical Microbiologists Spring Meeting in March 2025.

Emily successfully secured a week-long observership at the European Centre for Disease Prevention and Control (ECDC) in Stockholm, gaining valuable insight into surveillance practices from an international perspective.



*Dr. Emily Glynn, MB BCh BAO MRCPI
FRCPath*



Dr. Emily Glynn presents at the Irish Society of Clinical Microbiologists Spring Meeting

Emily has contributed to numerous other AMRIC projects, including AMRIC pharmacy projects such as the 2024 antimicrobial point prevalence survey, AMRIC guidance work including development and agreement of IPC and AMS guidance, and AMRIC epidemiology, communications and programme management work.

Alongside her role in AMRIC, she has balanced her responsibilities as a Clinical Microbiology Lecturer at RCSI, while also engaging in clinical work in Beaumont hospital.

Emily deeply appreciated and enjoyed this unique opportunity to work at national level with the AMRIC team, gaining valuable experience and skills that she will carry forward into her future career.



The Nursing team have a number of key projects planned for this year as part of Ireland's National Action Plan on Antimicrobial Resistance (iNAP 2), AMRIC's Action Plan 2022-2025 and the HSE's Action Plan. The nursing team will deliver the nursing elements of this programme and work closely to support, and collaborate with, other AMRIC multidisciplinary programmes.

Some of the main projects being led by the Nursing Team in 2025 include:

IVC Line Teams:

The main focus of this project is to continue implementation, support IV care teams in place and support further development of other teams in collaboration with colleagues in acute access and integration. An evaluation will be carried out of the IVC pilot teams in collaboration with the AMRIC epidemiology team. The focus in 2025 will be to:

- Evaluate IVC pilot sites and project
- Evaluate the IVC guidance
- Update the guidance to reflect same
- Update eLearning module to reflect new guidance.



Transmission Based Precaution Posters: The aim of this project is to have a standardised approach to transmission based precautions poster signage across acute and non-acute healthcare settings and to align these to the NCEC National Clinical Guideline No. 30 Infection Prevention and Control. A project mandate and project initiation document have been developed in Q1 2025. The project will establish a small working group with representatives from Children's Health Ireland and across two regional health authority areas reflecting both acute and non-acute settings.

High Consequence Infectious Diseases (HCID): This project will include the development of PPE related educational resources including posters, video and eLearning resources and updates to guidance. This Nursing Team will progress this in collaboration with AMRIC team members and external stakeholders including colleagues in the National High Level Isolation Unit.

Surgical Site Surveillance:

The AMRIC team will continue to collaborate on the development of a surgical site surveillance programme for acute hospitals with acute access and integration and NOCA. This will include:

- Supporting the development of education forums in collaboration with Acute Operations and NOCA colleagues on surgical site surveillance
- Hosting webinars and forums for key stakeholders including surgical site surveillance nurses across model 4 hospitals
- Supporting the implementation of published SSI guidance and the development of additional resources, as required.



Governance / Guidance / Webinars:

The AMRIC team continue to review and update existing guidance and develop new guidance documents to meet service needs and in accordance with the AMRIC Action Plan 2022-2025. Webinars will provide an overview of guidance updates and changes and further support implementation at clinical level. There will also be a quality improvement focus on the use of webinars, educational resources, and use of podcasts etc. for improving and sharing of information.

Competency Framework:

Significant work has been carried out to date on this project. The focus on this project in 2025 will be on evaluating the framework and updating the guidance to reflect areas for improvement.

Promote IPC / AMS / AMR (ambassador):

A core part of the nursing teams work is to promote IPC / AMS / AMR across all aspects of AMRIC's activities. A key focus of this project will be on the role of the nurse/midwife with regard to prudent antibiotic use. The AMRIC IPCN forum will continue to share relevant updates of AMRIC's work.

Cavan General Hospital site visit

Members of the AMRIC team were very happy to attend a site visit at Cavan General Hospital on the 27th of March.

The goal of the site visits is to support interaction, mutual learning and to review and discuss any local issues of concern relating to healthcare associated infection, infection prevention and antimicrobial stewardship.

These visits are invaluable to AMRIC's work. They allow us to get a feel for how our guidelines and advice are implemented on the front line. They also inform the team about issues that may require our attention.



Shirley Keane AMRIC Head of Service, Dr. Eimear Brannigan, AMRIC Clinical Lead, Ellen Martin AMRIC Senior Antimicrobial Pharmacist and Claire Callaghan, Pharmacist, Cavan General Hospital

AMRIC and the office of the CCO prioritise these site visits to support the work and dedication of our infection prevention and control (IPC) and antimicrobial stewardship (AMS) teams in acute and community services

The visit to Cavan General Hospital was our 3rd site visit of 2025 so far with more planned in the coming months.





World Hand Hygiene Day (WHHD) is Monday, 5th May 2025.

This year's theme is: *"It might be gloves; it's always hand hygiene".*

WHHD is an opportunity for us all to focus on our hand hygiene practice and use of gloves. Regardless of whether or not gloves are worn, hand hygiene at the right times and in the right way is still one of the most important measures to protect patients and healthcare workers.

Gloves can get contaminated as easily as bare hands and do not protect 100% against infectious microorganisms. When gloves are worn, hand hygiene should be performed, for example, after body fluid exposure risk, as per the WHO 5 Moments for Hand Hygiene. We must be conscious also that excessive glove use contributes significantly to the volume of healthcare waste. Appropriate glove use and hand hygiene can help minimise this waste. Using gloves when not indicated wastes resources and does not necessarily reduce the transmission of microorganisms.

AMRIC resources are available to support staff on using gloves appropriately and on effective hand hygiene, please see: healthpromotion.ie where they can be downloaded or ordered for delivery.

The AMRIC team will be promoting WHHD and highlighting good hand hygiene practice as part of a social media campaign and through HSE internal communications channels. An information pack for staff and partner organisations with social media content and messages, a news article, links to useful videos and resources including hand hygiene posters (can be downloaded or ordered online at: healthpromotion.ie) will be issued to all staff in advance of WHHD.

If you are hosting any events in your service to highlight WHHD, please do submit some photos and information for our next issue of RESIST.

Further information about WHHD is available [here](#).

Point Of Care Risk Assessment (PCRA)
Infection prevention & control (IPC)

To be carried out before each patient* interaction

IMPORTANT
Check patient's symptoms, MICRO status, clinical history

WOUNDS
Perform hand hygiene at all WHO 5 moments

MUCOUS MEMBRANES

SKINCLOTHING

PREVENTING AN AEROSOL GENERATING PROCEDURE

REMEMBER! Hand Hygiene (WHO 5 moments) to protect patients and yourself

IF YES: PPE (see job based), decontaminated by level of anticipated contact and type of infection, PPE susceptibility (single/double gloves - medical gloves) or respirator (airborne risk or aerosol)

IF YES: Don gloves

ADD: Facial protection (eye/face mask & goggles or visor)

IF YES: Low contact activity - apron
High contact activity - gown

IF YES: ADD PPE/3 respiratory

Safe use of Gloves

WHEN TO WEAR GLOVES

WHEN NOT TO WEAR GLOVES

SELECT THE CORRECT GLOVES FOR THE TASK

POINTS TO REMEMBER ABOUT WEARING GLOVES

REMEMBER SAFE DROPPING OF GLOVES

ADD DISPOSE OF CORRECTLY

GLOVES OFF

ALWAYS REMEMBER HAND HYGIENE AND POINT OF CARE RISK ASSESSMENT

Gloves are **not** needed when:

- Working, collecting or delivering a person in care for
- Observing, talking to a person in care for
- Pushing a wheelchair or trolley
- Checking a temperature, pulse or respiration
- Using an environmental surface in the patient care area unless you are touching a person in care for
- Using a computer, phone or other electronic device
- Leaving out or collecting near items handling a person with bloody fluids and potentially viable

National Office of Clinical Audit (NOCA) Poster Competition



Congratulations to Dr. Gwen Regan, Director of Nursing, Aileen O'Brien, Head of Service, HSE Access and Integration and all their team on winning a poster competition at the NOCA Annual Conference 2025.

The winning poster is reproduced in full on the next page.





Management & Care of Indwelling Urinary Catheters (IUC) in HSE Older Persons Services

Using Clinical Audit Data to Drive Service User Safety



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1. HSE Community Infection Prevention and Control Nursing Team 2. HSE National IPC/AMS Team, Access and Integration

BACKGROUND

- Monthly monitoring of Healthcare-associated Infections / Antimicrobial use had been established by the National Infection Prevention and Control and Antimicrobial Stewardship (IPC/AMS) team in Sept. 2021. Data was available on the numbers of residents with indwelling urinary catheters in HSE Older Persons facilities which accounted for up to 13% of residents in some settings.
- 2016 point-prevalence survey of Healthcare-associated Infection and Antimicrobial use in Long-Term care facilities (HALT) - 4.7% of residents were on an antibiotic for either treatment or prophylaxis of urinary tract infection (UTI).
- UTI prevention accounted for 68% of prophylactic prescribing.
- Questions arose with regard to the standard of care residents with indwelling urinary catheters were receiving.

100
HSE Older Persons Facilities Audited
2486
Total Population of Residents in the cohort
61
Infection Prevention and Control Nurses Involved (9 teams)
352
Nurses and Care staff spoken to during the audit
381
Residents with indwelling Urinary Catheters (8.9%)

AIMS AND OBJECTIVES (DEFINE)

Audit conducted March 2023 - high level findings below:

Guidelines

85% nurses – reported that they insert urinary catheters as part of their role
28% nurses unaware of any evidenced based guideline relating to urinary catheters
26% nurses incorrectly identified method for taking sample of urine from a urinary catheter

Knowledge

99% nurses trained to insert female IUC, 15% male IUC, 10% supra-public catheters
65% practice insertion skills less than 3 times per year
79% Health Care Assistants (HCAs) reported that caring for people with IUC is part of role
• 29% reported that they received no training for this
• 90% identified dark/cloudy urine as a clinical sign of catheter associated urinary tract infection (CA-UTI)

AMS

69% antimicrobials prescribed by GPs
62% dipstick when residents symptomatic of UTI
5% on antibiotic treatment

Resident Care

18% of service users had no documented indication for urinary catheter
22% IUC were inserted in acute hospital - in many cases indication not documented
67% of all catheters in the settings audited were male IUCs, however only 15% of nurses had received training in re-insertion procedure

Following consultation and discussion with key stake holders (Chief Clinical Officer, AMRIC, Community Intervention Teams, Irish Association of Urology Nurses, Association for Continence Professionals), three key recommendations and quality improvement plans were agreed. These key recommendations are outlined below:

- 1 Agree primary clinical guidelines to base audit quality improvements on, and to promote amongst health and social care workers
- 2 Address knowledge deficit in both nurses and healthcare assistants in HSE older person's facilities in relation to the best practice management and care of indwelling urinary catheters
- 3 Review and agree documentation to support implementation of best practice in the care and management of indwelling urinary catheters

METHODS (DESIGN)

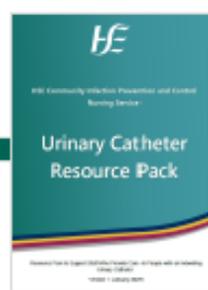
- HSE Change Guide Model (Define, Design, Deliver) and PDSA QI model to test and refine through iterative feedback process.
- Timeline of project - Including National Audit, stakeholder engagement, development and implementation of QI - 2023 to 2025
- National Project team developed evidence based resource pack for management and care of people with indwelling urinary catheters, including an audit tool, audit standard guide, 5 toolbox talks for staff training and a standardised catheter insertion sticker for recording key clinical information relating to catheter insertion / change, incorporating PDSA Cycles (peer reviewed in an iterative process to refine).

BENEFITS AND RESULTS (DELIVER)



Five Tool Box Talks in this suite:

- Daily Management & Care of a Person with an Indwelling Urinary Catheter
- Aseptic Technique when Caring for a Person with an Indwelling Urinary Catheter
- Communicating with Service Users to Help Prevent Catheter Associated Urinary Tract Infection
- Catheter Associated Urinary Tract Infection (CA-UTI)
- Frequently Asked Questions - Indwelling Urinary Catheter



CONCLUSIONS AND NEXT STEPS

- Finalised resource pack currently being implemented by HSE Community Infection Prevention and Control nurses across Older Persons services to aid training, audit and service user care. The resource pack has also been made available to non-HSE disability service providers and will be shared with private providers through the IPC Link Practitioner Network.

Contact

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Gwen.Regan@hse.ie

This is a reminder that you have access to a wide range of patient information leaflets including translated material.

There are a number of AMRIC print resources available to order including awareness posters, guidance posters and patient information leaflets. These free resources are available to order online from www.healthpromotion.ie. Ordering is very straightforward, just set up a professional account when registering. To access the AMRIC resource select 'RESIST' from the search box. This will bring up the many items that are currently available to health professionals to order. Please allow seven days for the order to be completed.

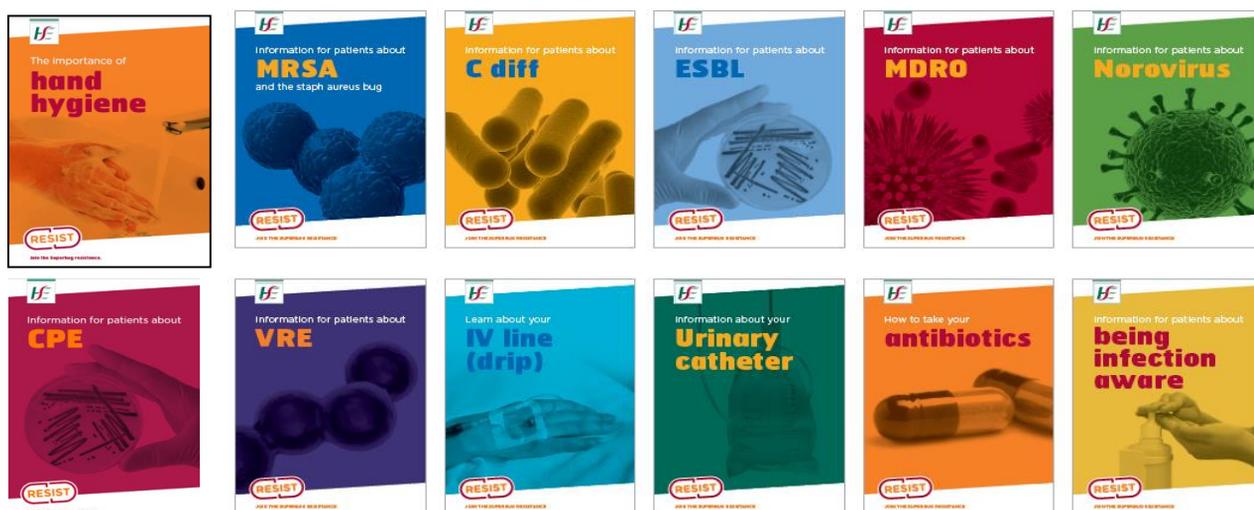
The printed patient information leaflets include the following:

CPE	<i>C. diff</i>	VRE
MRSA	ESBL	IV lines
How to take your antibiotics	Norovirus	Urinary catheters
Infection prevention in hospital	Multiple Drug Resistant Organisms (MDROs)	

We have updated healthpromotion.ie so now you can view a PDF preview of all items before ordering.

If you are having any issues with ordering a complete guide can be found on the HPSC website at this link:

<https://bit.ly/AMRICOrders>



RESIST merchandise (t-shirts, note books, bags etc) is available for World Hand Hygiene Day, European Antibiotic Awareness Day and RESIST launches. Merchandise will continue to be issued via the AMRIC team and are not available to order online. If you have any queries please contact the AMRIC team hcai.amrteam@hse.ie



We would love to hear from you if you have an article in mind for RESIST. Please send us a brief outline along with an estimated word count and suggested photographs. The more photographs the better!

- News articles - maximum 400 words
- Feature articles - maximum 900 words for a two-page feature
- Photographs in jpeg format,
- Clear captions for all photographs submitted, particularly if it's a stand-alone picture with extended caption

Please bear in mind that due to space restraints, not every article submitted may be published.



If you have any suggestions on content or want further information please contact: hcai.amrteam@hse.ie or liam.mcloughlin2@hse.ie

Upcoming deadlines

Summer edition '25

Initial ideas by:

16th May 2025

Finished articles by:

6th June 2025

Autumn edition '25

Initial ideas by:

15th August 2025

Finished articles by:

15th September 2025

- World Hand Hygiene Day: 5th May 2025

Please send us photos of any events for the next issue of RESIST

- International Infection Prevention Week: 13th - 19th October 2025

- European Antibiotic Awareness Day: 18th November 2025

- World AMR Awareness Week: 18th - 24th November 2025