



Guideline on Terms of Reference for Hospital Group Infection Prevention and Control (IPC) and Antimicrobial Stewardship (AMS) Committees

Policy Procedure Protocol Guideline

Insert Service Name(s), Directorate and applicable Location(s):

All acute hospitals

Title of PPPG Development Group:	Antimicrobial Resistance and Infection Control (AMRIC) Implementation Team		
Approved by:	ARMIC Oversight Group AMRIC Implementation Team		
Reference Number:	2019 – 1		
Version Number:	Version 3		
Publication Date:	January 2023		
Date for revision:	January 2025		
Electronic Location:	www.hse.ie/infectioncontrol		
Version	Date Approved	List section numbers changed	Author
1	August 2017	Original Document	Clinical Lead
2	April 2020	Aligned to HSE PPPG Format and updated in context of COVID-19 pandemic	AMRIC Team
3	January 2023	Editorial changes throughout all sections	AMRIC Implementation Team

This is a controlled document: While this document may be printed the electronic version posted on the website is the controlled copy and can only be guaranteed for 24 hours after downloading.

INITIATION

1.1 Purpose

This document has been developed to support the formation and operation of Hospital Group Infection Prevention and Control and Antimicrobial Stewardship (IPC and AMS) Committees. The guide is intended to support the Chief Executive Officer (CEO) in convening a committee to support them in fulfilling their responsibility for managing prevention and control of health care associated infection and antimicrobial resistance in the Hospital Group.

1.2 Scope

1.2.1 Target Users

This guideline is intended for use by CEOs of Hospital Groups and their management team.

1.2.2 Populations to whom it applies

All patients accessing services provided by Hospital Groups.

1.3 Objectives

To support the effective governance and coordination of AMS and IPC activities at hospital group level.

1.4 Outcomes – relating to AMRIC activities

- Improved patient outcomes
- Improved patient safety
- Improved Staff education and training
- Improved staff safety
- Better awareness and deeper understanding

1.5 PPPG Development Group

AMRIC Implementation Team.

1.6 PPPG Development Governance Group

AMRIC Oversight Group.

1.7 Supporting Evidence

1.7.1 'Notification of Infectious Disease Outbreaks to Departments of Public Health in acute hospital settings, Declaration of Outbreak and Closure of Outbreak' March 2019

1.7.2 'Escalation Procedure for Outbreaks/Incidents/Situations of Healthcare Associated Infection' June 2018

1.7.3 National Standards for the prevention and control of healthcare-associated infections in acute healthcare services Health Information and Quality Authority 2017.

1.7.4 AMRIC Clinical Guidance including AMRIC Covid-19 clinical guidance updated regularly to www.hpsc.ie

1.8 Glossary of Terms

AMRIC – Antimicrobial Resistance and Infection Control

AMR- Antimicrobial Resistance

AMRO - Antimicrobial Resistance Organisms

AMS- Antimicrobial Stewardship

CEO- Chief Executive Officer

CPE - Carbapenemase producing Enterobacterales

IPC – Infection Prevention and Control

HCAI – Healthcare Associated Infection

HSE – Health Service Executive

QPS- Quality and Patient Safety

TOR- Terms of Reference

2.0 DEVELOPMENT OF PPPG

This guideline replaces V2 Guideline on Terms of Reference for Hospital Group IPC and AMS Committees dated April 2020. This document reflects review of the guidance in the context of experience and feedback since the issue of the draft TOR and changes in HSE structures related to governance of IPC and AMS and experience from COVID-19 pandemic.

The outline terms of reference are intended to support Hospital Group CEOs in developing TORs for their individual hospital groups/healthcare systems.

Healthcare Associated Infection (HCAI) is defined in the HSE corporate risk register as “*harm to service users / patients as a result of acquiring an infection due to the process of healthcare delivery*”.

A significant proportion of HCAI can be prevented by following certain practices including correct performance of hand hygiene, cleaning, immunisation and early detection and management of infection.

Healthcare-related spread of Acquired Antimicrobial Resistance Organisms (AMROs) is defined in the HSE corporate risk register as “*harm to service users / patients due to the emergence and spread of ARMO (for example CPE) as a result of contact with the healthcare services.*”

Healthcare associated infection can result in increased use of antimicrobials in the treatment of infection. Antimicrobial use and other process of health care delivery facilitate emergence and spread of AMRO. AMRO may then cause difficult to treat HCAI resulting in further antimicrobial use and escalating antimicrobial resistance.

The Covid-19 pandemic required significant focus by HCAI/AMR/IPC teams in all Hospitals, the Hospital Group Committee provided governance, support and coordination to the Hospitals during this period of time. The learning and experience from COVID-19 pandemic response is reflected in updated AMRIC clinical guidance.

2.1 Purpose of the hospital group and IPC and AMS committee

The hospital group IPC and AMS Committee is an advisory body which supports the CEO in making decisions regarding IPC and AMS. Governance in relation to IPC and AMS is through the CEO.

The purpose of the hospital group IPC and AMS committee is to support the CEO in ensuring that structures, systems and processes are in place to support them in fulfilling their responsibility for managing prevention and control of HCAs and AMR in the Hospital Group and to support coordination, collaboration and shared learning across sites within the Hospital Group.

The work of the committee should encompass all aspects of healthcare delivery associated with the Hospital Group in the context of IPC and AMR, encompassing both services delivered directly through HSE employees and facilities and those delivered by individuals or agencies contracted to the HSE.

2.2 Key function of the hospital group IPC & AMS committee will include:

- I. Receive and review periodic reports from hospital regarding their IPC and AMS activities
- II. Review and approve plans/action plans for IPC and AMS activities, including
 - a. Promote adherence to AMRIC, Public Health and HPSC Guidance.
 - b. Infection prevention and control education for patients, staff (HSE staff and staff of contracted services) and members of the public.
 - c. Development and dissemination of guidance to assist services with antimicrobial resistance and infection control. Advise on management of PPE requirements.
 - d. Oversight of Outbreak management.

- III. Advise CEO on all aspects of IPC and AMS.
- IV. Adopt an annual plan for IPC and AMS for the Hospital Group. The plan should take account of the *National Standards for the prevention and control of healthcare associated infections in acute healthcare services 2017* and be aligned to HSE 2022-2025 AMRIC Action Plan (aligned to INAP2).

The annual plan should address:

- a. Delivery of hand hygiene training for all clinical and non-clinical staff and ensure an annual training programme is place
 - b. Delivery of training in standard and transmission based precautions for all clinical staff
 - c. Implementation of relevant national guidelines
 - d. Response to emerging pathogens
 - e. Control of hospital acquired *S. aureus* blood stream infection
 - f. Control of healthcare associated *C. difficile* infection
 - g. Control of carbapenemase producing Enterobacteriales (CPE) and other multi-drug resistant organisms (including appropriate screening programmes)
 - h. Control of COVID-19
 - i. Enhancement of IPC and AMS capacity
 - j. Implementation of antimicrobial stewardship programmes
 - k. Implementation of influenza and COVID vaccination programme for healthcare workers
 - l. Coordination of IPC and AMS activity across services in the Hospital Group
 - m. Sharing of learning across the Hospital Group sites
 - n. Support local and national audit programs
- V. Review progress on implementation of the annual work plan and develop an annual report to provide assurances that all appropriate measures are being taken to achieve objectives of the hospital group annual plan.
 - VI. Review reports on outbreaks and other exceptional events.
 - VII. Review IPC and AMS issues for the Hospital Group risk register.
 - VIII. Liaise with the HSE AMRIC Implementation Team.
 - IX. Escalation of issues or risks in line with HCAI Escalation Policy.
 - X. Oversee and approve financial plans for revenue and capital resources to support IPC and AMR within the group.

2.3 Composition and operation of the committee

The Chair of the committee should be the Chief Executive Officer (CEO). The Co-Chair should be the Chief Operations Officer or Chief Director of Nursing or Chief Clinical Director.

2.4 Membership of IPC and AMS committee should include:

- Chief Executive Officer (Chair)
- Chief Operations Officer
- Chief Clinical Director
- Chief Director of Nursing and Midwifery
- Quality and Patient Safety (QPS) Hospital Group lead
- Specialist in Public Health Medicine
- Hospital Manager of each acute hospital within HG
- Infection Prevention and Control Lead Consultant for each hospital
- Antimicrobial Stewardship Lead Consultant for each hospital
- Infection Prevention & Control Nursing Representatives
- Antimicrobial Pharmacist Representatives
- Occupational Health Nominee as required

- Allied Health Professional Nominee as required
- Estates nominee as required
- Patient representative as required
- Representative from Education / Practice Development as required
- Representative from Materials Management / Supplies as required
- Out Patient Antimicrobial Therapy (OPAT) representative as required
- Consultant Infectious Disease Physician (note may be one of Consultants above)
- Consultant Microbiologist (note may be one of Consultants above)
- Surveillance Scientist Representatives
- Private Hospital Representatives (as appropriate)
- National Ambulance Service Representative
- CHO Representatives
- Others as deemed necessary by the hospital group

2.5 Quorum, frequency and operation of meetings

Meetings will normally be quarterly. The Chair may convene additional meetings as required.

The quorum necessary for a meeting to proceed is as follows;

- Chair or Co-Chair
- A Consultant Microbiologist
- An Infection Prevention and Control Nurse
- An Antimicrobial Pharmacist.
- Representation from 70% hospitals within group

The engagement of the Chief Executive Officer (Chair), Chief Operations Officer, Chief Clinical Director and Chief Director of Nursing are critical to the successful operation of the committee and each should attend at least two meetings each year.

2.6 Accountability and reporting

The function of the committee is to review and adopt reports and to make recommendations. The Chief Executive Officer and Executive Management Team (or equivalent) are responsible for implementation of recommendations and will report on progress to the committee.

2.7. Administration of IPC and AMS committee

The person providing administration support will be responsible on behalf of the Chair for:

- Scheduling and organising meetings of the committee.
- Circulating the agenda and minutes.

2.8 Suggested agenda items

1. Apologies
2. Approval of the minutes from the previous meeting
3. Matters arising
4. Updates from each GM/CEO or nominee from each hospital site relating to KPI's, posts and infrastructural projects relating to IPC/ AMS
5. Update on annual IPC and AMS plan & report including reference to IV care teams and Surgical Site Infection Programme (SSI)
6. Updates from Subgroups as appropriate
7. Issues arising relating to Performance / Outbreaks / Incidents / Complaints
8. New national standards or guidance for implementation
9. Update on Antimicrobial Stewardship Group Programme
10. Any other business e.g. sepsis updates, flu campaign updates, training and education updates

3 Outputs and performance monitoring

Minutes of the IPC and AMS committee meetings will be formally recorded and circulated to all committee members. Approved minutes of the meetings will be freely available to all Hospital Group staff and members of the public.

3.0 GOVERNANCE AND APPROVAL

- AMRIC Implementation Team.
- AMRIC Oversight Group.

4.0 COMMUNICATION AND DISSEMINATION

- This guideline is circulated through the Acute Operations Office to all Hospital CEOs and General Managers.
- This guideline is also available on line www.hse.ie/infectioncontrol.

5.0 IMPLEMENTATION

Implementation of this guideline is the responsibility of all Hospital Group CEOs.

6.0 MONITORING, AUDIT AND EVALUATION

The learning from this guideline should be shared with relevant professionals at team meetings.

7.0 REVISION/UPDATE

The AMRIC Implementation Team.

8.0 References

See supporting evidence 1.7.

ENDS

DRAFT