



Title of Meeting:	CPE Expert Group Meeting		
Purpose of Meeting:	To provide expert advice to NPHET		
Location of Meeting:	HPSC Office – Ground Floor Front.		
Attendees:	<ul> <li>Professor Hilary Humphreys (HH), Professor of Clinical Microbiology &amp; Consultant Microbiologist, Chairperson of CPE Expert Group</li> <li>Professor Martin Cormican (MC), HSE HCAI/AMR Clinical Lead &amp; Director of the CPE Reference Lab (CPERL)</li> <li>Dr Anne Sheahan (AS), Specialist in Public Health Medicine, Antimicrobial Resistance and Infection Control Team</li> <li>Shirley Keane (SK), Programme Manager, Antimicrobial Resistance and Infection Control Team</li> <li>Dr Rob Cunney (RC), Consultant Clinical Microbiologist - Representative for Paediatric Microbiology</li> <li>Tania Rosalyn Begley (TR), Surveillance Assistant, AMRIC/ Microbiology Team HPSC</li> <li>Bernie O'Reilly (BOR), Voluntary member of Patients For Patient Safety Ireland (PFPSI), and patient representative</li> <li>Dr Karen Burns, (KB) Consultant Clinical Microbiologist &amp; honorary Clinical Senior Lecturer, RCSI, (HPSC representative)</li> </ul> By telephone: <ul> <li>Dr Kevin Kelleher (KK), Assistant National Director of Public Health</li> <li>Mags Moran (MM), Community Infection Prevention &amp; Control Nurse Manager</li> <li>Dr Margaret O'Sullivan (MO), Specialist in Public Health Medicine</li> </ul>		
Apologies:	<ul> <li>Alison McGuinness IPCN, IPCI representative</li> <li>Dr Jerome Fennell (JF), Consultant Microbiologist, ISCM Representative HSE</li> <li>Clodagh Cruise (CC) Surveillance Scientist, Naas General Hospital.</li> <li>Dr Joanne O'Gorman, Consultant Microbiologist, HPSC and Rotunda Hospital</li> <li>Dr Catherine Fleming,(KF) ISDI representative</li> <li>Elaine Phelan, Laboratory Medical Scientist, ACSLM representative</li> <li>Dr Orla Healy, CEO Representative</li> <li>Shane Keane, Principal Environmental Health Manager</li> </ul>		
Date/Time of Meeting:	Wednesday 20th 09:30 am Date/Time of Next Meeting: Wednesday January 15 <sup>th</sup> 2020		
Prepared by:	Tania Rosalyn Begley   Date Circulated:   TBC		

Circulation:	All
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1.	Introductions and Apologies	All
2.	<ul> <li>Conflicts of interest and minutes from previous meeting</li> <li>Minutes from the last meeting were reviewed and approved pending the inclusion of Catherine Fleming to the apologies.</li> <li>No conflicts of interest were declared. All current forms will be forwarded to the chair for review.</li> </ul>	HH HH & TR
3.	Review of draft guideline documents under review	
	<ul> <li>"Guidance and Checklist Relating to CPE. Interventions for the Control of Transmission CPE in Acute Hospitals."</li> <li>Add page numbers to the document.</li> </ul>	All
	<ul> <li>In the Screening Section review the term carriers/ those infected with.</li> <li>Under the Communication Section clarify that the outbreak should be communicated to all staff.</li> <li>Review to ensure that there is appropriate acknowledgement of the relies of estimation is a start of the relies of estimated by the relies of estimated</li></ul>	
	<ul> <li>the role of antimicrobial stewardship</li> <li>Consider any other amendments of detail submitted before the end of the week.</li> <li>"Guidance On Control of Carbapenemase Producing</li> </ul>	
	Enterobacterales (CPE) and similar Antimicrobial Resistant Organisms in Palliative Care"	MC &HH
	<ul> <li>Review to ensure clear distinction between end of life care and other palliative care services</li> <li>Explore the possibility of adding a list of in-patient palliative care</li> </ul>	MC
	facilities and categorisation of each with the National Lead for Palliative Care	RC
	<ul> <li>Ensure that there is appropriate acknowledgement of the requirement for standard precautions in all settings, and that other measures are in addition to standard precautions.</li> </ul>	MC
	<ul> <li>Add hyperlinks to acute Documents where possible.</li> <li>Ensure appropriate reference to Antimicrobial Stewardship.</li> <li>Review to ensure it is clear that different parts of the same facility/unit may be assessed as having different IPC needs. Guidelines most fitting to the setting should be applied but patient and family sensitivity needs to be central.</li> </ul>	нн
	• "Carbapenemase-Producing Enterobacterales (CPE) and other Antibiotic Multidrug Resistant Organisms (AMRO). Guidance for in the Irish Prison Service	MC

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	The Chief Medical Officer in the Irish Prison Service also indicated that he is satisfied with the document	
4.	<ul> <li>Updates</li> <li>CPE and the National Ambulance Service.</li> <li>AMRIC Division has a meeting with Ambulance Service scheduled for Monday to explore requirements in relation to guidelines.</li> </ul>	MC
	<ul> <li>Clinical Lead will advise chair of progress.</li> <li>Chair may consider directly contacting the ambulance service if that appears helpful in progressing this issue.</li> </ul>	MC & SK HH
	<ul> <li>Review of documents developed by the expert group to date.</li> <li>Need to check that old versions of documents have been removed from the website but that older versions are archived.</li> <li>Agreed that for future revisions of documents a list of significant changes will be noted for inclusion in the revised document</li> </ul>	AII
	<ul> <li>List of published documents will be reviewed to ensure completeness and removal of duplication and circulated with papers for next meeting</li> <li>Review location of CPE documents on website to ensure all</li> </ul>	TR
	<ul> <li>are readily accessible in one place )</li> <li>Explore if the current Community Guidelines are sufficient for mental health services and if a separate guideline should be developed for mental health and long term care facilities separately.</li> </ul>	MC & KB
5.	<ul> <li>NPHET</li> <li>There is meeting scheduled for February. The February Meeting may be the final meeting.</li> <li>There is meeting in December to review learning from the NPHET</li> <li>There is a commitment to engaging engagement between the HSE</li> </ul>	MC MC & HH
	<ul> <li>There is a commitment to ongoing engagement between the HSE and the Department of Health related to CPE and AMR/IPC more generally. There is forum for this with quarterly meetings between AMRIC Division of HPSC and NPSO of the DOH.</li> <li>There has been some consideration as to how to categorise the risk that CPE poses for the healthcare system when it is no longer considered a public health emergency – a strategic threat may be one way of representing this</li> <li>It was agreed that it would be useful for the CPE Expert Group to reflect on what appear to be the key strategic priorities for control of CPE at this point</li> </ul>	RC
	<ul> <li>Funding         <ul> <li>Work is ongoing to fill the new posts funded by the DOH in Acute Operations, Community Operations and AMRIC Division of HPSC. Interviews for Community Antimicrobial Pharmacists posts have been held.</li> </ul> </li> </ul>	
6.	<ul> <li>Actions agreed.</li> <li>1. Conflict of interest forms will be forwarded to HH by TR</li> <li>2. MM will forward suggested changes regarding wording related to cleaning for the palliative care document to MC</li> </ul>	TR MM

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	<ol> <li>All changes on the "Guidance and Checklist Relating to CPE. Interventions for the Control of Transmission CPE in Acute Hospitals" will be forwarded to MC by end of week. (All)</li> <li>MC will follow up with Clinical Lead Palliative Care</li> <li>A draft discussion document will be developed relating to the strategic priorities for control of CPE (MC &amp;HH)</li> <li>The Monthly Reports on CPE will be circulated to the group with documents for future meetings (TR)</li> <li>Community Documents will be assessed to see if they are sufficient for the needs of long term care facilities, and mental health facilities. (MC &amp; MO)</li> </ol>	ALL MC MC&HH TR MC&MO
7.	Date of Next Meetings January 15 <sup>th</sup> Boardroom HPSC April 1 <sup>st</sup> HPSC Boardroom HPSC July 15 <sup>th</sup> Boardroom HPSC	HH
8.	AOB – no	