



HSE Winter preparedness for health & care settings

Foundations for Winter Planning 2025-2026

22nd October 2025

Thank you for joining the webinar, we will commence at 12:00 noon

We expect to address your queries during the presentation. Please use the question & answer function on Teams to post your questions during the webinar.

#Winterready

If your queries are not answered during the presentation or at the Q&A we will post responses on our website after the webinar. Website link : **[Winter Preparedness](#)**



Welcome & Introduction

HSE Winter preparedness for health & care settings



National Health Protection

Dr Augustine Pereira, Director of Public Health, Winter Resilience Lead



HSE Winter preparedness for health & care settings

22 October 2025

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#Winterready





Presenters



Dr. Éamonn O'Moore, Director of National Health Protection

Dr. Augustine Pereira, Director of Public Health, Winter Resilience Lead

Ms. Fionnuala Dore, Director of Nursing, Community Support Team, HSE Dublin South & Wicklow

Dr. Louise Marron, Consultant in Public Health Medicine, National Immunisation Office

Prof. Clare Rock, Consultant Infectious Diseases, Deputy Clinical Lead, AMRIC

Dr. Ellen Hayes, ICGP representative, HSE/ICGP Adult sepsis clinical lead

Dr. Anne Sheahan, Regional Director of Public Health, HSE South West



Plan & Prepare



Case
Identification &
management

Welcome & introduction – Dr Augustine Pereira & Dr. Éamonn O'Moore

Importance of vaccination – Dr Louise Marron

Winter Ready Guide – Ms. Fionnuala Dore

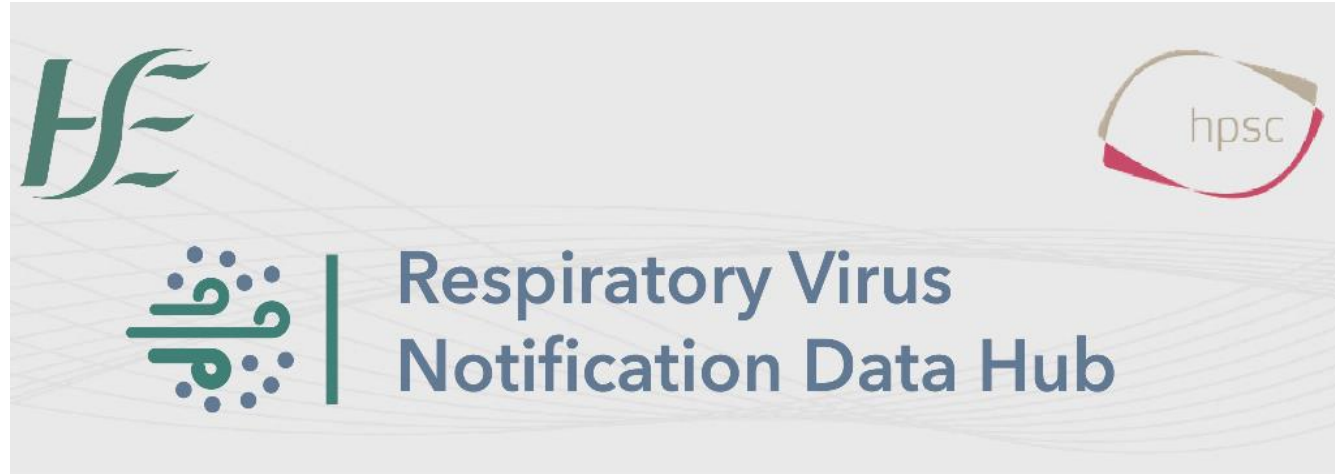
Infection Prevention and Control, Fundamental Principles – Prof Clare Rock

Recognising & Treating Acute Respiratory Infections – Dr. Ellen Hayes

Clinical management of outbreaks – Dr Anne Sheahan

Resources – HSE Winter Planning & Response Forum (WPRF)

Q & A session and Close



- <https://respiratoryvirus.hpsc.ie/>
- For the **latest published surveillance data on respiratory viruses** please refer to [**HPSC's Integrated Respiratory Virus Bulletin**](#), published on Thursday of each week



Opening address from National Director

National Health Protection

Dr Éamonn O'Moore, Director of National Health Protection





Importance of vaccination

HSE National Immunisation Office

Dr Louise Marron

Consultant in Public Health Medicine, HSE National Immunisation Office





Programme overview: 2025/2026

How will the programme be delivered?

- The Winter Vaccination Programme for influenza and COVID-19 commenced on **2nd October**
- For those in recommended groups, the vaccines will be available free via GPs, Pharmacists, HSE vaccination teams and peer vaccinators (HCWs)
- HSE vaccination teams provide vaccine clinics on-site **including RCFs**, prisons, homes to housebound
- **HCWs should have access to vaccines in workplace (vaccine clinics/peer vaccinators) and HCWs can also attend GP and Pharmacies**



Influenza vaccination programme



Flu Vaccine

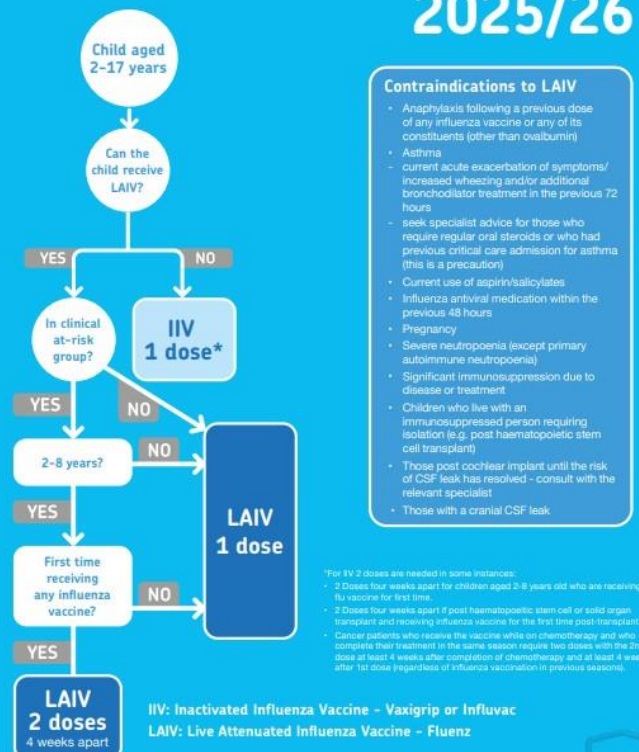
Information for
People at Risk



www.hse.ie/flu



Flu Vaccine for children 2025/26



hse.ie/flu
Order Code: HN101367



Flu Vaccine

Information for
Pregnant Women



www.hse.ie/flu



Who is recommended to get an influenza vaccine in autumn/winter 2025/2026?

- All aged 60 years and older
- All those aged 18 years and older living in residential care facilities for older people and other long stay facilities where rapid spread is likely to follow the introduction of infection
- All healthcare workers
- All pregnant women (at any stage of pregnancy)
- All aged 6 months and older who is at increased risk of influenza related complications:
 - Cancer, Chronic heart disease, Chronic kidney disease, Chronic liver disease, Chronic neurological disease, Chronic respiratory disease, Diabetes and other metabolic disorders, including inherited metabolic disorders, Haemoglobinopathies, immunocompromise due to disease or treatment, Body mass index $\geq 40\text{kg/m}^2$, Serious mental health conditions, Children and adults with Down syndrome, Children with moderate to severe neurodevelopmental disorders, Children on long term aspirin therapy
- All children and young people aged 2 to 17 years
- Carers and household contacts of people at increased risk of influenza related complications
- People with close, regular contact with pigs, poultry or water fowl



Rationale for vaccination: Influenza

- Influenza is highly infectious
- Illness is more **severe** in older people, people with immunocompromise, those with chronic heart, lung or neurological disease, in children aged 4 years or less and in pregnancy
 - **80-90%** of reported **deaths** from influenza occur in **older people**, mainly from secondary bacterial pneumonia, but also from exacerbations of underlying disease such as chronic obstructive pulmonary disease or cardiac disease
- **Influenza vaccination is the best available protection against infection and serious complications**
- The effectiveness of the influenza vaccine can vary depending on circulating strains and it can be different in different population groups
 - For a given season, the vaccine effectiveness is not known until the season is over
- If people who are vaccinated get influenza infection, the **risk of serious illness and death from influenza is still significantly reduced by vaccination.**

Why do people need to get vaccinated every year?

- Annual vaccination recommended because immunity declines during the year after vaccination and circulating strains of influenza virus change from year to year
 - Strains included in vaccine are based on advice from the World Health Organization (WHO)



FAQs: Influenza

As a healthcare worker, why do I need the flu vaccine?

- As a healthcare worker you are **10 times more likely** to get the flu compared to the general public
- You can get very unwell with flu and you may get serious complications even if you have no underlying medical conditions
- Your risk of spreading flu to others, including to family members, is also much higher
- The flu vaccine is the best available protection against infection with flu and against the complications. You can play your part in protecting yourself and in preventing the spread of flu by getting the flu vaccine
- Patients with weak immune systems and older patients may not get sufficient protection from the flu vaccine themselves, so they rely on you to keep them safe and protect them by getting the flu vaccine
- We know that in healthcare settings with high levels of flu vaccination there are lower rates of flu-like illness, fewer outbreaks and fewer deaths in people aged 65 years and older
- Please read our leaflet for healthcare workers <https://www.hse.ie/eng/health/immunisation/pubinfo/flu-vaccination/information/fluhcwleafleteng.pdf>



FAQs: Influenza

How long does it take the flu vaccine to work?

- The flu vaccine starts to work within two weeks
- Ideally the influenza vaccine should be given **early in the influenza season**

Can I get flu from the flu vaccine?

- No. You cannot get the flu from the flu vaccine
- It takes 2 weeks to develop immunity after vaccination
- The vaccine needs time to protect you and it is possible to get flu if you are exposed to the virus during this time
- Get your flu vaccine as soon as possible to protect yourself, before flu begins to spread

Is the flu vaccine safe?

- Yes. The flu vaccine has been proven to be a safe vaccine, severe side effects are extremely rare
- Safety is closely monitored
- Flu vaccines have been given for more than 60 years to millions of people worldwide
- Further information around flu vaccine safety can be found in the Summary of Medicinal Products Leaflet on www.medicines.ie



FAQs: Influenza

What are the common side effects?

- Injection site pain, headache, myalgia and malaise are very common in adults

I am a pregnant healthcare worker, should I get vaccinated?

- Yes. A seasonal flu vaccine is recommended in pregnancy
- This is because if you are pregnant, you are at higher risk of illness and severe complications due to the flu virus
- The flu vaccine works by protecting pregnant women during pregnancy and provide ongoing protection to their newborn baby during their first few months of life
- You can get the vaccine at any stage of pregnancy
- The vaccine is safe for pregnant women
- Flu vaccines have been given to pregnant women for over 50 years
- If you are pregnant please read the HSE flu leaflet for pregnant women
- <https://www.hse.ie/eng/health/immunisation/pubinfo/flu-vaccination/information/flupregleaflet.pdf>



FAQs: Influenza

Why is the vaccine called IIV this year instead of QIV?

- Last year's vaccine was a quadrivalent vaccine (QIV)
- All influenza vaccine formulation this year are trivalent vaccines, called inactivated influenza vaccine (IIV) – trivalent
- Trivalent vaccines contain antigens from two type A and one type B influenza virus strains
- Trivalent inactivated vaccines are recommended by WHO for use in the 2025/2026 influenza season

Is there anyone who cannot get the flu vaccine?

- Most people can get the flu vaccine
- It is not recommended:
 - For those who have had a severe allergic reaction (anaphylaxis) to a previous dose of flu vaccine or any of its ingredients
 - If you have severe neutropenia (low levels of a type of white blood cell); except for those with primary autoimmune neutropenia
- Some people might not be able to get the flu vaccine and should speak with their doctor/specialist team
 - If you are on combination checkpoint inhibitors (e.g. ipilimumab plus nivolumab)
 - A confirmed egg allergy who have required a previous ICU admission for a severe anaphylaxis to eggs



COVID-19 vaccination programme

[Immunisation](#)



Who we are	Public Information	Healthcare Worker Information	Information Materials	Immunisation websites	Glossary
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[Immunisation](#) > [Healthcare Worker Information](#) > [COVID-19 Vaccine Information for Health Professionals](#)

- > [Who we are](#)
- > [Public Information](#)
- > [Healthcare Worker Information](#)
 - > [Vaccine Ordering and Storage](#)
 - > [Vaccine Ingredients](#)
 - > [Primary Childhood Schedule](#)
 - > [School Programme](#)
 - > [Mpox](#)
 - > [Flu Vaccination](#)
 - > [COVID-19 Vaccine Information for Health Professionals](#)
 - > [Data Quality](#)
 - > [Supporting Migrant Populations](#)
 - > [Other Vaccines](#)
 - > [FAQs](#)
 - > [Correspondence](#)
- > [Information Materials](#)

COVID-19 Vaccine Information for Health Professionals

Information for people getting vaccinated

> [Information about COVID-19 Vaccine from the HSE](#)

Information for Vaccinators

The National Immunisation Office is supporting the rollout of the COVID-19 vaccination programme by providing training and information materials.

National Immunisation Advisory Committee

The [National Immunisation Advisory Committee \(NIAC\)](#) (you will be directed to the HIQA website) is an independent body outside of the HSE. It comprises of representatives from a broad range of medical and healthcare organisations, who provide expert, evidence-based, impartial guidance to the Chief Medical Officer in the Department of Health.

Information prepared by the HSE

The following information has been prepared by the National Immunisation Office and other clinical experts. This information is updated regularly and we recommend you check this section often to ensure you have up to date and accurate information when vaccinating.

- > [E-Learning](#)
- > [Clinical Guidance](#)
- > [FAQs](#)
- > [SOPs](#)
- > [Medicine Protocols](#)
- > [Consent](#)
- > [Table of recommended groups for Flu and Covid-19 vaccines \(size 531.1 KB\)](#)



Winter vaccines available here

Flu and COVID-19 vaccines will give your immune system the top up it needs to help protect you from serious illness



Talk to your GP or Pharmacist about what vaccines are recommended for you.
Visit hse.ie or call HSELive on 1800 700 700 for more information.

What groups are recommended to get a COVID-19 vaccine in autumn/winter 2025/2026

- All aged 60 years and older
- All aged 18 years and older living in a long term care facility for older adults
- All aged 6 months and older with immunocompromise associated with a suboptimal response to vaccination
- All aged 6 months and older with a medical condition associated with a higher risk of hospitalisation, severe disease or death due to COVID-19:
 - Cancer, Chronic heart disease, Chronic kidney disease, Chronic liver disease, Chronic neurological disease, Chronic respiratory disease, Diabetes and other metabolic disorders, including inherited metabolic disorders, Haemoglobinopathies, Body mass index $\geq 40\text{kg/m}^2$, Serious mental health conditions, Children and adults with Down syndrome, Children with moderate to severe neurodevelopmental disorders
- Healthcare workers who are in the groups listed above are recommended to get a COVID-19 vaccine in autumn/winter 2025/2026
- Anyone aged over 18 years who is not in any of the groups listed above, can get a COVID-19 vaccine in autumn/winter 2025/2026 if they choose to, following discussion with a healthcare provider
- There should be at least a **3 month interval** between the last COVID-19 vaccine or the last COVID-19 infection before getting vaccinated
- Outside of the autumn/winter COVID-19 vaccination programme, COVID-19 vaccines should also be available where clinically indicated, including but not limited to pregnancy, previously unvaccinated, or new period of immunosuppression



Rationale for vaccination: COVID-19

- **Older age and underlying medical conditions** are associated with **increased risk of severe disease**
- COVID-19 vaccines are effective in preventing **hospitalisations, severe disease, death**
 - The **protection** that vaccines afford **against infection and mild disease is limited** and **wanes quickly**
- Protection against **severe disease is more durable** but it **wanes gradually over time**
 - Increasing the risk for those susceptible to severe disease as time from last vaccine increases
- Protection can be boosted either by vaccination or infection
- Protection wanes more rapidly in older age groups
 - Particularly in those aged 80 years and older and in those with immunocompromise



FAQs: COVID-19

What are the key messages for HCWs regarding COVID-19 vaccination?

- While vaccine recommendations for healthcare workers have changed this year, vaccination remains the **best protection we have** against the serious complications of COVID-19
- **All healthcare workers who are in a risk group** (e.g. aged 60 and older, or with an underlying medical condition) **should get vaccinated**
- HCWs under the age of 60 years **without comorbidities (underlying medical conditions) are now at low risk** of severe COVID-19
- Healthcare workers have a high exposure risk to COVID-19, **any healthcare worker who wishes to get a COVID-19 vaccine can do so**
- Vaccine **recommendations for healthcare workers are constantly kept under review by NIAC** and updated aligned with the latest evidence
- COVID-19 vaccines may be available in workplaces and are also available for free from GPs/Pharmacies

How long do I need to wait before getting vaccinated if I have recently had COVID-19?

- For most people, COVID-19 vaccines can be given **at least 3 months** following the last SARS-CoV-2 infection or COVID-19 vaccination

Can I get both flu and COVID-19 vaccines at the same time?

- NIAC advise that COVID-19 and adult seasonal influenza vaccines should be co-administered where practicable, to maximise uptake
- You **can get influenza and COVID-19 vaccines at the same time or at any interval**
- **If you get both vaccines at the same time** there may be a slight increase in short term mild adverse events after co-administration with a seasonal influenza vaccine including pain at the site of injection, fatigue, headache, and myalgia
- There are **no safety or efficacy concerns** with co-administration

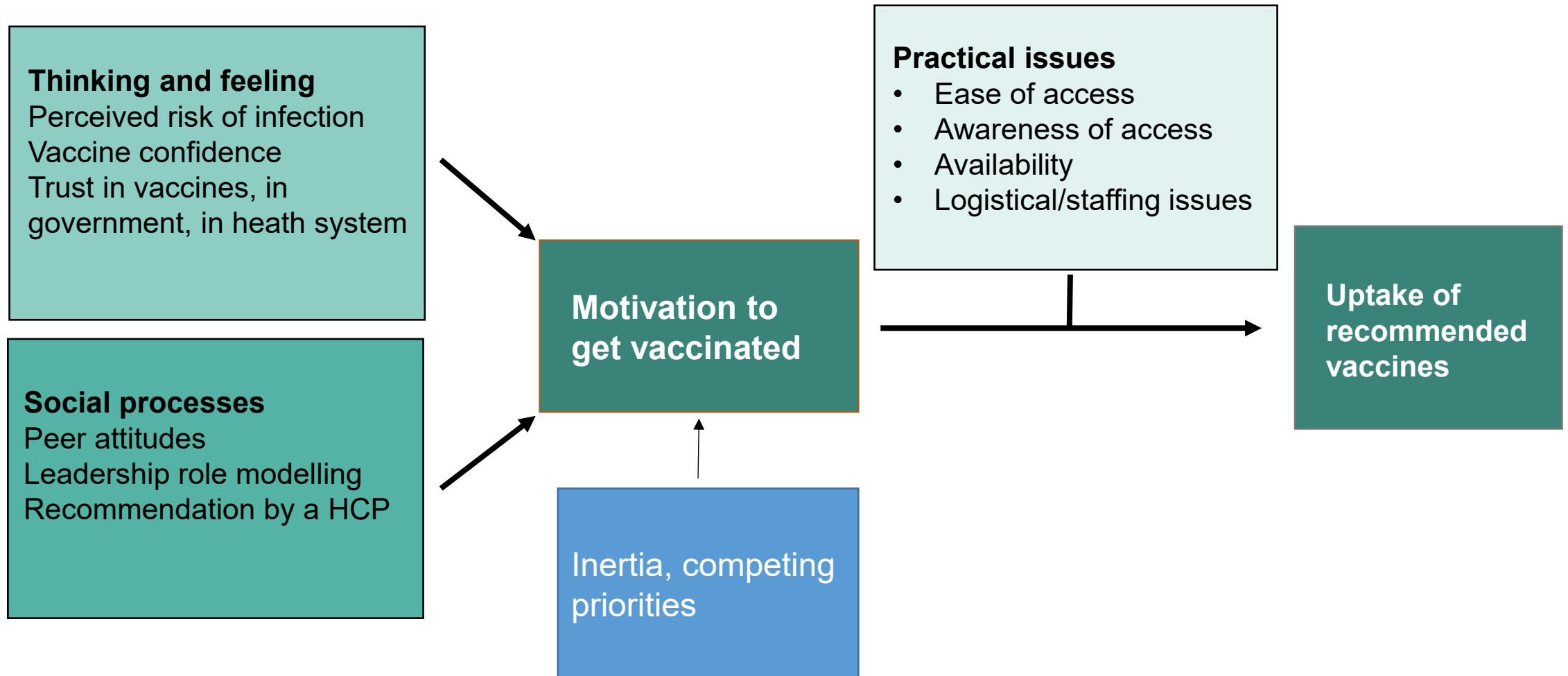


Improving vaccine uptake in HCWs





Behavioural and social drivers of vaccination in HCWs





Improving vaccine uptake in HCWs

- Literature review identified key priority areas of focus to inform the strengthening and the development of tailored multifaceted approaches to improve vaccine uptake in HCWs in the 2025/2026 winter season in Ireland
- Vaccine access, local leadership and building and maintaining trust is key
- There is a positive association between interventions and HCW vaccine uptake and **most interventions increase vaccination rates particularly by combining interventions in different areas**
- The **key priority areas** of focus to improve vaccine uptake should be:
 - Removing any and all **access** barriers to vaccination
 - Strengthening visible **clinical leadership**
 - A focus on supportive workplace strategies **that build and maintain trust** is important
 - Ensuring that there is **clear, consistent and accessible messaging** that emphasises the benefits of vaccination for HCWs
 - Offering **personalised vaccine invitations and reminders** for HCWs
- Multifaceted interventions to improve HCW vaccine uptake should be informed by the **priority areas identified and tailored locally** to the requirements of different professional groups in a variety of clinical settings



FAQ: Improving vaccine uptake

I am a manager, how can I increase uptake in healthcare workers?

- **Improve access**
 - Remove any and all barriers to vaccination e.g., facilitate flexible onsite access (mobile vaccination units)
 - Ensure there are multiple opportunities for staff to get vaccinated including extended hours for those working shifts and out of regular working hours
- **Ensure clear communication to improve awareness**
 - Ensure that all staff are informed about the multiple routes of access to vaccination for healthcare workers, including vaccine clinics on site, GP practices and community pharmacies.
 - Ensure that there is visible promotion of flu vaccine among staff, e.g., have HSE information materials like posters and leaflets on display
 - Regularly communicate updates to staff about flu and vaccination clinic times, for example, email/text reminders, by weekly newsletters or via your organisation's website and social media posts
- **Have strong leadership**
 - Ensure that line managers facilitate staff to avail of any opportunity to get vaccinated
 - Ensure strong and visible leadership support, including peer leadership and support and enable peer vaccination
- **Promote and encourage vaccination**
 - Communication should promote clear factual messages about the benefits of vaccination and vaccine invitations and reminders to staff should be personalised where possible
 - Make sure healthcare workers know that the vaccine is free of charge for them, no matter where they access the vaccine

Summary: Key messages for HCWs in autumn/winter 2025/2026

- Each winter, healthcare workers have a **high risk of exposure** to respiratory viruses including flu and COVID-19
- These highly infectious viruses put **staff at risk** of illness
- The **flu vaccine is strongly recommended** for all healthcare workers
- The flu vaccine **provides healthcare workers with the best available protection** against the serious complications of flu
- Getting vaccinated also protects others and reduces the chances of spreading the flu infection to family members, colleagues and patients, many of whom may be more vulnerable to serious complications
- The **recommendations for COVID-19 vaccines for HCWs have changed** this year
 - NIAC have updated their recommendations following a review of the evidence and international practice, they advise that HCWs aged less than 60 years and without an underlying health condition are at low risk of severe illness
- **Healthcare workers** aged 60 years and older or healthcare workers with underlying health conditions, including a weak immune system, are **at risk of severe COVID-19 infection** and **are recommended to get a COVID-19 vaccine** in autumn/winter 2025/2026
- Any **healthcare worker who wishes to receive a COVID-19 vaccine** in autumn/winter 2025/2026 can do so
- Flu and COVID-19 vaccines are **available free of charge for all healthcare workers**
- Vaccines will be available in staff vaccination clinics and in GP and Pharmacies



Thank you

Thank you for protecting our population from vaccine preventable diseases





Winter Ready Guide

Community Support Team

Fionnuala Dore

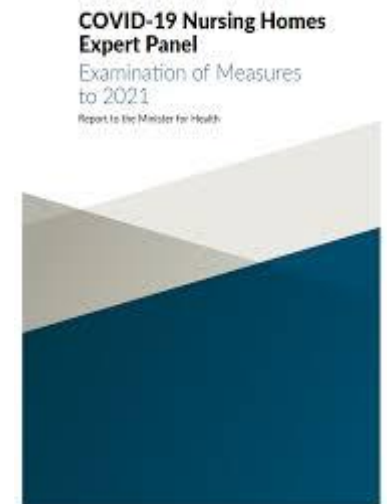
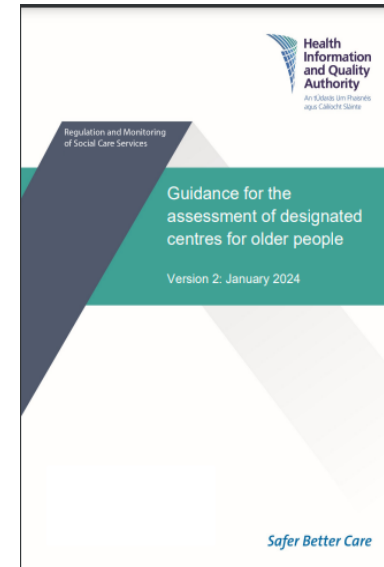
Director of Nursing - Community Support Team, HSE Dublin South & Wicklow



Regulation 27 of Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (Amended) requires that,

The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare-associated infections published by HIQA are implemented by staff.

HIQA National Standards for IPC in Community Settings(2018) – Standard 3.4 ‘RCF’s must ensure outbreaks of infection are identified, managed, controlled and documented in a timely and effective manner’



- Check your facility's **Winter Virus Preparedness Plan** is up to date, based on the [AMRIC guidance for RCFs](#). The plan should include staffing resilience, vaccination, an isolation plan and a communication plan. This should be updated at a minimum of once a year, but ideally after each outbreak, so that learning and planned improvements can be documented.
- Ensure all staff have access to, and read the Preparedness Plan and infection control procedures. Offer all residents and staff recommended [COVID-19](#) and [flu vaccines](#).
- Hand hygiene is one of the most effective measures in preventing the spread of infections. Ensure that liquid soap and disposable paper towels are available, and adequate supplies are stocked. If safe to do so, place alcohol gel in places where hand-washing facilities are not available.
- Ensure appropriate waste management, including increased clinical waste capacity and collection during an outbreak.

Staff

- Symptom vigilance - staff are aware of who they report symptoms to and not to report to work if unwell.
- Staff replacement– agencies/staff pool/contact details
- Staff on designated floors/areas – no crossover during outbreaks
- Designated break facilities – can the staff areas be separated
- Changing and Rest rooms – cleaning protocols, staff uniforms



HSE Winter Ready Guide – Plan and Prepare



Respiratory Viral Infection Resource Pack

- Algorithm for testing for ARI in RCF
- IPC and PH Guidance for outbreaks
- Guidance on testing for ARI in RCF
- Quick Reference Poster –guidance for Resp outbreaks
- Winter Preparedness and Outbreak Management Checklist from HPSC

<https://www.hpsc.ie/a-z/respiratory/influenza/seasonalinfluenza/guidance/>

- **IPC CHAMPION & LINK PRACTITIONER** – Named staff member, Protected time, hand hygiene training & audits, donning & doffing spot checks.

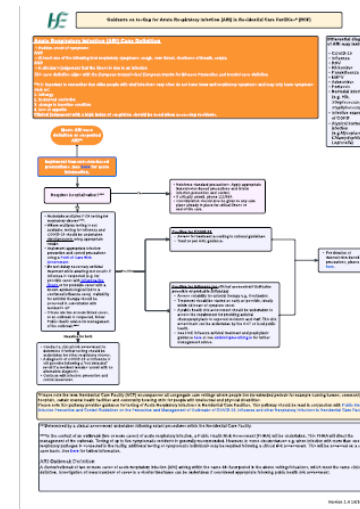
Certification & staff training database. Signage prep in advance, donning and doffing, PCRA

- **VACCINATIONS** – Promotion of vaccinations amongst staff, signage in staff changing rooms

HSeLand Module: The Flu and COVID-19 vaccines for Healthcare workers- protect yourself, protect others



Public Health and Infection Prevention and Control
guidance on the prevention and management of
cases and outbreaks of respiratory viral infections in
Residential Care Facilities
V2.2 25.08.25



Version	Date	Changes from previous version	Author
2.1	01/03/2025	Revised title	IPC Champion and Respiratory Infection Control Unit
2.0	15/03/2024	Revised title	IPC Champion and Respiratory Infection Control Unit
1.9	15/03/2023	Revised title	IPC Champion and Respiratory Infection Control Unit
1.8	15/03/2023	Revised title	IPC Champion and Respiratory Infection Control Unit
1.7	15/03/2023	Revised title	IPC Champion and Respiratory Infection Control Unit
1.6	15/03/2023	Revised title	IPC Champion and Respiratory Infection Control Unit
1.5	15/03/2023	Revised title	IPC Champion and Respiratory Infection Control Unit
1.4	15/03/2023	Revised title	IPC Champion and Respiratory Infection Control Unit
1.3	15/03/2023	Revised title	IPC Champion and Respiratory Infection Control Unit
1.2	15/03/2023	Revised title	IPC Champion and Respiratory Infection Control Unit
1.1	15/03/2023	Revised title	IPC Champion and Respiratory Infection Control Unit
1.0	15/03/2023	Revised title	IPC Champion and Respiratory Infection Control Unit

HSE Dublin South East Winter Preparedness and Outbreak Management Checklist for Residential Care Facilities September 2025				
Name of Facility/Service:				
Name of Ward/Unit/House:				
Checklist completed by:				
Date checklist completed:				
Date checklist to be reviewed:				
Guidance to be followed for Respiratory Outbreaks: ☐ Acute ☐ Residential				
Winter Preparedness Plan Document		Yes	No	Comments
1	Has your facility/service a winter preparedness plan, based on AMRIC guidance for healthcare facilities which is updated at least once per year (ideally in August/September each year) or soon after an outbreak? (This is a document which outlines how the facility will prepare for increased incidences of infections seen typically in winter but can be applied throughout the year)			
2	Is the plan readily available for management and members of staff to access, read and understand 24/7?			
3	Has the winter preparedness plan been updated for the upcoming winter season? (Record the date of last review in comments)			
4	Has your facility/service an up to date Influenza folder? (The contents for this folder is updated and circulated by the HSE Regional Influenza Lead each year)			
5	Do all staff have easy access to relevant websites and the most up to date HSE AMRIC guidance documents, posters and relevant websites? Relevant Websites: ☐ Winter Preparedness in Nursing Homes (contents is applicable to all types of residential care facilities) https://www.hpsc.ie/a-z/winter-preparedness/nursinghomes/ ☐ For information in relation to other non-respiratory infections, refer to https://www.hpsc.ie/a-z/			

- **Staff access to information** - outbreak guidance documents from HPSC, Line listing.
 - Do all staff have easy access to relevant websites and the most up-to-date HSE AMRIC guidance documents, posters and relevant websites?
Winter Preparedness in Nursing Homes (contents apply to all types of residential care facilities)

<https://www.hpsc.ie/a-z/winter/winterpreparednessinnursinghomes/>

➤ **Key Contacts**

- Facilities Senior Managers/persons in charge
- Medical Officers/GPs Out of Hours GP Service/EDITH Service
- HIQA/ Mental Health Commission
- Department of Public Health
- Infection Prevention and Control Service
- Community Support Team / Covid Response Team
- Vaccination Team
- Laboratory
- Relevant Managers/Services responsible for maintenance, waste, laundry.
- Pharmacy/Supplies
- PPE Ordering
- Agencies/staff contacts



HSE Winter Ready Guide - Educate



➤ Reinforce education of staff in Your 5 Moments for Hand Hygiene, Respiratory hygiene and the appropriate use of PPE, including gloves/gowns/face masks, etc.

➤ Staff are up to date with all appropriate training on AMRIC hub* and [HSE LanD](https://www.hseland.ie)

*AMRIC hub can be accessed through HSE LanD and choosing Hubs & Resources

➤ How to order Respiratory Swabs for PCR testing for COVID-19/Influenza/RSV, Ensure your Nursing Home has a stock of 6-10 onsite in advance.

➤ Educate staff to take a swab correctly.

• https://www.youtube.com/watch?v=xv7PJbMFPZg&feature=emb_logo

➤ Arrangements for transporting the specimen to the lab

➤ COVID-19 Antigen testing is no longer recommended

Your 5 Moments for Hand Hygiene



Copan UTM™

Infection Prevention and Control, Antimicrobial Prescribing and Antimicrobial Stewardship guidelines, tools and educational resources		
The AMRIC HUB on www.hseland.ie can be accessed through the 'Hubs and Resources' tab. Under 'Modules' there are currently 19 AMRIC educational modules listed below:		
Introduction to IPC and Antimicrobial Resistance	Antimicrobial Resistance and Multi Drug Resistant Organisms	Antimicrobial Stewardship in Practice
Aseptic Technique	Prevention and management of Urinary Tract Infection	Basics of Infection Prevention and Control
Standard and Transmission-Based Precautions	Hand Hygiene (Mandatory)	Personal Protective Equipment (PPE)
Respiratory hygiene and cough etiquette	IPC Risk Assessment	Clostridioides difficile Infection: IPC and AMS Principles
Management of Blood & Body fluid spills	Prevention of Peripheral and Central Venous Catheter-Related Infections	Healthcare-Associated Infections (HCAI): An Overview for Managers
Basics of Microbiology and Surveillance	Outbreak – Prevention and Management	Routine Management of the Physical Environment
Role of the Registered Nurse/Midwife in Antimicrobial Stewardship		



HSE Winter Ready Guide - Posters



➤ Standard Precautions Poster

➤ Point of Care Risk Assessment (PCRA) poster

➤ PPE Posters

➤ Hand Hygiene Posters

➤ Respiratory Hygiene Posters

Standard precautions

Hand hygiene
To reduce the risk of transmission of microorganisms

Single use equipment and appropriate reprocessing of reusable equipment and instruments
To prevent person to person transmission of microorganisms

Personal protective equipment (PPE)
PPE is appropriate based on a point of care risk assessment (PCRA) to prevent exposure to infectious microorganisms

Practising respiratory hygiene and cough etiquette
reduces the risk of transmission of infectious microorganisms spread by droplets and aerosols

Safe handling and disposal of sharps
assist in preventing transmission of blood borne virus

Aseptic technique
to prevent microorganisms on hands, surfaces or equipment from being introduced into a susceptible site

Environmental controls (cleaning and spills management)
to assist in preventing transmission of microorganisms from the environment to people who use healthcare services and healthcare workers

Appropriate handling and disposal of waste and linen
assist in reducing transmission of microorganisms

RESIST

HOW TO TAKE OFF PERSONAL PROTECTIVE EQUIPMENT (PPE)

The order for removal of PPE is shown here, this is to minimise potential for cross contamination

Remember to perform hand hygiene if your hands become contaminated at any stage during removal of PPE

1. Remove gloves if worn. Grasp the wrist and peel the glove away from the hand. Do not touch the glove. Perform hand hygiene.
2. Remove eye protection (face shield/ goggles) if required as per PCRA.
3. Remove apron. Grasp the waist and peel the apron away from the body. Do not touch the apron. Perform hand hygiene.
4. Remove gown. Grasp the waist and peel the gown away from the body. Do not touch the gown. Perform hand hygiene.
5. Remove mask/respirator. Grasp the top and bottom straps and peel the mask away from the face. Do not touch the mask. Perform hand hygiene.
6. Risk assess disposal of PPE. Dispose of PPE in the appropriate waste bin. Do not touch the PPE. Perform hand hygiene.
7. Perform hand hygiene.

RESIST

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

To be carried out before each patient* interaction

Category	Question	Response	Action
IMPORTANT Check patient's symptoms/MDRO status/travel history	Does the patient have unexplained rash, cough, sneezing / unexplained diarrhoea / fever or known MDRO. Suspected or confirmed droplet (eg influenza, meningitis) or airborne illness (e.g. chicken pox, measles, MDRX TB)	If yes:	PPE (as per below) determined by level of anticipated contact and type of activities. For suspected/confirmed droplet/airborne illness - medical (droplet) or respirator (airborne) mask as minimum
HANDS Perform hand hygiene as per WHO 5 moments	Can my hands be exposed to blood, body fluids, non intact skin, mucous membranes or contaminated items	If yes:	Don gloves
MUCOUS MEMBRANES	Will I be exposed to a splash, spray, cough, sneeze while I am within 2 metres of a patient/client	If yes:	ADD Facial protection (includes mask & goggles or visor)
SKIN/CLOTHING	Will my skin/clothing come in direct contact with blood, body fluids, non intact skin or items contaminated with body fluids	If yes:	Low contact activity = apron High contact activity = gown
IF CONDUCTING AN AEROSOL GENERATING PROCEDURE	Aerosol generating procedure (AGP) Does the patient have a suspected droplet/airborne illness or an emerging respiratory pathogen	If yes:	ADD FFP2/3 respirator

REMEMBER: Hand Hygiene (WHO 5 moments) to protect patients and yourself
*The term patient refers to patients, service users, clients, residents, person, supported individual

RESIST

How to hand wash

1. Wet hands with water.
2. Apply soap.
3. Rub hands together.
4. Rub palm to palm.
5. Rub back of hand to palm.
6. Rub fingers together.
7. Rub thumb to palm.
8. Rub wrist to palm.
9. Rub wrist to palm.
10. Rub wrist to palm.

RESIST

How to hand rub

1. Wet hands with water.
2. Apply soap.
3. Rub hands together.
4. Rub palm to palm.
5. Rub back of hand to palm.
6. Rub fingers together.
7. Rub thumb to palm.
8. Rub wrist to palm.
9. Rub wrist to palm.
10. Rub wrist to palm.

RESIST

- Ensure staff know how to recognise signs and symptoms of respiratory illnesses.

Check www.hpsc.ie regularly for the most up-to-date guidance.



- Knowing your Residents.
- Isolate resident without waiting for confirmation of test results to reduce further transmission within the facility (ideally single ensuite room), in advance have an isolation plan for your residents, especially Dementia patients, residents with behavioural challenges, and multi-bay residents.
- Seek clinical assessment and start immediate management following the point-of-care risk assessment for IPC. Appropriate PPE as per the PCRA (droplet/airborne & contact)
- Apply Transmission-Based Precautions (TBPs) to all symptomatic residents to help limit the spread of infection
- Increase frequency of environmental cleaning with enhanced cleaning (disinfection)- Terminal Cleaning at the end of the outbreak
- Adequate ventilation with a gentle air flow whilst ensuring patient/resident comfort
- Regular monitoring of the resident concerning the symptoms and clinical improvement, or in the case of deterioration, escalate for medical review as per local arrangements
- Communication Plans with family, staff, and residents.
- After Action review post closure confirmation from Public Health – Team debrief -supporting staff, what worked well for the team during the outbreak, what lessons were learnt and what could be changed.
- Update your preparedness plan to incorporate learning.



Infection Prevention and Control

Fundamental principles



AMRIC

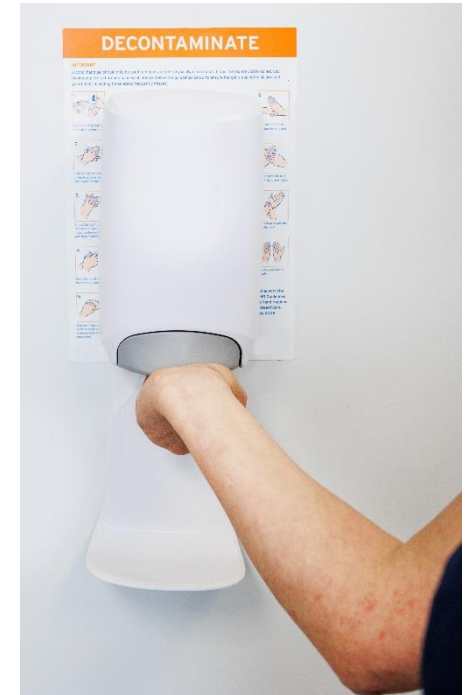
Prof. Clare Rock

Deputy Clinical Lead, Antimicrobial Resistance and Infection Control

- **October 19 - 25 is designated International Infection Prevention Week (IIPW) 2025**

IIPW '25 aims to shine a light on infection prevention and is an opportunity to educate, raise awareness and advocate for effective IPC practice. Infection prevention is a vital part of providing safe healthcare

- Keeping patients safe from infection is everyone's responsibility
- HSE 'hand hygiene' training is mandatory for all HSE staff and staff in HSE funded services

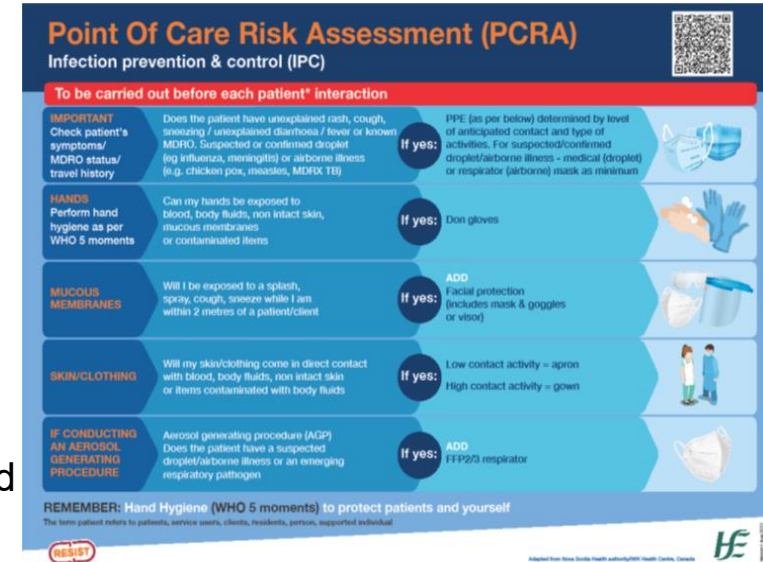


- **We are all familiar with the tools to protect ourselves and others from other respiratory infections**
- Build on knowledge & experience throughout the COVID pandemic on how you can prevent the spread of infection
- Use available resources: Infection Prevention and Control (IPC) National Clinical Guidelines No. 30 <http://health.gov.ie/national-patient-safety-office/ncec/>
- AMRIC Guidance and Public Health Guidance hosted on HPSC.ie
- The purpose of guidelines is to support care that meets the needs of the person, they are not a set of rigid rules and they should always be applied with care and compassion
- Guidance allows for clinical and institutional decision making



Key IPC Points: standard precautions

- The importance of breaking the chain of infection
- Good hand hygiene
- Standard precautions at all times for everybody
- Promote cough and respiratory etiquette
- Consideration of patient/resident placement – minimum distancing is required between individuals in multi-occupancy rooms (where possible)
- Enable natural ventilation to the greatest extent possible
- Use the Point of care risk assessment (PCRA) resources to support selection of PPE
- Staff, visitors or other service providers with signs and symptoms of respiratory infection should stay away from health & care settings until symptoms have resolved
- Surgical masks are used as part of standard precautions to keep splashes or sprays from reaching the mouth and nose of the person wearing them
- Encourage all to be up to date with vaccinations (staff, residents & visitors)



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

To be carried out before each patient* interaction

IMPORTANT
Check patient's symptoms/MDRO status/travel history

Does the patient have unexplained rash, cough, sneezing / unexplained diarrhoea / fever or known MDRO. Suspected or confirmed droplet (e.g. influenza, meningitis) or airborne illness (e.g. chicken pox, measles, MDRX TB)

If yes: PPE (as per below) determined by level of anticipated contact and type of activities. For suspected/confirmed droplet/airborne illness - medical (droplet) or respirator (airborne) mask as minimum

HANDS
Perform hand hygiene as per WHO 5 moments

Can my hands be exposed to blood, body fluids, non intact skin, mucous membranes or contaminated items

If yes: Don gloves

MUCOUS MEMBRANES

Will I be exposed to a splash, spray, cough, sneeze while I am within 2 metres of a patient/client

If yes: ADD /facial protection (includes mask & goggles or visor)

SKIN/CLOTHING

Will my skin/clothing come in direct contact with blood, body fluids, non intact skin or items contaminated with body fluids

If yes: Low contact activity - apron
High contact activity - gown

IF CONDUCTING AN AEROSOL GENERATING PROCEDURE

Aerosol generating procedure (AGP)
Does the patient have a suspected droplet/airborne illness or an emerging respiratory pathogen

If yes: ADD FFP2D respirator

REMEMBER: Hand Hygiene (WHO 5 moments) to protect patients and yourself
The term patient refers to patients, service users, clients, residents, persons, supported individual

RESIST

Adapted from New South Wales Health and the United Kingdom Health Care Infection Control Society

HF

Key IPC Points: Transmission Based Precautions

- Apply transmission based precautions where required
- Patients known or suspected to have influenza virus: droplet precautions required
- Wear **surgical mask** when caring for patients who are known or suspected to have respiratory viral infection
- Wear **respirator masks (FFP2/3)** during Aerosol Generating Procedures for patients who are known or suspected to have respiratory viral infection:
 - Should be fit tested and regularly fit checked
 - Inappropriate use may lead to reduction of supply for appropriate use.



Duration of TBP (5 days)

The period of isolation and application of transmission-based precautions for COVID-19 and other respiratory viral infections such as influenza or RSV is currently **a minimum of 5 days from onset of symptoms or date of positive result** (whichever first).

If the resident has no or minimal residual symptoms for two days, transmission based precautions can be discontinued not less than 5 days from date of symptom onset based on risk assessment. Extension beyond 5 days may be appropriate based on experience and an assessment of local risks and is generally appropriate in people who are immunosuppressed or following consultation with their clinical team

For patients receiving of antiviral therapy for the treatment of influenza, the period of transmission based precautions is not less than 72hrs after antiviral treatment began.

Significant
resources and
training modules
are available on the
AMRIC hub of
HSeLanD for staff to
access



Welcome to the AMRIC ELearning Hub update

Watch the video of AMRIC Clinical Lead, Dr. Elmeear Brannigan below to find out more.





About Us

Find out more about AMRIC and the AMRIC team update

[Learn more →](#)



Modules

View our extensive list of elearning modules.

[Learn more →](#)



Resources

Access related resources and important information.

[Learn more →](#)

AMRIC RESIST newsletters

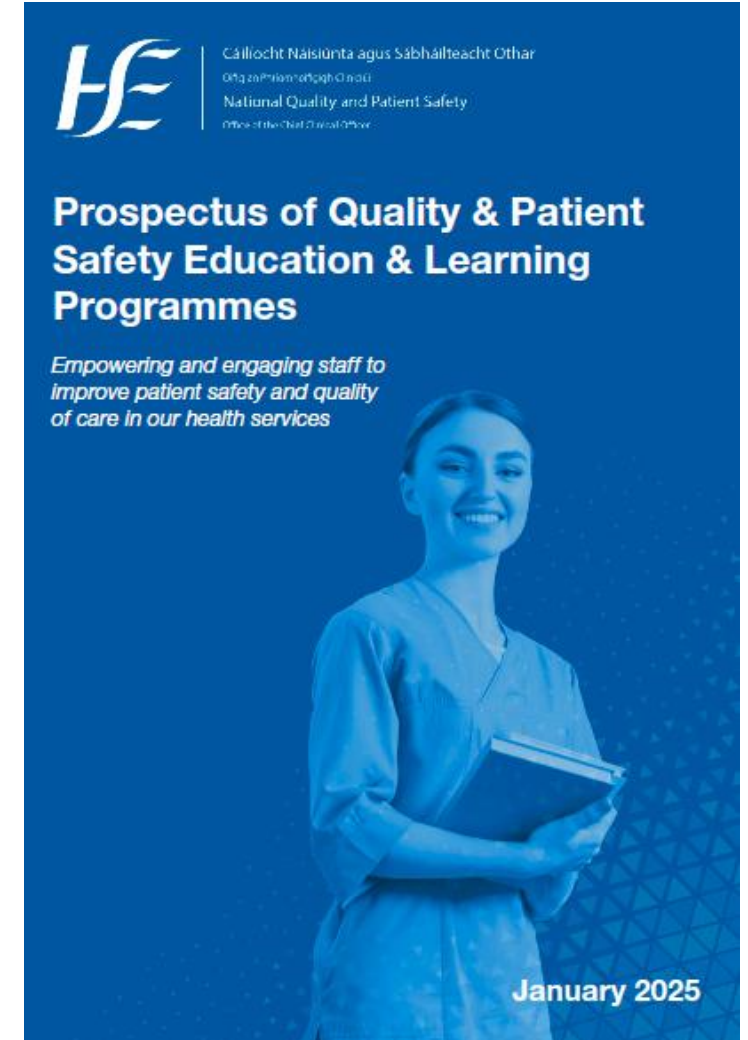
Select below to view the latest AMRIC newsletters on HSE.ie.

[Learn more →](#)



AMRIC eLearning resources

- 1.AMRIC Introduction to Infection Prevention and Control and Antimicrobial Resistance (intro)
- 2.AMRIC Antimicrobial Resistance and Multi Drug Resistant Organisms
- 3.AMRIC Antimicrobial Stewardship in Practice
- 4.AMRIC Aseptic Technique
- 5.AMRIC Basics of Infection Prevention and Control
- 6.AMRIC Clostridioides Difficile Infection
- 7.AMRIC Hand Hygiene (Mandatory)
- 8.AMRIC Healthcare-Associated Infections (HCAI): An Overview for Managers
- 9.AMRIC IPC Risk Assessment
- 10.AMRIC Management of Blood & Body Substance Spills
- 11.AMRIC Outbreak – Prevention and Management
- 12.AMRIC Personal Protective Equipment
- 13.AMRIC Prevention & Management of Urinary Tract Infection
- 14.AMRIC Prevention of Peripheral and Central Venous Catheter Related Infections
- 15.AMRIC Respiratory Hygiene and Cough Etiquette
- 16.AMRIC Role of the Registered Nurse/Midwife in Antimicrobial Stewardship (AMS)
- 17.AMRIC Routine Management of the Physical Environment
- 18.AMRIC Standard and Transmission-Based Precautions
- 19.AMRIC Surgical Antibiotic Prophylaxis
- 20.AMRIC The Basics of Microbiology and Surveillance



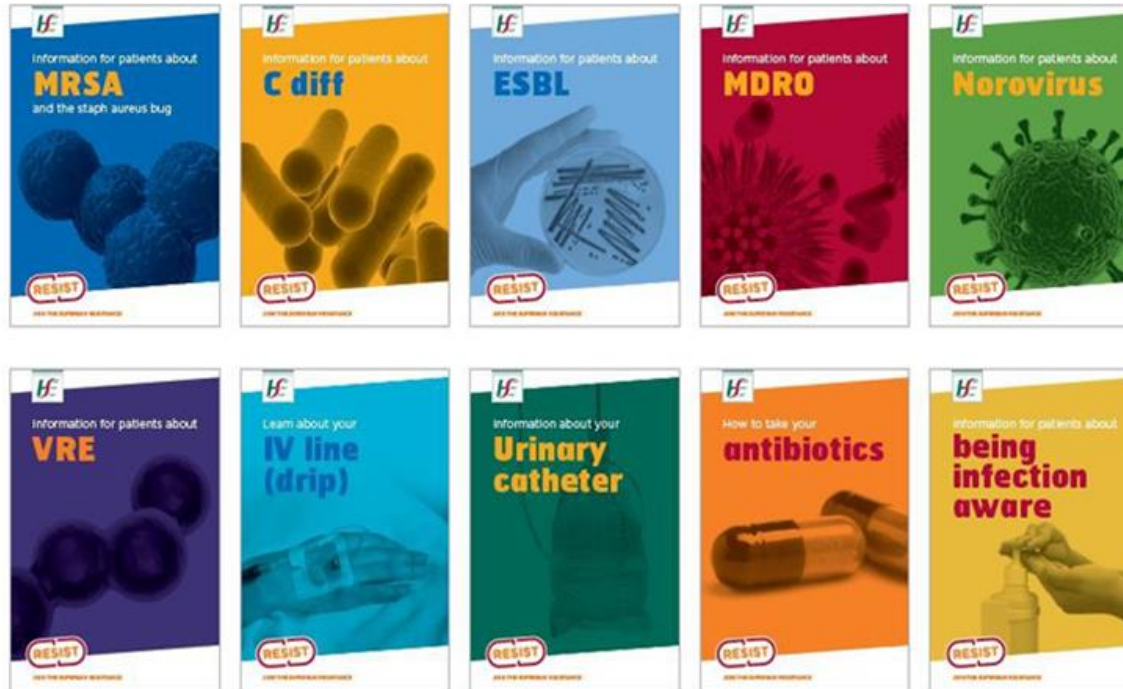
HE IPC Measures: AMRIC poster resources

- AMRIC poster resources available on HPSC website

New Transmission based precautions poster resources will be distributed shortly



- Patient information leaflets are available to support areas with information for patients, residents, visitors.



AMS

- Many RTIs are viral or self-limiting, and do not require antibiotic treatment. Most cases of otitis media, sore throat, sinusitis, and bronchitis are self-limiting and do not routinely need antibiotics.
- If an antibiotic is required for RTIs a 5 day course is as effective as 7 days.
 - HSE national antibiotic prescribing guidance now recommend 5 days for CAP.
 - In addition, if antibiotics are indicated according to guidance, the treatment duration recommended for acute sinusitis, tonsillitis/pharyngitis and infective exacerbation of COPD is 5 days.

AMS

- For patients in acute hospitals - oral antimicrobial therapy should be prioritised for patients over intravenous therapy whenever possible.
 - reduction of the risk of bloodstream and catheter-related infections.
 - the risk of infection is likely to be reduced if the PVC is accessed as little as possible.
- For patients in residential care facilities: RTI guidelines specifically for residents in RCFs on [antibioticprescribing.ie](https://www.antibioticprescribing.ie). Note the ceftriaxone position statement circulated last May: Ceftriaxone is NOT recommended in empiric guidelines for the treatment of infections in community settings* and should NOT form part of routine antimicrobial prescribing practice in LTCFs.



Recognising & Treating Acute Respiratory Infections (ARI)



Dr. Ellen Hayes

HSE/ICGP Adult sepsis clinical lead



Guidance on testing for Acute Respiratory Infection in RCF



Guidance on testing for Acute Respiratory Infection (ARI) in Residential Care Facilities* (RCF)

Acute Respiratory Infection (ARI) Case Definition

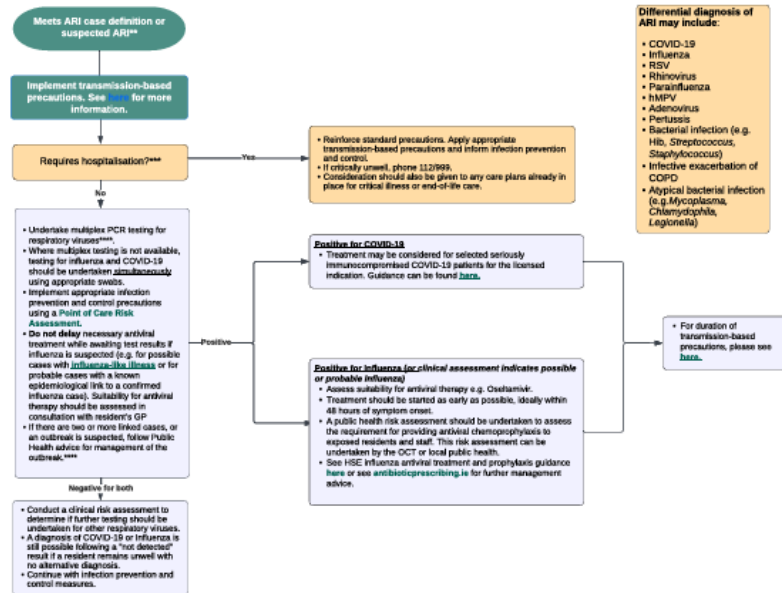
- Sudden onset of symptoms
- AND
- At least one of the following four respiratory symptoms: cough, sore throat, shortness of breath, coryza
- AND
- A clinician's judgement that the illness is due to an infection

This case definition aligns with the European Commission/ European Centre for Disease Prevention and Control case definition

***It is important to remember that older people with viral infections very often do not have fever and respiratory symptoms and may only have symptoms such as:

1. lethargy
2. increased confusion
3. change in baseline condition
4. loss of appetite

Clinical judgement with a high index of suspicion should be used when assessing residents.



*Please note the term Residential Care Facility (RCF) encompasses all congregate care settings where people live for extended periods for example nursing homes, community hospitals, certain mental health facilities and community housing units for people with intellectual and physical disabilities.
Please note this pathway provides guidance for testing of Acute Respiratory Infections in Residential Care Facilities. This pathway should be read in conjunction with Public Health & Infection Prevention and Control Guidelines on the Prevention and Management of Outbreaks of COVID-19, Influenza and other Respiratory Infections in Residential Care Facilities.

***Determined by a clinical assessment undertaken following extant procedures within the Residential Care Facility.

***In the context of an outbreak (two or more cases) of acute respiratory infection, a Public Health Risk Assessment (PHRA) will be undertaken. This PHRA will direct the management of the outbreak. Testing of up to five symptomatic residents is generally recommended. However, in some circumstances e.g. when infection with more than one respiratory pathogen is suspected in the facility, additional testing of symptomatic individuals may be required following a clinical risk assessment. This will be assessed on a case by case basis. See [link] for further information.

Health & Care Workers should follow general testing advice for the public. The testing strategy for staff linked to a specific outbreak may be informed by the PHRA. This is particularly relevant if staff work with clinically vulnerable patients.

ARI Outbreak Definition

Available at:

<https://www.hpsc.ie/a-z/respiratory/acuterespiratoryinfection>

Guidance on testing for Acute Respiratory Infection (ARI) in Residential Care Facilities* (RCF)

Acute Respiratory Infection (ARI) Case Definition

- Sudden onset of symptoms
- At least one of the following four respiratory symptoms: cough, sore throat, shortness of breath, coryza
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Clinical judgement with a high index of suspicion should be used when assessing residents.

Meets ARI case definition
suspected ARI**

Implement transmission-based precautions. See [link] for more information.

Requires hospitalisation?***

- Undertake multiple PCR testing for respiratory viruses****
- Where multiple testing is not available, testing for influenza and COVID-19 should be undertaken simultaneously using appropriate swabs.
- Implement appropriate infection prevention and control precautions using a Point of Care Risk Assessment.
- Do not delay necessary antiviral treatment while awaiting test results if influenza is suspected (e.g. for possible cases with influenza-like illness or for probable cases with a known epidemiological link to a confirmed influenza case). Suitability for antiviral therapy should be assessed in consultation with resident's GP
- If there are two or more linked cases, or an outbreak is suspected, follow Public Health advice for management of the outbreak****

- Negative for both
- Conduct a clinical risk assessment to determine if further testing should be undertaken for other respiratory viruses.
 - A diagnosis of COVID-19 or influenza is still possible following a "not detected" result if a resident remains unwell with no alternative diagnosis.
 - Continue with infection prevention and control measures.

*Please note the term Residential Care Facility (RCF) encompasses community hospitals, certain mental health facilities and comm
Please note this pathway provides guidance for testing of Acute
Public Health & Infection Prevention and Control Guidelines on
Residential Care Facilities.

***Determined by a clinical assessment undertaken following ex

****In the context of an outbreak (two or more cases) of acute re
management of the outbreak. Testing of up to five symptomatic
one respiratory pathogen is suspected in the facility, additional
assessed on a case by case basis. See here for further informat

Health & Care Workers should follow general testing advice f
PHRA. This is particularly relevant if staff work with clinically
ARI Outbreak Definition

Differential diagnosis of
ARI may include:

- COVID-19
- Influenza
- RSV
- Rhinovirus
- Parainfluenza



Guidance on testing for Acute Respiratory Infection (ARI) in Residential Care Facilities* (RCF)

Acute Respiratory Infection (ARI) Case Definition

- Sudden onset of symptoms
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1. lethargy
2. increased confusion
3. change in baseline condition
4. loss of appetite

Clinical judgement with a high index of suspicion should be used when assessing residents.

Clinical assessment

1. On assessment useful for the GP to know that there is influenza about
2. “Vital signs are **vital**” - HR/BP/RR/O2sats/Temp/Mental state
 - objective assessment that can be repeated to check for deterioration
 - measure, document and communicate
 - end organ dysfunction recognised in this way
3. Does the patient require hospitalisation?

- Undertake multiplex PCR testing for respiratory viruses****.
- Where multiplex testing is not available, testing for influenza and COVID-19 should be undertaken simultaneously using appropriate swabs.
- Implement appropriate infection prevention and control precautions using a **Point of Care Risk Assessment**.
- **Do not delay** necessary antiviral treatment while awaiting test results if influenza is suspected (e.g. for possible cases with influenza-like illness or for probable cases with a known epidemiological link to a confirmed influenza case). Suitability for antiviral therapy should be assessed in consultation with resident's GP
- If there are two or more linked cases, or an outbreak is suspected, follow Public Health advice for management of the outbreak.****

If respiratory infection is suspected :

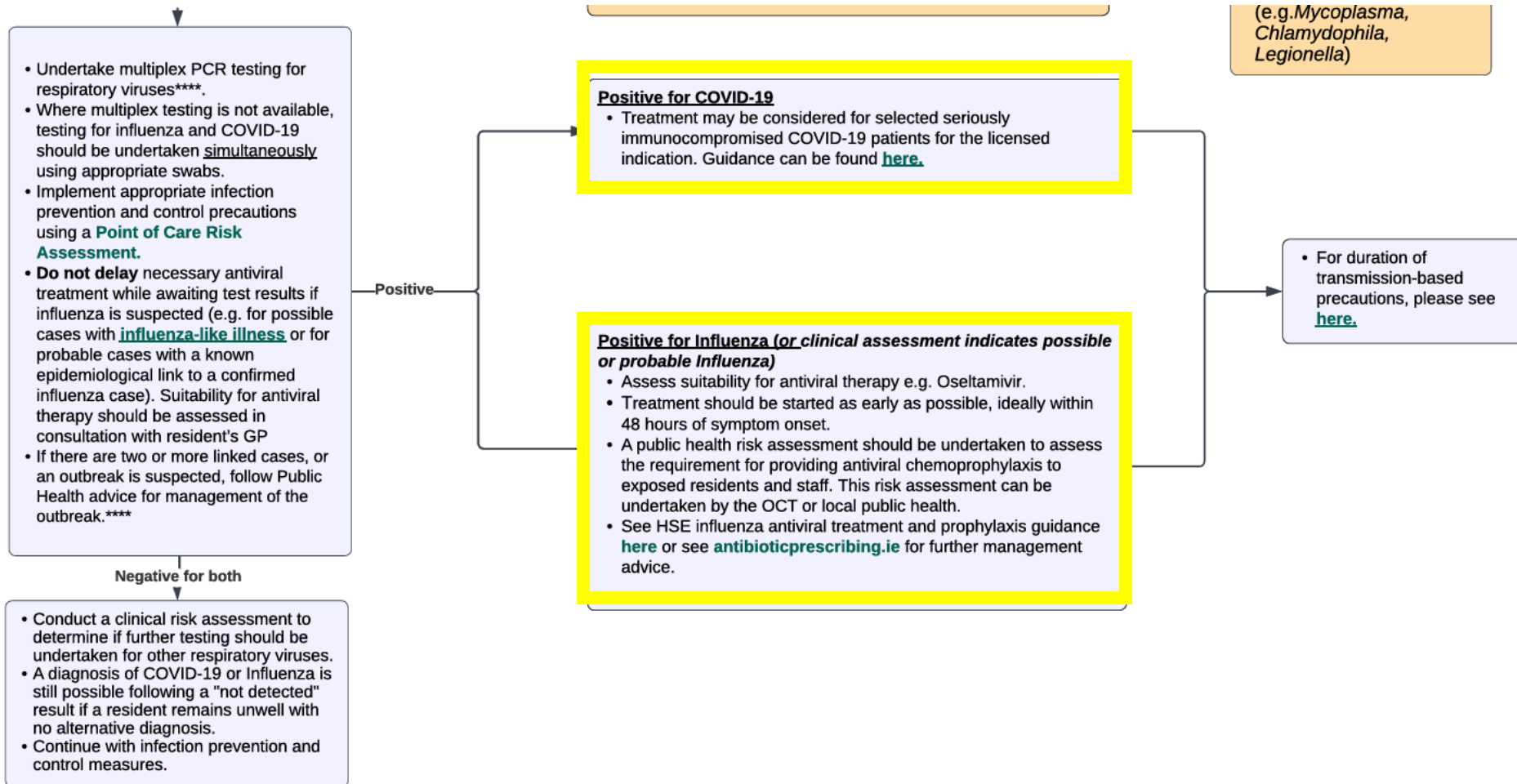
1. Undertake multiplex testing
2. If an outbreak (≥ 2 cases)- report to the director of public health in the area
3. Testing of up to five symptomatic residents is generally recommended

- Undertake multiplex PCR testing for respiratory viruses****.
- Where multiplex testing is not available, testing for influenza and COVID-19 should be undertaken simultaneously using appropriate swabs.
- Implement appropriate infection prevention and control precautions using a **Point of Care Risk Assessment**.

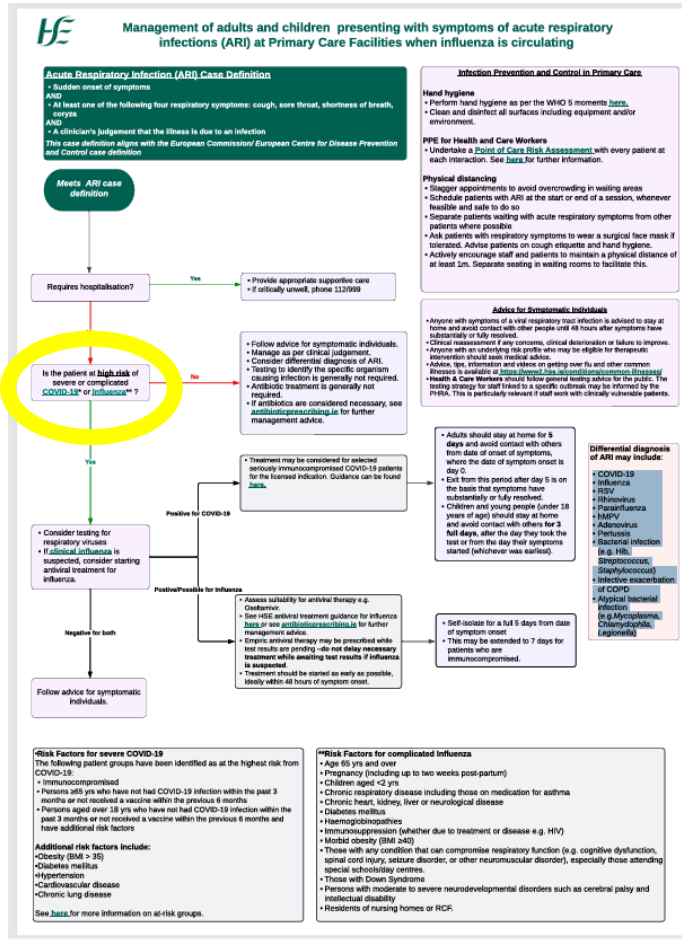
- **Do not delay** necessary antiviral treatment while awaiting test results if influenza is suspected (e.g. for possible cases with influenza-like illness or for probable cases with a known epidemiological link to a confirmed influenza case). Suitability for antiviral therapy should be assessed in consultation with resident's GP
- If there are two or more linked cases, or an outbreak is suspected, follow Public Health advice for management of the outbreak. ****

Start antiviral treatment **EARLY** and on **CLINICAL** grounds if suspected influenza.

1. Reduces Duration of Symptoms
2. Reduces the period of viral shedding, potentially limiting transmission
3. Is associated with lower mortality



Primary Care algorithm



Is the patient at **high risk** of severe or complicated **COVID-19*** or **Influenza**** ?

Available at: <https://www.hpsc.ie/a-z/respiratory/acuterespiratoryinfection>

Key messages:

- Vital signs are vital
- Consider soft signs of deterioration
- Let the GP know that there is influenza in the RCF
- **Test early & Treat early** for influenza on clinical grounds
- In primary care: consider risk factors- high risk patients may require testing/treatment



Clinical management of outbreaks

Public Health

Dr Anne Sheahan

Regional Director of Public Health, HSE South West



- Have your Winter Preparedness Plan at the ready
- Consider how you will manage suspect case of ARI
 - Isolate – where (single room, bed space)
 - Clinical assessment – GP
 - Test – PCR – have you a stock of swabs and are they the right ones
 - Get swab to lab – how
- Vaccination
- Are all residents vaccinated – document same – COVID and Flu
- Have all staff been encouraged to be vaccinated – Vaccination Teams, GP or Pharmacy
- Are all other vaccinations up to date PCV

- What must do when
- Two or more suspect cases
 - linked (similar symptoms/same room/ward/ same time)
- Isolate
- Put IPC precautions in place - as discussed earlier
- Testing completed – confirmed Flu/Covid/other respiratory pathogen

Next steps

- We have an Outbreak – laboratory confirmed
- Must Notify regional Department of Public Health – MOH legislation

- **What DPH colleagues will want to know – General information**
- Layout of building including no. single/multi-occupancy rooms, ensuite, shared bathrooms
- Number of residents and where located
- Staffing numbers
- Staffing practices – who covers what/crossover, changing areas, dining areas, different disciplines, any services coming from outside
- Vaccination status of residents and staff – what, when, uptake
- Staff – training in IPC, hand hygiene, cross cover over building, changing facilities
- PPE – amount, training, disposal

Information to manage outbreak – what DPH want to know - specific



- **Update on cases** – identification of 1st case, incubation period, when isolated, have they been assessed by GP, treatment, improving, hospitalised, number of cases lab confirmed, number symptomatic, severity of cases
- **Update on contacts** – duration of contact (incubation period, symptomatic), how they are being managed, vaccination status
- Isolation/cohorting of cases and identification of contacts (only applies to Influenza)
- Staff management of cases and contacts including crossover of staff managing cases and contacts
- **Control Measures**
 - Isolation / cohorting plan – include assigning staff to positive and other residents
 - Treatment and prophylaxis – discussed and managed by GP. Includes plan for transfer to hospital
 - Training and updating of staff on IPC measures
 - Testing – recommended for symptomatic only
 - Line list of confirmed and suspect cases among staff and residents

- Staffing plan for management of cases, contacts
- IPC measures – Standard precautions/ transmission based precautions
- Environmental cleaning – enhanced
- Terminal cleaning as cases come out of isolation
- What activities continue and what consider pausing (depends of severity and duration of outbreak)
- Visitors – inform, advise
- Admissions and discharge – how to manage safely
- Communication – residents, staff, visitors, admissions, transfers, local hospital if admitting

Declare outbreak over

- Agree with local DPH – 2 IPs from isolation of last case
- Do report and include lessons learnt
- Share the learning with staff



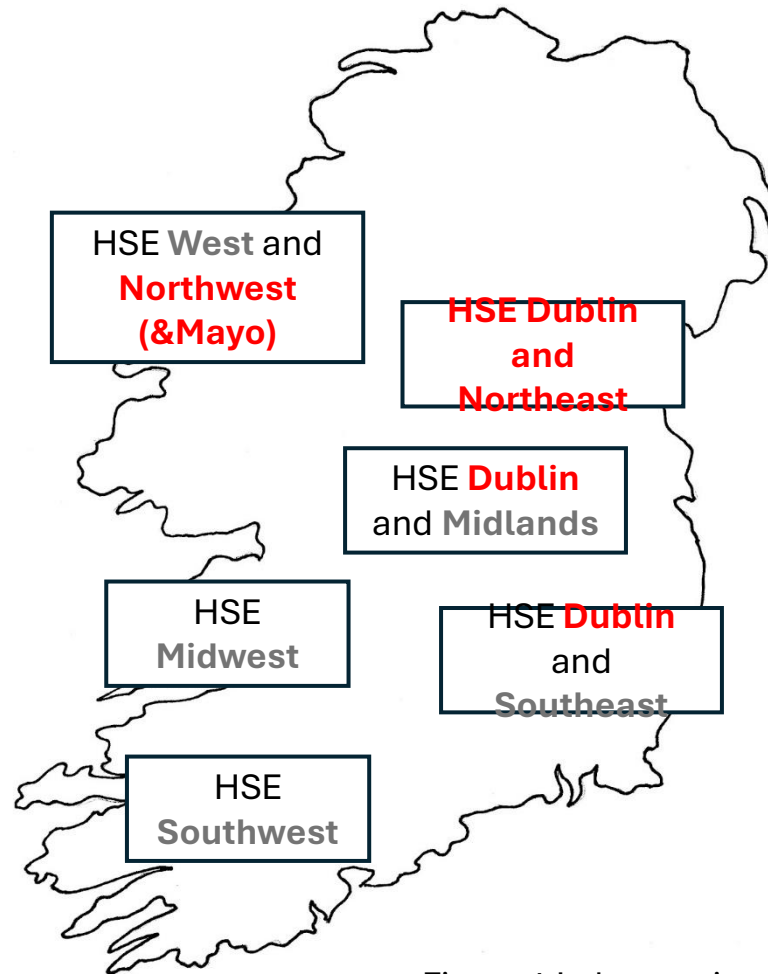
Supporting resources – winter resilience



HSE Winter Planning & Response Forum (WPRF), 2025-26 winter resilience

Dr Augustine Pereira

- NH transport most frequently used to transport to local lab for onsite testing or for onward transfer to NVRL
- NVRL used by Northwest, Mayo, Northeast and Dublin as testing lab
- Local lab used by West, Midwest, Southwest, Southeast and Midlands
- Please check with your lab to confirm the arrangements for testing.



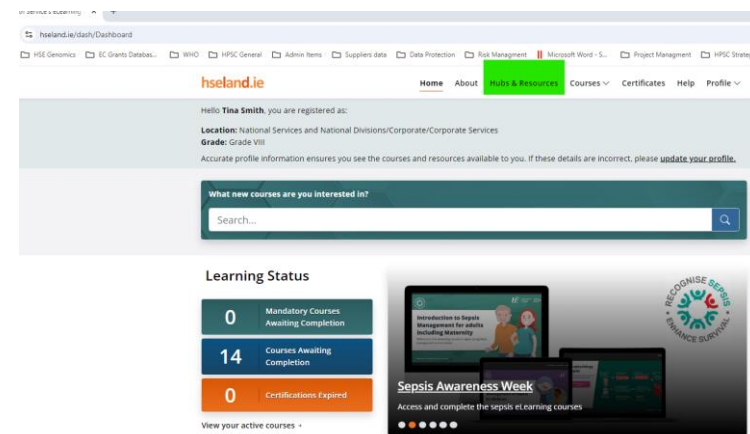
Overflow from HSE West
(Roscommon, Galway,
Midlands and Southwest
(Kerry))



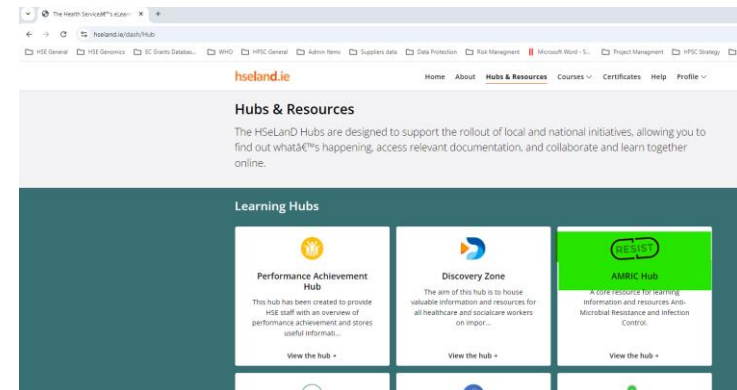
Figure 1 Laboratories used by nursing homes for respiratory virus testing, by HSE health region location of nursing home

1. Log on to HSELand
<https://www.hseland.ie/dash/Account/Login>

2. Select Hubs and Resources



3. Select AMRIC hub



Module Title	Suitable for		Module Duration
AMRIC Basics of Infection Prevention and Control	All staff	Recommended	20 minutes
AMRIC Hand Hygiene	All staff	Mandatory	30 minutes
AMRIC IPC Risk Assessment	Clinical	Recommended	30 minutes
AMRIC Personal Protective Equipment	Clinical	Recommended	20 minutes
AMRIC Standard and Transmission-Based Precautions	All staff	Recommended	30 minutes
AMRIC Respiratory Hygiene and Cough Etiquette	All staff	Recommended	15 minutes
AMRIC Outbreak – Prevention and Management	Clinical	Recommended	30 minutes



Guidance	Link
National Clinical Guideline Infection Prevention and Control (IPC) Volume 1, Section 3, No. 3.2.4, Recommendation 16 pages 98-101	National Clinical Guideline Infection Prevention and Control (IPC)
Antibiotic Prescribing Guidance	Antibiotic Prescribing Guidance
Antibiotic Prescribing Guidance – COVID-19	Antibiotic Prescribing Guidance – COVID-19 Adults
Public Health and Infection Prevention and Control guidance on the prevention and management of cases and outbreaks of respiratory viral infections in Residential Care Facilities	PH IPC Guidance in RCF
Community Infection Prevention and Control Manual: A practical guide to implementing Standard and Transmission-Based Precautions in Community Health and Social Care Settings October 2024	Community IPC manual

Guidance	Link
Public Health and Infection Prevention and Control guidance on the prevention and management of cases and outbreaks of respiratory viral infections in Residential Care Facilities	Public Health and Infection Prevention and Control guidance
The 5 moments for Hand Hygiene	The 5 moments for Hand Hygiene
Guidance on appropriate use of PPE – Gowns, Respirators , Masks , Gloves	Appropriate use of PPE Video resources for PPE
Acute Respiratory Infection Guidance	Acute Respiratory Infection
Infection Control Posters , Point of care risk assessments , Respiratory Hygiene posters	Poster Resources
Respiratory Guidance for Residential Care Facilities	Respiratory Guidance for Residential Care Facilities
Integrated Respiratory Virus Bulletins, 2024	HPSC Respiratory Virus Bulletins 2024

Guidance	Link
COVID-19 Nursing Homes Expert Panel: Final Report	COVID-19 Nursing Home Expert Panel Final report
National Standards for infection prevention and control (IPC) in community services(HIQA)	National Standards for infection prevention and control (IPC) in community services
Assessment-judgment framework for infection prevention and control and antimicrobial stewardship in designated centres for older people 2024(HIQA)	Assessment-judgment framework for IPC
Guidance for the assessment of designated centres for older people 2024 (HIQA)	Guidance for the assessment of designated centres for older people
Gas Safety Courses (Oxygen)	HSELand and search • Medical Gas Safety for Clinical Staff on line 2 hours duration • Medical Gas Safety for Non-Clinical Staff (e.g. Porters, Maintenance, Pharmacy on line 2 hours duration Medical gas safety for staff
Integral Valve Oxygen Cylinders Learning Guide	Integral Valve Oxygen Cylinders Learning Guide for HSE staff



Resources: Vaccination

- Information for healthcare professionals including digital versions of the leaflet and consent forms available on www.immunisation.ie
- Information leaflets:
 - <https://www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/>
 - <https://www.hse.ie/eng/health/immunisation/hcpinfo/covid19vaccineinfo4hps/>
 - <https://www.hse.ie/eng/health/immunisation/pubinfo/flu-vaccination/information/fluhcwleafleteng.pdf>
 - <https://www.hse.ie/eng/services/covid-19-resources-and-translations/covid-19-vaccine-materials/combined-covid-19-booklet.pdf>
- Summary of recommended groups <https://www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/recommendedgroupscovid19andinfluenza.pdf>
- Resources available to order from healthpromotion.ie
 - Posters for flu and/or COVID-19 for those at risk, in pregnancy, HCW
- NIO developed E-learning modules available on LAIV and IIV and COVID-19 vaccines available on www.hseland.ie
- The updated NIAC chapters for influenza and COVID-19 are available:
 - https://www.hiqa.ie/sites/default/files/NIAC/Immunisation_Guidelines/Chapter_05a_COVID-19.pdf
 - https://www.hiqa.ie/sites/default/files/NIAC/Immunisation_Guidelines/Chapter_11_Influenza.pdf
- Email us (only for HCP clinical queries): immunisation@hse.ie
- Patient Information Leaflet and the Summary of Product Characteristics for each of the vaccines is available from www.hpra.ie
- HSE website information
 - <https://www2.hse.ie/conditions/flu/>
 - <https://www2.hse.ie/conditions/covid19/>
 - <https://healthservice.hse.ie/staff/covid-19-staff-support/healthcare-worker-vaccines/>

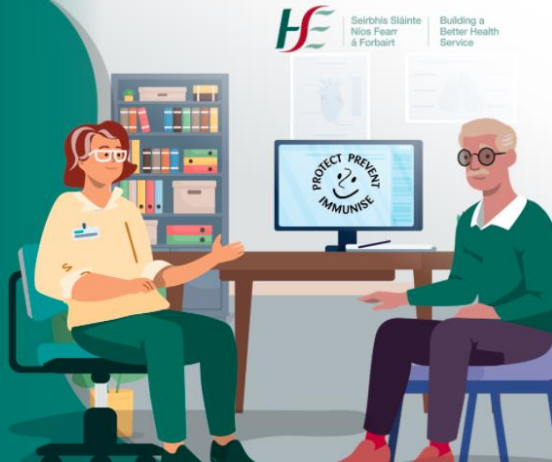


Resources: E-learning module on HSeLanD: Talking About Immunisation

Talking About Immunisation

How to communicate effectively with people who may be hesitant about vaccines.

Let's begin



Module last reviewed: 08/12/2021

Overview

Select a topic to continue.



You must visit every screen in these topics to complete this module. Once you do this, a separate assessment will become available to you on HSeLanD, and you must score 80% to get a certificate of completion.

Additional resources:

WHO

Conversations to Build Trust in Vaccination: A Training Module for Health Workers: World Health Organization

<https://global.cominit.com/content/conversations-build-trust-vaccination-training-module-health-workers>

Tailoring Immunization Programmes: World Health Organization

<https://www.who.int/europe/publications/i/item/9789289054492>

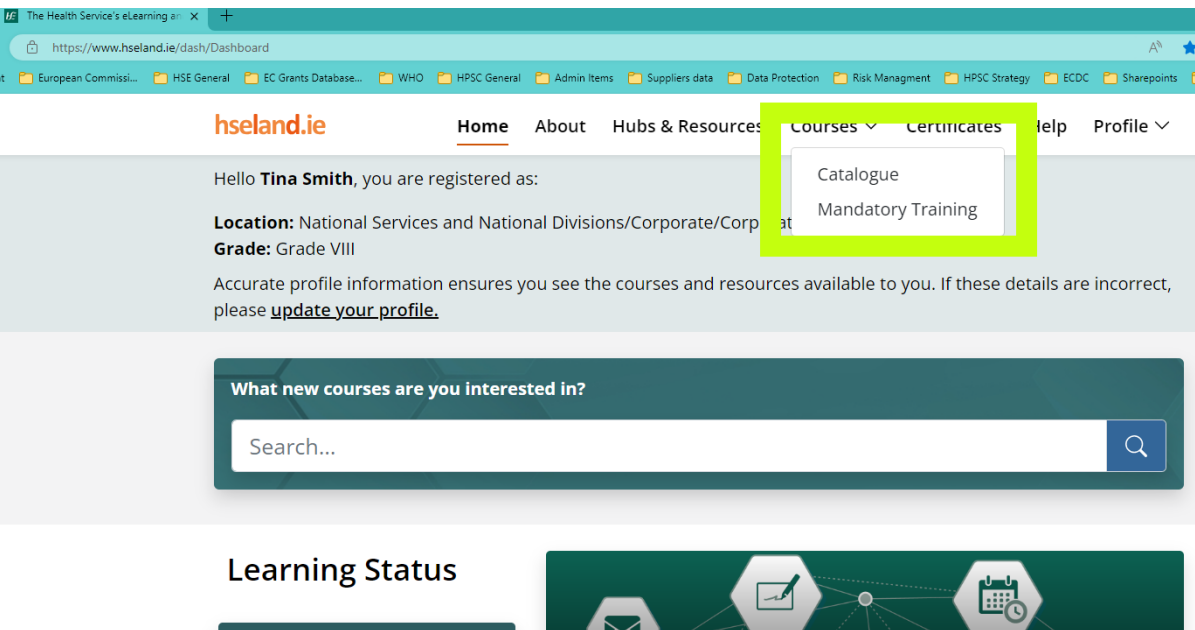
<https://www.who.int/publications/i/item/9789240049680>

<https://www.canvax.ca/health-worker-training-module-conversations-hesitant-caregivers>

ECDC

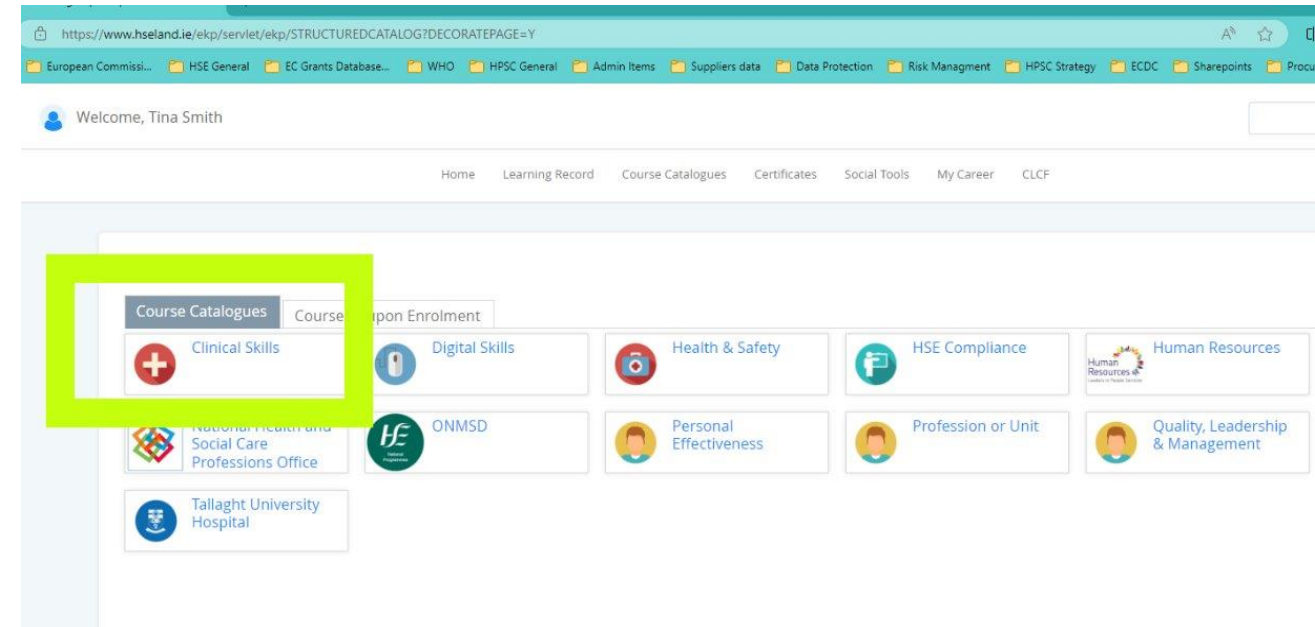
<https://www.ecdc.europa.eu/en/publications-data/tools-and-methods-promoting-vaccination-acceptance-and-uptake>

1. Log on to HSELand
<https://www.hseland.ie/dash/Account/Login>
2. Select Courses / Catalogue

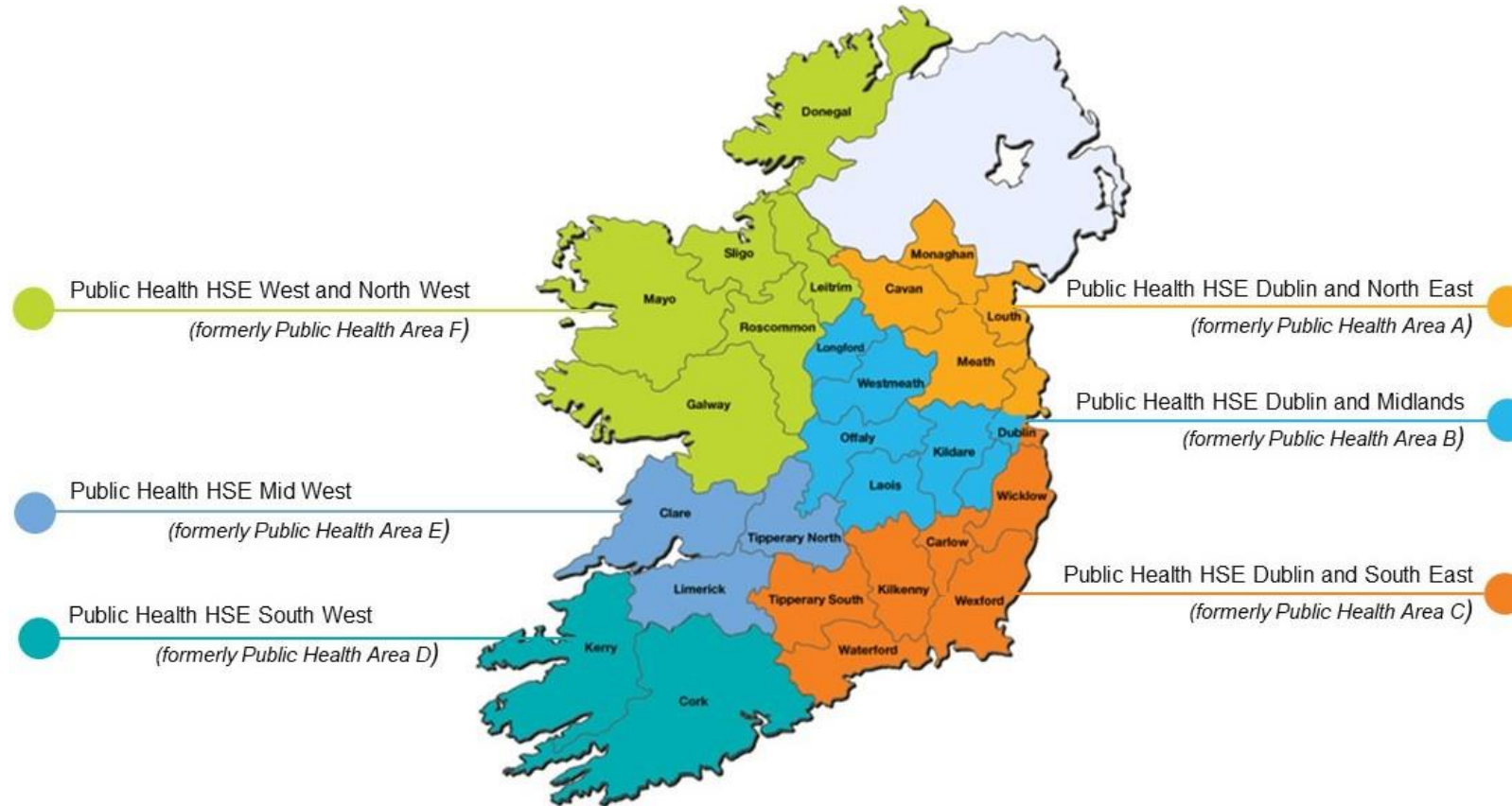


The screenshot shows the HSELand dashboard for a user named Tina Smith. The 'Courses' dropdown menu is open, showing 'Catalogue' and 'Mandatory Training' options. The 'Catalogue' option is highlighted with a yellow box. The dashboard also displays a search bar for courses and a 'Learning Status' section.

3. Select Clinical Skills >> National Immunisation office



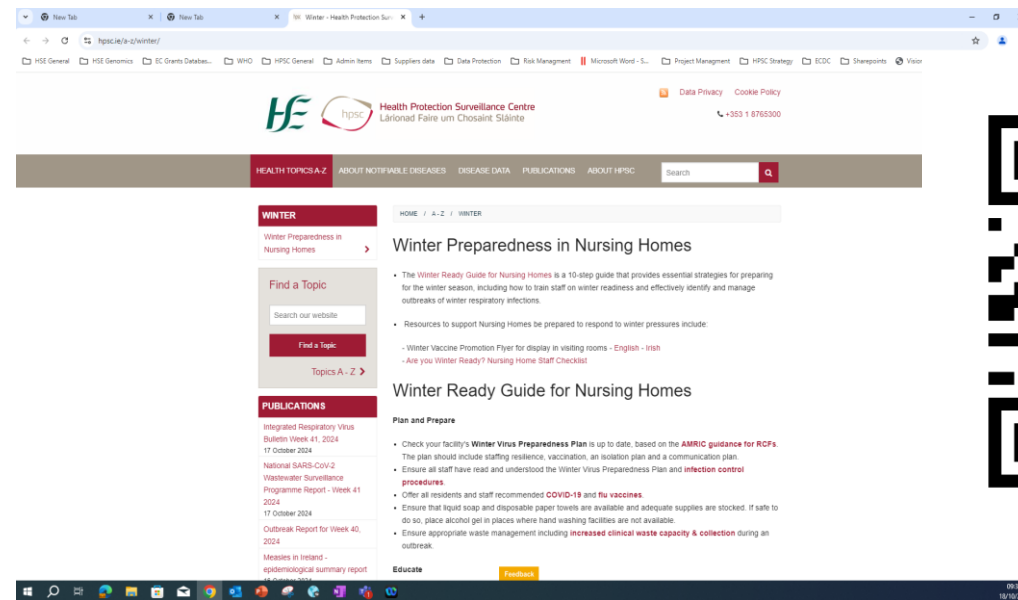
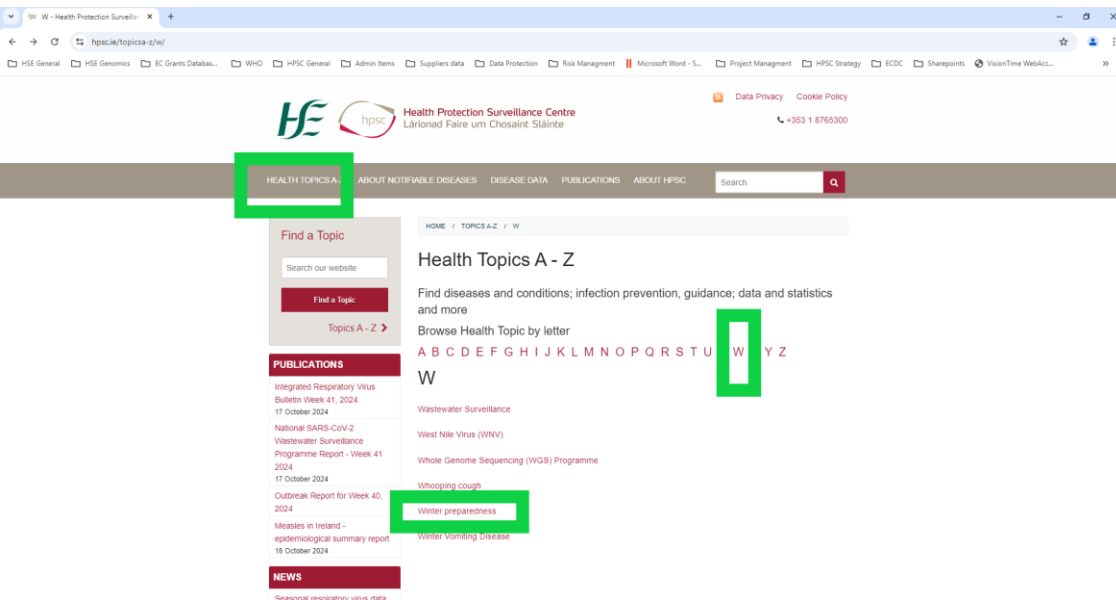
The screenshot shows the 'Course Catalogues' page in HSELand. The 'Clinical Skills' option is highlighted with a yellow box. The page also displays various other course categories and a search bar.



Link

[Public Health Contacts in Health Regions](#)

Webinar recording , presentation, Q&A will be available on HPSC website : www.hpsc.ie



Winter Preparedness



Thank you!

Any queries post the webinar can be directed to:
winter.resilience@hpsc.ie





Q & As

Expert Panel:

Dr Éamonn O'Moore, Director of National Health Protection

Dr Augustine Pereira, Director of Public Health, Winter Resilience Lead

Ms. Fionnuala Dore, Director of Nursing, Community Support Team, HSE Dublin South & Wicklow

Prof. Clare Rock, Consultant Infectious Diseases, Deputy Clinical Lead, AMRIC.

Dr Ellen Hayes, ICGP representative, HSE/ICGP Adult sepsis clinical lead

Dr Anne Sheahan, Regional Director of Public Health, HSE South West

Ms. Sabrina Byrne, HSE National Mobile Vaccination Team



Thank you for participating in this webinar

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