



**HSE Health Protection
Surveillance Centre**



MINUTES OF MEETING

Title of Meeting:	CPE Expert Group Meeting		
Purpose of Meeting:	To provide expert advice to the NPHET		
Location of Meeting:	HPSC Office- Boardroom		
Attendees:	<p>In person:</p> <ul style="list-style-type: none"> ▪ Professor Hilary Humphreys (HH), Professor of Clinical Microbiology & Consultant Microbiologist, Chairperson of CPE Expert Group ▪ Professor Martin Cormican (MC), HSE HCAI/AMR Clinical Lead & Director of the CPE Reference Lab (CPERL) ▪ Dr. Anne Sheahan (AS), Specialist in Public Health Medicine, Antimicrobial Resistance and Infection Control Team ▪ Shirley Keane (SK), Programme Manager, Antimicrobial Resistance and Infection Control Team ▪ Mags Moran (MM), Community Infection Prevention & Control Nurse Manager ▪ Dr. Rob Cunney (RC), Consultant Clinical Microbiologist - Representative for Paediatric Microbiology ▪ Clodagh Cruise (CC) Surveillance Scientist, Naas General Hospital. Surveillance Scientists Association of Ireland (SSAI) representative ▪ Alison McGuinness (AMC), Infection Prevention & Control nurse, Infection Prevention & Control Ireland (IPCI) representative ▪ Tania Rosalyn Begley (TR), Surveillance Assistant, AMRIC/ Microbiology Team HPSC <p>By telephone:</p> <ul style="list-style-type: none"> ▪ Bernie O'Reilly (BOR), Voluntary member of Patients For Patient Safety Ireland (PFPSI), and patient representative ▪ Dr. Margaret O'Sullivan, Specialist in Public Health Medicine ▪ Dr. Jerome Fennell (JF), Consultant Microbiologist, ISCM Representative HSE ▪ Dona McNena (DM) , HSE HCAI/AMR 		
Apologies:	<ul style="list-style-type: none"> ▪ Shane Keane, Principal Environmental Health Officer, Environmental Health ▪ Dr. Rachel Grainger (RG), Microbiology Higher Specialist Training Representative ▪ Marie Cregan, Patient Representative, PFPSI ▪ Elaine Phelan (EP), Laboratory Medical Scientist, Academy of Clinical Science and Laboratory Medicine (ACSLM) representative ▪ Dr. Orla Healy, CEO Representative ▪ Dr. Katherine Fleming, (KF) ISDI representative 		
Date/Time of Meeting:	Wednesday 18 th 10:30 am	Date/Time of Next Meeting:	Wednesday November 20 th 09:30 am
Prepared by:	Shirley Keane & Tania Begley	Date Circulated:	November 14 th

Item No.		Action by
1.	<p>Conflicts of Interest</p> <p>Chair requested from members if they has any conflicts of interest relating to the upcoming agenda items. There were none.</p>	HH

2	<p>Minutes from previous meeting</p> <ul style="list-style-type: none"> ▪ Minutes of last CPE Expert Group meeting were reviewed and approved. ▪ All actions arising have been completed with exception of the development of CPE Guidance for Ambulance Service. <p>Noted that the CEO group has nominated Dr. Orla Healy, who was unable to be present or dial in.</p>	SK & DM
3	<p>Matters arising The Guideline for the prevention and control of Carbapenemase Producing Enterobacterales (CPE) in patients on haemodialysis treatment (August 2019)</p> <p>Document was discussed at the last NPHET meeting of 2nd September 2019 and is in order for circulation. The Chair had received positive comments from the Clinical Programme about the document and how it was developed.</p>	SK
4	<p>Review of draft guideline documents under review “Guidance and Checklist Relating to CPE. Interventions for the Control of Transmission CPE in Acute Hospitals”</p> <p>The above draft guidance was reviewed and discussed. A version with all the agreed changes will be circulated but some key amendments include:</p> <ul style="list-style-type: none"> ▪ Use of terminology throughout the guidance of “Patients with CPE” rather than “patients colonised with CPE”. ▪ List recommendations at the start of the document for ease of reference and use in practice. ▪ Section entitled Environmental hygiene and monitoring – bullet point 5, revise wording. ▪ Section entitled Checklist – heading introduction should be amended to read Checklist Rationale. ▪ Agreed to include checklist table at end of document (refer to page of guidance in checklist table). ▪ Section entitled Communication about the outbreak with staff – 5th bullet, include comment about staff screening (same wording as other relevant guidance). Include reference to HSE Escalation Policy and the need to inform relevant staff within the hospital group. ▪ Section entitled Communication between healthcare workers of a patient’s CPE status – the heading on this section should be amended to read “Communication between healthcare workers and healthcare facilities of a patient’s CPE status.” ▪ Include a section on patient centred care in the context of patient needs e.g. end of life care/palliative care. ▪ MC and HH to update and recirculate draft guidance based on discussion by mid-October. ▪ Members to forward any further feedback on updated guidance by way of feedback template by end of October. ▪ MC and HH to finalise guidance and recirculate for next CPE Expert Group meeting for, hopefully, final sign off, if agreed. 	<p>All</p> <p>HH & MC</p> <p>All</p> <p>HH & MC</p>
5	<p>Discussion of CPE guidance for palliative care</p> <p>Discussion document circulated was noted. MC to engage with Palliative Care Clinical Lead to determine the CPE guidance needs of the service. An update on CPE guidance for palliative care including separate guidance (if appropriate) will be reviewed at the next meeting.</p>	MC and HH
	<p>Updates:</p> <ul style="list-style-type: none"> ▪ NPHET – Update provided by MC, The NPHET process is to remain in place until February 2020 and will be further considered at that time. 	MC and HH

	<p>Agreed to circulate the Carbapenemase Producing Enterobacteriales (CPE): HSE Situation Report August 2019 submitted at last NPHET meeting to members.</p> <ul style="list-style-type: none"> ▪ 2019 AMRIC Funding - Update provided by MC, noted that some funding has been provided to HSE Reference Laboratories to support critical equipping requirements. Approved posts are being progressed through HR process. <p>Experiences and feedback – no issues arising.</p>	
	<ul style="list-style-type: none"> ▪ Any Other Business: ▪ Prison Service – CPE Guidance MC advised that the AMRIC Team were requested by the Prison service to develop CPE Guidance for Prison service. Members agreed that it is appropriate for this to be further developed and agreed by the Group. MC and AS to further develop draft CPE guidance for the prison service and bring to next meeting. ▪ Ambulance Service The AMRIC Team has already attempted to engage with Ambulance services on their needs in relation to CPE guidance, but have not been successful in arranging a meeting/conference call. MC will try again and provide an update for the next meeting. ▪ Listing of Guidance developed by CPE Expert Group List of guidance documents developed by the CPE Expert group to be circulated to determine if/what guidance documents need to be updated, and what are outstanding. Review of the community guidance would be given priority for review. 	<p style="text-align: center;">MC and Sk</p> <p style="text-align: center;">MC</p> <p style="text-align: center;">SK</p>

10		Actions Agreed	Responsible Person	Timeframe
	1	New members and any others who have not to complete and submit a conflict of interest form.	New members	In advance of next meeting
	2	Circulate and publish to HPSC and HSE websites the Guideline for the prevention and control of Carbapenemase Producing Enterobacteriales (CPE) in patients on haemodialysis treatment	SK	ASAP
	3	MC and HH to update and recirculate draft Guidance and Checklist Relating to Carbapenemase Producing Enterobacteriales (CPE): Interventions for Control of Transmission of CPE in the Acute Hospital Sector by mid-October.	MC and HH	Mid-October
	4	Members to forward any further feedback on updated Guidance and Checklist Relating to Carbapenemase Producing Enterobacteriales (CPE): Interventions for Control of Transmission of CPE in the Acute Hospital Sector by way of feedback template by end of October.	All members	End of October
	5	Finalise guidance and recirculate for next CPE Expert Group meeting for final sign off.	MC and HH	In advance of next meeting
	6	Update on CPE guidance for palliative care including separate guidance (if appropriate)	MC and HH	In advance of next meeting
	7	Circulate to members the HSE Carbapenemase Producing Enterobacteriales (CPE): HSE Situation Report August 2019 submitted to last NPHET meeting.	SK	ASAP
	8	Further develop draft CPE guidance for the prison service and bring to next meeting.	MC and AS	In advance of next meeting
	9	Engage with Ambulance Service in relation to their guidance needs in relation to CPE	MC and AS	In advance of next meeting
	10	Circulate list of CPE Expert Guidance from 2018 and 2019 for review.	SK	ASAP