



HSE Health Protection
Surveillance Centre



MINUTES OF MEETING

Title of Meeting:	CPE Expert Group Meeting		
Purpose of Meeting:	Monthly meeting		
Location of Meeting:	HPSC		
Attendees:	<p>In person:</p> <p>Dr. Karen Burns (KB), Consultant Clinical Microbiologist & Honorary Clinical Senior Lecturer, RCSI. HSE-HPSC Representative Professor Martin Cormican (MC), HSE HCAI/AMR Clinical Lead & Director of the CPE Reference Lab (CPERL) Dr. Rob Cunney (RC), Consultant Microbiologist, HSE-HPSC Representative Professor Hilary Humphreys (HH), Professor of Clinical Microbiology & Consultant Microbiologist, Chairperson of CPE Expert Group Anita Kelly (AK), Surveillance Assistant, HSE-HPSC, Administrative Support to the CPE Expert Group Marguerite Kelly (MK), RGN, MSc Nursing, MSc in Advanced Practice (Infection Disease, Prevention and Control) Dr Fiona Kevitt (FK), Consultant Occupational Health Physician, Dr Steevens Hospital and Faculty of Occupational Medicine (FOM) representative Alison Maguinness, Infection Prevention and Control Nurse Specialist, Infection Prevention & Control Ireland (IPCI) representative Dr. Jacinta Mulroe (JM), Specialist Registrar in Public Health Medicine, HPSC Bernie O'Reilly, Voluntary member of Patients For Patient Safety Ireland (PFPSI), and Patient Representative Angela Tysall (AT), Lead in Open Disclosure, HSE Quality Improvement Division</p> <p>By telephone:</p> <p>Dr. Jerome Fennell (JF), Consultant Microbiologist, ISCM Representative Dr Catherine Fleming (CF) Consultant in Infectious Disease, ISDI Representative Dr. Kevin Kelleher (KK), Director HPSC & Assistant National Director, Health & Wellbeing: Public Health & Childcare Dr. Siobhan Kenneally (SK), Consultant Geriatrician, National Clinical Advisory Group Lead, Social Care Division & Clinical Lead Integrated Care Programme for Older People Mags Moran (MM), Community Infection Prevention & Control Nurse Manager Dr. Margaret O'Sullivan (MOS), Consultant in Public Health Medicine, Faculty of Public Health Medicine RCPI Representative Elaine Phelan (EP), Specialist Medical Scientist, Academy of Clinical Science and Laboratory Medicine Medical Scientist (ACSLM) Representative</p>		
Apologies:	<p>Professor Marc Bonten (MB), Head of the Department of Medical Microbiology, and head of the research group of Infectious Disease Epidemiology at the UMC Utrecht, The Netherlands, International expert representative Colette Cowan (CC), Chief Executive Officer, University of Limerick Hospitals Group, Management representative Clodagh Cruise (CC), Surveillance Scientist, Naas General Hospital, SSAI representative Tracey Dineen (TD), Patient Representative Dr. Rachel Grainger (RG), Microbiology Higher Specialist Training Representative Dr David Hanlon (DH) General Practitioner Representative Shane Keane (SHK), Principal Environmental Health Officer, Environmental Health</p>		
Date/Time of Meeting:	10.30am, Wednesday 6 th June 2018	Date/Time of Next Meeting:	10.30am, Wednesday, 11 th July 2018
Prepared by:	Anita Kelly	Date Circulated:	9 th July 2018

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1	<p>Minutes from previous meeting</p> <p>The Chair welcomed all to the meeting. He acknowledged on behalf of Group members difficulties for some in attending the meeting who were stranded due to train delays, with a greater proportion than usual having to dial in.</p> <p>Minutes</p> <p>There were no proposed amendments to the minutes from the last meeting. One outstanding item remains: document sharing with PH UK.</p>	<p>KK to follow up with Public Health UK regarding document sharing</p>
2	<p>Matters arising</p> <p>MC updated the Group on the last NPHEET meeting. The draft Communication Strategy document was raised, along with the issue of appropriate document sign-off, and communicating new guidelines to the greater HSE. The HSE is currently considering the communication of the guidelines to the wider HSE. HH agreed to formally forward documents that have been signed off by the Expert Group to NPHEET indicating clearly that the contents are what the Expert Group are advising for implementation.</p>	<p>HH will subsequently forward to NPHEET all documents that are signed off and complete</p>
3	<p>Review of draft guideline documents under review</p> <p><i>“Discussing healthcare associated infections (HCAI) and specific antimicrobial resistant organisms (AMROs) with patients who may have acquired a HCAI or been colonised with an AMRO”</i></p> <p>MC noted suggestions made by AT to this document, clarifying the definition of open disclosure. It was agreed that the principles of the document were correct. It was agreed to delete line 241. It was agreed that more advice was required on the draft contact card, and it should be stated in the document that the contact card should be “broadly consistent with this design”. Subject to these changes, the document was signed off by the Group.</p> <p><i>“Provisional Guidance relating to CPE for Long-Term Care Facilities (Residential Non Acute Care Settings)”</i></p> <p>The Group discussed the changes made to this document, especially around the designation of social care/disability centres/centres for older people. It was agreed that the scope outlined in the guideline would inform HIQA in terms of compliance. It was agreed that this initial document should be limited to just older people, and the Group would consider other settings afterwards. It was agreed that line 122 and line 194 would need to be amended, as there was a lack of clarity around contact tracing versus screening. MC to amend the document and send to AK for formatting and sign-off.</p>	<p>MC to send AK the final version for formatting. HH to sign off and formally send to the NPHEET.</p> <p>MC to send AK the final version for formatting. HH to sign off and formally send to the NPHEET.</p>

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	<p>The next guidelines for review</p> <p>KK advised that the NPHEt requested the Group to review the following documents next:</p> <ul style="list-style-type: none"> • Provisional guidance for GPs • Outpatient day care settings <p><i>Provisional guidance for GPs</i></p> <p>Provisional guidance for GPs draft document was discussed. It was clarified that this document is relevant to all people working in general practice, not just to GPs. It was agreed to structure the document in the same format as the previous guidelines, and it needs to be pitched correctly to the audience. It was agreed that it is crucial to include the principles of antimicrobial stewardship, as the management of prescribed antibiotics needs to be stronger. It was agreed that this document should be extended to include primary care settings, allied health professionals and other community healthcare staff. It was noted that Contact Precautions would not apply in GP practices, and that Standard Precautions will apply.</p> <p><i>Outpatient day care settings</i></p> <p>It was agreed to change the title so that “hospital” would come first. The issue of consistency was raised in regard to having a separate waiting room/suitable place for CPE patients and if this was proposed, there was concern that it may give rise to deductive disclosure of the patient’s CPE status. It was noted that there was an issue around the use of toilet facilities in community care/GP settings. It was also noted that the document needs to be clearer on when to segregate and when not to segregate patients. A point was raised about those colonised using alcohol gel prior to arriving in OPD, and was that to be funded by the HSE. Another point around whether this should cover CPE only, or MRSA etc. was made. It was agreed by the Group that this document required further work, and any further comments should be sent directly to MC. It was noted that the document contained no recommendations regarding PPE to be worn. It was agreed that masks are not recommended for contact precautions.</p>	<p>The Group to contact MC directly with their suggestions/comments on this document.</p> <p>The Group to contact MC directly with their suggestions/comments on this document.</p>
4	<p>Updates</p> <p>MC advised that regarding the Communication Strategy document, discussion was underway in the HSE about how the communication would happen. A budget of up to €2m per annum has been approved to spend on laboratory staff and clerical staff only. This is to be initially spent in hospitals where outbreaks have occurred, who are approved to recruit now. It was noted that the annual cost for screening for CPE was budgeted to cost €5.5m. These estimates have been provided to the Department of Health. MC is currently working on estimates for managing CPE (2-5 year plan) to be submitted to the Department of Health in October. MC also advised that Shirley Keane has been appointed as the AMR pharmacist.</p> <p>KK advised that guidance from the Expert Group must go to NPHEt for approval prior to uploading to the website. HH acknowledged this, and will ensure this occurs going forward.</p>	

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	KB advised the Group that she was involved in a rapid risk assessment document on CPE requested by ECDC. KB will circulate to the Group relevant documents on CPE when these become available.	KB will circulate documents from ECDC on CPE when available to inform future policies.
5	<p>Communication strategy</p> <p>Angela Tysall, lead in Open Disclosure attended the meeting. She advised that the more informed the patient, the better. This would improve patient-health worker communication. It was noted that the sample letters in the Communication guideline document require some tweaking. It is important that it is very clear in the Guideline who is responsible for informing the patient of CPE status.</p>	
6	<p>Actions</p> <ol style="list-style-type: none"> 1. MC to update the two draft guideline documents and send to AK for formatting, and subsequently to HH for sign-off and to NPHE for their sign-off. 2. The two new guideline documents for the Group to review require substantial revision based on the discussion held, which MC will address. Any further comments should be sent to MC in the interim. 	
7	<p>AOB</p> <p>The next meeting will be held on Wednesday, 11th July at 9am.</p>	