



"World AMR Awareness Week" Celebration 18 – 24 November 2024



Greetings!

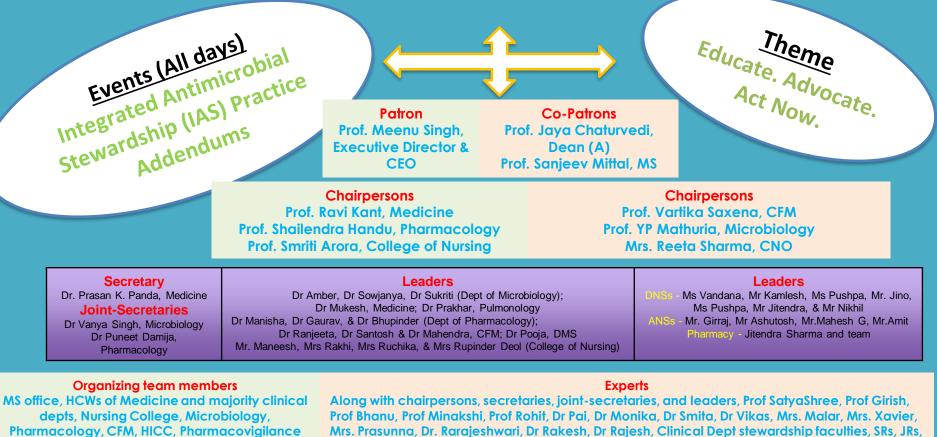
World Health Organization (WHO) every Year in the month of November celebrates World AMR Awareness Week (WAAW) with the aims to increase global awareness of Antimicrobial resistance (AMR) and to encourage best Antimicrobial stewardship practices among the general public, HCWs, and policy makers to avoid the further emergence and spread of AMR. AllMS Rishikesh is promised to practice Integrated Antimicrobial Stewardship that targets to improve understanding towards right hospital infection prevention and control practices, right microbial diagnostic steps, and optimal use of antimicrobials. Series of events are scheduled to celebrate the week; You are invited as a HCW, a care taker, or even as a patient (one becomes at some point of life). You will surely get more knowledge by participating any event and lead a healthier life by practicing any learned advices.

Venue: Virtual, AIIMS Rishikesh, and Community area Organizer: AMSP Committee (+ MS office and Dept - Med, Micro, Pharm, CFM, Nursing, all clinical dept)





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team, and Hospital Nursina professionals

Mrs. Prasunna, Dr. Rarajeshwari, Dr Rakesh, Dr Rajesh, Clinical Dept stewardship faculties, SRs, JRs, DNSs, ANSs, SNOs, all ICNs, Pharmacist, and all other who are part of this WAAW team

Venue: Virtual, AIIMS Rishikesh, and Community area





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18.11.2024	Inauguration with Oath ceremony	LTs
	Workshop on Integrated Antimicrobial Stewardship (IAS) Practices	
19.11.2024	Role plays at AIIMS OPDs and Schools	Various OPDs, wards and ICUs
	Ice breaking sessions with HCWs & Identifying IAS Champion ward, faculty, resident (JR & SR), interns, nurse (OT,	Local schools
	ICU/Emergency, Medical ward, Surgical ward), pharmacist, MRC, HA, HK, and Guard	
20.11.2024	Role plays at AIIMS OPDs and Schools	Various OPDs, wards and ICUs
	Ice breaking sessions with HCWs & Identifying IAS Champion ward and above HCW categories	Local schools
21.11.2024	Role plays at AIIMS OPDs and Schools	Various OPDs, wards and ICUs
21.11.2024	Ice breaking sessions with HCWs & Identifying IAS Champion ward and above HCW categories	Local schools
22.11.2024	Quiz/Poster competition for nurses, residents, students (Medical, Nursing & Paramedical), and school students	OPD, wards and LTs; Local schools
	Foundation Workshop on Integrated Antimicrobial Stewardship (IAS) Practices	LTs
23.11.2024	Pharmacy Stewardship Workshop	LTs
	Closing ceremony	
24.11.2024	Roleplay with a talk at public gathering to spread awareness on antimicrobial resistance	Triveni ghat
	Community awareness activity with local Pharmacists	
		Local Shops

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Committed HCW	Targets to achieve by next year	
Clinician	• Disease specific updated guidelines including sepsis and OPAT guideline; Circulation of Antibiotic audit form for >5 days of antibiotics in a patient	
	 patient Pre-authorization to Reserve antimicrobials by departments; Dept specific faculty steward to be identified. 	
Microbiologist	 Circulation of Isolation and Adult vaccination policy, antibiogram and SRF form; MDR isolation and control by reporting MDR list to concerned faculty on daily basis. Both acon (concerned to be added) and the provide of t	
Pharmacist/ pharmacologist	 Pathogen/non-pathogen Comments in daily reporting; Integration of interfacing of Reporting in eoffice. Documenting indication of antimicrobial' while indenting in e-pharmacy; Circulation of antimicrobial utilization report. Antimicrobial ADR/SAE reporting awareness; Circulation of Duration of therapy, Redundant antimicrobials, IV-Oral switch, and PK-PD of specific antimicrobials. 	
Nurse	 IV antimicrobials to oral switch' available option, documenting in nurse note and add a Column in Hand over book for reminder. Reminder for 'Antimicrobials timeout' after each 5days of therapy to resident and writing in nurse note and adding Antibiotic audit form in patient file; Educating residents and faculties of hand hygiene and transmission based precautions weekly. 	
Public/ Community	 Integrated Stewardship awareness involving Community Health Officers and Pharmacists. Adult vaccination awareness of patients and HCWs; Vaccination of Canteen and Mess Staff; MMR, HBV, TD and Tdap vaccination to all HCWs. 	

Venue: Virtual, AIIMS Rishikesh, and Community area Organizer: AMSP Committee (+ MS office and Dept - Med, Micro, Pharm, CFM, Nursing, all clinical dept)





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Inauguration with Oath ceremony and releasing various guidelines

Date : 18th November 2024 (10AM-10.30PM)

Participants: Organisers & selected HCWs with help of Dept HOD and CNO

Venue: LT 3 and live in WAAW Youtube





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Workshop on Integrated Antimicrobial Stewardship (IAS) Practices to create TOT

Date: 18th November 2024 (11AM-1PM)

Participants: Selected Faculty and ANS from each area with help of Dept HOD and CNO

Venue: LT 3 and live in WAAW Youtube





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 Role plays by NOs on hand hygiene (first play), isolation (second play), and biomedical wastage segregation (third play) to curtail Antimicrobial resistance among public
 Role play by students in school on AMR impact with death

Date: 19th November 2024 (10AM-12PM)

Participants: Public (Patients & their care takers) including school students

Venue: 3 OPD counters and 1 school





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1. Ice breaking sessions on IAS practices with HCWs in 11 areas

2. Screening IAS Champion ward/ICU, faculty, resident (SR, JR - two categories), and

student by MCQs

Date: 19th November 2024 (10AM-4PM)

Participants: HCWs and areas

Venue: Bedside areas and online





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 Role plays by HA, HK, and MRC on hand hygiene (first play), environment cleaning (second play), and Adult vaccination (third play) to curtail AMR among public
 Role play by students in school on AMR impact with hospital stay
 Date : 20th November 2024 (10AM-12PM)
 Participants: Public (Patients & their care takers) including school students





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1. Ice breaking sessions on IAS practices with HCWs in 10 areas

2. Screening IAS Champion ward/ICU and nurse (OT, ICU/Emergency, Medical ward,

Surgical ward, four categories) by MCQs

Date: 20th November 2024 (10AM-4PM)

Participants: HCWs and areas

Venue: Bedside areas and online





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1. Role plays by Students (Nursing, Paramedical, MBBS) on hand hygiene (first play), Respiratory hygiene (second play), and antibiotic use with prescriptions (third play) to curtail AMR among public

2. Role play by students in school on AMR impact with high cost

Date: 21st November 2024 (10AM-12PM)

Participants: Public (Patients & their care takers) including school students

Venue: Bedside areas, 1 school, and live in Youtube





"World AMR Awareness Week" Celebration 18 – 24 November 2024



1. Ice breaking sessions on IAS practices with HCWs in 10 areas

2. Screening IAS Champion ward/ICU, MRC, HA, HK, and Guard by MCQs

Date: 21st November 2024 (10AM-4PM)

Participants: HCWs and areas

Venue: Bedside areas and online





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1. Quiz and poster competition for Nurses, Residents, Students & any HCWs, and

School students

2. Identifying Final IAS Champions in each category of HCWs including among areas

Date: 22nd November 2024 (10AM-12PM)

Participants: Nurses, Students, HCW's and School students

Venue: LT3, Bedside areas and live in WAAW Youtube Organizer: AMSP Committee (+ MS office and Dept - Med, Micro, Pharm, CFM, Nursing, all clinical dept)





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Foundation Workshop on Integrated Antimicrobial Stewardship (IAS) Practices for new Joinee residents and selected nurses by Trainers who were trained on day 1 event

Date: 22nd November 2024 (2-5PM)

Participants: Faculty, Residents, Nurses

Venue: LT3 and live in WAAW Youtube





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Pharmacy Stewardship Workshop

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Closing Ceremony

Date: 23rd November 2024 (10AM-1PM)

Participants: Pharmacists

Venue: LT 3 and live in WAAW Youtube





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1. Role Play on AMR impact with death with a talk (how to do AMR containment) at

public gathering

2. Community awareness activity with local pharmacy shops

Date: 24th November 2024 (10AM-1PM)

Participants: General Public, Pharmacists

Venue: Triveni ghat areas. Local medicine shops





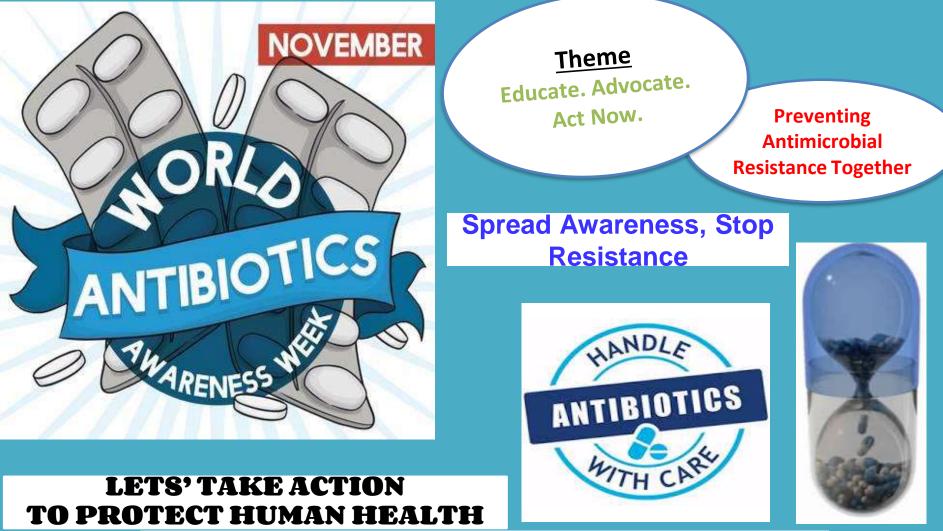
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- a) Antimicrobial is running out: save it
- ²⁾ Antimicrobial can be saved: Do not take without order of a doctor
- Antimicrobial resistance is increasing: acknowledge it
- Resistance can be curtailed: Do not use where not indicated like viral infection, Do not under use antimicrobials, Do not use leftover antibiotics, Do MDR source isolation
- Best method to save Antimicrobial and curtailed Resistance: Use of Hand hygiene, Cough hygiene, Effective waste treatment, and timely Vaccination







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1. The hospital administration should ensure an actively running IAS program, either in its totalitarian or fragmented form including diagnosis, infection prevention, and antimicrobial stewardships but with the intention of integration.

2. The hospital should set accountability levels to educate, to advocate, to execute, and to monitor, for various defined updated IAS activities by these committees of HIC (or ISP), AMSP (or ASP), and DSP.

3. All clinical departments should have defined accountability for rational antimicrobial use by having own antimicrobial policy and its utilization check points.

4. Regular educational programs should be held for prescribers and other relevant staff including patients/public on IAS Practices with examples of hospital data for the same.

5. The hospital should ensure a Compulsory Induction Program on diagnostic stewardship, good IPC & AMS practices for newly recruited Post Graduates, Interns, Junior Residents, Nurses, and other HCWs.





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6. The Clinical Microbiology Diagnostic Laboratory must be in the close vicinity or preferably in the same hospital premises to reduce Specimen transportation time.

7. The hospital should have a fully functional 24x7 Clinical Microbiology Diagnostic Laboratory with competent manpower and signatory authority with Sunday and Holiday reporting.

8. The hospital should have guidance procedures for the right investigation, right patient and right time and must ensure the right report interpretation, right antimicrobial and right time.

9. All Clinical Diagnostic Laboratory should ensure that Critical Alerts have been displayed and a Notification is sent each time any critical result is observed.

10. The Clinical Microbiology Laboratory should ensure that all proper protocols of Antimicrobial Susceptibility testing are being followed as per own, CLSI, and or EUCAST guideline.

11. Clinical Microbiology Diagnostic Laboratory should ensure the AMR data digitalization on WHONET or MS Excel.

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12. The hospital should have documented SOP for Specimen Collection, Storage, Transportation and Processing Protocols and mandatory Culture Collection Protocol as the first specimen to be collected from the patient before the commencement of antimicrobials. These SOPs should be circulated to all the clinical departments involved in patient care time to time. 13. The Hospital should ensure that at least Automated Culture, Identification, and Susceptibility equipment are present, which can provide MIC values, with Breakpoint to MIC Quotients whenever and wherever possible.

14. The hospital should ensure proper supply chain management to avoid break in the Diagnostic Services.

15. The Laboratory must have a documented policy to communicate Preliminary Grams stain findings and relevant critical alert reports and Test Interpretation must be communicated within specified turnaround time.

16. The Laboratory must ensure that advisory footnotes, interpretation, and knowledge dissemination on Intrinsic resistance are communicated in the report.

17. Wherever possible the Laboratory should ensure that Personalized AST Reporting including MIC values with breakpoints (R/I/S) is being performed especially in critically ill patients.

18. The Clinical Microbiology Diagnostic Laboratory should employ rapid diagnostic tests, molecular or phenotypic, for detecting resistance mechanisms (like CRE, MRSA, ESBL, etc) so as to provide directed treatment.





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- 19. The hospital should have a functional HICC, with full-time appointed infection control officers and infection control nurses along with their roles and responsibilities.
- 20. The hospital should adopt national guidelines and prepare a hospital-specific hospital infection control policy document.
- 21. The hospital should conduct HICC meetings regularly (e.g. Monthly/quarterly).
- 22. The hospital should conduct a hand hygiene audit on a monthly basis at least in all critical areas. The reports should be communicated to the respective departments.
- 23. The hospital should conduct a biomedical waste segregation audit regularly.
- 24. The hospital should conduct care bundle audits on a monthly basis at least in all critical areas.
- 25. The hospital should conduct HAI surveillance on a monthly basis at least in all critical areas along with root cause analysis and CAPA.
- 26. The hospital should have a needle-strict injury prevention and management program through NSI surveillance.
- 27. The hospital should have a policy that specifies adhering to adult vaccinations by HCWs.
- 28. The hospital should provide hepatitis B vaccine to all HCWs including the temporary staff and students and check anti-HB titers subsequently.
- 29. The hospital should perform environmental disinfection according to standard CDC/NABH/Kayakalp/other guidelines regularly.
- 30. The hospital should have an updated policy that specifies dealing with locally transmitted infections including MDRs.

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- 31. The hospital should set various methods of monitoring by the pharmacologist or pharmacist for ensuring rational antimicrobial use.
- 32. The AMS Committee should perform antimicrobial prescription audit in all critical areas, whole hospitals preferably, and inform the report to clinicians regularly.
- 33. Specific teams should perform prospective audits and feedbacks for specific antimicrobial agents regularly.
- 34. Preauthorization of restricted antimicrobial agents for specific infections should be done.
- 35. The hospital should have practicing documents on PK/PD of specific antimicrobial agents.
- 36. The hospital should have updated facility-specific ID treatment recommendations, based on national guidelines and local antibiograms, preferably once a year.
- 37. The hospital should have a policy that requires prescribers to document in the medical record or during order entry dose (including loading dose), creatinine clearance, route, duration, stop date, and indication for all antimicrobial prescriptions.
- 38. The hospital should have a policy that specifies IV to oral switch practices.
- 39. The hospital should have a policy that specifies antimicrobials timeout practices.
- 40. The hospital should have a policy that specifies antimicrobials ADR/SAE reporting' practices along with root cause analysis and CAPA.
- 41. The hospital should have a policy that specifies OPAT practices.
- 42. The hospital should track (record, review and report) on antimicrobial use on a regular basis, may be through DOT and AWaRe uses, and if required report to national or state authorities.

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