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Scottish Ambulance Service Board Meeting

24 September 2025

Item 12

THIS PAPER IS FOR DISCUSSION

INFECTION PREVENTION AND CONTROL ACTIVITY UPDATE INCORPORATING HEALTHCARE ASSOCIATED INFECTION

Lead Director	Emma Stirling, Director, Care Quality and Professional Development
Author	Karen Burnett, Head of Infection Prevention and Control
Action required	The Board is asked to discuss this report.
Key points	<p>Data not presented as it falls outside the scheduled reporting period.</p> <ol style="list-style-type: none">1. Recruitment of three Face Fit Testers (page 4)2. The framework “Containing and Controlling Antimicrobial Resistance: A Knowledge and Skills Framework for Health and Social Care in Scotland” launched August 2025 (page 4)3. Training for SICPs audits (page 5)
Timing	An IPC activity update paper is presented to the Board at each meeting.
Associated Corporate Risk Identification	Risk 4636 – Health and wellbeing of staff Risk 4638 – Wider system changes and pressures
Link to Corporate Ambitions	<p>We will</p> <ul style="list-style-type: none">• Work collaboratively with citizens and our partners to create healthier and safer communities• Innovate to continuously improve our care and enhance the resilience and sustainability of our services.• Provide the people of Scotland with compassionate, safe and effective care when and where they need it• Be a great place to work, focusing on staff experience, health and wellbeing.

Link to NHS Scotland's Quality Ambitions	The work and information referred to in this report supports the Service in its contribution to safe and effective care.
Benefit to Patients	Safe clinical practices, a clean environment and patient care equipment protect patients from the risk of healthcare-associated infection (HAI).
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	Healthcare-associated infection (HAI) policies apply to all staff and patient groups. These are based on NHS Scotland HAI policy and guidance. Antimicrobial resistance and Healthcare Associated Infection and Healthcare Improvement Scotland (HIS) conduct equality impact assessments on all HAI national guidance, policy and standards. The hand hygiene, Standard Infection Control Precautions (SICPs) and cleanliness audit results reported are a mandatory HAI requirement related to national policy and guidance



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SCOTTISH AMBULANCE SERVICE BOARD

**INFECTION PREVENTION AND CONTROL ACTIVITY UPDATE
INCORPORATING HEALTHCARE ASSOCIATED INFECTION**

KAREN BURNETT, HEAD OF INFECTION PREVENTION AND CONTROL

SECTION 1: BACKGROUND

Infection Prevention and Control (IPC) is critical to keeping people safe when they are receiving health and social care. Effective IPC can help reduce the risk of infection and ensure the safety of people receiving care, staff and visitors. IPC is integral to quality health and social care delivery because anyone is at risk of developing an infection in these settings. Factors that are known to increase this risk include extremes of age (for example being older or very young), the complexity of interventions that are part of a person's care and prolonged or inappropriate use of antimicrobials.

Good IPC practice can help to reduce the prevalence of infections (including healthcare-associated infections - HAIs) that are associated with the delivery of care in hospitals, long-term care facilities (including care homes) and other care settings (such as ambulances, prisons, hospices and independent healthcare facilities).

SECTION 2: DISCUSSION

Data not presented as it falls outside the scheduled reporting period.

IPC standards are a key component in the drive to reduce the risk of infections in health and social care in Scotland. The standards support:

- organisations to quality assure their IPC practice and approaches, and
- the IPC principles set out in the National Infection Prevention and Control Manual (NIPCM).

Each Board is required to receive Infection Prevention and Control Updates bi-monthly on key IPC activity ([DL \(2015\) 19](#) and [DL \(2019\) 23](#)), namely

1. Surveillance

- Staphylococcus aureus bacteraemia (SAB)
- Surgical Site Infections (SSI)
- Escherichia coli bacteraemia (ECB)

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- Clostridioides difficile infection (CDI)
- 2. Antimicrobial Use
- 3. Hand Hygiene
- 4. National Cleanliness Standards (NCSS) Compliance

Due to the unique nature of the Scottish Ambulance Service (the Service), surveillance of the above infections is not required, as relevant data is captured within Territorial Board reports. While the Service occasionally inserts peripheral venous cannulas (PVCs), compliance is monitored through audits using the PVC care bundle, with findings reported to the IPC Committee.

2.1 Leadership and governance

The IPC team consists of:

- Head of Service for IPC
- Lead IPC Practitioner
- Senior IPC Practitioner
- IPC auditor (x2)
- Vacant post (x1) Band 6

From 1st July the Head of IPC has assumed responsibility for the Mobile Vaccination Unit and the Respiratory Protective Equipment team.

Interviews for the Face Fit Testers conducted in August 2025. Three people accepted job offers and will be allocated to each region. Pre-employment checks are currently underway, with an anticipated start date of 20 October 2025. This recruitment will support the organisations commitment to the [National Priority Risk Categorisation for face fit testing with FFP3](#)

2.2 Optimising antimicrobial use

The Head of Service for IPC and the Infection Control Doctor attend the Medicines Management Group (MMG) regularly, where antimicrobial use is actively monitored.

Antimicrobial usage is reported through the MG, with summary data submitted to the IPC Committee every six months. The next update will be presented at the **October 2025 IPC Committee meeting**.

In addition, the framework “*Containing and Controlling Antimicrobial Resistance: A Knowledge and Skills Framework for Health and Social Care in Scotland*”, launched in **August 2025**, will be reviewed and discussed at the October meeting to inform future implementation planning.

2.3 Standard Infection Control Precautions (SICPs) audits

Hand hygiene audits are not undertaken in silo but rather have been incorporated into the SICPs audits these will continue to be reported.

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15 SICPs audits are to be undertaken by each region per quarter with quality assurance audits being carried out by the IPC Practitioners.

It was agreed that Hospital Ambulance Liaison Officers (HALOs) would undertake audits in their areas. The Head of IPC has contacted the Regional Directors to appraise and request alternative staff if HALOs were not in post.

The Senior IPC Practitioner has completed training on the SICPs audit tool with staff from each region, bringing the total number trained to 24.

Region	Number of staff trained
North	8
East	4
West	7
ScotSTAR	5
SORT	0
TOTAL	24

The impact of this training is expected to become evident once data collection begins in Quarter 3.

Audit Scores

Data not presented as it falls outside the scheduled reporting period.

2.4 National Cleanliness Standards (NCSS) Compliance

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The National Cleanliness Standards (NCSS) were updated and published in July 2025. Implementation and implications of the revised standards will be discussed at the October IPCC.

SECTION 3: RECOMMENDATION

The Board is invited to discuss and note the content of the report.

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