

**NOT PROTECTIVELY MARKED**

**Public Board Meeting**

**29 July 2020**

**Item 11**

**THIS PAPER IS FOR DISCUSSION**

**PATIENT AND STAFF SAFETY –  
HEALTHCARE ASSOCIATED INFECTION (HAI) UPDATE REPORT**

<b>Lead Director Author</b>	Professor Frances Dodd, Director of Care Quality and Professional Development Sarah Freeman, Head of Infection Prevention and Control
<b>Action required</b>	The Board is asked to note/discuss this update report.
<b>Key points</b>	<p>The Annual Infection Prevention and Control Programme 2019/20 focuses on the key delivery areas of the current AMR/HAI Delivery Plan. Due to COVID-19 pandemic not all the deliverables have been addressed or actioned. The Infection Prevention and Control Team (IPCT) are working with regional teams and other stakeholders to address the outstanding actions by the end of July. <b>(Page 3)</b></p> <p>The Infection Prevention and Control Programme of Work for 2020/21 is in a draft format and requires to undergo a period of consultation. The focus of the programme of work is developing systems and processes that allow regions/departments to take ownership of Infection Prevention and Control (IPC) activities and performance. <b>(Page 3)</b></p> <p>IPC compliance audits on hand hygiene, standard infection control precautions (SICPs) and National Cleaning Services Scotland (NCSS) audits remain suspended as a result of physical distancing measures. <b>(Page 3)</b></p> <p>Overall compliance with the recorded use of the PVC insertion care bundle is maintained, being consistently sustained above the quality indicator aim of 95%. <b>(Page 4)</b></p> <p>The IPCT activities remain predominantly related to COVID-19 and to a lesser extent now as we proceed through the recovery phases. We have adopted and developed different ways of working as a result of the pandemic that benefit the Service and will optimise the best safety outcomes for patients and staff. <b>(Page 4-5)</b></p>
<b>Timing</b>	This paper is presented to the Board bi-monthly in the Scottish Government's prescribed template.

<b>Link to Corporate Objectives</b>	2.1 - A patient safety work programme must include ongoing work to prevent and reduce the risk of HAI for patients, staff and the public.
<b>Contribution to the 2020 vision for Health and Social Care</b>	The work and information referred to in this report supports the Service in its contribution to the 2020 Vision for Health and Social Care in relation to Safe and Effective Care.
<b>Benefit to Patients</b>	Safe clinical practices, a clean environment and patient care equipment protect patients from the risk of Healthcare Associated Infection (HAI).
<b>Equality and Diversity</b>	Healthcare Associated Infection (HAI) policies apply to all staff and patient groups. These are based on NHS Scotland HAI policy and Guidance. Health Protection Scotland (HPS) and Healthcare Improvement Scotland (HIS) conduct equality impact assessment 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.

## Healthcare Associated Infection Report

April – June 2020

### Annual Infection Prevention and Control Programme

The Annual Infection Prevention and Control Programme of Work 2019/20 focuses on the key delivery areas of the current Antimicrobial Resistant/Healthcare Associated Infection (HAI) Delivery Plan in the context of the pre-hospital ambulance setting. The programme also addresses requirements of the HAI standards (2015), the National Infection Prevention and Control Policy Manual and other national guidance. As a result of the COVID-19 pandemic and the prioritisation of the COVID-19 work, there are deliverables and actions still to be addressed in the IPC programme. The Infection Control Committee (ICC) meeting was held on 9<sup>th</sup> June, and the committee were informed that the IPCT are working with regional teams and other stakeholders to address all outstanding deliverables by the end of July.

The Infection Prevention and Control Programme of Work for 2020/21 is in draft format and requires to undergo a period of consultation. The Programme will be widely circulated for consultation and requires formal approval by the Infection Control Committee, Chief Executive and Clinical Governance Committee. Progress against the annual work programme will be supported and monitored by the ICC.

This programme of IPC provides a framework to ensure the ongoing delivery of safe and effective patient care. The focus of 2020/21 programme of work is the development of systems and processes that supports regions/departments to take ownership of IPC activities and monitor their success with support from the IPCT. This acknowledges the view that everyone has a responsibility for the prevention and control of infection and reflects the national approach.

From March 2020 due to the COVID-19 Pandemic SICPs and hand hygiene audits were temporarily suspended to allow the Infection Prevention and Control Team to concentrate efforts around COVID-19 priorities and also to ensure the safety of staff. Due to the known risk associated with COVID-19 and the constant communication of information and guidance to staff over the last few months, there is a heightened awareness of infection prevention and control procedures at this time.

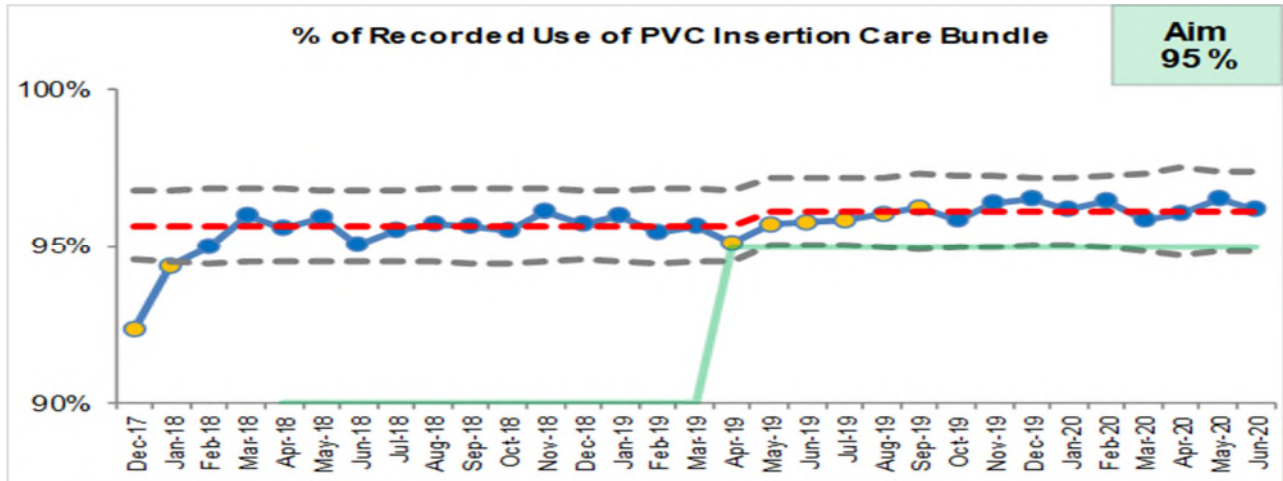
**There are no run charts for this reporting period due to the suspension of all audits.**

We are carefully monitoring the situation and physical distancing measures are in place which places restrictions on audit activity and staff movement. We will review the situation as we enter phase 3 of the recovery plan.

Doc: HAI update Board	Page 3	Author: Head of Infection Prevention & Control
Date: 2020-07-29	Version 1.0	Review Date: September 2020

## Peripheral Venous Catheter (PVC) Insertion Bundle:

The overall compliance with the recorded use of the PVC insertion care bundle is being consistently sustained above the quality indicator aim of 95%. Compliance for the months of April, May and June 2020 was 96.2%, 96.4% and 95.8% respectively.



## COVID 19 Pandemic

COVID-19 pandemic work contributed substantially to IPCT activities in the first quarter through April and May but to a lesser extent in June as we moved into the recovery phase. A significant amount of the workload was as a result of guidance development or revisions of existing guidance. It has been an evolving situation as there is growing understanding of the infection risk of this new virus. This has resulted in guidance for healthcare workers being updated frequently from the Public Health (England) and Health Protection Scotland (HPS). The IPCT have responded to these challenges and adapted the operational guidance within the timescales required.

The Service's guidance on Personal Protective Equipment was revised on four occasions between 4<sup>th</sup> April to the 20<sup>th</sup> April to meet the developing national requirements. Once the guidance was approved and within a matter of hours it was uploaded on the JRCALC App. This was completed often out with normal working hours and whenever it was necessary to ensure staff had access to the most up to date guidance to inform their practice and ensure their safety at all times. This allowed quick dissemination of the guidance to ensure early implementation and therefore staff health and safety. The Service's Communication team were vital in ensuring staff were aware the guidance had been updated. This guidance may be reviewed in July as we move out of the current period of sustained transmission.

The IPCT have maintained and contributed to communication channels internally and externally to the organisation to support the COVID-19 response and recovery. An IPC team member was represented and presented at the Service's tactical cell meetings. Externally we have contributed to Incident support meetings with Infection Control Managers coordinated by HPS, weekly, and the National Infection Prevention and Control Ambulance Group (UK wide).

We have continued throughout this time to deliver education and training on personal protective equipment (PPE), donning and doffing of PPE and fit testing of respiratory protective equipment. In addition, we have provided training sessions for the Community First Responders on the cleaning and decontamination of ambulance vehicles while at the stations. The cleaning specifications were based on the National Cleaning Services Scotland. This initiative was to release front line staff from cleaning tasks and divert them to other duties or support rest breaks during this busy time.

We have supported the Education and Professional Development Department to ensure IPC control measures were implemented immediately for the classroom and driving instruction environments. We also worked with patient transportation services to develop guidance to ensure the safe transportation of patients (suspected or confirmed COVID-19), shielding patients who were defined as vulnerable and our staff who were caring for and transporting patients.

The IPCT adopted different ways of working to support and respond to the services during this time which continues today. A number of the products from our usual suppliers were running low and stocks were being depleted quickly on a national scale. The Procurement Team identified alternative or similar products from other suppliers. A specialist team with members from the IPCT and Health and Safety Team worked in tandem to rapidly review and approve alternative suppliers' products. We ensured the products were fit for purpose, complied with National and European standards and risk assessments were carried out if required. This work is still ongoing but to a lesser extent as we enter the COVID-19 recovery phase.

Another area of continued work and of potential development for the Service was the review of the cleaning and decontamination of the patient transport system referred to as the Epi-shuttle. There were a number of challenges with cleaning this equipment from a health and safety perspective. As equally important the user was required to dis-assemble and reassemble over 100 parts of the Epi-shuttle which increased the risk of human error in the process. With support from the Infection Control Doctor, we identified a safer system using 'wipe gas wipe' disinfection system. This project is now lead by National Risk and Resilience Team.

We are working with ScotSTAR/ Air Ambulance regarding the carriage of COVID-19 patients on fixed wing and now, rotary aircraft to ensure the safe transfer of patients from remote islands. The IPCT have carried out a risk assessment of the fixed wing aircraft, advised on the PPE requirements for staff and pilots and the decontamination of the aircraft. Going forward, we will be supporting our Air Ambulance colleagues with regards to informing the requirements of the aircraft environment to reduce transmission of micro-organisms that spread via the droplet and the airborne route. This is a challenging piece of work as there is little international or national guidance on the environmental requirements, such as aircraft dimension and ventilation requirements, for fixed wing air ambulances.

## **Conclusion**

As mentioned previously the IPCT have undertaken a considerable amount of work since the beginning of the pandemic in creating and updating guidance. A review of all new guidance against our standard guidance will be undertaken outside of the normal review periods to ensure consistency of information and have provided specialist advice throughout the pandemic to operational and strategic colleagues to aid the response to COVID-19.

Doc: HAI update Board	Page 5	Author: Head of Infection Prevention & Control
Date: 2020-07-29	Version 1.0	Review Date: September 2020