



NOT PROTECTIVELY MARKED

Public Board Meeting

26 January 2022 Item 09

THIS PAPER IS FOR DISCUSSION

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

Lead Director Author	Frances Dodd, Director of Care Quality and Professional Development Sarah Freeman, Head of Infection Prevention and Control
Action required	The Board is asked to discuss this report.
Key points	 An update is provided on the Annual Infection Prevention and Control Report outstanding deliverables. Infection Prevention and Control Audit activity remains priority (page 3). The emergence of the Omicron variant has lead exponentially increasing the IPC team's work. Guidance from Public Health Scotland on Self Isolation Exemption for Health and Social Care Staff (DL (20021) 24) was updated on 17 December 2021 (page 4-5). As a direct consequence of the pandemic and new guidance, new and necessary developments such transparent face masks have resulted in unanticipated work for the IPC team. (Page 5). Overall compliance with the use of the PVC insertion care bundle is being consistently sustained above the quality indicator aim of 95% (page 5).
Timing	This paper is presented to the Board bi-monthly in the Scottish Government's prescribed template.
Link to Corporate Objectives	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.
Contribution to the 2020 vision for Health and Social Care	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.
Benefit to Patients	Safe clinical practices, a clean environment and patient care equipment protect patients from the risk of healthcare-associated infection (HAI).

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Equality and	Healthcare-associated infection (HAI) policies apply to all staff and
Diversity	patient groups. These are based on NHS Scotland HAI policy and
	guidance. Health Protection Scotland (HPS) 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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Healthcare Associated Infection Report

Annual Infection Prevention and Control Programme of Work

The annual infection prevention and control (IPC) programme for 2021/2022 has been compiled to ensure compliance with national and local requirements for the control, prevention and management of healthcare associated infection (HAI). The work programme also supports recovery from the COVID-19 pandemic, the prevention of COVID-19 transmission and the Scottish Ambulance Service (SAS) Remobilisation Plan through March 2022.

At the Board meeting on 16 November 2021, the IPC report was provided and the outstanding deliverables explained in more detail, including progress reports and, as applicable, the mitigating steps that have been taken. The paper also highlighted that, even if operational pressures and the demands of the Resource Escalation Action Plan 4 (REAP 4) lessen in the next few months, the present assumption is that the targets will not be met by March 2022. As we remain at REAP 4, this confirms that the targets will not be met.

The Service is committed to maintaining consistently high standards of IPC, and monitoring these standards is a fundamental task of the IPC work programme. The National Cleaning Services Specifications are mandatory, and IPC audits of stations and vehicles remain a priority. We also assure the Board that 90% of the Standard Infection Control Precautions audits will be carried out by the IPC team. The target was to achieve 100% by December 2021, but five audits remain outstanding at the time of this report. This will be a priority for the IPC team in 2022.

COVID-19 Pandemic

The emergence of the Omicron variant has exponentially increased the IPC team's work as staff and managers seek advice, support, and reassurance on matters such as personal protective equipment (PPE) and IPC guidance. As a direct consequence of the pandemic and new guidance, new and necessary developments have resulted in unanticipated work for the IPC team. This has been highlighted in the report's 'New Developments' section.

IPC Service

As highlighted in the Board's report in 16 November 2021, The IPC team is still working at reduced capacity and faces continual challenges with the emergence of a new variant and the recurring launch of new and/or updated guidance. Moving into 2022, however, we will employ an IPC trainee who is due to commence in February 2022 and undertake the formal IPC specialist qualification in September 2022.

Policy and Guidance

On 27 August 2021, the Service implemented guidance from the Scottish Government that allowed those who have had close contact with someone who has tested positive for COVID-19 to return to work with no period of isolation, provided a specific list of conditions and clinical safeguards are in place. Due to the Omicron variant, this guidance was updated on 9 December and again on 17 December. The Service's guidance was updated to reflect the changes to the national policy.

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New Developments

Transparent face masks are now being manufactured to support those with hearing and speech difficulties in cases in which the current type-IIR fluid-resistant face masks (FRSMs) prevent effective staff and patient communication. New standards have been developed so that these masks provide protection equivalent to the type-IIR FRSM. The Service's PPE group were tasked with identifying priority groups, and these masks will be offered, on a trial basis, to patients, carers or staff who have a hearing difficulty, rely on lip reading or require a transparent mask to support patient/carer and staff communication. It's imperative that the benefits of transparent masks be assessed in practice, and the Service's improvement team will support the initiative.

Funding has been approved via the Capital Governance Group to develop a central database in the Terrafix system to record the twice-daily and weekly cleaning records of ambulance vehicles, including patient transport vehicles. The existing paper-based system has presented a number of challenges, and moving to an electronic format will save crews time in completing the forms, eliminate storage of the forms for audit purposes and facilitate better reporting so that improvements can be made. Systems and processes are in place to ensure that the data is reported and monitored, including reporting the data via the HAI reporting template and taking action to rectify noncompliance. This system will be in place by the end of March 2022 and will be implemented in April/May 2022.

The IPC team are working with our clinical and digital colleagues to include an infection prevention risk assessment in the patient electronic records assessment as a direct result of New Winter Respiratory Guidance which included COVID-19. The new guidance requires Service staff to undertake respiratory screening assessments along with the patients' clinical assessment.

AirWing/ScotStar

The IPC team including the Service Infection Control Doctor, are members of the Ambulance Procurement project. Maintaining a safe working environment within the aircraft is critical, and some of the work required for IPC has been completed as a result of the COVID-19 pandemic and will support that aspect of the operational requirements.

Peripheral Venous Catheter (PVC) Insertion Bundle

Compliance with the PVC bundle remains above the target of 95% with compliance in October at 95.8%, in November at 96.4% and in December 96.2%. From April 2021 to December 2021, 33,145 PVC were inserted with bundle compliance rate of 96.5%.

External Partner Engagement

It remains a priority for the IPC team to support communication internally and externally, for example, by contributing to incident-support meetings with infection control managers, which are coordinated by Health Protection Scotland weekly, and by attending meetings of the (UK-wide) National Infection Prevention and Control Ambulance Group. This is

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especially important because the guidance is changing rapidly as a result of new variants and evidence from studies and the literature, and the challenge is compounded in cases in which the guidance provided within the four nations differs. Consistency checking and clarification have been undertaken throughout the pandemic to assure the Service that all guidance is relevant, current and consistent.

Conclusion

This report highlights the challenges to delivering the annual IPC Programme of Work presented by the ongoing pandemic, the emergence of the Omicron variant and the pressures facing the IPC team. The main components of the IPC programme and other projects continue to support the service in preventing and reducing the risk of infection to our patients and staff.

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