

NOT PROTECTIVELY MARKED

Public Board Meeting

30 September 2020

Item 12

THIS PAPER IS FOR DISCUSSION

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

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| Lead Director Author | Professor Frances Dodd, Director of Care Quality and Professional Development Sarah Freeman, Head of Infection Prevention and Control |
| Action required | The Board is asked to note/discuss this update report. |
| Key points | <p>The Annual Infection Prevention and Control Programme of Work 2020/21 focuses on the key delivery areas of the current AMR/HAI Delivery Plan and has been widely circulated for consultation and formally approved by the Infection Control Committee (ICC), Chief Executive and Clinical Governance Committee subject to minor changes. (Page 3)</p> <p>The Infection Prevention and Control Audit of Ambulance stations and vehicles was started on 3rd August. We are in the process of planning an audit programme of Standard Infection Control Precaution monitoring in the Service over a period of one month. (Page 3)</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%. (Page 4)</p> <p>COVID-19 pandemic remobilisation contributed substantially to IPCT activities through the first half of the 3rd quarter as we assisted and advised services on how to resume safely. The Infection Prevention and Control Teams are working with other department to review existing plans and identify areas for organisational capacity with regard to the care and transfer of patients (with suspected or known) High Consequence Infectious Diseases and viral pathogens classified as Hazard Group 4. (Page 4-5)</p> |
| 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. |

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| 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). |
| 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. Health Protection Scotland (HPS) and Healthcare Improvement Scotland (HIS) conduct equality and diversity 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

July to September 2020

Annual Infection Prevention and Control Programme

The Annual Infection Prevention and Control (IPC) Programme of Work for 2020/21 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, which has undergone a period of consultation. The programme has been widely circulated for consultation and formally approved by the Infection Control Committee (ICC), the Chief Executive and Clinical Governance Committee with minor changes as agreed. Progress in the annual work programme will be supported and monitored by the ICC.

The IPC Programme of Work 2019/20 was suspended during the COVID-19 pandemic to prioritise the response to the pandemic. As a result, three deliverables and actions were outstanding in the IPC programme and were actioned as a priority. The ICC meeting was held on 8th September, and the committee members were informed that one of the actions has now been signed off as complete, the second action is awaiting input from a national group and the final action is awaiting feedback from one of our IT providers and this is imminent with anticipated completion of the work by the year end. The IPC team are working with stakeholders to address outstanding deliverables.

Monitoring of Infection Prevention and Control

Due to the COVID-19 pandemic, from March 2020, standard infection control precautions (SICPs) and hand hygiene audits were temporarily suspended to allow the IPC team to concentrate their efforts on COVID-19 priorities and on ensuring the safety of staff. The infection prevention and control audit of ambulance stations and vehicles (known as RIVO audits) were restarted on 3rd August. Guidance was provided by the health and safety team to the audit team on how to stay safe while auditing.

The National Cleaning Service Specification (NCSS) monitoring remains suspended. This information is collected during RIVO audits; we intend to discuss reducing the NCSS audit to every six months, thereby reducing the duplication of work in the Service. This suspension will allow the IPC team to concentrate resources where they are most needed by the Service during the period of remobilisation, including in education, training, risk assessment and the auditing of SICPs.

The IPC team are in the process of planning an audit programme of SICPs in the Service over a period of one month. This will be based on the auditing of SICPs in previous programmes of work highlighted in the HAI reports. However, there will be additions; for example, all accident and emergency services will be monitored, including in remote and rural areas providing this is approved by the Public Health Protection teams. The whole team will be involved in this programme, which will require training for some members of the team, for whom the role will be a development opportunity.

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Peripheral Venous Catheter (PVC) Insertion Bundle

Overall compliance in the recorded use of the PVC insertion care bundle is being consistently sustained above the quality indicator of 95%. Compliance for the months of July and August 2020 was 96.7% and 96.3% respectively.

The table below show the number of PVC inserted over a year and the compliance with completion of the PVC bundle.

Data from 01/09/2019 to 01/09/2020

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| Number of PVC inserted | 38,824 |
| Number of PVC bundles completion | 37, 381 |
| Percentage of Bundle completion | 96.3% |

COVID 19 Remobilisation

The COVID-19 pandemic mobilisation contributed substantially to IPC team activities during the first quarter through the first half of the third quarter, to assist services to resume safely. Work activities have centred around the development of services that were restricted or suspended due to the COVID-19 pandemic, including supporting the introduction of new services. These activities have included education, training and development of guidance and advisory capacity to support risk assessment, taking into account the new ways of working. National guidance is being updated by Public Health Scotland as we are learning to live safely with coronavirus.

The Scottish Ambulance Service assumed responsibility for operating mobile testing units (MTUs) on 31st of August. The IPC team have had input into training new staff members, which is critical to ensuring the safety of staff and patients. The IPC team carried out training and education for supervisors and provided an educational 'train the trainer' resource to support the training of others working in MTUs. IPC team also advised on the ongoing training of new staff, including the modules to be undertaken in the Scottish Infection Prevention and Control Education pathway. Standard operating procedures (SOP) have been developed for the management of blood and body spillages and decontamination and cleaning of MTU vehicles, including cleaning schedules to monitor compliance. These SOPs align with the Scottish Ambulance Service guidance, the National Infection Prevention and Control Manual (NIPCM) and guidance from Public Health Scotland on infection prevention, including the prevention of COVID-19. The IPC team will also now take on responsibility for auditing MTU compliance with personal protective equipment (PPE) and guidance on cleaning and decontamination

The IPC team have maintained and contributed to communication channels internally and externally, for example, by contributing to incident support meetings with infection control managers, which are coordinated by HPS weekly, as well attending meetings of the National Infection Prevention and Control Ambulance Group (UK-wide).

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The IPC team have continued throughout this time to deliver education and training on donning and doffing of PPE and fit testing of respiratory protective equipment. The team have updated the PPE video resource on donning and doffing of PPE to align with NIPCM and have developed guidance, in partnerships with health and safety colleagues, on the cleaning and decontamination of power respirators. This equipment is available to staff who have failed the fit testing with filtering face piece type 3 (FFP3) masks or who are unable to wear FFP3 masks for health reasons.

The IPC team have supported other areas of the service with remobilisation of services, Community first responders were suspended during the initial stages of the COVID-19 pandemic; since then, the team have advised on risk assessment and have provided training to ensure they are instructed in the use of PPE to keep them and our patients safe. The team have worked closely with staff from the ambulance control centres and patient transport services to support the remobilisation by providing advice on risk assessment, the transportation of confirmed and suspected cases and patient information literature to enable the teams to operate confidently and safely. In collaboration with health and safety colleagues, the team have supported the education and professional development department to ensure IPC control measures are in place and risk assessed physical distancing can be maintained during clinical skills training.

A short-life working group has been established and is co-led by the Head of IPC with membership from a range of stakeholders. The group's role and remit is to review the existing plans and identify areas for organisational capacity in the transfer and care of High Consequence Infectious Diseases (HCID) and category 4 micro-organisms, such as viral haemorrhagic fevers (VHF). In addition to this, the IPC team, including the infection control doctor, is working closely with air ambulance colleagues to future proof the service against any new and emerging pathogens spread by airborne droplets and contact. This excludes diseases such VHF.

Conclusion

This report demonstrates the complex challenges IPC has encountered as a result of the COVID-19 pandemic and as the service enters the remobilisation phase in every part of the service. The IPC Annual Programme of Work 2020/21 is developed in order that the service continues to comply with national HAI standards and NIPCM. The IPC team will continue to monitor compliance with IPC standards in our stations, vehicles and SICPs, with greater focus on local ownership of local infection prevention and control practice.

Recommendations

The Board is asked to approve this report as an accurate account of the work undertaken by the IPC team during the reporting period.

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