Network Recording Declaration

During this ECHO session discussions will be recorded so that people who cannot attend will be able to benefit at another time. Filming is regarded as ‘personal data’ under the Data Protection Act 2018 General Data Protection Regulations (GDPR), under that law we need you to be aware that:

• This Data will be stored with password protection on the internet.
• This Data will be available for as long as your network continues to meet and will then be taken down from the internet and either stored securely at the Superhub or deleted.

Your ongoing participation in this ECHO session is assumed to imply your agreement to the use of your data in this way.

If you are NOT willing for your data to be used in this way, please LEAVE the session at this point.
Infection Prevention and Control
ECHO Network: Week 2

Staff Training, Induction, Compliance and Human Factors
## Agenda

<table>
<thead>
<tr>
<th>Item</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>Introductions</td>
<td>All</td>
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</table>
| **COVID-19**
  National picture update                      | Dawn Hart, Senior Clinical and Quality Improvement Lead, Hospice UK         |
| **National Developments**
  UK wide IPC strategy for staff education and training core standards | Dr Lisa Richie, Head of Infection Prevention and Control, NHS England       |
| **Case Study**
  Staff training, induction, compliance and human factors | Anne Nash, Consultant Nurse, St Christopher’s Hospice, London               |
| **Sharing Stories**
  How the pandemic impacted on IPC training and compliance for the team | Nicki Seeley, Head of Inpatient Services, St Luke’s Hospice, Basildon, Essex.|
| Open discussions with Q&A time                 | All                                                                         |
| Summary & close                                | Dawn Hart                                                                   |

[www.hospiceuk.org](http://www.hospiceuk.org)
ECHO Session 2 Evaluation

Help to shape the sessions

6 quick questions with additional comments welcome

3 minutes to complete

Link will be given in the Chatbox towards the end of the session.
COVID-19 Update

Dawn Hart
Senior Clinical and Quality Improvement Lead
Hospice UK
COVID-19 Pandemic (data to 16 March 2021)

Throughout history, as humans spread across the world, infectious diseases have been a constant companion. Even in this modern era, microbes are nearly constant.

Here are some of history’s most deadly pandemics, from the Antonine Plague to COVID-19.

The plague originated in rats and spread to humans via infected fleas.

The outbreak wiped out 30-50% of Europe’s population. It took more than 200 years for the continent’s population to recover.

Smallpox killed an estimated 90% of Native Americans. In Europe during the 1800s, an estimated 400,000 people were being killed by smallpox annually. The first ever vaccine was created to ward off smallpox.

The death toll of this plague is still under debate as new evidence is uncovered, but many think it may have helped hasten the fall of the Roman Empire.

www.hospiceuk.org

The History of Pandemics, by Death Toll (visualcapitalist.com)
COVID-19 world view (data to 10 April 2021)
**COVID-19 National View** (data to 7 April 2021)

### Coronavirus in the UK

<table>
<thead>
<tr>
<th></th>
<th>Total deaths</th>
<th>Total cases***</th>
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<tbody>
<tr>
<td><strong>Latest daily figure</strong></td>
<td>127,040</td>
<td>4,365,461</td>
</tr>
<tr>
<td><strong>Three-month trend</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>60 new deaths</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Latest daily figure</strong></td>
<td>3,150</td>
<td></td>
</tr>
<tr>
<td><strong>Three-month trend</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>3,150 new cases</strong></td>
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### People in hospital*

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<tbody>
<tr>
<td><strong>Latest daily figure</strong></td>
<td>3,005</td>
</tr>
<tr>
<td><strong>Change on day before</strong></td>
<td>-125</td>
</tr>
<tr>
<td><strong>Three-month trend</strong></td>
<td></td>
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</table>

### Total 1st vaccine doses given

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<tbody>
<tr>
<td><strong>Latest daily figure</strong></td>
<td>96,242</td>
</tr>
<tr>
<td><strong>Trend from 8 Dec</strong></td>
<td></td>
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<tr>
<td></td>
<td></td>
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<tr>
<td><strong>1st doses</strong></td>
<td></td>
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</tbody>
</table>
Coronavirus spread across the UK per 100,000
(last seven days to 4 April 2021)

Cases
People tested positive
Latest data provided on 10 April 2021
Daily 2,589
Last 7 days 18,970 ▼ -8,942 (-32%)
Rate per 100k resident population: 30.7

Government website: Gov.uk

www.hospiceuk.org
Visiting healthcare inpatient settings during the COVID-19 pandemic: principles

16 March 2021, Version 2. Updates to version 1 are highlighted.

How organisations should facilitate visiting, as far as possible, across all healthcare inpatient settings, including hospices.

Number of visitors at the bedside limited to one close family contact or somebody important to the patient.

Appendix C: Visitors of people who are dying in inpatient healthcare settings – lateral flow device testing

Testing:
• Available for up to four visitors per day (social distancing, IPC measures and visitor guidance permitting)
• It is a statutory requirement to record all results (positive, negative, invalid) from each Lateral Flow Device (LFD) test.
• All results must be logged according to the organisation’s current arrangements for recording staff testing using a LFD.
• Test details and results are required by law to be submitted to Public Health England.
Visiting guidance for adult healthcare settings: trigger tool
(This tool does not apply to maternity or paediatric healthcare settings)

Is there a national lockdown?
- **NO**
- **YES**
  - Follow local visitors guidance
  - Does the healthcare setting have a number of outbreaks over a site?
    - **NO**
    - **YES**

Is the patient in their last week of life?
- **NO**
- **YES**
  - Has the organisation’s incident management team determined that visiting is restricted?*
    - **NO**
    - **YES**
      - Visiting at the end of life should be permitted.

Has the organisation’s incident management team determined that visiting is restricted?*
- **NO**
- **YES**
  - Consider virtual visiting
  - Follow Visiting healthcare inpatient settings principles during the COVID-19 pandemic

Follow Visiting healthcare inpatient settings principles during the COVID-19 pandemic

*Point for consideration: Do you have adequate supplies of PPE?
Data from the Health Protection Surveillance Centre (HPSC), which monitors infections in the Republic of Ireland, revealed that of the 232,164 cases of Covid-19 recorded up to March 24 this year, 262 were a result of outdoor transmission.

Results indicate very average outdoor concentrations in public area, excluding crowded zones, therefore, the probability of airborne transmission due to respiratory aerosol is very low in outdoor conditions.
Lateral Flow Device (LFD) Testing

RAPID COVID-19 TESTING WILL BE AVAILABLE FOR EVERYONE IN ENGLAND FROM 9 APRIL

Lateral Flow Testing
- Small and portable tests
- No lab required with results in 30 minutes
- Safe and trusted technology

Together we'll keep Wales safe
gov.wales/coronavirus

Testing extended

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<thead>
<tr>
<th>C</th>
<th>T</th>
<th>Control (C)</th>
<th>Negative result</th>
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<tbody>
<tr>
<td>T</td>
<td></td>
<td>Test (T)</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>C</th>
<th>C</th>
<th>Positive results</th>
</tr>
</thead>
<tbody>
<tr>
<td>T</td>
<td>T</td>
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<table>
<thead>
<tr>
<th>C</th>
<th>C</th>
<th>Results void</th>
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<td>T</td>
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COVID-19 COMMUNITY TESTING CENTRES

What to expect

www.hospiceuk.org
IPC Bulletin

Call out for any content, articles, stories.
Publication every 2 months
Next Bulletin in May

Please email clinical@hospiceuk.org if you have anything that you think would be good to share with the network

Any examples of:
• IPC innovation, excellence
• Quality improvement projects – outcomes
• Sharing of good practice
• New publications
• Showcase your hospice
HUK IPC ECHO Session
National Developments

Dr Lisa Ritchie, Head of Infection Prevention and Control.
National IPC Guidance update (Jan 2021)

- Sessional use of single-use PPE/RPE continues to be minimised and only applies to extended use of facemasks/FFP3 and eye protection
- Facemasks for staff and patients required across all care pathways in the UK
- AGPs: oral/pharyngeal suctioning not considered an AGP
- Valved respirators should not be worn in sterile areas/sterile procedures
- Updated care pathways to recognise testing/exposure
- Key points from the stepdown guidance included
- Terminology: change ‘shielding’ to ‘clinically extremely vulnerable.’ Definitions highlighted in the glossary.
- Section 4: Reference to NICE guidance for planned procedures

*IPC measures are underpinned by the National Infection Prevention and Control Policy Manual (NIPCM), practice guide and associated literature reviews*
IPC Resources: support and communications

- Board Assurance Framework
- Key Actions
- UEC Testing flow diagram to support decision making at point of admission
- Every Action Counts
  https://www.youtube.com/watch?v=0nZG_oOHp7M
What has worked well?

- New ways of working – collaboration between NHS and other care sectors
- Communication in an emergency refined
- Data reporting and modelling improved
- Operational response re PPE supply
- IPC has become everyone’s responsibility – stepping up with PPE / Distancing champions/marshals
- Profile raised of Standard Infection Prevention and Control Precautions (SICPs) and Transmission Based Precautions (TBPS) in preparation for National Infection Prevention and Control (NIPCM)
Lessons learned

Immediate

• Leadership and IPC Capability and Capacity
• Social distancing
• Hygiene (hand hygiene/cleaning)
• Ventilation
• Testing and risk assessment

Longer Term

• Building and design
• IPC capability and capacity
• IPC Educational Programme
## Future Challenges and next steps

**Challenges:**
- BAU work in tension with continued incident response
- Robust surveillance programs and testing to detect cases and outbreaks
- Recovery and recuperation – staff morale/health and wellbeing
- Acknowledged lack of specialist knowledge and expertise – IPC and microbiologists
- Volume of clinical waste: over-use/inappropriate use of gloves

**Next steps**
- Use intelligence data for informed decision making
- National IPC team: National IPC program based on WHO core components, AMS five year national action plan and NHS Long Term Plan
Strategic Vision of the national IPC programme

- We will be recognised nationally and internationally for a workforce that is knowledgeable and prepared to deal with current and emerging infection threats.
- We will increase IPC capability. Education and training will be developed in tandem with frontline staff to address requirements in a way that is clearly relevant to the specific challenges they face. Guidelines and education and training resources will be concise, updated only when necessary and provided through a single trusted source, to maximise value and prevent conflicting information being disseminated. We will provide timely practical evidence-based IPC guidelines.
- Science and evidence base is at the core of IPC and all decision making.
- IPC is integral to patient (individual) safety and quality of care in all health and social care settings.

Key workstreams:

1. IPC Leadership and workforce
2. IPC Education (Florence Nightingale Foundation: Leadership Boost / Knowlex Events)
3. National IPC manual and guidelines
4. GNBSI Improvement programme
5. Safety and Support
Resources

- **Knowlex**: series of ten themed events 25 March – 25 June. Includes; Outbreaks, Mental Health, Behavioural Insights (changing behaviours and increasing engagement), Built Environment, PPE Innovation & Sustainability, Leaership, AMR and IPC Risk Assessment.


- **SICPs Literature Reviews** [http://www.nipcm.hps.scot.nhs.uk/resources/literature-reviews/standard-infection-control-precautions-literature-reviews/](http://www.nipcm.hps.scot.nhs.uk/resources/literature-reviews/standard-infection-control-precautions-literature-reviews/)

Contact details

- IPC Cell (COVID related IPC enquiries) nhseandnhsi.ipc-cell@nhs.net
- IPC (Non COVID related enquiries) nhsi.improveipc@nhs.net
- Dr Lisa Ritchie, Head of Infection Prevention and Control, NHS England/NHS Improvement lisaritchie@nhs.net
- Sue Millward, IPC Workstream Lead (Education) susan.millward4@nhs.net
Staff Training, induction, compliance & human factors
April 2021
Anne Nash Consultant nurse
About St Christopher’s

- St Christopher’s was opened in 1967
- We care for people across Bromley, Croydon, Lambeth, Lewisham and Southwark, covering a population of 1.5m people
- Case load over COVID-19 pandemic increased to on average 1300 community patient’s on case load
- It costs £19 million a year to deliver our services.
- Inpatient unit has of was 38 beds (3 wards) – reduced as bay’s very small (currently 29)
- Outpatients / day care – one line
- Offices: social distancing, 2 metres apart, working from home
- Laundry
Our Staff Training

**Induction and yearly**
- NHS eFlh – infection prevention training
- level 1 for all
- level 2 for RN’s and all IPU nursing staff

**Support out own cleaning staff, yearly supported learning using the eFlh**

**Mentorship**
- In induction booklet mentor works through the key principals of isolation precaution’s, hand hygiene etc.

**HCA competencies**

**RN competencies**

**Key worker for Infection Control group**

**Bi-monthly meetings with educational input**
- Reps from each ward, community and cleaning Services
Compliance

Training grids
Monitored by our HR team and the manager is informed if updates not completed by an individual staff member

Assurance Audit’s
- hand hygiene
- urinary catheter care
- isolation precautions
- aseptic procedures
- Yearly external audit from local hospital infection prevention team

Incident monitoring and review of out breaks which are monitored by our Patient and User safety Governance group Quarterly
Human Factors / challenges

Change in Government guidance

Interpretation of the guidance versus how staff interpret guidance

Weekly review /link alert to the update’s

Use of MDT to support practice and staff

- working closely with the medical director/ deputy medical director/ ward managers / cleaning supervisor to support staff training and practice esp. on first wave of the outbreak

Use of group clinical supervision for IPU nursing, socially distanced face to face

Use of equipment .. If your eye goes off the ball !
Challenges of staff / patient swabbing and screening of symptoms and interpretation of guidance

Challenge for supporting increased visiting & return of staff to the workplace

Vaccinations and data.

Case example: 3 Staff living together, have had 2 COVID vaccination's, 1 has cough symptoms, negative lateral flow’s...
Anne Nash Consultant nurse
Sharing Stories

Nicki Seeley
Head of In-Patient Services
St Luke's Hospice, Basildon
How the pandemic impacted on IPC training and compliance with the team.
Training and Education pre COVID19

Mandatory training - e-learning

Video training and compliance

HUBS

Changes / ever changing guidance

PEEP audits (practice, equipment, environment, patient).

Who the guidance was for - clinical / non-clinical

Capturing those furloughed or shielding

Capturing the whole organisation in 3 different locations

Ever changing guidance and how this was disseminated

Amendments to strengthen existing messages

Heightened anxieties and how this was dealt with

Compliance and role modelling
Pre Pandemic

All staff

- Induction for all staff
- Everyone within 2 weeks of joining complete mandatory training IPC level 1
- Level 2 for clinical staff
- E-Learning
- Audit plan quarterly
- Monthly IPC meetings

Volunteers

- IPC passport prior to joining
- Induction
- IPC face to face training on the unit
- ELFH
- Audit
Impact during the pandemic

- Staff furlough and shielding
- Staff sickness and isolation
- Support network - changing situations
- Clear messages - government guidelines
- Managing team anxieties
- Role models and influencers
- Policy and procedure changes
- Updates to care pathways
- Reliable application of all IPC recommendations
- Assurance and adherence
- Risk assessments - staff, patients and environments
- Considerations to specific conditions of each place of work
- PPE availability and supply
- HUB
- Daily updates/changes to environment
- Notice boards
- Clear messages - i.e. donning and doffing
- Daily huddles - open door policy
- IPC daily meeting and tracker
- Patients in isolation
- Nursing patients safely
- PCR testing for patients - risk assessments (high, medium, low)
- PCR testing and vaccinations for staff
- Lateral flow testing for staff and visitors twice weekly
- Effective communication
- Video training
- PPE - government guidelines
- PEEP audits
- Managing human behaviours
- Changing habits to become the ‘norm’
- Re-enforcements
- Clear communication
- Managing challenging behaviour
- Out of hours queries
- Right people/right message
- Task and finish groups
- Engagements
- Cleaning hands regularly
- Effective hand washing
- Respiratory hygiene (catch it, bin it, kill it)
- Avoid touching your face
- Correct wearing of face masks
- Following standard IPC precautions
- Correct technique for donning and doffing
- Safe disposal of PPE
- Equipment decontamination
- Environmental changes - adherence
- PEEP - ongoing audit and communication
Thank You

Nicki Seeley
Head of In-Patient Unit Services

Infection Prevention and Control Lead
St Lukes Hospice
Basildon
ECHO Session 2 Evaluation

Help to shape the sessions

https://www.surveymonkey.co.uk/r/13Apr_IPC
Next IPC ECHO: Session 3

Date / Time
Thursday 17 June, 1.00pm – 2.30pm

Topic
Antimicrobial Stewardship & UTI Management
(plus mid-year review)