



Department
of Health &
Social Care



The
Queen's
Nursing
Institute

Infection Prevention and Control (IPC) Champion Network
and Care Home Nurses Network meeting

SUMMARY

*'National infection prevention and control
policy and guidance update'*

Thursday 23 March 2023
2 - 4pm, via Zoom

#IPCChampions
#CareHomeNursing
@QNIIPC



1. Chair's Welcome

Charlotte Fry, RN, DN, QN, Expert Lead Nurse, IPC Champions Network; @cfry_

- Welcome to everyone, good to see you all.
- This is our second joint event: the IPC Champions Network and the Care Home Nurses Network
- To join the IPC Network, please go to: <https://qni.org.uk/nursing-in-the-community/infection-prevention-and-control-champions/>
- To join the Care Home Nurses Network, please visit: <https://qni.org.uk/nursing-in-the-community/care-home-nurses-network/>
- Please remember our Talk To Us service, an opportunity for you to offload in these challenging times. It's a free telephone service, to find out more information please go to: <https://qni.org.uk/support-for-nurses/talktous/>
- We have an excellent agenda today, thank you to all our speakers for giving their time and expertise
- For IPC resources visit: <https://qni.org.uk/news-and-events/events/infection-prevention-and-control-ipc-champions-meeting/>



2. Field Specific Standards update

Dr Agnes Fanning, RN, QN, Project Manager, The QNI; @agnes_fanning

- The QNI is developing 9 sets of field specific standards, these are: Adult Social Care Nursing*, Community Children's Nursing*, Community Learning Disability Nursing*, Community Mental Health Nursing*, District Nursing*, General Practice Nursing*, Homeless and Inclusion Health Nursing*, Criminal Justice Nursing and Hospice Nursing.
- The first six* of these have gone out to consultation and we have the feedback from them.
- Just to assure you this has been a very robust process. We've put together an advisory board with members such as the Council of Deans, the NMC, the RCN and Chief Nurses.
- The Standards Reference group were an essential part of this, many of you on the meeting today were on the board. I'm eternally grateful to you, it's your expertise as you're working in that field of practice.
- A bit of background: in July 2022, the NMC did relatively generic standards, that's why we saw the need to include specificity, it was absolutely essential that I had your input for Adult Social Care Nursing.



2. Field Specific Standards update

Dr Agnes Fanning, RN, QN, Project Manager, The QNI; @agnes_fanning

- We looked at the NMC document and identified where there were similarities and we enhanced the language. So whilst some of the Standards were relevant we had to build on them and upskill them. All the QNI Standards have been mapped to NMC standards and 4 pillars of practice which identify the advanced level of practice they'll be working at.
- There was some gaps identified - looking at the NMC Standards, it was written possibly with District Nursing in mind. But as you know for Adult Social Care Nursing, there are so many other issues you have to consider. And working with local authorities can be totally different to working for the NHS.
- The documents were sent out for consultation in February 2023. The response rate was about 300. Overall the feedback has been very positive, couple of issues came up - such as the v300 but we have to include it, it's the way forward and is remaining as standard. I'm working my way through the comments and amending as we speak.
- Next stage is the next 3 with a view to consultation by July. Hopefully all 9 fields will be ready for September 2024 cohort. Lots of universities have expressed interest.
- It's exciting for Adults Social Care Nursing. I think it will attract a number of people into the specialism.

3. The National IPC Manual (NIPCM) for England

Jackie McIntyre, RGN, NHS England

- Why we need the NIPCM manual: to promote a common understanding, leading to improved knowledge and consistency of application of IPC, to minimise risk of infection and meet the human healthcare ambitions set out in UK Government 5 Year plan.
- There was no central source of national IPC policy for NHS England
- IPC guidance and policy are produced by many organisations and different methods are used to develop policy and guidelines which aren't necessarily up to date or evidence-based.
- We created the NIPCM to also secure consistency. When we came into the pandemic there was no national guidance in England but there was thousands of policies. We've tried to standardise that so that we have one single source of truth.
- Scotland introduced a manual in 2012.
- The NIPCM for England provides a single reliable source of IPC policy and guidance; it provides an evidence base developed using robust methods for evidence-based IPC policy and guidance; it provides clarity on areas of consensus and disagreement in IPC practice + identifies gaps in the evidence.



3. The National IPC Manual (NIPCM) for England

Jackie McIntyre, RGN, NHS England

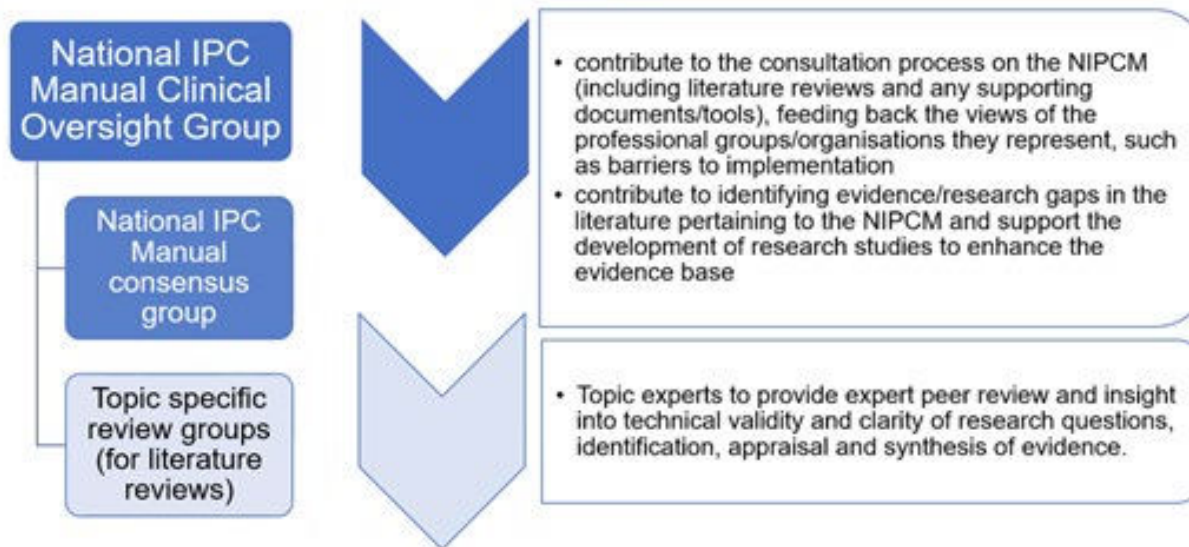
- It removes the need for local policy development and maintenance; it will reduce variation in IPC practice across NHS England and supports compliance with regulatory requirements. Basically, it frees up time for you to do your day job!
- The NIPCM is made up of 4 parts:
- 1. These are the must dos: Chapter 1: Standard Infection Control Precautions (SICPs) and Chapter 2: Transmission Based Precautions (TBPs):
<https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/>
- 2. We look at the best evidence available: scientific literature reviews which highlight the recommendations for practice made by the NIPCM are based on real-time reviews of the current scientific literature and best practice.
- 3. Supporting resources, appendices, aide memoires - these supporting resources seek to ensure that evidence, improvement and scrutiny are aligned.
- 4. The NIPCM methodology describes the development process including governance, literature reviewing and developing recommendations.

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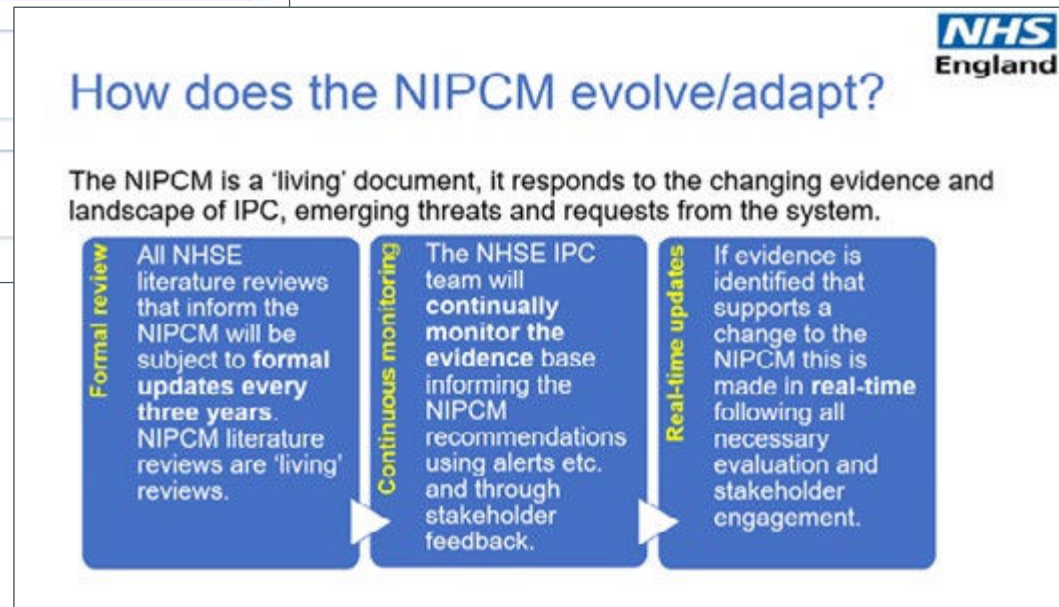
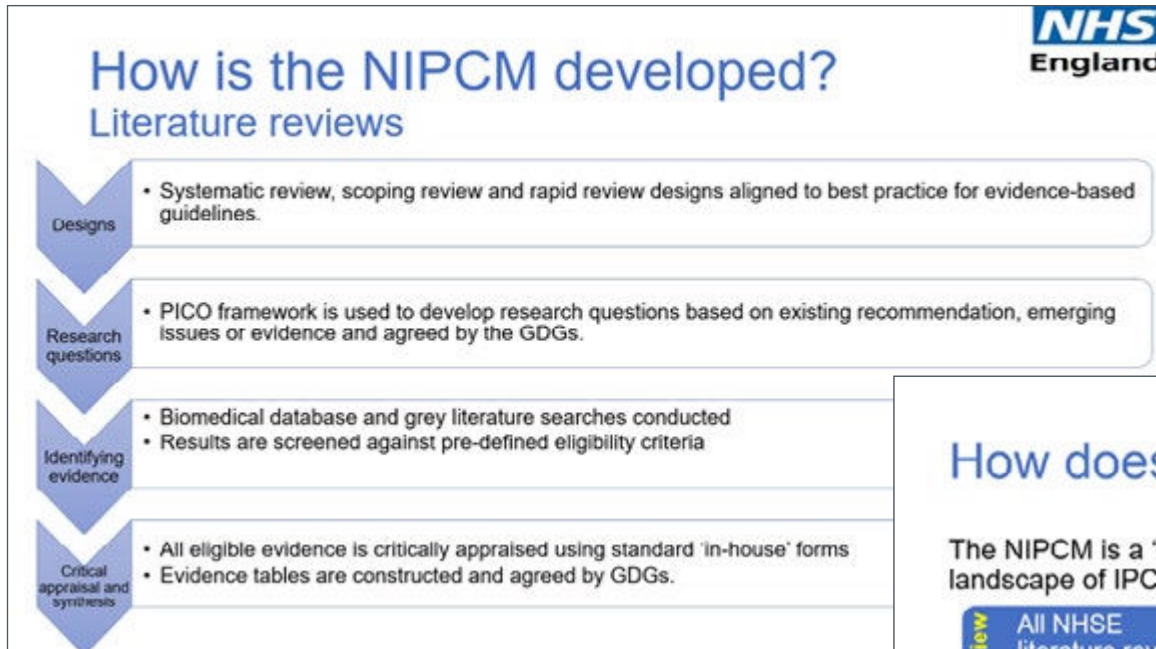


How is the NIPCM developed? Guideline development groups



3. The National IPC Manual (NIPCM) for England

John Scott, Lead Scientist NHSE IPC Team



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What has been done to date?



Chapters 1 and 2/the manual

- The NIPCM for England was first published in April 2022 and has been updated in response to stakeholder feedback. V2.4 was published in January 2023.
- This is currently published in PDF format and in an accessible HTML format on the NHSE website, formal user needs assessment undertaken and approval has been given for a stand-alone website for the NIPCM.

The evidence base and development processes

- Established the NIPCM consensus and clinical oversight groups
- Publication of the NIPCM methodology
- A rapid literature review on aerosol generating procedures was conducted to inform the UK AGP list and has been published alongside the NIPCM
- Protocols agreed for three literature reviews which are now in progress

Supporting resources and implementation

- A compendium of HCAI guidance and resources has been developed and was published alongside the NIPCM in August 2022.
- Initial work on implementation with a dedicated focus group of 'early adopters'

Summary: what does this mean for you?



- In summary, the NIPCM aims to :

- 1) Provide a **collaborative, evidence-based, systemwide approach** to the development, delivery and maintenance of the IPC policy and guidance.
- 2) Support a **common understanding** of IPC practice requirements (**making the right thing easy to do for every patient/individual, every time**)
- 3) **Reduce variation** in IPC practice and **standardise** care processes.
- 4) **Improve** how **knowledge and skills** are applied in infection prevention and control.
- 5) Support **alignment** of practice, education, monitoring, quality improvement and scrutiny.
- 6) Help **reduce the risk** of healthcare associated infections.

This **once for England** approach:

- will enable healthcare workers to **do the right thing for every patient, every time**, based on the best available evidence, and thus help **reduce the risk** of healthcare-associated infection (HCAI) and ultimately **improve patient safety**.
- has the potential to **save IPC teams time** in not duplicating effort on policy development that may otherwise be spent on other IPC activities, such as, supporting implementation of guidance and practice improvement.

What is planned for the future?



Chapters 1 and 2/the manual

Develop a dedicated, mobile device friendly website to host the NIPCM and all its resources with:

- One place, one click access
- Mobile device friendly
- Ability to set up alerts for changes
- Increased functionality to allow advanced searching and feedback

The evidence base and development processes

- TBPs definitions – scoping review (March/April 2023)
- Aerosol generating procedures (AGP) fallow times – rapid review (Summer 2023)
- Gloves (April/May 2023)
- Prioritisation and planning of remaining literature reviews to be delivered by April 2025
- Scoping of additional chapters e.g. water and ventilation/the built environment and outbreak management

Supporting resources and implementation

- A-Z of pathogens (March/April 2023)
- Resources to support implementation of the NIPCM across NHS England e.g. monitoring tools
- Support compliance with the code of practice by publishing a National IPC Board Assurance Framework (BAF)

4. UKHSA Update

Suzanne Morris, RGN, MSc, PTLIS, Infection Prevention and Control Specialist, & Jackie Cassell, FFPH, National Lead for Adult Social Care, UKHSA

- The UK Health Security Agency (UKHSA) is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. We provide intellectual, scientific and operational leadership at national and local level, to make the nation's health secure: <https://www.gov.uk/government/organisations/uk-health-security-agency>
- I want to talk you through all the IPC related guidance that has been updated:
1. Health and Social Care Act 2008: <https://tinyurl.com/383xyvh2> - this was updated in

December 2022. It was reviewed to take into account the changes in the NHS that came into place on 1 July 2022. The key thing to remember is it's not a mandatory code for practice: you have to provide evidence you are compliant with the code, but if you have something better you can use that.



4. UKHSA Update

Suzanne Morris, RGN, MSc, PTLLS, Infection Prevention and Control Specialist, & Jackie Cassell, FFPH, National Lead for Adult Social Care, UKHSA

It's also proportional to your setting so for a small care home for example, less than 10 people, what you need to have in place is very different to a care home with 100 people.

2. Infection prevention and control in adult social care, April 2022:

<https://tinyurl.com/5n78y9cr> Very similar to manual issued by Dept of Health in April 2022. It gives you core principles of IPC and how can be implemented within the adult care setting. It combines advice and guidance and the research behind it - it also helps managing specific infections.

3. Guidance for the management of norovirus outbreaks in acute and community health and social care settings, March 2012 <https://tinyurl.com/2s3f5nvd> This guidance issued by what was Public Health England is still valid. It's being reviewed now and we're hoping to get it updated - in relation to covid guidance - and out to you as soon as possible.

4. UKHSA guidance on the management of scabies cases and outbreaks in long-term care facilities and other closed settings - January 2023

<https://tinyurl.com/yckrezj3> Scabies is most commonly seen in adults in adult social care settings. This guidance takes you through the management treatment it's very easy to read.

4. UKHSA Update

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5. Group A streptococcus - 2023 <https://tinyurl.com/4wut6ezm> Group A strep: healthcare guidance is under review at the moment, however, Group A Strep has always been there, throughout the year in certain groups, sometimes we see peaks of infection. And there's some guidance to reduce that risk.

6. UK guidelines for the management of contacts of iGAS infection in community settings - March 2023 <https://tinyurl.com/2p8pc4x2> iGAS: is a Group A Strep which has gone into a sterile environment and that sometimes can be necrotising, it has a much more significant effect. Updated in March this year, it looks at cost savings too and also reducing carbon emission too.

7. Carbapenemase-producing Enterobacteriaceae: non-acute toolkit - updated in September 2022. <https://tinyurl.com/9cy6wfz9>

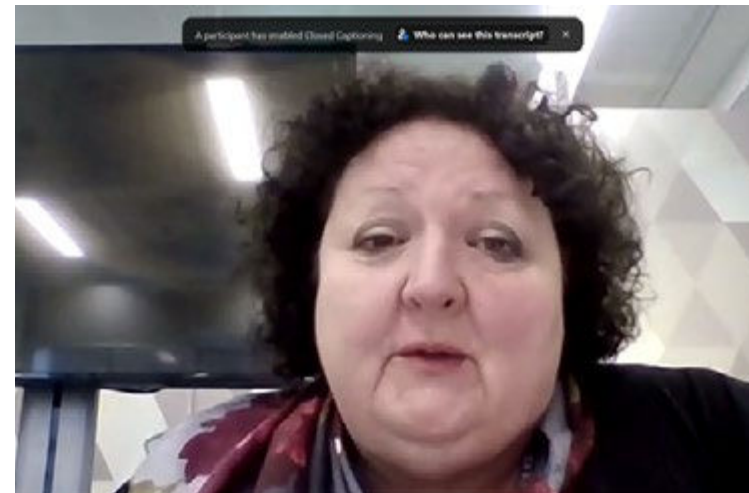
8. C. difficile guidance - the guidance was withdrawn in July 2022. It went out to consultation July - October 2022 and UKHSA are in the process of analysing the feedback.



4. Update

Deborah Sturdy CBE RN, FRCN, FQNI, Chief Nurse Adult Social Care; @sturdy_deborah

- I'm very happy to help anyone from adult social care who's thinking of applying for the title of Queen's Nurse, my email is deborah.sturdy@dhsc.gov.uk. Find out how to become a Queen's Nurse here: <https://tinyurl.com/mr2nrfz9>
- We also have the Chief Nurse Adult Social Care Awards. We've also just launched the new Team Award too, so please look into it and apply, find out more here: <https://tinyurl.com/4jc2rsrt>
- We need to see more front line staff come forward for these awards. We need to shine the light on all your fantastic work !
- Please look out for opportunities with the newly forming Social Care Nursing Councils in every ICS too !



6. Message from Helen Whately MP

Helen Whately MP, Minister of State (Minister for Social Care); @Helen_Whately

- Many of you on this call have been working through the pandemic in care homes, domiciliary care and other settings and I am in no doubt that you must have had an incredibly hard time and played such a crucial role during the pandemic.
- For me my recollections are back-to-back zoom calls, desperately trying to make sure there was enough PPE and testing going out to care homes and later the vaccinations.
- Some of the best memories of the pandemic for me were talking to people, specifically residents in care homes when they'd just been vaccinated, and how it was just such a massive relief. One lady in her 90s said that at last she felt like she had some kind of defence against the horrible thing that was covid.
- I always try and look for the silver lining in anything and I certainly feel that people talk about social care and health in one breath now and the awareness of this role has really gone up. That's one of the things that I hope continues: more voice and recognition and more status for adult social care nursing.



6. Message from Helen Whately MP

Helen Whately MP, Minister of State (Minister for Social Care); @Helen_Whately

- Another silving lining is Deborah Sturdy herself. I was conscious during the pandemic that we had a Chief Nurse for NHS England, Ruth May, and I saw what a voice she was for the nurses in the NHS and I thought that was something specifically that we needed for social care. So we created our role for Chief Nurse for Social Care that Deborah has taken on and that she is driving forward brilliantly.
- More research is also important and I know that we're soon going to get UK Professor of Social care Nursing so that's a great thing for raising the profile.
- It's really important that people can spend time in social care settings too they can see it's a great career path.
- I would encourage you to seek opportunities for leadership roles, speak up about social care nursing. Think of nominating colleagues for the Chief Nurse awards, which is another great opportunity to recognise adult social care nursing.
- I do hope that going around the country I will be able to meet more of you, I know what a fantastic job you do and I always value hearing from people on the front line.
- You are the heart of social care nursing and the voice of social care nursing, I'd encourage you to speak up and together we'll make sure it is recognised for what it is.

7. DHSC Update

Callum Garipis-Ullah, IPC Policy Support Officer at DHSC; Bethany Pearce, Senior Policy Advisor, DHSC; Alex Barton, Infection Prevention and Control Strategy and Guidance, DHSC

What does a risk based approach to mask wearing look like?

- Face masks are no longer required to be worn at all times.
- A risk assessment carried out by the care provider should identify when a face mask is required.

As set out in guidance, face masks should continue to be used by:

- A staff member caring for a person suspected or confirmed to have COVID-19.
- A staff member who is a household or overnight contact of someone with COVID-19.
- Staff and visitors if there is an outbreak of COVID-19 in the setting.
- A staff member if the person receiving care prefers a carer to wear a face mask.

Managing COVID-19 Outbreaks in Adult Social Care

- Care homes can initiate their own risk-assessments, outbreak measures and outbreak testing if they feel able to do so.
- Care homes should continue to inform their local health protection team (HPT) of a suspected outbreak as per previous guidance.
- HPTs (or other local partner) will continue to be on hand to provide support to care homes who request it.

The guidance advises care homes to contact HPTs (or other local partner) when they have specific concerns, for example:

- There is a higher number of deaths or hospitalisations than expected
- Cases are increasing rapidly making it difficult to control the outbreak
- There are staffing shortages or concerns about safety within the care home
- There is a suspected outbreak of another infection in addition to COVID-19

Outbreak testing and COVID-19 case management for small care homes (1-10 beds)

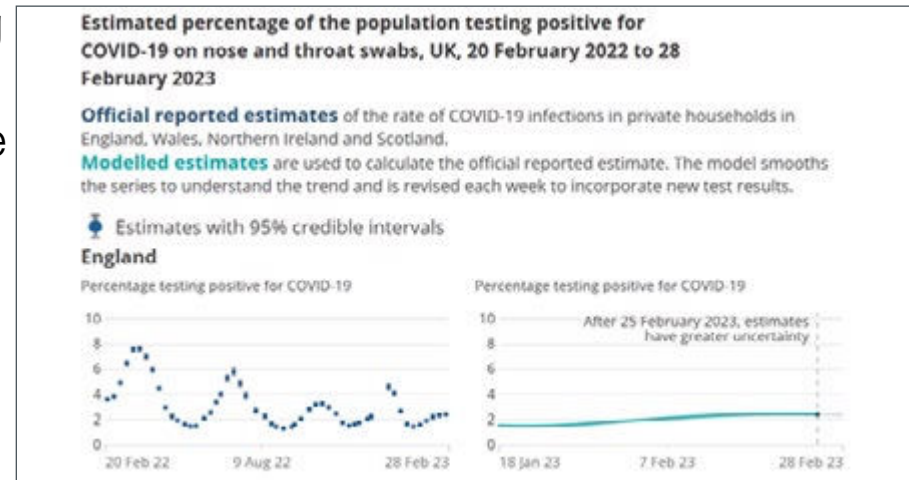
- Outbreak recovery testing does not need to be undertaken in small care homes. The outbreak can be declared over once all **resident** self-isolation periods are over.
- When an outbreak (2 or more cases) is suspected, small care homes should promptly initiate outbreak testing and assess if rapid response testing is also beneficial.
- Small care homes can manage resident cases similarly to a household, with residents encouraged to follow [advice for the general population](#).



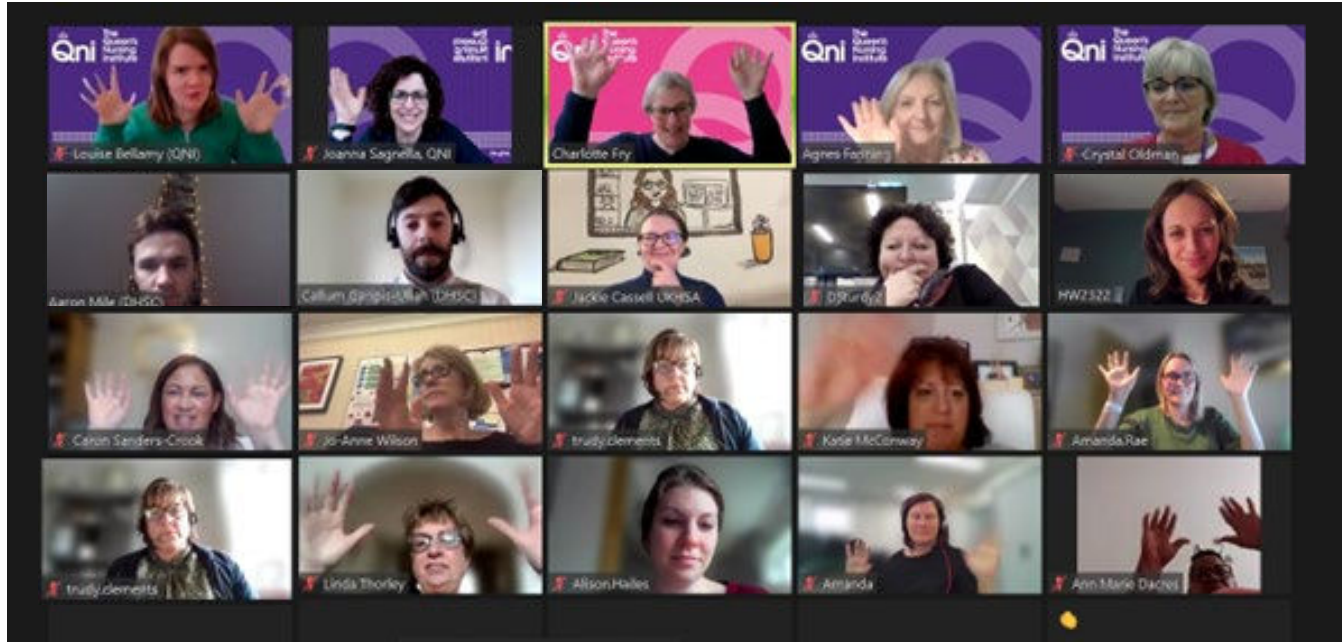
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- PPE Update - what does the future of PPE for Covid-19 use look like?
- PPE use is risk-based and free for Covid-19 needs until March 2024 or until stock runs out.
- Care providers will be required to pay for wider PPE needs, just as before the pandemic.
- PPE guidance is still in place and it is recommended for the Adult Social Care sector to continue to follow it.
- Estimated stock out dates: <https://tinyurl.com/yr2t4wf5>
- We are working towards updating Covid-19 guidance in Spring
- Aiming to loosen the intensity around testing and Covid-19 specific interventions
- Intending to condense the Covid-19 guidance into pre-existing general respiratory illness guidance
- We'll continue the development of Multiplex testing options to streamline testing for a range of respiratory illness



Thank you to all nearly 80 delegates who attended today's meeting!



COMMENTS

A selection from delegates:

Thank you very much - really informative !

Thank you very much. Really enjoyed this session

excellent session thank you

Brilliant session

thanks everyone :)

Thank you everyone, so useful

Great session, thank you

Thank you all, very interesting

Thank you all, a great afternoon

