



Northern Ireland Ambulance Service
Health and Social Care Trust



Infection, Prevention and Control Annual Report

2024-2025





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Director of Quality, Safety and Improvement Foreword

This report recognises both the challenges faced and progress made in relation to Infection Prevention and Control (IPC) within the Northern Ireland Ambulance Service (NIAS) during the period 1st of April 2023 to 31st of March 2024.

The year has been marked by continued dedication, innovation and adaptability in responding to emerging risks and ensuring the highest standards for patients, staff and the wider community.

The re-emergence of measles and the new threat of Clade 1 Mpox cases demonstrated the success of a multidisciplinary approach to IPC risks faced by the ambulance service. While the pressure on the health system as a whole remained unchanged, as an organisation we were able to adapt and to ensure safe systems of work were established and risks mitigated as far as possible in this challenging service delivery context.

During this year we continued to work with internal and external stakeholders to ensure a robust and responsive IPC service tailored to the needs of the pre-hospital setting and all its unique challenges.

As we move forward, we remain focused on improving our culture of IPC and fostering a spirit of continuous learning and improvement.

I would like to take this opportunity to thank our NIAS IPC team for their hard work, dedication and commitment during this year, I am very proud of all that this small team have achieved. I would too like to acknowledge the role of our Operational Crews, of our NIAS Educators and of our Service Managers in delivering and supporting with all IPC efforts this year, and in championing a culture where IPC is foundational and part of our core business.



Lynne Charlton

Director of Quality, Safety, and Improvement



The Northern Ireland Ambulance Service Health and Social Care Trust

Background Information

The Northern Ireland Ambulance Service (NIAS) provides high quality urgent and emergency care and treatment, as well as scheduled non-emergency patient transport services for all the 1.9 million population in Northern Ireland (NI). We provide these services across 5,500 square miles and five divisions – Belfast Division, Northern Division, South-Eastern Division, Southern Division and Western Division. NIAS dispatch vehicles from a range of 59 stations and deployment points across the region and our Trust headquarters are based in Knockbracken Healthcare Park, Belfast.

There are circa 1,400 staff employed by NIAS at any given time with 250 volunteer first responders and 100 voluntary car drivers also supporting service delivery. The table below provides a breakdown of the NIAS permanent workforce at 31st of March 2024:

Staff Group	Number of staff
ACA	237
EMT	273
Paramedics	433
Other	525
Total	1468

Within the service there are 116 frontline double crewed emergency ambulances, 43 rapid response cars and 115 non-emergency ambulance vehicles coordinated by one Emergency Control Room and one Non-Emergency Control Room. In addition, the NIAS Hazardous Area Response Team (HART) work with other emergency services to treat individuals and support the management of major incidents.

The NIAS Infection Prevention and Control (IPC) and Environmental and Vehicle Cleanliness (EVC) Teams are key contributors to the quality, safety and patient experience agenda of the organization. As set out in “Caring Today, Planning for Tomorrow- Our Strategy to Transform: 2020-2026”, the NIAS as a whole and the IPC & EVC teams are committed to providing high quality, evidence-based services and consistently showing compassion, professionalism and respect to the patients that we care for. We do this by ensuring that:

- Our patients feel professionally cared for, always with compassion and respect
- Our staff will feel positive and proud to work for NIAS
- Our stakeholders and partners will have confidence in us as a reliable provider at the center of urgent and emergency care
- Our communities will continue to value and trust us.

The NIAS in line with other Health and Social Care providers across NI continue to face significant challenges and issues. These include the need to deliver safe, high quality care, improved response times and service modernisation in the context of a constrained financial environment. The Trust’s frontline challenges are those that are also faced by ambulance services across the rest of the United Kingdom (UK) and the broader Health and Social Care Sector in Northern Ireland, as documented in the GIRFT review of Emergency Medicine In Northern Ireland (2024) and the Northern Ireland Audit Office review of Ambulance Handovers in Northern Ireland (2025).

Introduction

The purpose of this report is to provide a comprehensive overview of the IPC activity which has taken place in NIAS from 1st April 2024 to 31st March 2025.

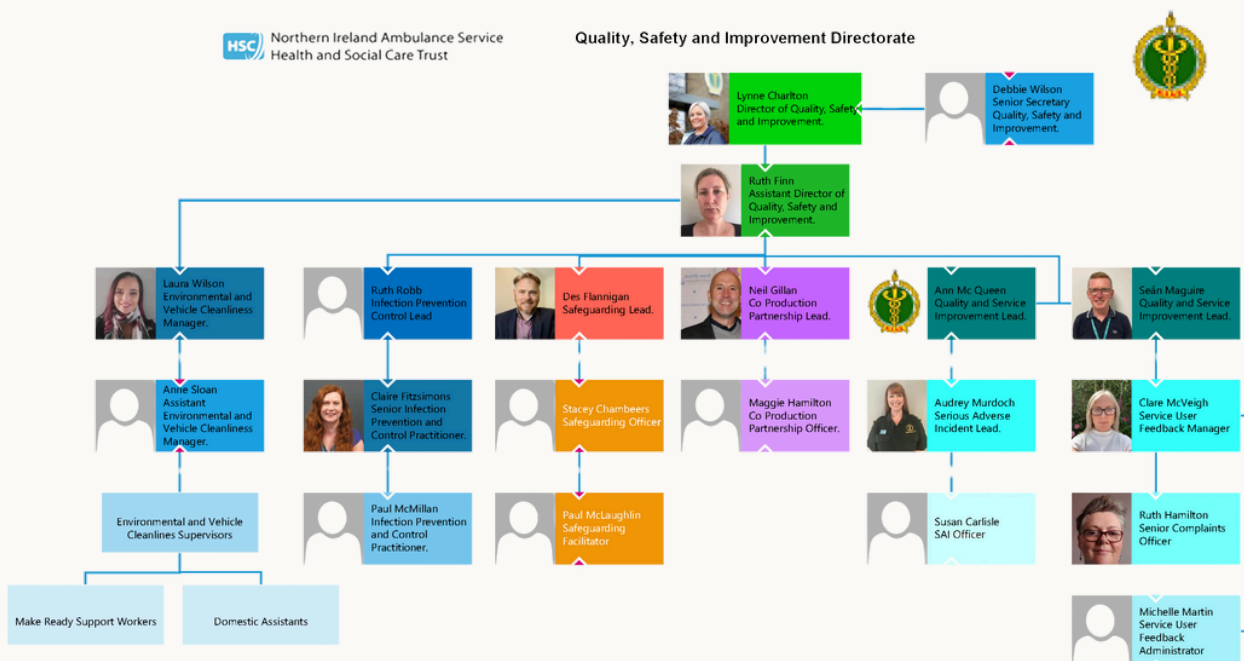
It will demonstrate how NIAS has achieved compliance with the NI extant strategic regional action plan for the prevention and control of Health Care Associated Infections (HCAI) 'Changing the Culture' (2010).

The overarching strategic aim of 'Changing the Culture' is to eliminate the occurrence of preventable healthcare-associated infections in all health and social care settings, and promote, strengthen and maintain public confidence and understanding.

In addition, this report will present performance against the agreed Key Performance Indicators (KPIs) of NIAS which are used to provide assurance of, monitoring of and to promote improvements in IPC and EVC.

Organisational Structure

The IPC service within NIAS was formally commenced in November 2019 and sits within the newly formed Quality Service and Improvement Directorate (QSI) see organisational chart below:



Assurance and Governance

Robust processes are in place within NIAS in relation to IPC governance and assurance utilising the three lines of defence model and including first line -operational management, second line- corporate oversight and third line- independent assurance.

The following internal processes are in place to support the first and second lines:

- Undertaking of independent Hand Hygiene (HH), Personal Protective Equipment (PPE), Station and Vehicle Audits.
- Reporting of audit results and KPI performance through to NIAS IPC and EVC quarterly improvement group. IPC KPIs reported include HH, PPE, E-Learning and ANTT
- Reporting of audit results, improvements and KPI performance through to the NIAS Safety, Quality, Patient Experience and Committee (SQPE) quarterly
- KPI monitoring, action planning and improvement by the IPC team
- IAS framework monitoring and audit
- Reporting back any key learning, actions or achievements to the Learning and Development Outcomes group.

Additional process that are in place to strengthen governance and assurance include in relation to the third line:

- 1.Regulation and Quality Improvement Authority (RQIA) inspection and regulation
- 2.IPC Peer reviews with AACE colleagues.

Governance and assurance process within NIAS are additionally supported through the use of risk registers and appropriate risk reduction strategies, action plans and mitigations.

RQIA Inspection and Regulation

There were no unannounced or announced inspection by the regulator, RQIA, undertaken within NIAS during this period.

We continue to utilise the 'RQIA bespoke Ambulance Audit tool' to undertake 'mock' RQIA inspections. This process is utilised for general audit, for improvement and to support areas to know and understand the standards required and their roles/responsibilities in relation to this.

AACE Peer Review

The programme was developed and delivered through the NASIPCG and tasked an identified expert individual from one ambulance trust, to visit colleagues in another trust to undertake a standardised assessment of IPC. The assessment aspect of this looked at core competencies and CQC/ RQIA criteria. Any feedback from the reviewer was sent back to the host trust formally which will reflect areas of good practice and areas which could provide additional learning or review. This program of work has been paused since April 2024 due to service pressures in the UK Ambulance Sector.

Risk Register

All previous Corporate and QSI Directorate risks relating to COVID-19 response and IPC service development have been closed.

Risks 761 on the corporate risk register, rated as high risk, relates to operational capacity of the Hazard Area Response Team (HART). Risk 833, rated as medium risk, relates to the ability of NIAS to respond to a High Consequence Infectious Disease (HCID). Although these risks are outwith the IPC Team (IPCT), they do impact on how HCIDs are responded to by the service. The IPCT have worked with the Emergency Preparedness, Resilience and Response Team and across specific Incident Control structures (for example MPox, Clade 1) that have been stood up to operationally manage response to HCID, to support safe systems of work and to mitigate risk. Risk mitigate actions taken include direct provision of specific NIAS bespoke guidance documents that detail how to manage HCID within the operational context of NIAS and HSC, and extensive training of operational crews in relation to HCID Personal Protective Equipment (PPE).

Infection Prevention and Control Team

The IPC Team comprises of:

1 WTE Band 8A IPC Lead

1 WTE Band 7 Senior IPC Practitioner (post created October 2022)

1 WTE Band 6 IPC Practitioner (post created in 2020)

Service pressures have arisen in year as a result of absence.

The Team structure is as outlined below.

Post	Band	Date of Appointment	Incumbant
Director of Quality, Safety and Improvement and Director of Infection Prevention and Control (DIPC)	Director	2019	Ms Lynne Charlton
Assistant Director of Quality, Safety and Improvement and Deputy Director of Infection Prevention and Control (DDIPC)	Assistant Director	2022	Ms Ruth Finn
Infection Prevention and Control Lead	8A	April 2023	Ms Ruth Robb
Infection Prevention and Control Practitioner	7	October 2022	Ms Claire Fitzsimons
Infection Prevention and Control Practitioner	6	December 2020	Mr Paul McMillan

There will be some change in post holders in this incoming financial year as a staff member has recently left the service to pursue a promotional opportunity. This vacant post has been successfully appointed to, with a new staff member expected to join the team in August 2025.

Key Service Achievements IPC April 2024 to March 2025

The NIAS IPCT have worked during this period to ensure that the service delivered and the key achievements of the team were aligned to the NIAS 'Strategy to Transform (2020-2026) – Caring Today, Planning for Tomorrow'. Work streams were planned in relation to the 7 priority areas for transformation laid out in the strategy:

Areas for Transformation	What has been achieved by the IPCT
<p>Delivering care</p> <p>IPCT have ensured delivery of a high quality, evidence based IPC service in line with agreed key performance indicators (KPIs)</p>	<ul style="list-style-type: none"> • Development of, agreement of, monitoring of key performance indicators related to IPC. KPIs related to Hand Hygiene (HH), e-Learning and ANTT are subject to the above processes and are reported to NIAS IPC/ EVC Group, NIAS SQEP Committee and as appropriate to NIAS SMT and Trust Board • Development and cascade of a NIAS bespoke HH policy including the updated HH Audit Tool. • Development and cascade of a NIAS bespoke ANTT policy • Development of a monthly HH and PPE audit report for the organisation
<p>Our workforce</p> <p>The IPCT has and will continue to develop an IPC workforce fit to deliver a high quality, evidence based IPC service for NIAS</p>	<ul style="list-style-type: none"> • Support of the development of IPC Practitioners utilising professional development framework of Infection Prevention Society • Support of IPC practitioners to undertake role specific training and professional development by attending IPC Conferences, attending IPC webinars, undertaking Level 2 Quality Improvement, undertaking teaching qualifications and spending time with members of the MDT in other trusts relevant to the IPC role • Participated in a Peer review with members of AACE to ensure the best evidence based service is provided
<p>Organisational development</p> <p>The IPCT have contributed to QSI Directorate development and the NIAS 'Strategy to Transform 2020-2026'</p>	<ul style="list-style-type: none"> • The IPCT have advised on operational service delivery in respect of IPC related matters, for example management of patients with infectious organisms • Participating in development of directorate through attendance at team meetings, inputting into REAP Actions, inputting into developing business continuity plan for the directorate • Input into developing, maintaining and updating IPC risks for NIAS risk register (corporate and divisional) where appropriate (nil at present) • Input into NIAS Fleet Strategy in respect of IPC related matters • Support and input into monitoring framework development for PAS/ VAS/ IAS, development of and participation in unannounced audit programme for same • Support with and input into REAP 4 planning and actions • Undertaking and providing specialised advice in relation to audit and action planning • The IPC team have worked with National and Regional colleagues to ensure the best evidence based practice is in place and to raise the profile of NIAS IPC • The IPC team have liaised with Estates and Operational colleagues in the development of new building developments with NIAS.

<p>Quality improvement</p> <p>IPCT have begun to build QI capacity within own service and are utilising QI methodology when undertaking service improvement projects</p>	<ul style="list-style-type: none"> • Band 6 IPC Practitioner has undertaken Process Mapping training and plans in place for Band 7 Senior IPC Practitioner to complete same when they join the service • IPC Practitioner and Senior IPC Practitioner have undertaken level 2 SQE training programme • IPCT members have been supported with QI Mentorship for SQE projects as required • The IPCT have secured funding from the Infection Prevention Society for a QI project in relation to Bare Below the Elbow (BBE) • The IPCT have inputted into Contract Awards for FFP3 masks, Hand Hygiene Consumables, Gloves and Face Shields • The IPCT Launched a new IPC resource in November 2023 to allow staff easy access to IPC advice and information regarding Health Care Associated Infections. The project was presented at the 2024 UK IPS conference to raise the profile of NIAS at a national level. • The IPCT have supported with the review and implementation of new IT devices including the Toughbook to aid operational staff.
<p>Digital enablers</p> <p>The IPCT has developed the NIAS IPCservice offer by utilising digital enablers</p>	<ul style="list-style-type: none"> • All members of the IPCT have been given access to IT equipment such as tablets, laptops, Citrix fobs, smart phones to promote flexible and mobile working and efficient service delivery • The IPCT have worked with EVC and key stakeholders to purchase, build and embed a new electronic audit system - including the set up and training of key staff throughout the organisation.
<p>Our infrastructure</p> <p>IPCT will ensure that the team is properly constituted, adequately funded and has appropriate governance arrangements in place</p>	<ul style="list-style-type: none"> • The NIAS IPCT have been allocated permanent suitable office accommodation which meets all of its needs • The IPCT has source and procured all required resources for training such as glo –torches, pop-up signage, supplies of consumables • All IPCT team members have annual PDP and 1:1 meetings with line manager • The IPCT has developed a clear annual work plan and associated SMART objectives and actions • The NIAS IPCT has put in place all the resources it requires at present to deliver service. • There is an IPC/ EVC Group and an identified committee for governance and assurance.

<p style="text-align: center;">Communication and engagement</p> <p>IPC has increased awareness of, profile of and access to IPCT</p>	<ul style="list-style-type: none"> • The IPCT take a lead role in organising and participate in Divisional EVC and IPC meetings • The IPCT present KPI data and assessment of same to NIAS SQPE committee • The IPCT have utilised many different media channels within NIAS to communicate with staff such as What's App, Share point, Email and MDT • The NIAS IPCT have developed and cascade a bespoke monthly report for HH and PPE • The NIAS IPCT have developed a Newsletter for NIAS in relation to IPC 'IPC Matters', from April 2024 to March 2025, 12 different newsletters in relation to current IPC alerts and concerns have been issued • Each year in May the IPCT deliver a week of engagement in relation to hand hygiene for World HH day • The NIAS IPCT team have delivered face to face training and this is currently being reviewed to enable more face to face training to be undertaken • The IPC team have worked with Continuing Clinical Education Team to update AAP and ACA training in line with guidance • The IPCT are a core and active member of the AACE National Ambulance Sector IPC group • The NIAS IPC team have been involved in Regional Infection Prevention Society meetings and conference planning to raise NIAS IPC profile and to promote NIAS achievements • The NIAS IPC Lead is the current chair of the Regional IPC Lead Group, an influential group of Senior NI IPC leaders who influence NI IPC strategic direction and policy.
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Audit and Monitoring

The IPCT are responsible for undertaking independent audit of hand hygiene (HH) the use of Personal Protective Equipment (PPE) and RQIA style inspections related to IPC and EVC.

A digital auditing system has been employed by NIAS for some years, in April 2024 the contract for the system was reviewed. After a period of consultation with all users a new system, MEG, was selected. The transition to MEG required a period of product build where the structure of stations, divisions, staff and vehicles was created to provide a reporting structure. Each individual audit was built and tested before it could be released. There was a significant training requirement which were provide initially by the company but then revert to the responsibility of the NIAS IPC/ EVC team for same.

All IPC audits are reported firstly to the station officers and area managers as appropriate. This sharing has two functions, firstly to provide service managers with an understanding of performance and secondly to provide information to support them to drive improvement. We advise station officers to share these with staff and include discussion of them in routine divisional meetings. Results are shared and discussed at the IPC/EVC group and the Safety, Quality and Patient Experience Committee (SQPE).

During year 2024-2025 auditing by the IPC team was paused in November, December and January 2025 as Mpox preparedness and training in relation to Personal Protective Equipment (PPE) had to be prioritised.

Audit performance is outlined in the following sections.

Hand Hygiene

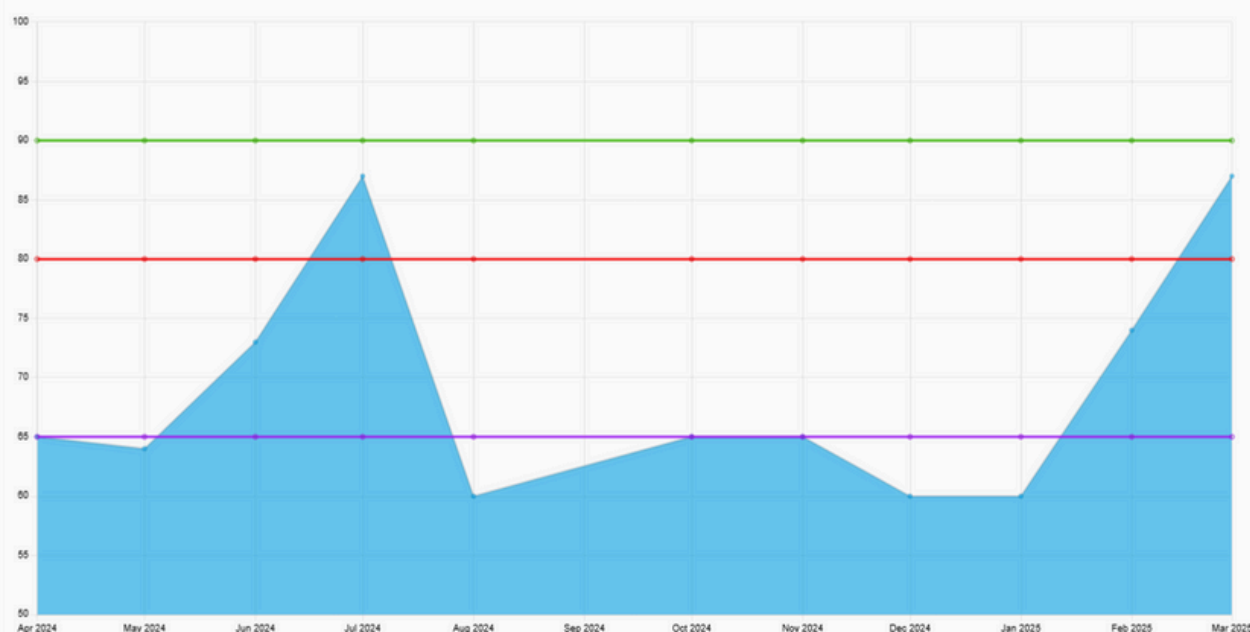
Hand hygiene (HH) auditing is carried out monthly by the IPCT at 6 major Emergency Departments (EDs) within NI, with the KPI set at 90% compliance.

Operational NIAS staff are audited against the standards of the NIAS 'Hand Hygiene Policy', the World Health Organisation (WHO) '5 Moments of Hand Hygiene' (2009) and the '7 Step Technique'. This 'on the ground' engagement is an excellent opportunity for the IPCT to be highly visible to support and advise operational staff on any HH related queries they may have and to build good and effective working partnerships.

It is important to acknowledge that ED performance levels do not just represent the performance of crews from the Division that the ED is located in as crews from other Divisions may frequent various EDs, for example crews from North Division may convey to the Mater Hospital, from South East may convey to the RVH and vice versa.

The following graph (SPC with upper control, lower control and median lines) shows the Trust average for HH compliance between 1st April 2024 to 31st March 2025. The target is 90%.

Compliance Over Time



The table below breaks this data down by ED and by audit question:

		Altnagelvin Hospital ED - NIAS - Emergency Department ^	Antrim Area Hospital ED - NIAS - Emergency Department ^	Craigavon Area Hospital ED - NIAS - Emergency Department ^	Royal Victoria Hospital ED - NIAS - Emergency Department ^	South West Regional Acute Hospital ED - NIAS - Emergency Department ^	Ulster Hospital Dundonald ED - NIAS - Emergency Department ^
	Overall Compliance	Altnagelvin Hospital ED	Antrim Area Hospital ED	Craigavon Area Hospital ED	Royal Victoria Hospital ED	South West Regional Acute Hospital ED	Ulster Hospital Dundonald ED
Overall Compliance	83.7% (1446/1728)	77.5% (217/280)	83.4% (267/320)	88.6% (248/280)	84.4% (341/404)	89.6% (147/164)	80.7% (226/280)
Was the opportunity for HH taken?	92.6% (400/432)	85.7% (60/70)	93.8% (75/80)	94.3% (66/70)	92.1% (93/101)	92.7% (38/41)	97.1% (68/70)
Was Seven Step Technique undertaken?	92.6% (400/432)	85.7% (60/70)	92.5% (74/80)	95.7% (67/70)	92.1% (93/101)	92.7% (38/41)	97.1% (68/70)
Was staff member bare below the elbow when undertaking hand hygiene?	76.4% (330/432)	71.4% (50/70)	75.0% (60/80)	84.3% (59/70)	79.2% (80/101)	87.8% (36/41)	64.3% (45/70)
Is this a compliant observation?	73.1% (316/432)	67.1% (46/70)	72.5% (58/80)	80.0% (56/70)	74.3% (75/101)	85.4% (35/41)	64.3% (45/70)

The audit demonstrates that staff often carry out HH with good practice noted in relation to HH technique when it is undertaken, however staff are often not “Bare below the elbow (BBE)” resulting in a non-compliance.

Wrist watches are the most commonly seen cause of non-compliance with BBE followed by false nails or gel nails being worn.

The HH audit results are often affected by the overuse of gloves which can lead to missed moments of HH.

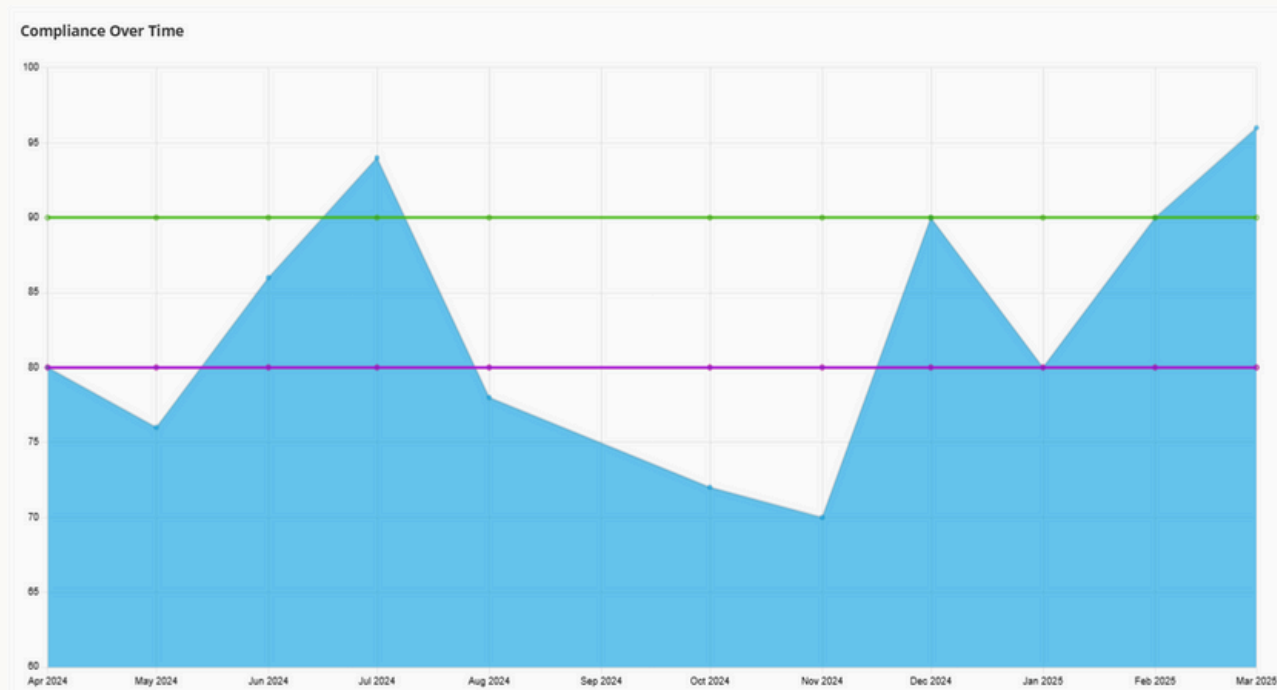
A number of actions have been taken by the IPCT and the IPC and EVC Group to date in relation to HH audits including:

- Face to face engagement with staff at EDs around identified issues, with respectful challenge and education by the IPCT
- Provision of staff member details to Area Managers where non-compliance was observed for identification of trends and addressing of same where issues arise
- NIAS bespoke HH leaflet developed and shared with staff
- Circulation of AACE statements and resources to staff regarding BBE and the development of a BBE QI project
- Circulation of HH newsletter and HH policy to staff.
- On-going education with staff at all levels, including students, and the promotion of World Hand Hygiene day at the main ED sites
- Training sessions held with CSOs from each division covering expectations of compliance for HH, PPE and ANTT
- HH for managers training sessions held over teams throughout May 2024.

Personal Protective Equipment (PPE)

Operational staff are audited on whether they are wearing the appropriate PPE with the KPI set at 90% compliance.

The following graphs show the Trust average for compliance between 1st April 2024 to 31st March 2025.



The table below demonstrates the audit results broken down by ED. There have been times where it has not been possible to complete a PPE audit as staff observed were not utilising PPE at the time of the audit (appropriately), this is most common in the West division.

Audit Score																			
	April 2024		May 2024		June 2024		July 2024		August 2024		October 2024		November 2024		December 2024		January 2025		February
Location	Compliance	Count	Compliance	Count	Compliance	Count	Compliance	Count	Compliance	Count	Compliance	Count	Compliance	Count	Compliance	Count	Compliance	Count	Compliance
Altnagelvin Hospital ED	100.0%	1	60.0% ↓	10	90.0% ↑	10	-	0	60.0%	10	-	0	80.0%	10	90.0% ↑	1	-	0	100.0%
Antrim Area Hospital ED	80.0%	1	70.0% ↓	10	80.0% ↑	10	100.0% ↑	10	80.0% ↓	10	50.0% ↓	10	60.0% ↑	10	-	0	-	0	100.0%
Craigavon Area Hospital ED	90.0%	1	80.0% ↓	10	100.0% ↑	10	100.0%	10	-	0	80.0%	10	-	0	-	0	-	0	90.0%
Royal Victoria Hospital ED	70.0%	1	80.0% ↑	20	70.0% ↓	10	85.0% ↑	20	80.0% ↓	10	60.0% ↓	10	-	0	-	0	80.0%	10	80.0%
South West Regional Acute Hospital ED	70.0%	1	80.0% ↑	10	-	0	100.0%	2	-	0	-	0	-	0	-	0	-	0	-
Ulster Hospital Dundonald	70.0%	1	80.0% ↑	10	90.0% ↑	10	100.0% ↑	10	90.0% ↓	10	100.0% ↑	10	-	0	-	0	-	0	80.0%
Average Score	80.0%	6	75.0% ↓	70	86.0% ↑	50	97.0% ↑	52	77.5% ↓	40	72.5% ↓	40	70.0% ↓	20	90.0% ↑	1	80.0% ↓	10	90.0% ↑

Compliance with PPE is closer to the KPI of 90% than HH. The most used item of PPE is gloves, often with staff wearing gloves with every patient, (not seen as commonly in the West Division). This overuse of gloves can lead to missed moments of HH where gloves are donned too early or removed too late which also affects the HH audit results.

A number of actions have been taken by the IPCT and the IPC and EVC Group to date in relation to PPE audits including (there is cross over with the actions in relation to HH)

- Face to face engagement with staff at EDs around identified issues, with respectful challenge and education by the IPCT
- Provision of staff member details to Area Manager where non-compliance was observed for identification of trends and addressing of same where issues arise
- Encouraging staff to risk assess PPE and providing communications surrounding transmission based precautions
- Completion of a glove improvement Quality Improvement project at UHD
- Circulation of PPE/glove newsletter
- Training sessions held with CSOs from each division covering expectations of compliance for HH, PPE and ANTT.

RQIA style environmental cleanliness auditing

All RQIA style audits carried out by the IPC team are unannounced. The station environment, vehicle cleanliness and staff knowledge are reviewed. An audit is considered compliant if it achieved an overall score of 85% and above. Scores of 76%-84% are considered partially compliant while scores under 75% are non-compliant.

In this reporting period the IPC team completed 1 RQIA style environmental audit in Ballymena station, which was compliant. It was noted that it was difficult to be able to ask the 'staff question' set to staff as they were not available due to call attendance.

The complexity and length of the RQIA style audit was particularly challenging to build into the MEG system, which resulted in the delay of returning to this work stream. In 2025-2026 the team plan to return to completing this in 1 station per month.



Training and Education

IPC mandatory E- Learning

IPC mandatory training is provided through the Learning Management System (LMS) using the NI regional training package. Two levels of training are available:

- Tier 1: for staff who do not provide patient care
- Tier 2: for staff who do provide patient care

Additionally, ANTT E-Learning is provided for all clinical staff who undertake ANTT procedures (e.g. venepuncture, cannulation, wound dressings)

For example, an office based 'Personal Assistant' would undertake Tier 1. All patient facing staff (regardless of role, ACA, paramedic etc.) would undertake Tier 2. Those patient facing staff who undertake ANTT procedures such as cannulation, or wound dressing will also complete ANTT E-Learning.

The table below demonstrates performance in relation to this for this reporting period (figures provided by the Learning and development team).

Course	No. of staff certified	Overall staff percentage
IPC Level 1 Training (mandatory)	125	52%
IPC Level 2 Training (mandatory)	113	7.3%
ANTT (Antiseptic Non-Touch Technique)	161	10%

Uptake of IPC mandatory training is poor. Unfortunately, while IPC training is mandatory to complete every 3 years it was not included in the core 10 activities identified for Trust focus in year, this has been addressed and it has been requested and agreed that risk be an active consideration when prioritising training going forward. While the IPC team encourage and advise all staff to complete this, front-line staff often struggle to find the time in which to complete this.

The regional learning package is currently under review by the IPC Lead Nurse Forum, the updated version is expected to be available in the summer of 2025. The NIAS IPC team have been working with this group to ensure the package reflects the needs of the ambulance service.

Other IPC training education

The IPC team continued to provide non-mandatory training in this reporting period and the team delivered education to 673 NIAS staff members. The main areas of training delivery have been full training days for AAP course and induction courses for paramedics who have transferred from other trusts, CSOs and new station officers.

The IPCT committed to providing weekly Mpox update / PPE training sessions as part of the trust preparedness planning for this HCID (now derogated as a HCID).

This year additional focus was placed on HH, PPE and ANTT with bespoke educational sessions held for line managers highlighting their roles and responsibilities in management and improvement of this.

The team also provided training to CSOs in all divisions to support them when undertaking observational shifts with front line staff. This training included each CSO completing their ANTT assessor training so they could carry out these assessments as part of their role. The team were able to work with the CCE Team to build ANTT assessments into the NQP, AAP and ACA courses meaning these staff were able to go into the workforce fully compliant with all IPC training. This will also negate the need for further training for these staff cohorts for 2 years.

This year the team were included in the University of Ulster second years Paramedic course providing an IPC update on HH, PPE and ANTT in preparation for them going on placement. This is felt to be a very positive addition to our training calendar as it helps to develop relationships with students and potential employees at an early point in their career journey. It helps us to share the message about the culture of IPC in the organisation and helps to share the standards required and the behaviours expected. It also serves to connect to ensure that the IPCT are connected into the education system and encourages the team to ensure that they are working from a place of knowledge of best practice, new developments and innovation.

A breakdown of the main training courses provided is outlined below:

Course	No. of attendees
Hand Hygiene for Managers	34
RRV day	21
AAP days	19
CSO update including ANTT assessor training	28
IPC update for 2nd year paramedic students	50
NQP induction	51
VCS	21
NQP ANTT assessments	48
ACA days	44
ERPP days (Mpox updates)	223
Station Officer Induction	6

The team again provided informal education for World Hand Hygiene Day 2024, engaging with staff at ED and providing some educational materials. The follow photographs demonstrate some of the staff engagement undertaken by the team. The team recognise the importance of sugary snacks to our operational staff and went to extreme lengths with the IPC compliant cupcakes!



Incidents, outbreaks, and management of organisms

An outbreak is defined as two or more cases of an infection or alert organism linked by time and place. An outbreak in a station or in a control room can be devastating to service provision so it is vital that every suspected outbreak is carefully risk assessed and appropriate measures put in place to prevent further transmission. In this reporting period there were 0 outbreaks declared.

During this period the IPC provided advice or contact tracing on the following organisms (suspected and confirmed):

Organisms	
Invasive Group A Streptococcus (iGAS)	14
Measles	3
Meningitis	6
Tuberculosis	5
Pertussis	3
Varicella Zoster (chickenpox or shingles)	2

Each of these cases requires the team to review the patient information and locate the crew or crews involved in the patient's care. An assessment of the level of risk or exposure will be carried out and if required staff are referred to Occupational Health team for further support and follow up. The key challenge for the IPCT is access to information in a timely way as some of these organisms require to be actioned very quickly to mitigate risk. The team have been working across all levels of the organization and have developed systems and process to support timely access to information. The team ensure that any learning from outbreaks or incidents is shared with relevant teams within the organization and across HSC where intertrust / interface incidents occur.

Quality Improvement Projects

This year the team were able to share learning from QI work undertaken, on a national stage at the 2024 Infection Prevention Society (IPS) Conference, with two projects accepted for poster submission, one of which was also selected for a poster talk. These Quality Improvement projects were carried out in 2023/4 one on the creation of the IPC Resource and the other the Glove reduction project. This was an achievement which the team was very proud of and going forward hope to continue to showcase learning from the Ambulance Service across all IPC fora.

The team successfully applied for funding from the UK Infection Prevention Society (IPS) for a further innovative QI project to be undertaken in 2025/6, focusing on improving compliance with BBE.

Preparedness Work

In this reporting period the team supported the organization in preparedness work for new and emerging threats. In response to a large and sustained outbreak of Measles in England NIAS joined the other local HSC and national Ambulance Service Trusts to ensure that it was prepared to recognize and manage cases of Measles among the general population, patients and potentially among staff members.

Actions included:

- A Measles preparedness group was formed in February 2024.
- There was engagement across all level of NIAS Operational Management in relation to this.
- The IPC team continue to liaise with Regional colleagues regarding Measles cases.
- Education sessions were planned for NIAS staff over Teams on 3 occasions.
- Newsletters and guidance sent out via daily bulletin and circulated to all staff.
- The IPC resource has a section dedicated to Measles.
- PPE supply confirmed.
- Assistance and advice given to the team who are responsible for Fit testing.
- The IPC team (2 staff members) have participated in an on-call rota to provide out of hours support over the weekend and during bank holidays which ceased in July 2024 (on the basis of assessment of need). 0 calls were taken during this on call period.
- Resources were created to support staff in the event of a positive case.
- Liaised with OH and HR to encourage staff to participate in a mop of vaccination programme.
- Reviewed NIAS risk where positive cases identified.
- The measles preparation IMT has now been stood down as the number of new cases nationally has abated.

In August 2024 the World Health Organization (WHO) declared a situation of internal concern regarding Clade 1 Mpox as cases had been reported in countries outside of Africa. Clade 1 Mpox was initially considered a High Consequence Infectious Disease (HCID) before this derogated in March 2025.

Actions taken to prepare included:

- NIAS Incident Management Team (IMT) established in August 2024
- Attended a regional tabletop exercise arranged and chaired by the PHA in January.
- Developed resources for staff including new PPE donning and Doffing posters.
- Guidance document for frontline staff developed and circulated based on the AACE Guidance on MPox.
- IPC team provided weekly Mpox awareness session at the EPRR days.
- Trust risk assessment in relation to HCID and Mpox developed.
- Supported the fit testing service.
- PPE stock levels reviewed.
- NIAS are now working in partnership with HSC, Dept of Health and the Public Health Agency to ensure that this is effectively planned for across NIAS and NI. It is noted that preparedness for HCID is cross cutting across a number of Directorates within NIAS and thus preparedness is being addressed through a cross Directorate IMT. Additionally, there is an impact in terms of Emergency Planning, Preparedness and Resilience (EPPR) through the Hazard Area Response Area Team (HART) and it is recognised that there is ongoing regional work with the Dept. of Health in relation to HART capacity.

While Clade 1 Mpox was derogated and no longer considered a HCID the IPC team will continue to work with HART and the wider MDT to ensure NIAS has an adequate HCID response.

Conclusion

2024/5 proved to be another challenging year for NIAS Operationally with most of the year spent in REAP 3 and 4. The IPC service worked hard to keep themselves up to date with changes to policy and guidelines and ensured these were considered and shared with organization and staff. This year has demonstrated that despite the continued pressure on the system there is a continued need to prepare for future IPC concerns in the form of HCID and to ensure that fundamental IPC practices are embedded into every day practice.

References:

GIRFT (2024) - Getting It Right First Time Review (GIRFT) of Emergency Medicine in Northern Ireland | Department of Health

NIAO (2025) -Ambulance Handovers in Northern Ireland | Northern Ireland Audit Office

