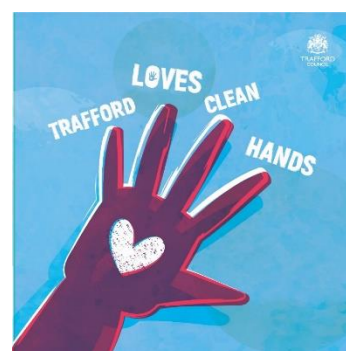
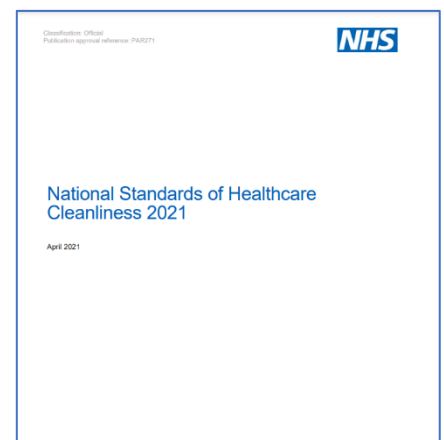


Trafford Community Infection Prevention and Control Team

Annual report 2022 – 2023



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1.0 Introduction

The SARS-CoV-2 (COVID-19) pandemic and Omicron version which presented late 2021 has continued to afford major challenges to infection prevention and control services – across community and acute sectors.

Responding to the needs of health and social care providers, and other settings within Trafford, has continued to apply ongoing capacity and resource pressures on the Trafford Community Infection Prevention and Control Team (CIPCT) and COVID-19 continues to present ongoing challenges to our older people's care homes.

Despite this, the team have endeavoured to educate and collaborate with partners to bring about positive change, including establishing and embedding the care home programme of audit and teaching. Engagement work with schools and community settings has also proved positive with encouraging feedback.

Work had been largely halted in Trafford and other localities around monitoring and prevention of other healthcare associated infections (HCAI) due to COVID-19 in 2020 – 2021. The need for CIPCT to revisit proactive measures around avoidable infections this past year has therefore been amplified. Working closely with public health, integrated care, and foundation trust partners several learning outcomes have been identified around HCAI which will be outlined in this report.

This report will give brief overview of new service specification for IPC in Trafford, highlight continuing work with care homes around COVID-19, reflectively review the input of the IPC team including feedback from care homes and other partners, and outline reflections, challenges, and lessons learned.

The team continue to be guided by The Health and Social Care Act 2008 '*Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance*' which sets out requirements for health and social care services to ensure compliance around cleanliness and infection.

The NHS National Cleaning Standards 2021 will also underpin a new stream of audit and engagement work within primary care which CIPCT will take forward 2023 – 2024 as a service priority. This will link with work around antimicrobial resistance and stewardship.



The focus for the service continues to be to improve understanding and best practice around IPC and promote reduction of healthcare (and social care) associated infections.

2.0 Infection prevention and control – service specification, team structure and provision

Trafford Community Infection Prevention and Control Team are employed through Manchester Foundation Trust, and permanently seconded to work with Trafford Metropolitan Borough Public Health Department. For recruitment, HR and employment responsibility, MFT provide support as parent organisation.

Opportunity in 2022 presented to shape the future of infection control for Trafford Public Health through development of new service specification (previous working document 2015). In collaboration with Senior Business Change Manager – Health Protection, Director of Public Health, and MFT IPC/Tissue Viability Assistant Chief Nurse IPC/Tissue Viability the document maps out the joint agreement between organisations, and service needs to be met by the team.

CIPCT Service Specification – overview:

	Promote Prevention Of Infection <ul style="list-style-type: none">• Audits of care homes (CQC compliance)• Audits of GP's and primary care settings• Training & Education• Implementation of best practice gleaned from lessons learned
	Reduce HCAI Infection <ul style="list-style-type: none">• Providing advice on measures and interventions• Review, feedback, and collaborative management of other healthcare associated infections• Education on the reduction in prescription of broad-spectrum antibiotics• Liaison with Medicines Optimisation Team for robust treatment
	Protect People From Communicable Diseases <ul style="list-style-type: none">• Providing specialist advice and support on infectious diseases• Providing surge response in relation to community-based outbreaks and incidents• Contact tracing and follow up of cases

In December 2021, the team transferred physical location to 1st Floor, Trafford Town Hall to facilitate supportive working with Trafford Director of Public Health, and wider Public Health/Health Protection colleagues. Previously located with Trafford Local Care Organisation partners at Sale Waterside, as no longer responsible in terms of service provision for Manchester Foundation Trust community services, this was impracticable. TLCO services, including District Nursing Teams, are now overseen by the MFT Community IPC team and Matron.

There have been numerous changes and challenges for the team including long term sickness. Linda Magennis, IPC Nurse left to take a new post with Christie Hospital in June 2022, however due to delays in MFT recruitment process, advertisement and interview for new Specialist Nurse post only took place in September 2022, with new nurse commencing in post in January 2023.

Current team structure:

- Anna Anobile, Modern Matron, Band 8A
- Abbie Pipe, Specialist Infection Prevention and Control Nurse, Band 7 (start date January 2023)
- Jaiby Jacob, Infection Prevention and Control Nurse, Band 6 (start date September 2021)
- Ann Molineux, Assistant Practitioner, Band 4

3.0 Care Homes

The main body of work for CIPCT continues to be to offer support and advice to Trafford Care Homes, however since commencement in post of new Matron mid-pandemic (March 2021), work with our homes has continued to develop, including now established programme of audit and teaching, and the re-commencement of IPC link meetings – first quarterly meeting post-pandemic 10th March 2023.

Input with our homes has continued, due to ongoing community transmission, to be responsive in relation to outbreaks and incidents of COVID-19.

3.1 COVID-19 guidance, outbreaks, and IPC management

As other areas of society opened and moved to business as per pre-pandemic, care homes and high-risk adult social care settings have remained very much under the shadow of COVID-19 with incidents and outbreaks of infection continuing to enforce restriction and enhanced infection control measures in settings. Since April 2022, there have been 78 outbreaks of COVID-19 in care homes and Adult Social Care Settings in Trafford (Appendix 1).

A successful booster vaccination programme Autumn 2022 largely saw reduction in disease severity and hospital admissions in care home and older population, however CIPCT have noted a rise in numbers of care home residents needing hospital treatment as a result of COVID-19 infection in the first three months of 2023 (5 hospital admissions; 2 deaths) which may suggest waning immunity. Respiratory IPC measures therefore continue to take precedence for care homes in Trafford.

In a move to afford more autonomy to care homes, the Department of Health and Social Care updated the COVID-19 supplement to the infection prevention and control resource for adult social in December 2022.

<https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care>

Change to guidance advises risk assessment around wearing of FFP2 face masks rather than mandate, and consideration in collaboration with local IPC teams re declaration of end of outbreak where cases have been identified and managed in smaller homes.

CIPCT have worked closely with the GM Care Home IPC Cell to continue to educate and inform care homes across Greater Manchester and Trafford on updates to COVID-19 guidance, including local interpretation on recommendations e.g., around enhanced testing and management of visitors to homes in times of high disease prevalence. The team have also continued to liaise with Adult Social Care Commissioning partners to communicate updates to all settings.

The GM Health Protection Confederation/UKHSA Common Community Infectious Diseases Relevant to Inter-agency Transfer of Health Care poster (Appendix 2), and other simple posters have also been developed for the care homes in Trafford to highlight salient IPC points, sometimes using humour to deliver our message as requested by our providers (Appendix 3).

Care homes in England are still required to manage outbreaks through lateral flow device (LFD) testing and polymerase chain reaction (PCR) lab whole home sampling in the event of two or more linked/in-setting transmission cases of COVID-19 infection. When one case in resident or staff member is identified, staff are required to LFD test for 5 days. In the event of two or more cases of infection, whole home LFD and PCR testing – all residents and staff, must be carried out on Day 1; then Day 3-7. This process is not only time and capacity consuming, but also can be distressing for elderly individuals, however, does continue to identify positive individuals where asymptomatic testing in homes was 'paused' due to low community prevalence 31st August 2022.

Due to the number of cases of COVID-19 in care homes, working in collaboration with the Public Health Outbreak Hub (funded up to March 2023), a system of case reporting via online e-form for the homes and adult social care providers was introduced in 2021 with non-resident/service user identifiable information requested to enable initial assessment to be made.

Details requested include residents' initials, unit and room number, date of onset of symptoms, LFD or PCR test date, and are then recorded on password protected SharePoint document with synopsis added to outbreak card on Trello for CIPCT follow up.

This process has been useful in terms of capturing data around numbers of homes in outbreak, and numbers of affected individuals - however, at times proves challenging for CIPCT in terms of visualising pattern of transmission within a setting. The team therefore continue to liaise daily with homes to monitor cases, to discuss potential modes/risks of transmission, cohorting, staff capacity, visiting, and to advise and reiterate IPC best practice in SBAR (Situation, Background, Assessment, Recommendations).

3.2 Other outbreaks of infection – respiratory, and enteric

Acute Respiratory Infection

Where COVID-19 has not been detected through LFD testing in two or more individuals linked to time/place who have symptoms of acute respiratory infection or influenza like illness (ILI), care homes are asked to report to CIPCT without delay.

The team will offer all respiratory IPC advice and arrange ILOG (Incident Log) number through UK Health Security Agency (UKHSA)/laboratory partners for courier delivery to the home of up to five respiratory PCR swabs. The courier waits until swabs are obtained and returns directly to the laboratory at Manchester Royal Infirmary for full respiratory repertoire testing (Appendix 4).

This follows the UKHSA Acute Respiratory Infection Resource Pack for Care Homes. If Influenza A, or Influenza B are suspected or confirmed by lab testing, CIPCT will liaise with UKHSA partners to assist in arranging treatment dose for symptomatic individuals, and prophylactic dose for 'contact' cases within the care home of Oseltamivir (Tamiflu) or appropriate antiviral medication

The following ARI outbreaks have been reported/managed by CIPCT:

- January 2023 – Influenza A
- January 2023 – Influenza B / RSV (co-circulating)
- January 2023 – Human Metapneumovirus
- February 2023 – No causative organism detected

Enteric Infection


Outbreaks of enteric infection within the homes are managed in line with the updated Guidelines for the management of norovirus outbreaks in acute and community health and social care settings.

[Guidelines for the management of norovirus outbreaks in acute and community health and social care settings - ScienceDirect](#)

As cases of norovirus increased in the community during Quarter 1, 2023, outbreaks of D & V have made a resurgence in Trafford care homes with two settings reporting W/C 13th March. One previous D & V outbreak reported in September 2022.

CIPCT have ensured clear messages communicated to the homes during on-site training, all contacts, and IPC Link Meeting around SIGHT (see below), decontamination and cleaning, management of staff and cohorting if required, and advice around home closure to admissions and for non-essential transfers.

SIGHT diarrhoeal outbreak management, and Bristol Stool Chart:

S – SUSPECT – BRISTOL STOOL CHART TYPE 5, 6, OR 7 STOOL	
I - ISOLATE	
G - GLOVES (+ APRON - PPE)	
H - HAND WASHING – SOAP & WATER	
T - TEST – AND TREAT	

Staff are asked to be particularly vigilant around residents/service access and availability to hand washing facilities to prevent indirect transmission of enteric and respiratory organisms.

Practical demonstration sessions are in development by team Assistant Practitioner utilising ‘e-bug’ (<https://www.e-bug.eu/>) resources targeted at children, but with exercises useful for adults to be shared with care home IPC link staff, and activities coordinators.

3.3 Programme of IPC audit and training

CIPCT re-introduced a rolling programme of IPC audit using GM standardised tool, and on-site training in Trafford care homes in June 2021. Overview of audits completed and onsite training as per Appendix 5.

Due to the number of COVID-19 outbreak/incidents, and CIPCT matron return to work in March 2022 following planned surgery, audits recommenced in May 2022. On occasion, IPC audit visits have had to be postponed by settings experiencing COVID-19 outbreak, however CIPCT have ensured all homes have been inspected as we move to Q1 2023/2024.

Audits are RAG rated in terms of topic section (e.g., hand hygiene; environmental cleaning) and overall compliance. Scoring as follows:

RAG Rating Percentages
0% to 70% = Red
71% to 91% = Amber
92% to 100% = Green

Audit inspections are conducted in a ‘critical friend’ manner, as opposed to punitive approach. In general, Trafford care homes are very receptive to advice and recommendations around suggested improvements to achieve compliance in relation to IPC.

In terms of follow up and monitoring of recommended improvements, all homes are asked to provide an update on actions within three months of date of IPC audit.

- Settings achieving green status, as of March 2023, are awarded a Certificate of Recognition and re-audited in 12 months.
- Settings achieving amber status are re-visited 6 months following initial audit.
- Currently, no homes in Trafford are identified as red status.

With regards to audit section compliance, topic areas are outlined as per Appendix 6, with areas requiring attention including laundry, sluice/dirty utility, management of sharps, and communal areas.

Targeted work with the home's centres around areas of poor compliance and this is reflected in IPC training session delivery and follow-up discussions with managers and staff within the homes how best to improve on practices.

With regards to education in the care homes, IPC face to face training has continued despite issues around team capacity with long term illness and awaiting new member of staff. CIPCT have sought to visit as many settings as possible – however several, including during Q1 have unfortunately postponed due to COVID-19/other respiratory outbreaks and other reason, including care home staff capacity, illness, and bereavement.

Feedback is requested from all attendees at IPC sessions and has been overall incredibly positive, with staff from different settings quoting:

“Informative and relevant to care setting”
“Very interesting training”
“Very informative, everything covered”
“Wonderfully presented – great presentation”
“Excellent, informative and made fun!”
“Lovely training”
“Clear, precise and interesting training”
“Excellent – lots of knowledge”
“Very knowledgeable. Learnt a lot”
“Refreshed my knowledge – thank you”

The first IPC ‘face-to-face’ link meeting since 2020 for care homes took place at Trafford Town Hall 10th March 2023. The meeting was very well attended with 27 link individuals from 18 care homes.

These meetings will continue to be held quarterly and homes have been asked for agenda item ideas – including ‘bug of the moment’ and best practice sharing (outbreak management, hand hygiene etc.).

3.4 IPC Service Feedback from Trafford Care Homes

A simple feedback form was developed in January 2023 for the 33 ‘over 65s’ residential and nursing bedded (15) care homes in Trafford:

<https://forms.office.com/e/nDEUQVWH9J>

This link was shared with all homes via email, with follow up reminder phone calls to settings to complete by Assistant Practitioner.

The link was also communicated via the Care Home/ASC Commissioner Newsletter. 21 out of 33 (64%) of Trafford care homes responded to feedback request (survey responses - Appendix 8).

In general, support from CIPCT over the last 12 months cited as:

- **Excellent:** by 48% of homes who responded
- **Very good:** by 38% of homes who responded
- **Good:** by 14% of homes who responded

Moving forward, the team will re-visit how best to obtain feedback from all care homes.

4.0 GP Practice/Primary Care Engagement

CIPCT have continuously supported GPs, practice nurses, and practice managers when advice has been sought around IPC matters. Work with our GP practices has therefore been mainly reactive/responsive during 2022 – 2023, as opposed to proactive.

Since 2020 Trafford CIPCT and other teams across GM and nationally have faced challenges around re-commencement of audit and training in primary care and general practice and one of the priorities set out by Matron and the team in 2022/2023 was to re-engage with our GP practices and focus work with settings through re-introduction of programme of IPC audit and training.

Following recruitment of the Specialist Infection Prevention and Control (SIPCN - Band 7) Nurse who commenced in post in January 2023, this will now be possible.

The team SIPCN and Matron are currently working closely with colleagues in Oldham and Manchester to ratify the current GM GP IPC audit tool to include antimicrobial stewardship, aseptic non touch technique (ANTT), and amalgamate elements of previously stand-alone COVID-19 requirements for Primary Care practices. A resource pack is also in development to support roll out of GP audit across GM which will be shared for comment across all GM health protection/IPC teams. Audit and guidance are in line with the update National Standards of Healthcare Cleanliness (2021).

It is envisaged audits will be able to re-commence in Q1 – 2023/2024, and CIPCT have communicated via GP newsletter and through phone call and email to GP practices for those willing to take part in trial audits.

Once audits have re-commenced, it will then be possible to look at link meetings and training for GP practice staff, including regular updates around antimicrobial stewardship. In terms of wider education for primary care, team Matron supported the Trafford led Male Infant Circumcision event in September 2022 and has agreed to deliver two sessions via webinar in May 2023 to GM Practice Nurse Leads around general IPC and sepsis.

5.0 Schools and Early Years/Childcare settings

Throughout the COVID-19 pandemic, schools and childcare settings were able to obtain advice and updates around national guidance from both the Trafford Outbreak Hub, Health Protection Lead, and CIPCT.

The team offered support with Trafford DPH and Health Protection Lead through online webinar sessions for schools, particularly following changes to national COVID-19 testing and lifting of restrictions from 1st April 2022.

Schools and nurseries are able to contact CIPCT via phone or email to discuss any queries around infection prevention and control, and IPC has remained pivotal to continuity in educational settings, particularly following upsurge in scarlet fever/Group A streptococcus/i-GAS infection in November/December 2022 (details below).

CIPCT are currently collaborating with other localities in GM around Sector Led Improvement in IPC for early years providers.

Suggestions for improving and monitoring IPC practices in EY settings put forward by Trafford IPC Matron are:

- Each early year setting will have at least one IPC link staff member who will complete 2 week IPC course as available via e-bug
- A simple, but detailed IPC audit tool will be standardised for GM. In Trafford we highlight due to service capacity that nurseries will be asked to self-audit, however some localities do have capacity to visit to complete audit
- A 'stripped-back' version of the IPC audit tool will be developed and available for childminders
- With permission from UKHSA, the previously known PHE South West 'Spotty Book' with pictorial information around childhood infectious diseases which nurseries find very helpful will be adapted for use in GM with details of local team contacts, and updated to include pictures of rashes on darker toned skin.

The team will be liaising closely with Environmental Health and Early Years partners around the SLI work and plan to hold an open event for nurseries and childminders in Q1 – 2023/2024 to see how we can work better together and improve knowledge and outcomes around transmissible/communicable disease.

5.1 Scarlet fever – Group A streptococcus

From weeks 37 (W/C 12th September) to week 46 (W/C 14th November), in correlation with new term start date for schools, notifications of scarlet fever rose steeply across England and Wales. A total of 4,622 notifications were received by UKHSA in comparison with an average of 1, 294 in the previous 5 years.

Due to an increase in numbers of cases of Group A Streptococcal (GAS) infection in the population, cases of invasive Group A strep (i-GAS) also increased with enhanced media attention.

CIPCT worked closely with DPH, Health Protection Lead, and Trafford Outbreak Hub to develop timely advice around symptoms, antibiotic treatment, management, and monitoring of cases. The team also liaised with Medicines Optimisation colleagues around availability of antibiotics in Trafford, and potential for prescription of rectal paracetamol for younger children unable to swallow or retain oral analgesic preparations.

Trafford Public Health and CIPCT also provided two supportive Team meetings to offer advice around scarlet fever/GAS guidance and appropriate measures – including decontamination of environment and equipment, and enabled settings time to ask questions and raise queries.

Due to the volume of queries received, notification from schools, initially received in overwhelming numbers via telephone, were then asked to be reported to the Health Protection team via online form to report cases within schools and EY Settings.

A Trello board was set up to manage and monitor cases, and CIPCT liaised with UKHSA partners to ensure schools with potential co-circulation of chickenpox or influenza – both known to increase risk of invasive GAS infection – were appropriately advised.

As of 9th March 2023, 92 outbreaks or incidents of scarlet fever/Group A Strep and/or tonsillitis associated with GAS had been reported to Trafford Outbreak Hub/CIPCT with timely advice offered through follow up phone call and email to each setting.

5.2 Other outbreaks/incidents in schools and childcare settings

Other outbreaks or incidents reported over the past 12 months from schools and childcare settings have included:

- | | |
|------------------------|--------------------------------------|
| ▪ Hand, foot and mouth | 4 outbreaks (2 schools, 2 nurseries) |
| ▪ Scabies | 1 outbreak (nursery setting) |
| ▪ Measles | 1 case (school) |
| ▪ Malaria | 1 case (school) |

When liaising with schools and early years settings around outbreak management, CIPCT ensure settings are aware of the online UKHSA Health Protection Guidance, and also provide more specific advice around IPC measures, including a simple outbreak guide prepared by the team (Appendix 7) which has proved particularly useful, along with links to national guidance.

5.3 Hand hygiene campaign, hand hygiene and and infection control sessions

Living with COVID-19 Guidance was published on 1st April 2022. Following the changes published, settings across Trafford began to learn to adjust to operating with no, or reduced restrictions. However CIPCT note re-emergence of other communicable/infectious diseases (e.g. Scarlet Fever; norovirus) across our population and opportunity to continue to advise around the importance of hand hygiene and good infection control practices.

From the end of April, CIPCT, Trafford Outbreak Management/IPC Hub, and Public Health Team began to explore an IPC/hand hygiene campaign: Trafford Loves Clean Hands.



In support of the campaign to encourage engagement with younger children in schools and wider community settings around hand hygiene, respiratory and enteric infection control measures, the team's Assistant Practitioner working with support of the Public Health COVID-19 Contact

Tracing Case Workers was able to develop a 'hands on' session to roll out to settings, and offer made to schools and nurseries at the beginning of Q1 2022 to deliver on site.

Six sessions were delivered at four primary schools, Sale Shark's Summer Camp and Coppice Library which received excellent feedback, with attendees saying they had learnt a lot about infection control and self care. See Appendix 8.

It is hoped that with team capacity and Public Health support Trafford Loves Clean Hands campaign will be fully developed and rolled out fully with further school, childcare, and public group sessions as we move into 2023/2024.

6.0 Healthcare Associated Infection (HCAI)

The COVID-19 pandemic continued to force IPC efforts and input on provision of service and support around COVID-19 – monitoring, outbreak management. Review, feedback, and collaborative management of other healthcare associated infections, namely MRSA (Methicillin/Meticillin Resistant Staphylococcus Aureus) blood stream infection (BSI), *Clostridium difficile* infection, and e-coli (Escherichia Coli) Gram Negative BSI has continued to prove challenging through 2022/2023.

Clostridioides difficile (C-diff): CIPCT have continued to liaise with colleagues despite capacity, including liaison with CCG Medicines Optimisation around ensuring provision of Vancomycin in the community as first line treatment for *Clostridioides difficile* and communication via GP Newsletter to highlight NICE treatment guidelines for community patients.

One deep dive root cause analysis (RCA) of a patient who had received two courses of antibiotics – one hospital prescribed, one GP prescribed led to learning across the community, primary care and acute settings and the team liaised closely with Manchester Foundation Trust Colleagues to ensure messages around treatment and prescription appropriately communicated.

Although RCA often highlights similar issues around presentation of *C diff* cases, many of which are unavoidable, it is still clear that work is needed in Trafford to ensure patients receive timely treatment and appropriate clinical review. The Specialist IPC Nurse will be working closely with GP practices and will include recognition and management of *C-diff* and other HCAI in future teaching and contact communications with settings.

MRSA: Partnership working with MFT colleagues and services, and other health and social care providers has also continued in relation to management, feedback and learning around MRSA BSI. Cases have reduced in number over the past 12 months (see table below). This may be due to more face-to-face input from community services and primary care as we moved out of lockdown and COVID-19 measures.

E-coli BSI: We note a reduction in e-coli BSI this year (15%) from 2021/2022. Work around Gram-negative bacteria, in the main e-coli BSI has been re-commenced, with focused liaison with care homes and delivery of e-coli presentation at the IPC Link Meeting in March.

Work with primary care partners is also vital, as we are often informed by care homes of prescription for antibiotics for UTI in residents with symptoms where urine has been unnecessarily dipped, rather than GP request for laboratory specimen to prevent unnecessary prescription of antibiotics.

Comparative HCAI numbers from April 1st 2021 – March 31st 2022, and April 1st 2022 – March 31st 2023.

Organism	2021 – 2022 case total	2022 – 2023 case total
<i>Clostridioides difficile</i>	62	64
MRSA BSI	7	3
e-coli BSI	164	139

7.0 Antimicrobial stewardship

The rise of antimicrobial resistance threatens to create more 'Superbugs' which would render currently treatable conditions as life threatening, causing a larger national and global burden of disease. Current AMR infections cause 700,000 deaths globally per year.

As per Tackling Antimicrobial Resistance 2019 – 2024, the UK's 5 Year National Action Plan localities across GM and nationally are beginning, as we move away from COVID-19 focussed work, to revisit best practice around reduction in antimicrobial use and prescribing.

Trafford is a national outlier in terms of antibiotic prescribing, being ranked 106/106 (CCG as was pre July 2022). Working closely with DPH, Health Protection Lead, Medicines Optimisation, Integrated Care Board and GP Prescribing Lead the team are supporting a Trafford Task and Finish group around tackling inappropriate antimicrobial prescription. This will run alongside the work of the GM Antimicrobial Resistance Group.

As CIPCT work very closely with care homes and other care providers, we are aware of issues around antibiotic prescription for residents/service users. To highlight the extent of antibiotic use, CIPCT have developed a simple antibiotic usage monitoring tool for the care homes in conjunction with one of our home Managers.

The tool was presented at the March IPC Link Meeting with providers keen to assist in recording numbers of residents who are prescribed antibiotics. CIPCT will be able to look back to see if infection (e.g. UTI) was present through lab testing, or if practices had inappropriately dip-sticked urine, and will also be able to feed back to individual practices and Medicines Optimisation colleagues.

During respiratory season, the team also noted that many care home residents have been assessed with symptoms of acute respiratory infection, and commenced on oral antibiotics. Communication to the GPs via newsletter and in conversation with practices outlined that where one or more individuals in a care setting are assessed with ARI, this will be due to viral transmission and to ask the home to report to CIPCT for follow up.

It is hoped through the re-commencement of work with GP practices and primary care colleagues that the issue of tackling antimicrobial resistance can also move forward with our support.

References

GOV.UK Health protection in children and young people settings, including education
<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

GOV.UK COVID-19 supplement to the infection prevention and control resource for adult social care - Updated 23 December 2022
<https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care>

Guidelines for the management of norovirus outbreaks in acute and community health and social care settings; Journal of Hospital Infection: 15 February 2023. Available at:
<https://www.sciencedirect.com/science/article/pii/S0195670123000439?via%3Dihub>

GOV.UK Tackling Antimicrobial Resistance 2019 – 2024. The UK's 5 Year National Action Plan
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1070263/UK_AMR_5_year_national_action_plan.pdf

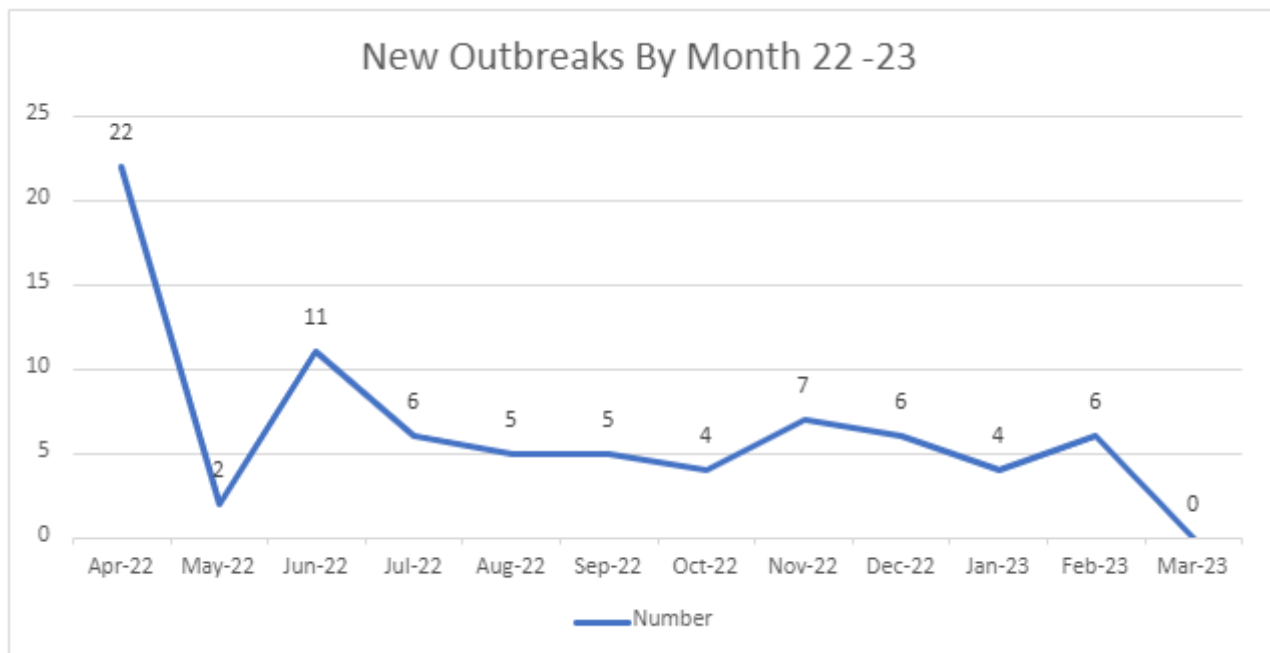
NHS England National Standards of Healthcare Cleanliness (2021)
[B0271-national-standards-of-healthcare-cleanliness-2021.pdf \(england.nhs.uk\)](https://www.nhs.uk/england/national-standards-of-healthcare-cleanliness-2021.pdf)

UKHSA Research and analysis: Group A streptococcal infections: report on seasonal activity in England, 2022 to 2023 Updated 16 March 2023
<https://www.gov.uk/government/publications/group-a-streptococcal-infections-activity-during-the-2022-to-2023-season/group-a-streptococcal-infections-report-on-seasonal-activity-in-england-2022-to-2023#:~:text=A%20total%20of%204%2C622%20notifications,in%20the%20previous%205%20years.>

Appendix 1

Outbreaks of COVID-19 in Care Homes and Adult Social Care Settings 01 April 2022 to 20 March 2023

Setting	No.
Nursing/Residential Care Home	58
Intermediate Care	4
MH/LD Care Home	4
Day Care	1
Supported Living	11
Total	78



Appendix 2

Common community infectious diseases relevant to inter- agency transfer of health care V2

	Parasitic		Enteric		Airborne/Droplet		Reactivation		Health Care Associated Infections					
	Scabies	Diarrhoea such as norovirus and rotavirus	Influenza/ ILI	Covid 19	Shingles	MRSA Colonisation	MRSA Wound / Infection	C difficile Symptomatic	C difficile Asymptomatic	IGAS	CPE	E.coli (Line)		
Outpatients/GP/Dental/Podiatry/Optomtry														
Can patients attend outpatients/GP/ community appointments, i.e. Physiotherapy etc.?	YES	NO	NO	NO	YES	YES	YES	NO	YES	YES	YES	YES		
If treatment commenced;		Must be symptom free for 48 hours prior to attending;	Until 5 days after onset symptoms;	Until completed isolation period;	If rash is covered by clothing/dressing or if exposed area of the body is dry		If wound is covered with a dressing	Must be symptom free for 48 hours prior to attending;		Only after 48hrs after treatment started?	YES	YES		
If (thats) they can be seen at the home by these professionals?		They can be seen at home by these professionals*	They can be seen at home by these professionals	They can be seen at home by these professionals			They can be seen at home by these professionals*			If no diarrhoea in previous 48 hours;	If less than 48 hours active diarrhoea- see enteric			
Do the above need be notified of the infection?	YES	YES	N/A	YES	YES	YES	YES	YES	NO	YES	YES	YES		
		Outpatients would need to know why the patient has notified		If the individual has attended the outpatients setting the previous days	To avoid direct contact with non-immune members of staff (i.e. persons with no history of chicken pox)		If requiring wound dressing	Outpatients would need to know why the patient has notified		Due to antibiotic treatment		If catheterised		
What information is required when making notification?	Commenced/completed treatment	appt is urgent, onset/diagnosis/past outbreak	N/A	Date of onset, symptoms, positive test date, if part of an outbreak and vaccine status	Location of rash; if part of an outbreak and vaccine status	YES	Site of colonisation, treatment if applicable & date of sample	Treatment regime, location of wound, dressing required; Date of identification; Systemic treatment	N/A	N/A	Date of onset, site and antibiotic prescribed and given	Diagnosis, site, date colonized/infected take CPE card	YES	
Admission to Hospital (Emergency)														
If admitted to hospital ward/department need to be notified?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES		
Whether treatment has commenced; details of treatment & dates		Date of onset, symptoms and if part of an outbreak	Date of onset, symptoms, if part of an outbreak and treatment/prophylaxis	Date of onset, symptoms, positive test date, if part of an outbreak, vaccine status	Location of rash/vesicles, treatment, date of onset, type of dressing required if applicable		Site of colonisation, treatment if applicable & date of sample	Date identified as infected/colonized, location of wound, type of dressing required and dressing regime, treatment if applicable	Date of onset, symptoms and if part of an outbreak	Date of diagnosis, treatment received and length of time symptom free	Date of onset, site and antibiotic prescribed and given	Date of diagnosis/infected, colonized/incontinent, take CPE card	Date of diagnosis provided	
What information is required?													Treatment given	
Admission to Care Home														
Can patient/client be admitted to a care home?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES		
Requires isolation for 48hrs post admission		Requires isolation for 48hrs post admission	Requires isolation for 5 days after symptoms started	Requires isolation after UKHSA guidance					Requires isolation for 48hrs post admission					
Whether treatment has commenced; details of treatment & dates		Date of onset, symptoms and any samples taken	Date of onset, symptoms, if part of an outbreak and treatment/prophylaxis	Date of onset, symptoms, positive test date, if part of an outbreak and vaccine status; Risk assessment by Home Manager	Location of rash/vesicles, treatment, date of onset, type of dressing required if applicable		Date identified as being colonized/colonized - i.e. nose, throat, perineum etc.	Date identified as infected/colonized, location of wound, type of dressing required and dressing regime, treatment if applicable	Date of onset, symptoms and any samples taken	Date of diagnosis, treatment received and length of time symptom free	Date of onset, site and antibiotic prescribed and given	Diagnosis, site, date colonized/infected, colonized/incontinent, take CPE card	Treatment given	
What information is required?														
Care Home Transfer														
Can patient/client be transferred to another care home whilst infected or colonised?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES		
Would need to be isolated for 48hrs post admission		Would need to be isolated for 48hrs post admission	Requires isolation for 5 days after symptoms started	Requires isolation after UKHSA guidance				If covered with a dressing	Requires isolation for 48hrs post admission					
Whether treatment has commenced; details of treatment & dates		Date of onset, symptoms and any samples taken	Date of onset, symptoms, if part of an outbreak and treatment/prophylaxis	Date of onset, symptoms, positive test date, if part of an outbreak and vaccine status; Risk assessment by Home Manager	Location of rash/vesicles, treatment, date of onset, type of dressing required if applicable		Date identified as being colonized/colonized (i.e. nose, throat, perineum etc.)	Date identified as infected/colonized, location of wound, type of dressing required and dressing regime, treatment if applicable	Date of onset, symptoms and any samples taken	Date of diagnosis, treatment received and length of time symptom free	Date of onset, site and antibiotic prescribed and given	Diagnosis, site, date colonized/infected, colonized/incontinent, take CPE card	Treatment given	
What information is required?														
Day Centre														
Can patient/client attend day centre?	YES	NO	NO	NO	YES	YES	YES	NO	YES	YES	YES	YES		
However can attend when has been symptom free for 48hrs		However can attend when has been symptom free for 48hrs	Requires isolation for 5 days after symptoms started	Until completed isolation period	If rash is dry covered with clothing/dressing		If covered with a dressing	However can attend when has been symptom free for 48hrs		Only after 48hrs symptom free	YES	Unless they have active diarrhoea or are incontinent	YES	
Does day centre require notification?	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	
				If the individual has attended the setting in the previous days	To avoid contact with non-immune members of staff who haven't had chicken pox		Standard Precautions	If involved in dressing/wound						
What information is required?	N/A	Involvement in outbreak, date symptoms ceased	N/A	Date of onset, symptoms, positive test date, if part of an outbreak and vaccine status; Risk assessment by Manager	Location of rash/vesicles, treatment, date of onset, type of dressing required if applicable		Standard Precautions	Location of wound, type of dressing required and dressing regime, treatment if applicable	Involvement in outbreak, date symptoms ceased	N/A	Date of onset, site and antibiotic prescribed and given	Standard precautions	Standard Precautions, catheters, encourage oral fluid intake	
Patient Transport														
In a non emergency/situation can patient/client travel by patient transport (i.e. Ambulance, etc.)?	YES	NO	NO	NO	YES	YES	YES	NO	YES	YES	YES	YES		
However can when has been symptom free for 48hrs		However can when has been symptom free for 48hrs	Requires isolation for 5 days after symptoms started	Until completed isolation period	If the rash is dry or covered with clothing/dressing; Unless facial/orbital shingles where there is risk of contact with fluid		Ensure any wound are covered with dressings	However can when has been symptom free for 48hrs		Only if continent				
Does patient transport service require notification?	NO	N/A	N/A	YES	NO	YES	YES	N/A	NO	YES	YES	YES		
				If the individual has been attending the setting in the previous days	Standard Precautions	Standard Precautions	Standard Precautions						If have continence problem/catheter in situ	
What information is required?	N/A	N/A	N/A	Date of onset, symptoms, if part of an outbreak, vaccine status	N/A	Standard Precautions	Standard Precautions	N/A	N/A	Date of onset, site and antibiotic prescribed and given	Standard Precautions	Standard Precautions	YES	
Emergency Transport	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
			Crew need to be informed of symptoms prior to transport	Crew need to be informed of symptoms, positive test date, vaccine status (if home is outbreak, prior to transport)	If the rash is dry or covered with clothing/dressing; Unless facial/orbital shingles where there is risk of contact with fluid		Ensure any wound are covered with dressings			Standard Precautions (if required)	See hospital admission information	See hospital admission information		

***Refer to local Health Protection / Community Infection Control Team for further guidance**

Standard precautions used by all staff, in all care settings, at all times, for all patients whether infection is known to be present or not to ensure the safety of those being cared for, staff and visitors in the care environment.

With thanks to the Manchester Community Infection Control Team for allowing the redevelopment of this poster.

Version 2 February 2022, review date 2024

Contact:
 Trafford Community Infection Prevention and Control Team
 0161 912 5176
traffordcommunityipcteam@mft.nhs.uk
 If you require any infection prevention control advice, support, or need to report symptomatic, positive cases or outbreaks outside of office hours, please contact the UK Health Security Agency team (UKHSA) Out of Hours service for the North west on 0151 4344819 and ask for the 'on call duty team' to speak to a health professional.

Appendix 3

Trafford IPC poster examples for Care Homes and Adult Social Care Settings

INFECTION PREVENTION

Our residents are vulnerable to infections.

PLEASE DO NOT VISIT

If you have a **cold, cough, diarrhoea or vomiting** or have been in contact with someone else with symptoms.

Please consider not visiting until you are **at least 48 hours free of symptoms** (this may be longer for respiratory viruses such as Covid-19 or flu – please check).

PLAY YOUR PART

ENTER with clean hands
LEAVE with clean hands

STOP

WASH
or GEL

GO

Be up to date with your flu and Covid-19 vaccinations, and if asked to wear a face mask, please cover your nose and mouth at all times

Trafford Community Infection Prevention and Control Team (CIPCT): 0161 912 5176

Personal Protective Equipment - PPE

Order to put on (don).....

-
-
-
-

Sanitise or wash hands BEFORE putting on PPE

Order to take off (doff).....

-
-
-
-

Sanitise hands BEFORE removing mask, wash or sanitise hands AFTER

Standard Infection Control Precautions

- Patient Placement
- Respiratory hygiene and cough etiquette
- Management of care equipment and environment
- Safe management of linen
- Safe disposal of waste
- Hand Hygiene
- Personal Protective Equipment (PPE)
- Aseptic Non Touch Technique (ANTT)
- Management of blood and body fluid spillages
- Occupational exposure management (including sharps)

Face Masks

Please wear your face mask correctly at all times

- If uncomfortable, itchy, visibly unclean, or damp – please wash (WET SOAP WASH RINSE DRY) or sanitise hands with alcohol gel and remove carefully by the ear loops. Do not touch the front of the mask.
- Dispose in correct waste bin, wash or sanitise hands and replace with a new mask.

Thank you.

Trafford Community Infection Prevention and Control Team – 0161 912 5176

Are you “Bare Below the Elbows”?

Staff who have direct contact with residents/service users/clients or their environments should avoid wearing:

- **Jewellery** - Especially rings with stones or ridges
- **Long nails, false nails, acrylics, nail varnish**
- **Wrist watches, Fitbits, bracelets, wrist bands**
- **Long sleeves** - In colder months, long or ¾ length sleeves must be rolled or pushed up above the elbow to effectively clean hands and wrists

To enable safe, effective hand hygiene technique

*Any breached or damaged skin (cuts, dermatitis, or abrasion) should be covered with a waterproof film dressing.

Trafford Community Infection Prevention and Control Team – 0161 912 5176

Appendix 4

In event of outbreak of non- COVID-19 detected acute respiratory infection (ARI) in care homes, respiratory swabs returned to UK Health Security laboratory are screened for:

- Adenovirus – **V**
- Bordetella pertussis (whooping cough) – **B**
- Bordetella Para pertussis – **B**
- Chlamydia pneumoniae – **B**
- Parainfluenza (HPIV) types I; II; III; IV – **V**
- Human coronaviruses (4 types) – **V**
- Human metapneumovirus – **V**
- Human rhinovirus/enterovirus – **V**
- Influenza A – **V**
- Influenza B – **V**
- MERS (Middle East respiratory syndrome) coronavirus – **V**
- Mycoplasma pneumoniae – **B**
- SARS –CoV-2 (COVID-19) - **V**

Appendix 5

Trafford care homes – IPC audits and training sessions 2022 - 2023

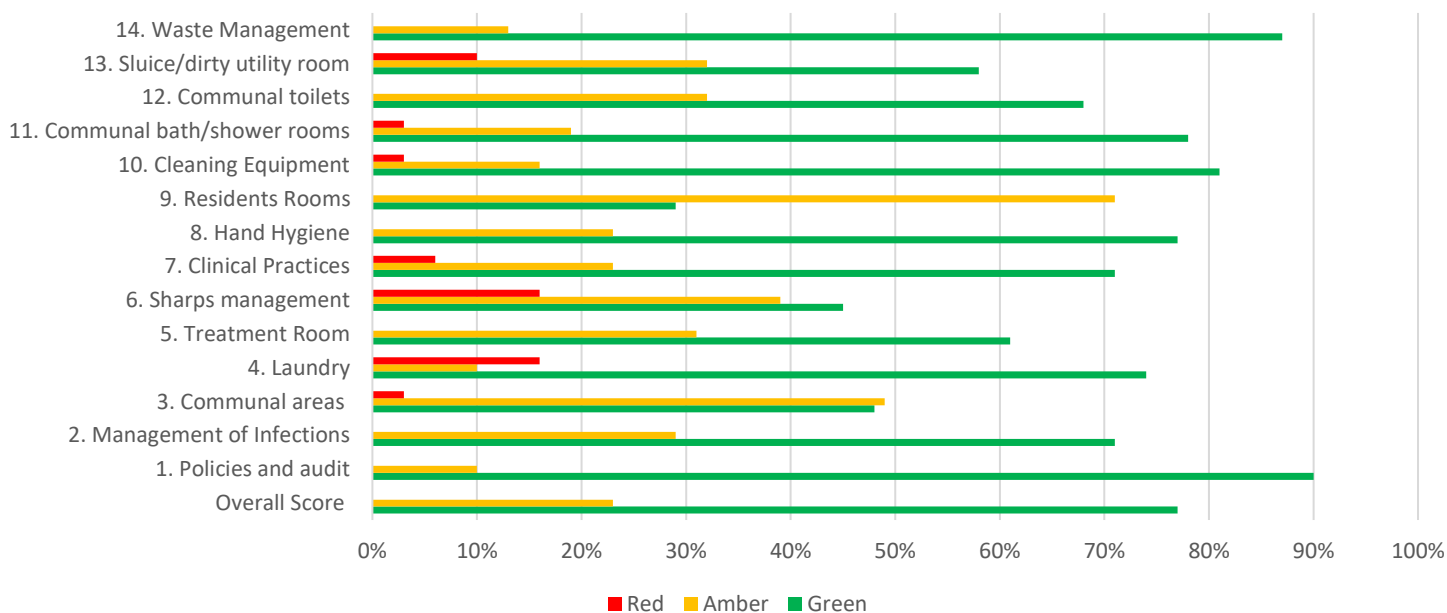
2022	Care Home	Percentage/RAG	Previous score (GM – tool)	On-site IPC training
Q1				
May	-Lady of the Vale -De Brook Lodge Care Home -Wyncourt Nursing Home	92% - Green 88% - Amber 95% - Green	73% - Amber 85% - Amber	
June	-Faversham Nursing Home -Ann Challis	94% - Green 82% - Amber	68% - Red	-De Brook Lodge
Q2				
July	-Haylands RH for gentlemen -Bradley House Nursing Home -Ascot House IMC -Mayfield Care Home	88% - Amber 91% - Amber 98% - Green 87% - Amber	69% - Red 89% - Amber 85% - Amber	-Haylands RH
August	-Flixton Manor Nursing Home	92% - Green	92% - Green	-Ann Challis
September	-Allingham House Care Centre -Bickham House -Heathside Care Home -Claremont House	92% - Green 92% - Green 98% - Green 94% - Green	95% - Green 90% - Amber 91% - Amber	
Q3				
October	-Amberley Care Home -Oldfield Bank -Ferrol Lodge	89% - Amber 81% - Amber 86% - Amber	97% - Green 90% - Amber	-Faversham NH -Bradley House NH
November	-Bowfell House -Urmston Manor -Oakfield Croft -Timperley CH -The Cedars RH -Handsworth	95% - Green 88% - Amber 93% - Green 88% - Amber 76% - Amber 94% - Green	100% - Green 94% - Green 98% - Green 100% - Green 96% - Green 92% - Green	-Lady of the Vale NH -Mayfield CH
December	-Ashlands Manor Care Centre -Four Oaks CH	93% - Green 97% - Green	97% - Green 99% - Green	-Ascot House IMC (Trafford Town Hall)
Q4 - 2023				
January	-Bowfell House -Beverly Park Nursing Home -Ann Challis Residential Home for Ladies (re-audit) -Brookfield Nursing Home -Halecroft Grange -Haylands Residential Home for Gentlemen (re-audit) -Manorhey Care Centre	95% - Green 92% - Green 99% - Green 92% - Green 97% - Green 92% - Green 94% - Green	100% Green 91% - Amber 82% - Amber 96% - Green 98% - Green 88% - Amber 96% - Green	-Bowfell House (e-coli/Gram negative bacteria)
February	-Bradley House Nursing Home -Lime-tree House Christian Science Nursing Facility -Mayfield Care Home (re-audit) -Our Place -Woodland Care Home	96% - Green 96% - Green 92% - Green 93% - Green 96% - Green	91% - Amber 97% - Green 87% - Amber 95% - Green	-Wyncourt Nursing Home -Heathside Care Home -Allingham House Care Centre
March	All audits complete 2022 – 2023 with exception of 8 monthly re-visit for Amber rated settings			-Oldfield Bank -Ferrol Lodge -The Cedars Rest Home -Claremont House Care Home -Flixton Manor -Urmston Manor -Ascot House x 2 sessions (Sale Waterside) -Ann Challis -Ashlands Manor

Appendix 6

Care home audits – collated section scores RAG rated

Up to March 2023		Overall Score	1. Policies and audit	2. Management of Infections	3. Communal areas	4. Laundry	5. Treatment Room	6. Sharps management	7. Clinical Practices	8. Hand Hygiene	9. Residents Rooms	10. Cleaning Equipment	11. Communal bath/shower rooms	12. Communal toilets	13. Sluice/dirty utility room	14. Waste Management
	Green	77%	90%	71%	48%	74%	61%	45%	71%	77%	29%	81%	78%	68%	58%	87%
	Amber	23%	10%	29%	49%	10%	31%	39%	23%	23%	71%	16%	19%	32%	32%	13%
	Red	0%	0%	0%	3%	16%	0%	16%	6%	0%	0%	3%	3%	0%	10%	0%
Up to August 2022		Overall Score	1. Policies and audit	2. Management of Infections	3. Communal areas	4. Laundry	5. Treatment Room	6. Sharps management	7. Clinical Practices	8. Hand Hygiene	9. Residents Rooms	10. Cleaning Equipment	11. Communal bath/shower rooms	12. Communal toilets	13. Sluice/dirty utility room	14. Waste Management
	Green	70%	97%	66%	42%	62%	61%	59%	69%	83%	59%	76%	83%	76%	66%	100%
	Amber	30%	3%	34%	55%	31%	31%	34%	24%	14%	41%	21%	10%	24%	24%	0%
	Red	0%	0%	0%	3%	7%	0%	7%	7%	3%	0%	3%	7%	0%	10%	0%

Care home IPC audits - section scores collated for homes audited RAG overview (as of 07/03/2023)



Appendix 7

IPC Service Feedback from Trafford Care Homes

How has support from the Community Infection Prevention and Control Team (CIPCT) been over the past 12 months in general?	Number
Excellent	10
Very good	8
Good	3
Total	21

How would you prefer IPC training to be delivered?	Number
Onsite (at your setting)	18
At Trafford Town Hall with staff from other care homes	3
Total	21

What additional support, if any, would you like from the CIPCT?	Number
None/Satisfied	16
Regular calls/contact	2
Newsletter relating to Trafford Care Home's - best practices etc.	1
Improve clarity of audit template	1
Further training on care home premise	1
Total	21

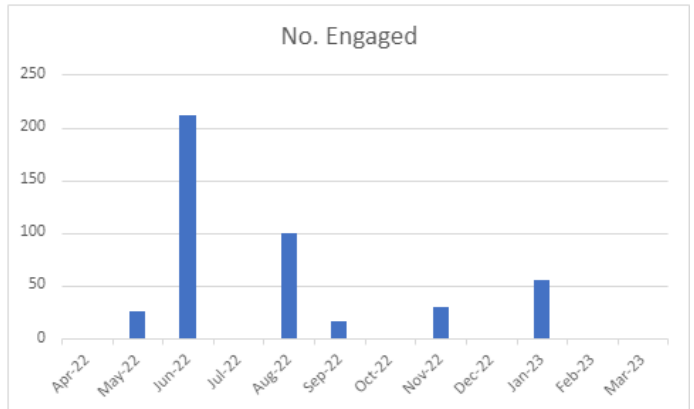
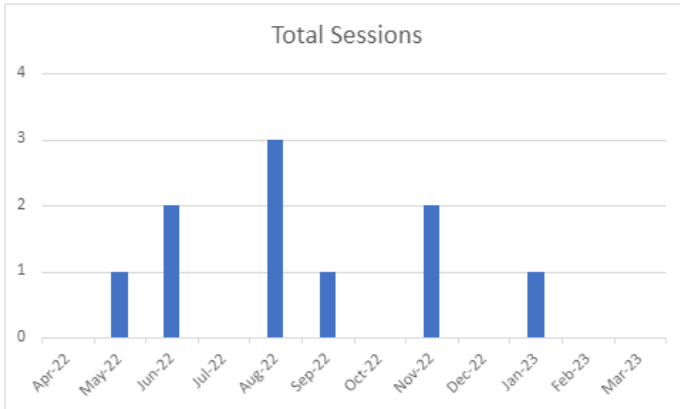
Appendix 8

Respiratory hygiene and general outbreak infection control advice Trafford Schools and childcare settings

- Respiratory hygiene is vital – Catch it, Bin it, Kill it - with supplies of tissues readily available, and individuals asked to cover their mouth and nose if coughing or sneezing. If a tissue is not available, cough or sneeze into the inside of the elbow rather than on hands to prevent transmission.
- Careful hand washing with liquid soap and warm water following correct order: 'WET, SOAP, WASH, RINSE, DRY'. Use a paper towel particularly in outbreak situation to properly dry hands after washing. If possible, head, class, or nursery staff to reiterate the importance of hand washing with the children, after using the toilet/before eating – and to try not to touch their faces, pick noses, or bite nails!
- Consider 'Sneeze Stations' around the school/nursery where children/adults can wash hands, or clean with wet wipes, and grab a tissue.
- Regular environmental cleaning with detergent soapy water and disposable cloth, followed by disinfectant or dilute bleach (available chlorine) solution – with particular attention to touch points, tables, and chairs, grab rails, door handles, radiators (remove covers), and toilets.
- Cleaning of any toys or items played with during the day with hot soapy detergent water -storage receptacles for items cleaned in the same way. Try to prevent small children from sharing items if possible.
- Suspend sand play for the duration of any outbreak of infection, and if play dough is needed to make up fresh and disposed of after session (as a good medium for organism growth). If water trays are used, these must be cleaned with detergent soapy water and clean cloth, dried thoroughly, or inverted to prevent pooling of water at end of the play session.
- If possible, children and staff should be asked to put toilet lids down if they experience diarrhoea or vomit, or if no toilet lids little ones can tell their teacher and paper towels can be placed over the toilet basin prior to flushing. Staff should wear disposable gloves and aprons if they need to do this.
- Cleaning vomit or spillages on a floor or carpeted area – if spillage kit is available; ensure staff know where to obtain and carefully follow instructions on the kit. If spillage kit is not available, staff must wear disposable apron and gloves, take rubbish bag to site of spillage, place paper towels over the vomit and absorb as much as possible. Clean the floor area with a disposable cloth and detergent hot soapy water followed by bleach-based product or disinfectant. Dispose of apron and gloves, tie bag and place in general rubbish – then wash hands carefully. Do not mop the area until all these steps have been taken – and ensure that surrounding furniture/vertical surfaces are also cleaned. Wear gloves and apron for cleaning.
- Alginate or alginate strip bags are a good idea for placing items of clothing which may have been in contact with vomit or infective spores such as coats/outer clothing. These can be placed directly into the washing machine and will dissolve allowing clothes to be washed as normal without contaminating other individuals or surfaces.
- Affected individuals must stay away from school or nursery until they are free of symptoms and are feeling well. Children or adults with symptoms of diarrhoea or vomiting should stay away from school or nursery until they are at least 48 hours symptom free.
- Please call Trafford Community IPC Team on 0161 912 5176 if you have any questions or queries, or numbers of affected cases continue to rise despite following all the above advice.

Appendix 9

Hand hygiene and IPC - Community Engagement Sessions 2022-2023



Comments:

Really useful information given in a simple & practical way. I've learnt some helpful things - thank you!!

Coppice Library Session - August 2022

Comments:

As a human we learn on a daily basis and I have just learned about germs on my phone and how germs multiply on surfaces so its a plus for me and I can fight them perfectly well now.

Old Trafford Wellbeing Centre - August 2022

Thank-you, helped my son who has autism.

Coppice Library Session - August 2022

General Feedback:

Class were fully engaged and enjoyed the activities

English Martyrs - June 2022

I just wanted to say a massive thank you for your session on Friday. The children loved the activities and stayed really engaged throughout as well as learning a very valuable lesson of day-to-day handwashing and the impact it can have upon their health.

We love the work you do, and we would be really interested in working with you again at our activity camps and in future projects across the trust. I also have some images of the work you did with the children which I will send across in a following email.

Thanks again for a brilliant session!

Sale Sharks Summer Camp 2022