

# INFECTION PREVENTION AND CONTROL (IP&C)

## Key Actions Winter 2025/2026



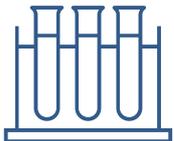
### Strategic Plans – Surveillance and Operational Modelling

An overarching health board/trust strategic plan is in place that takes national surveillance and local operational modelling data into consideration. To support risk assessment and decision making for patient placement/pathways and universal use of face masks for staff patients/visitors within health and care settings. It should also include de-escalation processes.



### Vaccination

A robust staff vaccination programme is in place and works in conjunction with occupational health and safety to include risk assessment(s) for health and care staff who may be at higher risk of complications from respiratory infections.



### Screening and Triaging

Screening, triaging and testing are in place for patients admitted with clinical symptoms of acute respiratory infection according to national testing strategies to inform clinical pathways and treatment.

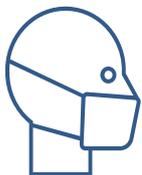


### Patient care and movement

The balance of priorities of bed management and IPC should shift to safe IPC practices, to maintain patient safety and reduce nosocomial transmission. This includes:

- ❖ Patient movement is kept to an absolute minimum
- ❖ Physical distancing is maintained where patients with suspected or confirmed respiratory infection are being cared for or managed, for example the use of the bed locker chair model within clinical areas
- ❖ Maintaining safe environmental and equipment cleaning in accordance with best practice guidance
- ❖ Risk-based approaches for isolation/cohort/outbreak to ensure infection control measures are in place

### IPC Practice Monitoring



IP&C and occupational health and safety interventions are optimal and agreed action plans are delivered with monitoring in place ([NIPCM - Public Health Wales](#) & [Acute Respiratory Infections \(ARI\) guidance](#)) that include:

- ❖ Training in IPC measures is provided to all staff
- ❖ The correct use of personal protective equipment (PPE) including a face fit test/check if wearing a filtering face piece (FFP3) respirator and the correct technique for putting on and removing (donning/doffing) safely
- ❖ Clear guidance is provided for staff regarding not being at work if unwell with ARI



### Non-Clinical Settings

Health and care settings apply respiratory precautions to the non-clinical workplace as far as practical this will entail local risk assessments based on the measures as prioritised in the hierarchy of controls and include advice for staff attendance when symptomatic in the context of managing infectious agents.