



Infection Prevention & Control Update

December 2018





Introduction

The first part of this IPC monthly update is an overview of the audit results from **December 2018** and includes data on:

- Vehicle Cleanliness Audits
- Station and Premises Cleanliness Audits
- Uniform Policy Compliance
- IPC Practice – BBE, OE, PPE
- Quality Assurance (QA10) forms
- Quality assurance audit data- carried out by CEG and the IPC Team.

The IPC Monthly update reports on the 6 newly implement Sectors which incorporate A&E, HART & PTS. For this reason, some of the reporting data from previous months had been left as N/A due to the sectors not existing prior to this report.

The Audit Schedule and audit tools were reviewed and updated in the final quarter of 2016/17, using the data collected throughout the year and also information from all of the work streams. Full details of the audit schedule, tools and requirements can be found on [East24](#). In brief the audit requirements for the 2017/18 audit year are:

- **Vehicle Audits:**
 - 75 % of all operational vehicles to be audited every month (every vehicle must be audited at least once per quarter)
 - All patient carrying vehicles should be Service cleaned every 12 weeks and receive an Interim clean within every 48 hour period.
- **Station Audits:**
 - 100% of all operational stations to be audited monthly
- **Staff Audits:**
 - Uniform compliance audits per management area monthly
 - IPC Practice audits relating to the clinical staffs knowledge of IPC practices
- **Quality Assurance Audits:**
 - An IPC Auditor will be carrying out audits on Vehicles, Stations & staff on a proactive basis opposed to a set schedule to enable a comparison with local audits.
 - CEG will be undertaking these audits throughout the year.

The second part of this update is an overview of reported IPC incidents, including data on:

- Occupational exposure incidents
- Incidents which have potential to cause harm to patients, staff or the public

RAG rating guide

All of the audit data is red, amber & green (RAG) rated to make it easier to visualise the compliance levels, the standards for each element are given in the table below:

	Audit submissions			Audit compliance to criteria
	Vehicles	Stations	Uniforms	
RED	<75%	<85%	<75%	<85%
AMBER	75-84%	85-94%	75-84%	85-94%
GREEN	85% and above	95% and above	85% and above	95% and above

Table 1: R.A.G. rating guide



Part 1: Overview of IPC audit results

Vehicle cleaning schedule compliance

12 Week Service Clean

The Trust has a 12 weekly service cleaning schedule for A&E, HART and PTS. This clean incorporates the vehicle being removed from service for the equipment to be removed and a full, in depth, clean of the equipment and vehicle structure is carried out. Consumables and equipment will also be inspected for expiry date and damage prior to being returned to the vehicle.

Table 1.1 below depicts the 6 sectors compliance with the 12 week vehicle cleaning schedule and also the previous 2 months data for comparison.

Sector	Compliance 3 months ago	Compliance 2 months ago	Report month compliance
HART	N/A	100%	100%
Norfolk & Waveney	N/A	56%	71%
Suffolk & North Essex	N/A	69%	47%
Cambs & Peterborough	N/A	63%	70%
South & Mid Essex	N/A	95%	91%
Herts & West Essex	N/A	75%	73%
MK, Beds & Luton	N/A	92%	78%
Overall Trust Figures	81%	75%	72%

Table 1.1: Vehicle audits submitted. Vehicle audit compliance (R.A.G Red- <80%, Amber- <90%, Green- 90% & above)

The table below depicts each Sectors compliance with the 12 weekly service clean schedule and aged analysis of weeks overdue

Sector	Compliant	1 week	2 weeks	3 weeks	3 weeks +
HART	100%	0%	0%	0%	0%
Norfolk & Waveney	70.90%	4.30%	0.90%	8.50%	15.40%
Suffolk & North Essex	46.70%	5.10%	11.70%	8%	28.50%
Cambs & Peterborough	70%	0%	2.50%	3.30%	24.20%
South & Mid Essex	90.90%	0%	5.30%	3.80%	0%
Herts & West Essex	73.50%	2.50%	2.50%	1.20%	20.40%
MK, Beds & Luton	78.30%	4.80%	10.80%	1.20%	4.80%

Table 1.2: Compliance per sector and overdue aged analysis figures (R.A.G Red- <80%, Amber- <90%, Green- 90% & above)

The vehicle cleaning schedule also incorporates other elements such as an 'In between patient decontamination', which should occur in between every patient



conveyance, utilising approved disinfectant wipes, prior to further patient attendance. Emergency decontaminations are also performed in circumstances such as bodily fluid contamination and/or infectious pathogens potentially being present. These types of cleans are carried out as and when required.

Interim Vehicle Clean (Overall cleaning schedule compliance)

The other element of the cleaning schedule that is reported on here is the 'Interim vehicle clean'. This clean should be conducted a minimum of every 48 hours on patient carrying vehicles and every 96 hours on non-patient carrying vehicles. This clean includes removing daily dirt and debris from the saloon, cab and exterior of the vehicle using warm water and approved detergent.

The figures below are a measure of the respective areas average compliance with cleaning schedule. A vehicle becomes 100% compliant with the cleaning schedule on the day that it receives a full service clean. If the vehicle receives each consecutive interim clean that it requires, it will remain 100% compliant. Each time the vehicle misses an Interim clean the percentage of compliance for that vehicle is reduced accordingly.

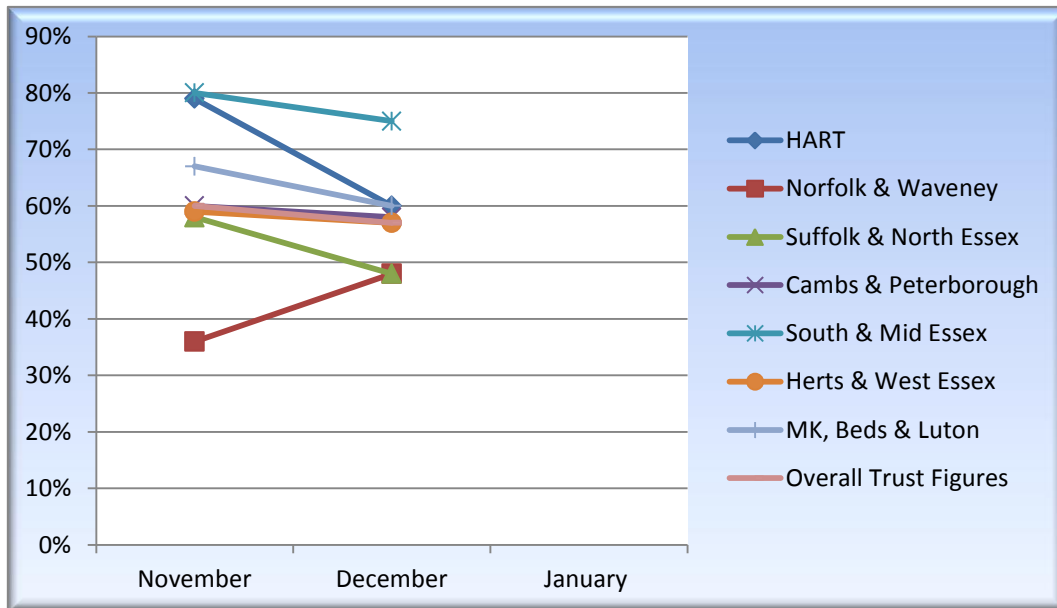
Table 1.3 below depicts the 6 sectors compliance with the Interim vehicle cleaning schedule and also the previous 2 months data for comparison.

Sector	Compliance 2 Months prior	Compliance 1 Month prior	Report month compliance
HART	71%	79%	60%
Norfolk & Waveney	N/A	36%	48%
Suffolk & North Essex	N/A	58%	48%
Cambs & Peterborough	N/A	60%	58%
South & Mid Essex	N/A	80%	75%
Herts & West Essex	N/A	59%	57%
MK, Beds & Luton	N/A	67%	60%
Overall Trust Figures	52%	60%	57%

Table 1.3: Overall compliance per sector with the Interim cleaning schedule (R.A.G Red- <75%, Amber- <80%, Green- 85% & above)



The graph below (Graph 1) depicts the 6 sectors and their average compliance per vehicle with the interim cleaning schedule.



Graph 1: Overall Interim cleaning schedule compliance

Vehicle Audits

There is a general flex of operational vehicles availability at any given time throughout the month, for general repairs/ servicing etc. In most occasions where vehicles are unavailable due to servicing/ repairs this is for a short period, however on some occasions the nature of the repairs/ service can be such that vehicles are unavailable for prolonged periods. Where this period is greater than three weeks we exclude these vehicles from the reporting as they are not in operational use.

Sectors (Incorporating PTS) & HART

There were 650 vehicle audits submitted for this reporting period. The table below depicts the percentage of audit forms submitted by each locality. Due to variation in the numbers of vehicles in each locality during each month, and vehicle movements throughout the Trust the IPC team is reliant on, and the responsibility lies with the management teams for updating their vehicle numbers as they change. Each quarter the IPC Team verify the locality vehicle lists for accuracy.

Sector	Last Report	Last Report	Current	Current
	Submission	Compliance	Submission	Compliance
HART	100%	97%	100%	100%
Norfolk & Waveney	71%	98%	53%	100%
Suffolk & North Essex	74%	95%	86.90%	96%



Cambs & Peterborough	92%	97%	94.20%	97%
South & Mid Essex	79%	98%	92.40%	96%
Herts & West Essex	83%	97%	90.90%	97%
MK, Beds & Luton	97%	95%	94%	97%
Overall Trust Figures	81%	96%	85.10%	97%

Table 1.4: Vehicle audits submitted and Vehicle audit compliance (Submissions R.A.G Red- <75%, Amber- 75-84%, Green- 85% & above) (Compliance R.A.G Red- <85%, Amber- 85-94%, Green- 95% & above)

The chart (Chart 1) below depicts the percentage of forms submitted for Trust vehicles.

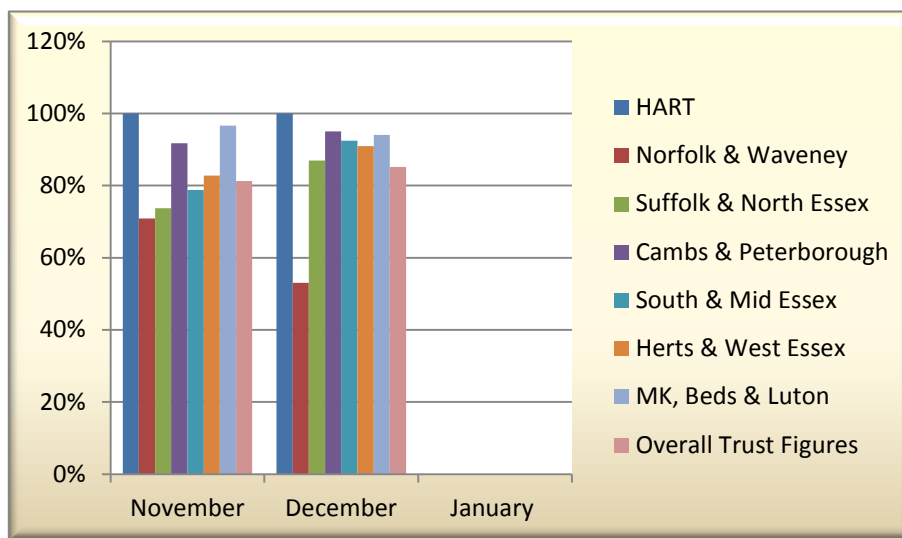


Chart 1: Vehicle audit forms submitted per sector

Chart 2 below represents the average sector compliance with the submitted vehicle audits.

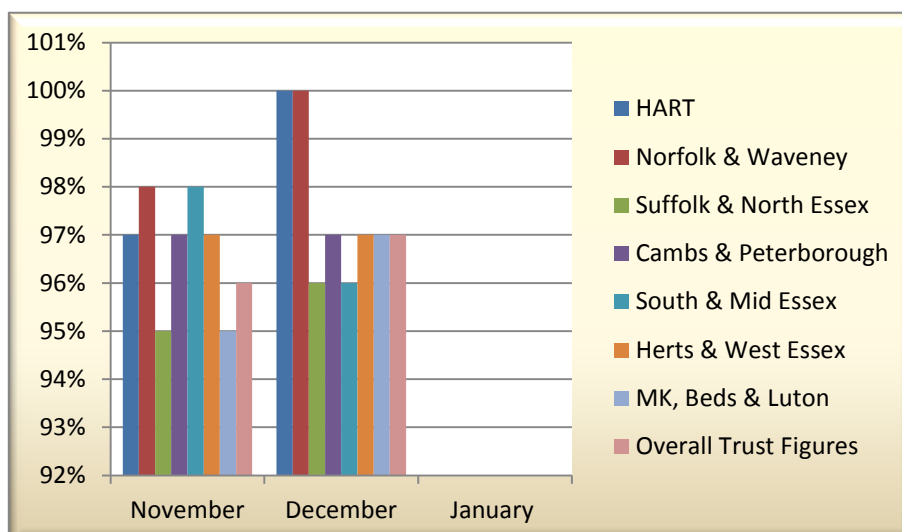


Chart 2: Vehicle cleanliness compliance per sector



The IPC vehicle audit is in 4 element groups including patient and non- patient areas.

The table (below Table 1.5) depicts the compliance comparisons for patient and non-patient areas for this month and last month.

	Exterior checks	Cab interior checks	Saloon interior checks	Equipment check list
Cambridgeshire & Peterborough - Nov	98%	97%	98%	97%
Cambridgeshire & Peterborough - Oct	98%	94%	95%	98%
HART - Nov	100%	100%	100%	100%
HART - Oct	100%	100%	89%	100%
Hertfordshire & West Essex - Nov	94%	98%	95%	97%
Hertfordshire & West Essex - Oct	92%	94%	90%	97%
MK, Bedfordshire & Luton - Nov	99%	97%	94%	98%
MK, Bedfordshire & Luton - Oct	100%	99%	94%	97%
Norfolk & Waveney - Nov	100%	100%	100%	100%
Norfolk & Waveney - Oct	97%	92%	99%	100%
South & Mid Essex - Nov	100%	99%	86%	97%
South & Mid Essex - Oct	100%	100%	91%	98%
Suffolk & North Essex - Nov	97%	90%	95%	98%
Suffolk & North Essex - Oct	92%	90%	90%	98%
Overall MAIN - Nov	97%	97%	94%	98%
Overall MAIN - Oct	96%	95%	93%	98%

*Table 1.5: Sector Vehicle Compliance by Element Group
(R.A.G Red- <85%, Amber- 85-94%, Green- 95% & above)*

The online auditing system creates action plan for audit non-compliances and assigns them to the relevant person/management area in order to resolve the non-compliance issues listed.

The next (Table 1.6) depicts the quantities of vehicle actions, resulting from non-compliant audits, which were opened and closed during the month.



Sector	Opening balance	Added in period	Closed in period	Over due	Closing balance
Suffolk & North Essex	27	23	9	15	41
South & Mid Essex	0	8	8	3	0
Norfolk & Waveney	5	0	0	1	5
MK, Bedfordshire & Luton	6	23	22	6	7
Hertfordshire & West Essex	20	5	4	11	21
HART	0	0	0	0	0
Cambridgeshire & Peterborough	19	8	6	19	21
Trust Total	77	67	49	55	95

Table 1.6: Vehicle related actions balance per sector

Staff Audits

There are a variety of staff audits performed throughout the year on clinical staff, these include:

Uniform compliance

These are reported monthly for all A&E, HART & PTS staff.

QA10 compliance (includes Hand Hygiene at point of care)

These are reported monthly for A&E & HART staff.

IPC Practice Compliance (theory based audit for A&E and HART & PTS staff)

These are conducted by the IPC Auditor and are reported monthly.

Uniform compliance audits are carried out on all A&E, HART & PTS staff at any point throughout their period of duty and consider the IPC related elements of the Trust Uniform policy. A requirement of 15 Uniform audits per management area is to be submitted monthly.

There were a total of 429 Uniform audits submitted during this reporting month.

The table below (Table 2.1) depicts the Uniform audit submission and compliance for the report month and the previous month.

Sector	Last Report	Last Report	Current	Current
	Submission	Compliance	Submission	Compliance
HART	100%	99%	100%	100%
Norfolk & Waveney	100%	99%	100%	99%
Suffolk & North Essex	92%	99%	96.70%	99%



Cambs & Peterborough	100%	98%	98.70%	97%
South & Mid Essex	92%	98%	100%	98%
Herts & West Essex	59%	98%	99%	99%
MK, Beds & Luton	100%	97%	96.70%	98%
Overall Trust Figures	87%	98%	98.60%	98%

*Table 2.1: Uniform audits submitted and Uniform audit compliance
(Submissions R.A.G Red- <75%, Amber- 75-84%, Green- 85% & above)
(Compliance R.A.G Red- <85%, Amber- 85-94%, Green- 95% & above)*

The Chart below (Chart 3) represents the Uniform audit submissions per sector.

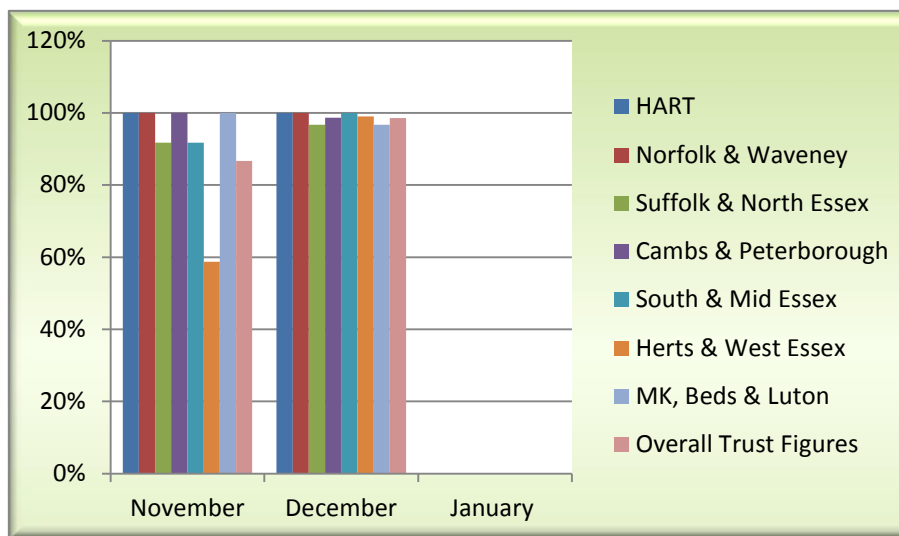


Chart 3: Uniform audit forms submitted per sector

The Chart below (Chart 4) represents the Uniform audit compliance per sector.

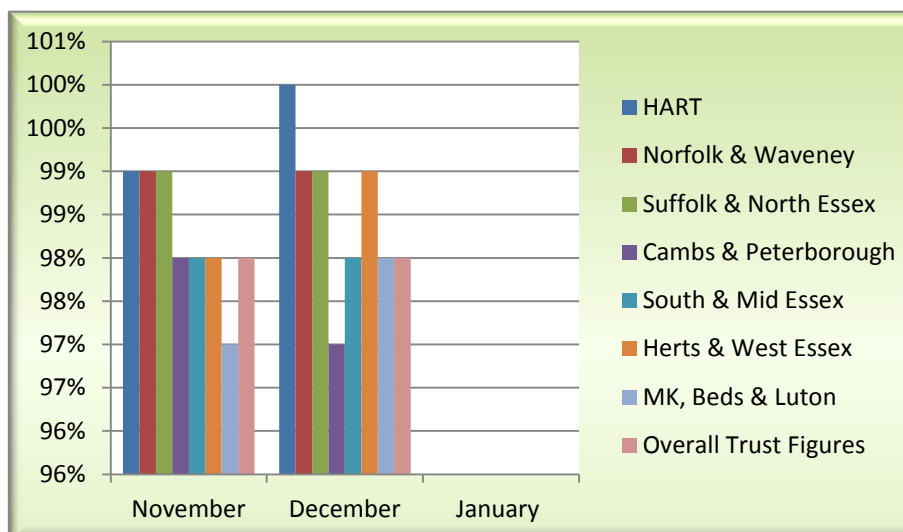


Chart 4: Uniform audit compliance per sector



The audit form is made up of two primary themes:

- Bare below the elbow compliance
 - Compliance with Wrist watch policy
 - No wearing wrist Jewellery
 - No wearing of stoned rings
- Hair off collar/ tied back

Due to the nature of when these audits are carried out the percentage of audits performed during episodes of patient care has been included to highlight the percentage which are observed/ discussed. Also as the Trust has a policy which permits staff to wear a wrist watch providing it is removed for hand hygiene, and decontaminated after each patient care episode the percentage of staff audited who wear a fob watch has been highlighted as this may impact on the wrist watch policy compliance figure (as they will be N/A if wearing a fob watch). The security element relates to the employee having a Trust ID badge.

The following chart (Chart 5) relates to the themes of the Uniform audit.

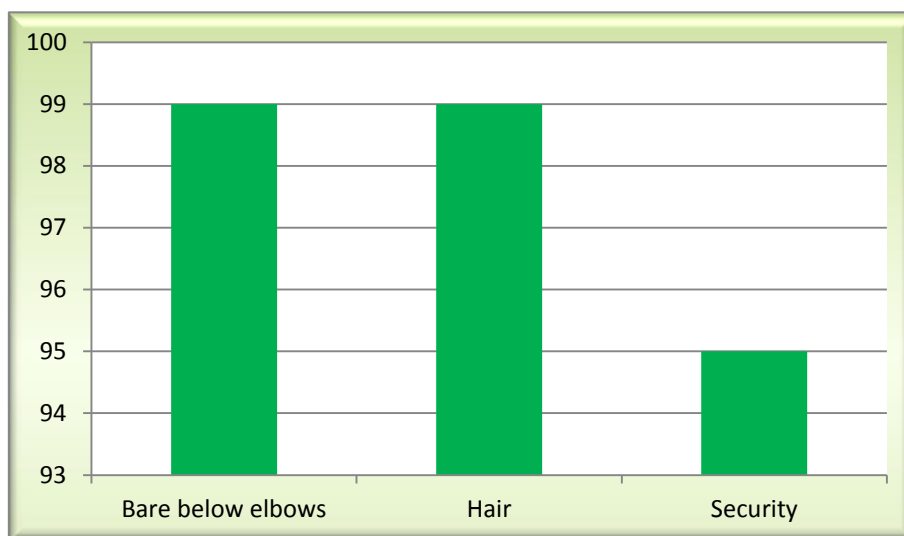


Chart 5: Uniform audit theme compliance

QA10 Compliance Audits

The QA10 compliance audits cover IPC aspects of clinical procedures and carried out at the point of care during operational observational ride outs with clinical staff. Due to the high resource requirements versus output the numbers of these audits



are low. The IPC team is continuously reviewing this process and ways to increase the numbers with the available resources.

The QA10 compliance audit measures compliance against IPC procedures during patient care e.g. Aseptic Non-Touch Technique (ANTT), hand hygiene, uniform compliance and post-patient decontamination.

The table below (Table 2.2) shows the quantity of QA10 audit submissions and the QA10 compliance for the report month and report previous.

Sector	Last Report	Last Report	Current	Current
	Quantity	Compliance	Quantity	Compliance
HART	2	100%	2	100%
Norfolk & Waveney	7	100%	9	100%
Suffolk & North Essex	6	100%	6	100%
Cambs & Peterborough	3	95%	5	97%
South & Mid Essex	N/A	N/A	1	100%
Herts & West Essex	1	86%	1	100%
MK, Beds & Luton	3	100%	6	90%
Overall Trust Figures	22	99%	30	98%

Table 2.2: QA10 audit quantity and compliance
(Compliance R.A.G Red- <85%, Amber- 85-94%, Green- 95% & above)

Chart 6 below shows the compliance of the QA10 audits that were submitted.

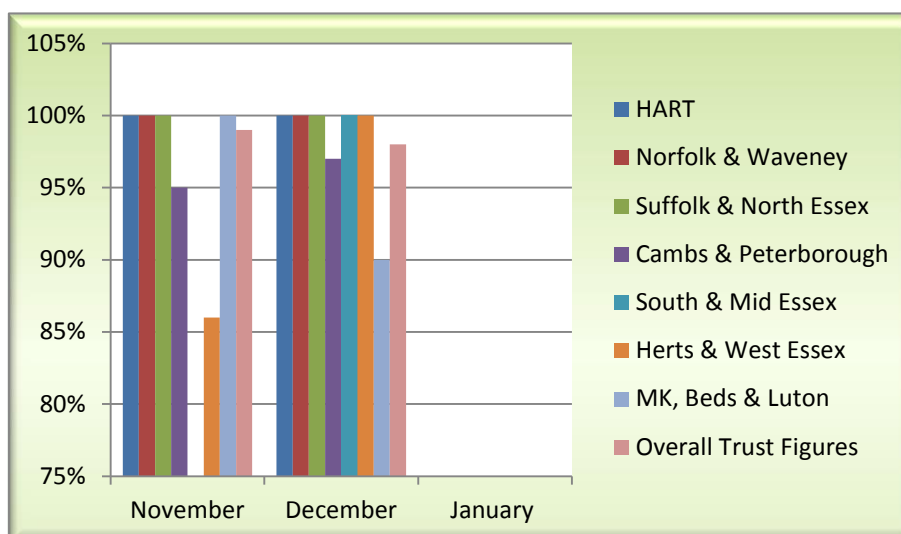


Chart 6: QA10 audit compliance



Chart 7 below shows the compliance of the QA10 audit sections by element.

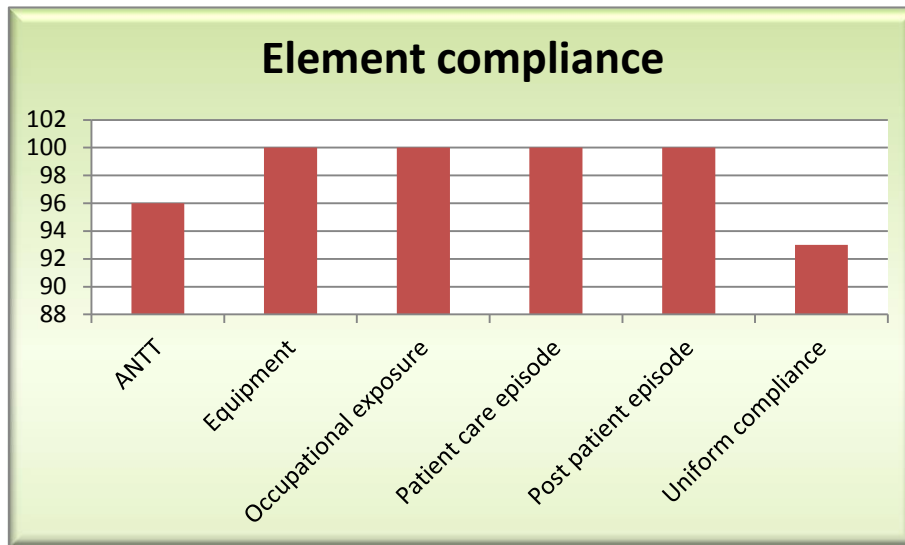


Chart 7: QA10 audit compliance by element

IPC Practice Compliance Audits

The IPC Practice compliance audits cover IPC aspects of hygiene prior, during and post patient contact, uniform compliance, use of PPE and performance of IPC practices. These carried out through discussion/ scenario reviews with clinical staff to assess the knowledge base relating to IPC practice. These audits are carried out by members of the IPC Team.

The IPC practice has now been separated into three separate sub audits, (Hand Hygiene and Bare below the elbows), (PPE and occupational exposure) and (Patient safety whistleblowing, safeguarding and security).

The IPC Practice compliance audit measures compliance against IPC procedures during patient care e.g. Hand hygiene, bare below the elbows which includes the wearing of watches, PPE, knowledge of occupational exposure procedures. Part of the audit includes the possibility to include a practical for hand hygiene utilising a light box, however due to the availability of staff during these audits it is often interrupted for emergency calls.



The table below (Table 2.3) shows the quantity of IPC Practice audit submissions and the Practice compliance for the report month and report previous.

Sector	Last Report	Last Report	Current	Current
	Quantity	Compliance	Quantity	Compliance
HART	1	100%		
Norfolk & Waveney	2	100%		
Suffolk & North Essex	1	100%	1	86%
Cambs & Peterborough	6	83%	3	90%
South & Mid Essex	4	100%		
Herts & West Essex	6	83%	2	84%
MK, Beds & Luton	1	73%		
Overall Trust Figures	21	93%	6	87%

Table 2.2: IPC Practice audit quantity and compliance
(Compliance R.A.G Red- <85%, Amber- 85-94%, Green- 95% & above)

Chart 8 below shows the compliance of the IPC Practice audits that were submitted.

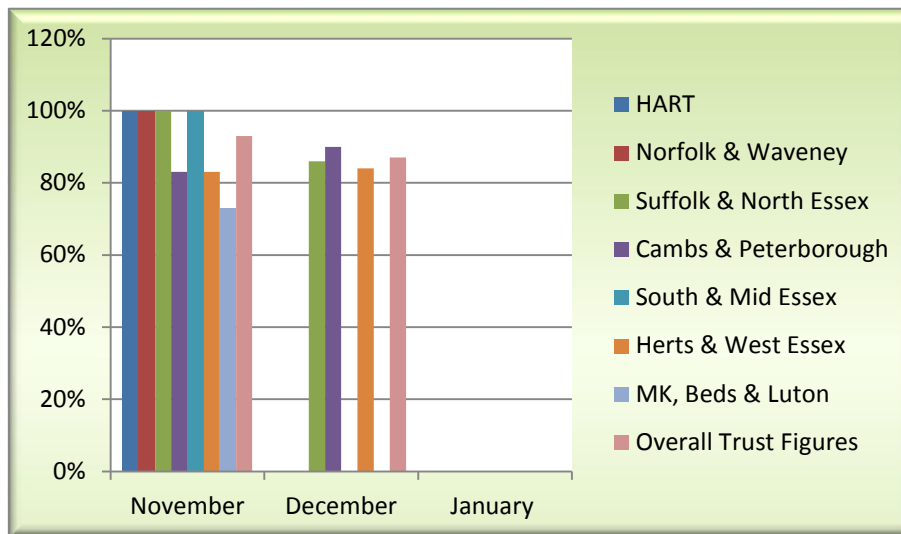


Chart 8: IPC Practice audit compliance



Chart 9 below shows the compliance of the IPC Practice audits by element.

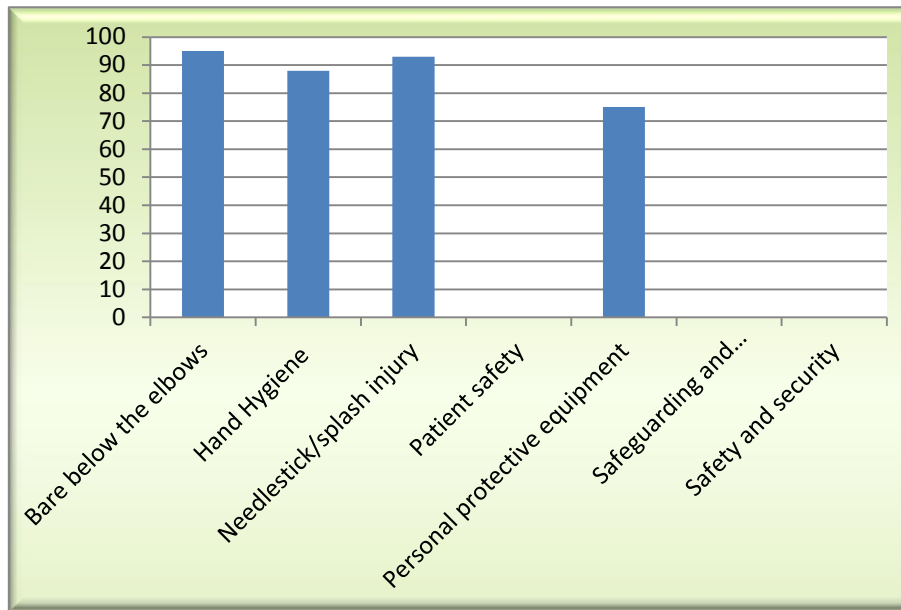


Chart 9: IPC Practice audit compliance by element.

Station and Premises Cleanliness Audits A&E, HART & PTS

84 EEAST premises were audited by local management in this reporting period. The Trust has a comprehensive station cleanliness audit form in place and a standard that 100% of all operational stations are to be audited monthly, this only applies to stations where patient facing staff are based. This standard does not incorporate the Trust emergency operations centres or locality offices which are audited and reported on through the monthly contract cleaners report.

The table below (Table 3.1) shows the quantity of Ambulance station audit submissions and the compliance achieved for the report month and previous report.

Sector	Last Report	Last Report	Current	Current
	Submission	Compliance	Submission	Compliance
HART	100%	97%	100%	100%
Norfolk & Waveney	73%	100%	93%	97%
Suffolk & North Essex	100%	95%	100%	95%
Cambs & Peterborough	100%	93%	100%	94%
South & Mid Essex	100%	95%	100%	96%
Herts & West Essex	95%	94%	100%	92%
MK, Beds & Luton	100%	97%	100%	96%
Overall Trust Figures	94%	95%	99%	95%

Table 3.1: Ambulance station audits submitted and audit compliance (Submissions R.A.G Red- <85%, Amber- 85-94%, Green- 95% & above) (Compliance R.A.G Red- <85%, Amber- 85-94%, Green- 95% & above)



The chart below (Chart 10) represents Ambulance station submissions per sector.

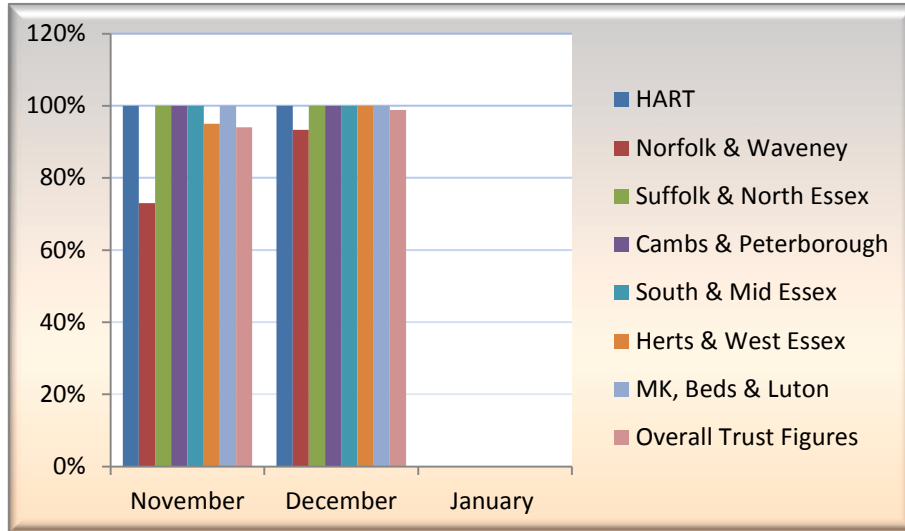


Chart 10: Ambulance station audit submissions

Chart 11 below shows the compliance of the Ambulance station audits.

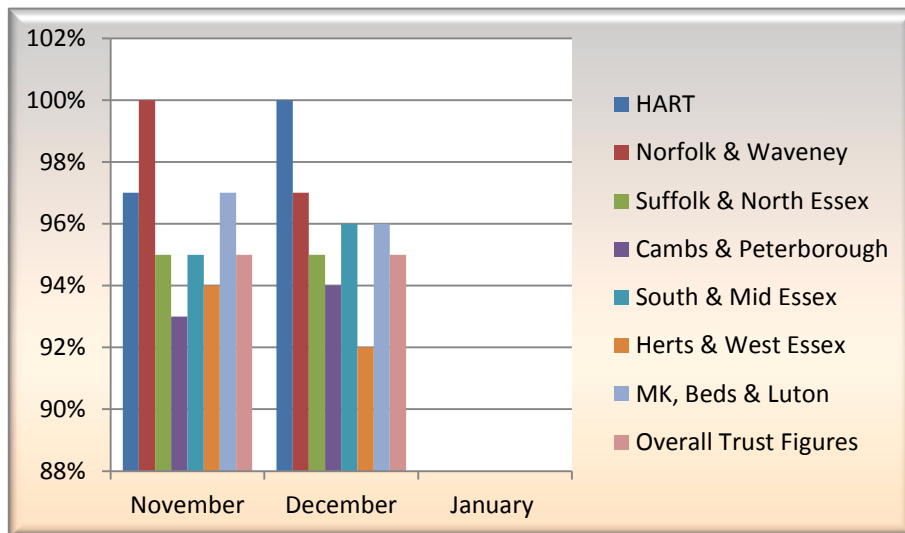


Chart 11: Ambulance station audit compliance



The table below (Table 3.2) depicts sector comparisons by element for patient and non-patient areas for this month.

	General	Running medical equipment / consumables store	Dirty utility	Washrooms and locker rooms	Kitchen area	Handling and disposal of linen	Sharps and waste management	Cleaning contractors store / cupboard
Cambridgeshire & Peterborough - Nov	91%	100%	96%	98%	85%	100%	100%	70%
Cambridgeshire & Peterborough - Oct	91%	89%	96%	94%	93%	100%	94%	85%
HART - Nov	100%	100%	100%	100%	100%	100%	100%	100%
HART - Oct	100%	75%	92%	100%	100%	0%	100%	100%
Hertfordshire & West Essex - Nov	84%	69%	88%	98%	90%	92%	90%	93%
Hertfordshire & West Essex - Oct	89%	74%	96%	93%	88%	91%	100%	95%
MK, Bedfordshire & Luton - Nov	100%	92%	97%	100%	94%	100%	82%	83%
MK, Bedfordshire & Luton - Oct	100%	92%	94%	100%	100%	94%	87%	100%
Norfolk & Waveney - Nov	96%	96%	94%	100%	100%	92%	100%	90%
Norfolk & Waveney - Oct	100%	100%	100%	98%	97%	100%	100%	100%
South & Mid Essex - Nov	92%	100%	98%	95%	96%	100%	85%	94%
South & Mid Essex - Oct	77%	100%	97%	95%	98%	100%	92%	94%
Suffolk & North Essex - Nov	81%	97%	93%	98%	96%	89%	95%	100%
Suffolk & North Essex - Oct	84%	83%	94%	100%	92%	90%	95%	98%
Overall MAIN - Nov	89%	91%	94%	98%	94%	95%	93%	91%
Overall MAIN - Oct	89%	88%	96%	96%	94%	97%	96%	95%

Table 3.2: Sector Vehicle Compliance by Element Group
(R.A.G Red- <85%, Amber- 85-94%, Green- 95% & above)

The audit form is grouped into five different themes: Information availability, Procedural compliance, Cleaning Standards, Clinical areas, Waste management (including clinical, sharps & domestic). The NPSA standard for risk areas is a cleanliness score of 85% for significant risk areas and 95% for high risk areas. The Trust has set a target of 95% for all areas.



Chart 12 shows the Ambulance station compliance per theme.

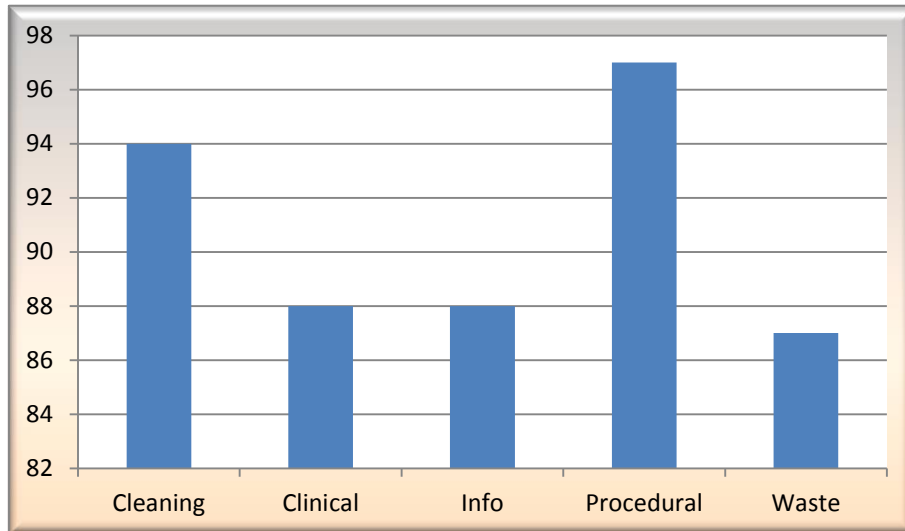


Chart 12: Ambulance station audit compliance per theme

The table below (Table 3.3) depicts Action Plans for non-compliance of Station cleanliness audits.

Management area	Opening balance	Added in period	Closed in period	Over due	Closing balance
Suffolk & North Essex	32	7	6	16	33
South & Mid Essex	2	0	0	1	2
Norfolk & Waveney	5	1	0	3	6
MK, Bedfordshire & Luton	5	0	0	1	5
Hertfordshire & West Essex	23	16	6	15	33
HART	0	0	0	0	0
Cambridgeshire & Peterborough	13	6	6	7	13
Trust Total	80	30	18	43	92

Table 3.3: Ambulance station related actions balance per sector



Quality assurance auditing

A&E, HART & PTS

Quality assurance Vehicle audits

44 Vehicle quality assurance audits have been completed by the IPC team during this reporting period. The QA vehicle audits comprise of either a full vehicle audit which mirrors the same elements as the locally submitted vehicle audit and/or a vehicle 'Ready to Go Audit' (RTG). The RTG audits are conducted by the IPC team and are performed primarily at A & E departments to record compliance levels of the patient treatment areas of DSA and PTS vehicles prior to further patient conveyance.

The table below (Table 4.1) depicts the quantity and compliance of the vehicle audits conducted by the IPC Team.

Sector	Last Report	Last Report	Current	Current
	Quantity	Compliance	Quantity	Compliance
HART	2	100%		
Norfolk & Waveney	35	97%	2	94%
Suffolk & North Essex	17	95%	11	90%
Cambs & Peterborough	21	90%	16	89%
South & Mid Essex	16	99%		
Herts & West Essex	15	81%	7	88%
MK, Beds & Luton	9	84%	8	82%
Overall Trust Figures	115	93%	44	88%

Table 4.1: Quality assurance vehicle audit quantity and compliance
(Compliance R.A.G Red- <85%, Amber- 85-94%, Green- 95% & above)

The chart below (Chart 13) shows the compliance average per sector resulting from the IPC Teams quality assurance vehicle audits.

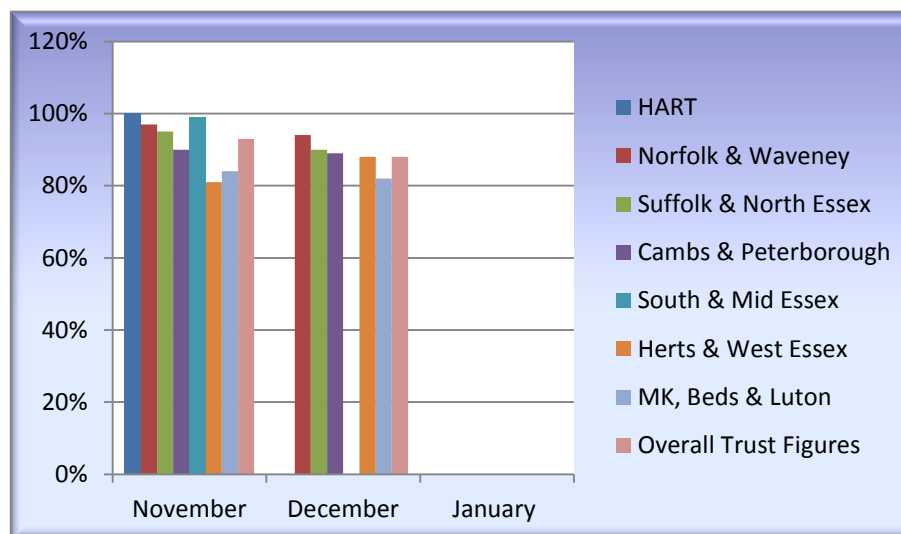


Chart 13: Quality assurance vehicle compliance averages



Quality assurance Uniform audits

14 Uniform quality assurance audits have been completed by the IPC team during this reporting period. The QA Uniform audits are conducted by members of the IPC Team either on stations, at A&E departments or during ride outs. The Uniform audit carried out is exactly the same as the locally submitted audit and the averages percentages below can be used as a comparison for assurance.

The table below (Table 4.2) depicts the quantity and compliance of the Uniform audits conducted by the IPC Team.

Sector	Last Report	Last Report	Current	Current
	Quantity	Compliance	Quantity	Compliance
HART	3	100%	N/A	N/A
Norfolk & Waveney	20	98%	N/A	N/A
Suffolk & North Essex	8	99%	10	100%
Cambs & Peterborough	11	98%	4	97%
South & Mid Essex	6	98%	N/A	N/A
Herts & West Essex	7	90%	N/A	N/A
MK, Beds & Luton	1	100%	N/A	N/A
Overall Trust Figures	56	97%	14	99%

Table 4.2: Quality assurance Uniform audit quantity and compliance (Compliance R.A.G Red- <85%, Amber- 85-94%, Green- 95% & above)

The chart below (Chart 14) shows the compliance average per sector resulting from the IPC Teams quality assurance uniform audits.

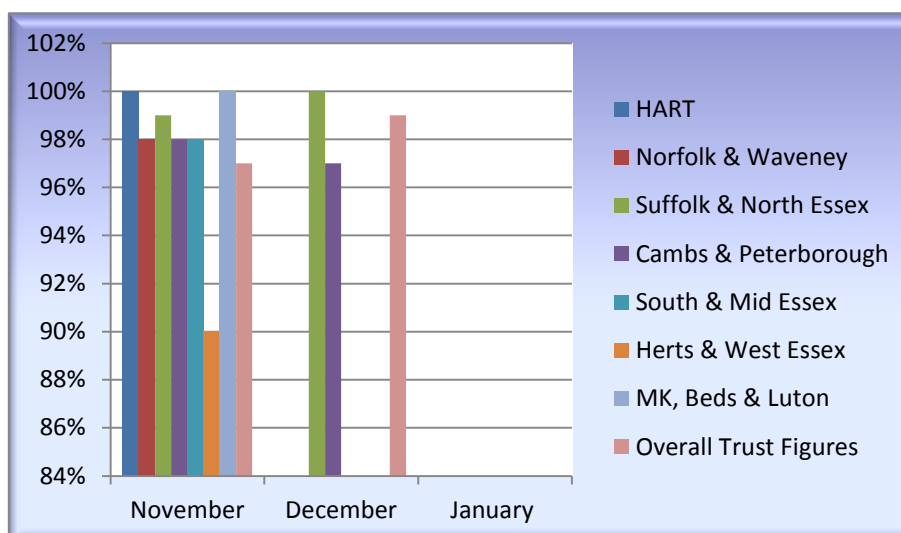


Chart 14: Quality assurance uniform compliance averages



Quality assurance Station audits

There were 9 quality assurance station audits submitted during this reporting period. The IPC Team monitors the locally submitted audits regularly to ascertain which stations have had audits completed. The Team can then use this information to sometimes target the same entity at the earliest opportunity. Planning work in this way will give a good representation of the quality of local auditing.

The CEG (Community Engagement Group) have been accompanying the IPC Auditors on some occasions and will soon begin auditing the stations along with the co-ordination of the IPC Team.

As per the vehicle audits, any non-compliant will result in an action being raised and emailed to the responsible party, in order for them to rectify the issue and document the completion.

The table below (Table 4.3), displays the quantity and compliance average of quality assurance Ambulance station audits conducted for this period and last.

Sector	Last Report	Last Report	Current	Current
	Quantity	Compliance	Quantity	Compliance
HART	1	97%	N/A	N/A
Norfolk & Waveney	9	95%	4	96%
Suffolk & North Essex	13	97%	N/A	N/A
Cambs & Peterborough	2	86%	1	86%
South & Mid Essex	5	88%	N/A	N/A
Herts & West Essex	7	84%	3	81%
MK, Beds & Luton	2	72%	1	89%
Overall Trust Figures	39	93%	9	89%

*Table 4.2: Quality assurance Station audit quantity and compliance
(Compliance R.A.G Red- <85%, Amber- 85-94%, Green- 95% & above)*



The following chart (Chart 15) shows the average compliance per sector for the quality assurance Ambulance station audits conducted.

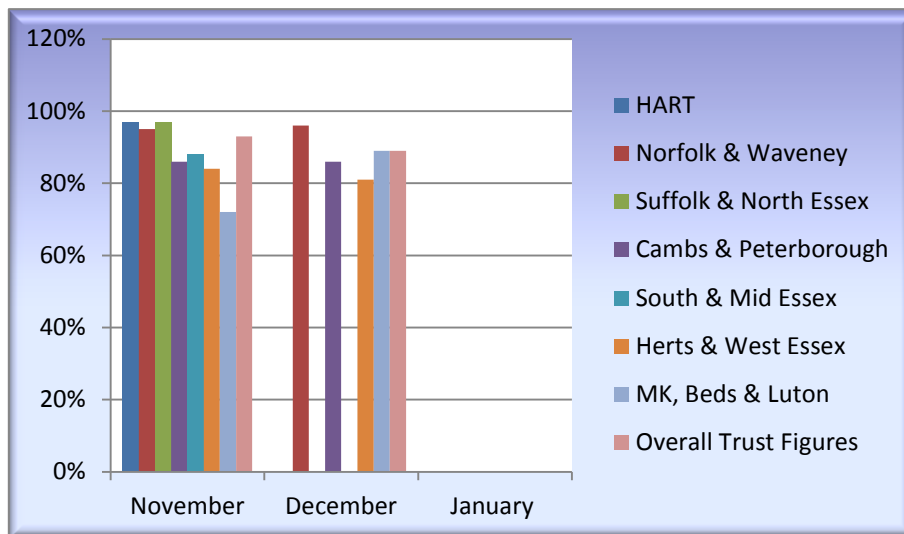


Chart 15 Quality Assurance Ambulance station audit compliance

Management Area Visits

The Management area visits are pre-arranged meetings with local IPC leads/managers to conduct a full monthly station audit together. The audit also incorporates general IPC knowledge questions, area risk and training questions. A detailed audit of any estates issues is carried out and the findings are relayed to the estates team.

There were **0** management area visits conducted during **December**. With the implementation of the new management structure, arranging these meetings should be a more fluent process than it was previously and these meetings will become and increased regular occurrence.



Part 2: Overview of IPC related hazards and Incidents

Incident Numbers

There have been some alterations to the questions within the Datix report which specifically relate to IPC incidents, these have been included to act as a reminder to staff regarding the procedures to follow and to ensure more details of the incident are captured for reviewing the incidents.

Incident details

The **3** incidents relating to clean sharps were:

- A member of staff sustained a clean sharps injury whilst treating a patient. A&E was attended where blood tests were taken. The incident was considered low risk by OH.
- Whilst removing the cover from a clean razor a member of staff sustained a clean sharp injury. The wound was dressed in A&E. Awareness has been raised with a need for caution in future.
- A member of staff sustained a clean needlestick injury whilst preparing to administer IM medication. A&E was attended where the incident was considered no risk.

The **10** incidents relating to contaminated sharps were:

- A member of staff sustained a laceration to their index finger from a used razor whilst attempting to stop a patient's daughter playing with the sharps bin. The correct aftercare was followed. The wound was bled, washed and dressed. Followed advice from the on duty LOM, the razor was used for shaving the patient's chest and was not contaminated with blood or bodily fluid. The incident was reported to OH.
- A member of staff sustained a needlestick injury following a failed cannulation attempt. The correct aftercare was followed. The wound was bled, washed and dressed. A&E was attended where bloods were taken. The incident was considered low risk with OH follow up.
- A member of staff sustained a needlestick injury following the administration of naloxone. The wound was washed, The incident was datixed 16 days later. IPC team emailed staff via Datix to confirm the actions taken at the time
- A member of staff sustained a needlestick injury whilst disposing of a used sharp following an unsuccessful cannulation. The correct aftercare was



followed. The wound was bled, washed & covered. A&E was attended where bloods were taken. The incident was considered low risk with OH follow up.

- A member of staff sustained a needlestick injury on an uncapped needle on an insulin driver. The correct after care procedure was followed. The wound was bled & washed. A&E was attended. The incident was considered low risk with OH follow up.
- A member of staff sustained a needlestick injury whilst attempting to cannulate an agitated patient. A&E was attended where the incident was considered low risk with OH follow up.
- A member of staff was attempting to replace the cap off a used insulin pen whilst also dealing with an agitated patient when they sustained a contaminated sharp injury from the insulin pen. Gloves were worn. The correct aftercare procedure was followed, the wound was bled and washed, A&E was attended where the incident was considered low risk with OH follow up.
- A member of staff sustained a needlestick injury after a failed cannulation attempt. The wound was bled, washed & dressed. A&E was attended where Hep B booster was administered. OH referral made.
- A member of staff sustained a needlestick injury whilst cannulating a patient. Gloves were worn. A&E was attended where blood tests were taken and HEP B Booster administered. The incident was considered low risk with no further action required.
- Whilst attending a time critical patient a member of staff sustained a needlestick injury from a contaminated cannula following a failed cannulation attempt. Gloves were worn. The correct after care procedure was followed, the wound was bled, washed & dressed, A&E was attended where blood tests were taken. The incident was considered low risk with OH follow up with further blood tests to be taken.

The **2** incidents relating to splash were:

- A member of staff was splashed in the eye whilst treating a patient who vomited. The correct aftercare was followed. A&E was attended where bloods were taken. The incident was considered low risk with OH follow up.
- A member of staff was splashed in the eye whilst assessing a patient who had been involved in a fight and spluttered into their eye. The correct after care procedure was followed. The eye was irrigated. A&E was attended where blood tests were taken. The incident was considered low risk with OH follow up.

The **1** incident relating to exposure was:

- A crew were exposed to carbon dioxide poisoning whilst assessing 4 patients in a private residence. Fire & Police were called. The crew were transported



along with the patients to hospital where blood tests were taken and O2 therapy commenced. OH referral made.