



Infection Prevention & Control Update

February 2019





Introduction

The first part of this IPC monthly update is an overview of the audit results from **February 2019** 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 2 months prior	Compliance month prior	Report month compliance
HART	100%	100%	100%
Norfolk & Waveney	71%	76%	94%
Suffolk & North Essex	47%	66%	80%
Cambs & Peterborough	70%	68%	91%
South & Mid Essex	91%	98%	98%
Herts & West Essex	73%	84%	98%
MK, Beds & Luton	78%	95%	100%
Overall Trust Figures	72%	81%	93%

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

Table 1.2 below depicts each Sector's 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	94%	1%	0%	1%	4%
Suffolk & North Essex	80%	2%	1%	1%	17%
Cambs & Peterborough	91%	2%	1%	1%	6%
South & Mid Essex	99%	0%	1%	0%	1%
Herts & West Essex	98%	1%	0%	0%	1%
MK, Beds & Luton	100%	0%	0%	0%	0%

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 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 sector's compliance with the Interim 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	60%	83%	66%
Norfolk & Waveney	48%	46%	59%
Suffolk & North Essex	48%	65%	60%
Cambs & Peterborough	58%	58%	73%
South & Mid Essex	75%	72%	82%
Herts & West Essex	57%	55%	74%
MK, Beds & Luton	60%	67%	69%
Overall Trust Figures	57%	61%	70%

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

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

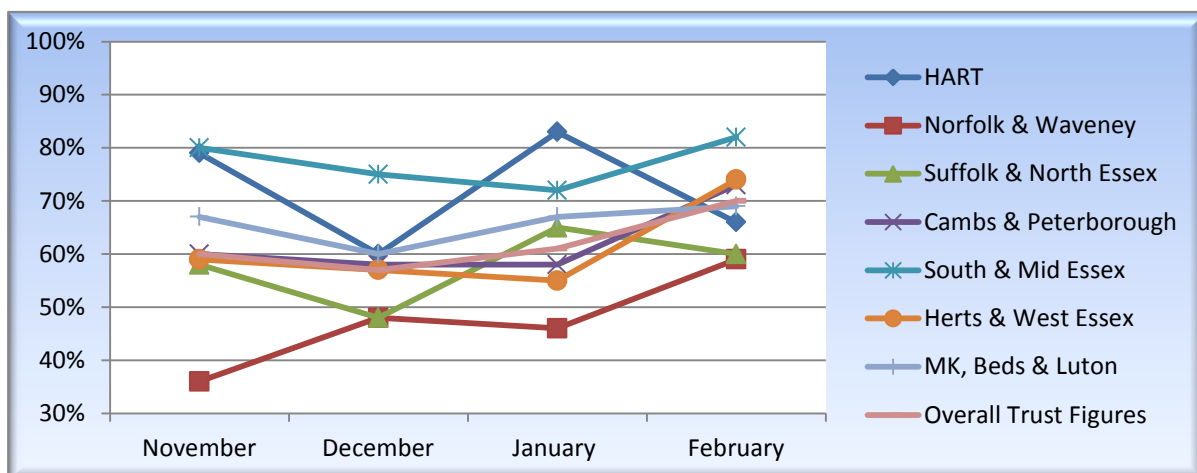


Chart 1.0: Overall Interim cleaning schedule compliance



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 **690** 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	88%	99%	100%	100%
Norfolk & Waveney	86%	97%	97%	97%
Suffolk & North Essex	88%	96%	84%	96%
Cambs & Peterborough	98%	98%	99%	97%
South & Mid Essex	92%	97%	92%	96%
Herts & West Essex	84%	96%	93%	96%
MK, Beds & Luton	82%	99%	89%	98%
Overall Trust Figures	88%	97%	92%	96%

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)

Chart 1 below depicts the percentage of forms submitted for Trust vehicles.

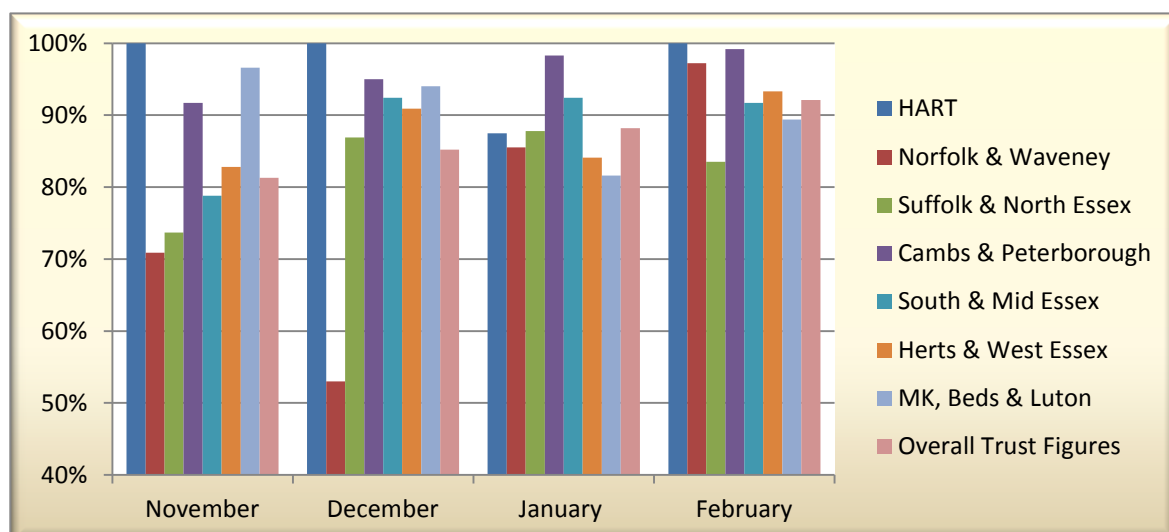


Chart 1: Vehicle audit forms submitted per sector



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

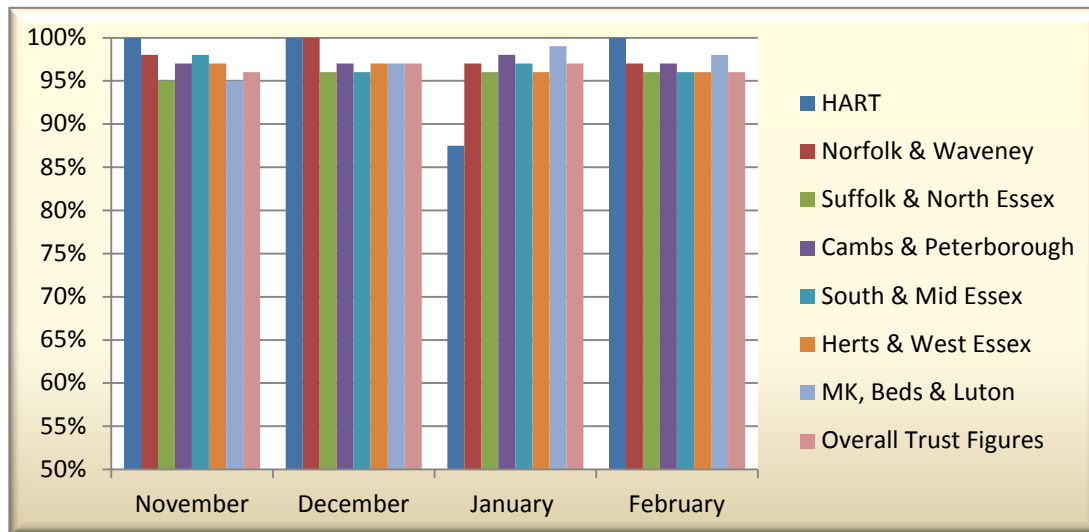


Chart 2: Vehicle cleanliness compliance per sector

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

Table 1.5 below 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 - Feb	97%	96%	96%	97%
Cambridgeshire & Peterborough - Jan	98%	96%	98%	99%
HART - Feb	100%	100%	100%	100%
HART - Jan	100%	100%	94%	100%
Hertfordshire & West Essex - Feb	97%	98%	91%	97%
Hertfordshire & West Essex - Jan	99%	97%	91%	97%
MK, Bedfordshire & Luton - Feb	100%	100%	98%	97%
MK, Bedfordshire & Luton - Jan	97%	100%	98%	99%
Norfolk & Waveney - Feb	99%	95%	93%	99%
Norfolk & Waveney - Jan	99%	94%	96%	98%
South & Mid Essex - Feb	100%	100%	89%	96%
South & Mid Essex - Jan	99%	99%	95%	97%
Suffolk & North Essex - Feb	98%	92%	93%	97%
Suffolk & North Essex - Jan	98%	93%	92%	98%
Overall MAIN - Feb	99%	97%	93%	97%
Overall MAIN - Jan	98%	96%	95%	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.



Table 1.6 below 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	Overdue	Closing balance
Suffolk & North Essex	5	14	5	4	14
South & Mid Essex	6	10	1	6	15
Norfolk & Waveney	15	15	3	5	27
MK, Bedfordshire & Luton	0	7	3	4	4
Hertfordshire & West Essex	13	20	5	8	28
HART	0	0	0	0	0
Cambridgeshire & Peterborough	6	30	23	1	13
Trust Total	45	96	40	20	101

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 **419** Uniform audits submitted during this reporting month.

Table 2.1 below 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%	99%
Norfolk & Waveney	100%	97%	100%	97%
Suffolk & North Essex	85%	99%	100%	99%
Cambs & Peterborough	100%	98%	88%	99%
South & Mid Essex	97%	97%	100%	100%
Herts & West Essex	83%	98%	96%	99%
MK, Beds & Luton	100%	100%	95%	100%
Overall Trust Figures	93%	98%	96%	99%

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)



Chart 3 below represents the Uniform audit submissions per sector.

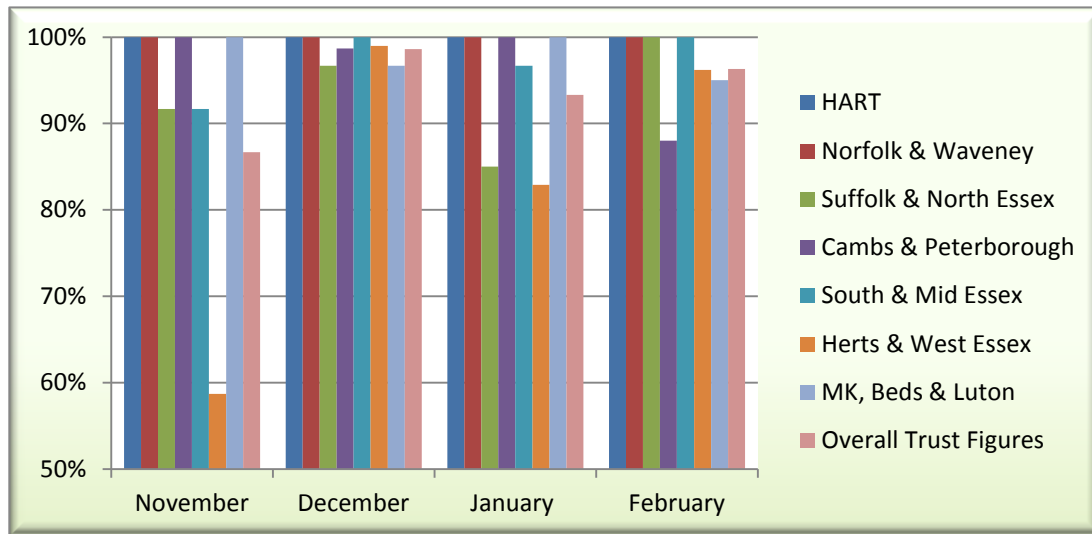


Chart 3: Uniform audit forms submitted per sector

Chart 4 below represents the Uniform audit compliance per sector.

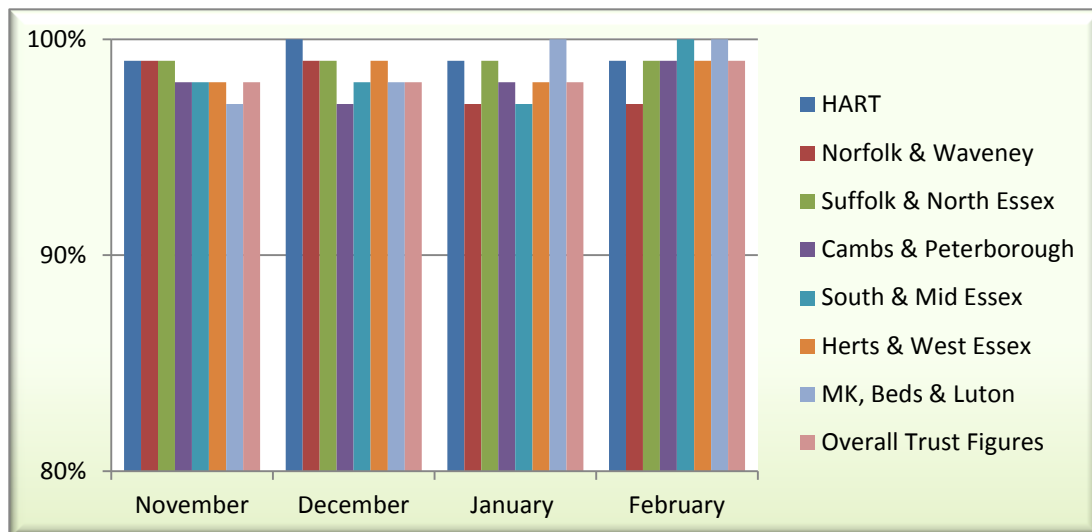


Chart 4: Uniform audit compliance per sector

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.

Chart 5 below relates to the themes of the Uniform audit.

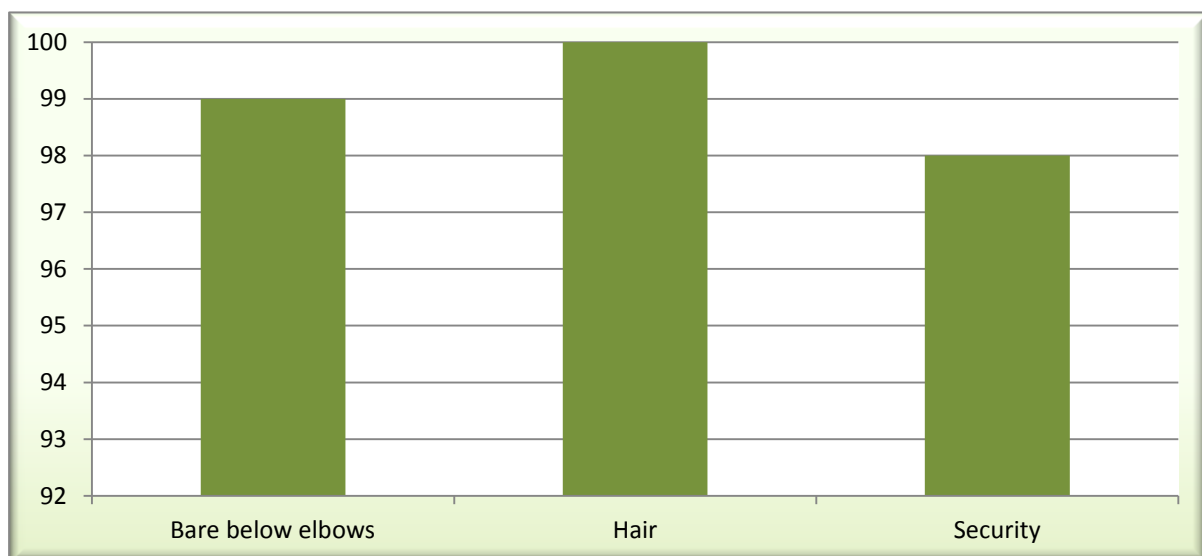


Chart 5: Uniform audit theme compliance

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.



Table 2.2 below 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	12	96%	7	100%
Suffolk & North Essex	8	100%	4	80%
Cambs & Peterborough	4	75%	3	95%
South & Mid Essex	0			
Herts & West Essex	0			
MK, Beds & Luton	7	100%	7	96%
Overall Trust Figures	33	96%	23	95%

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.

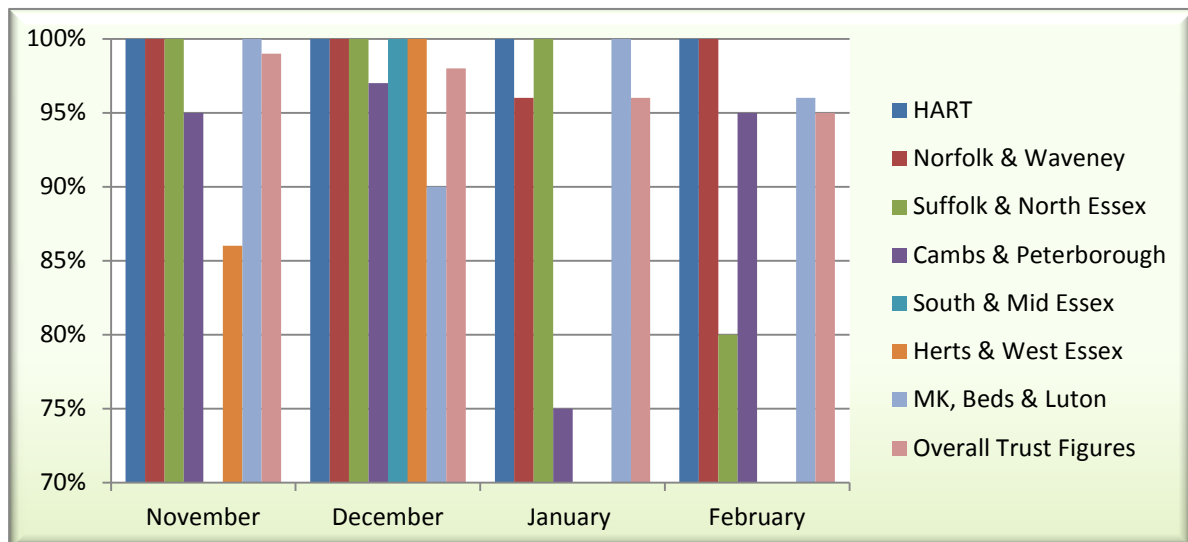


Chart 6: QA10 audit compliance

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

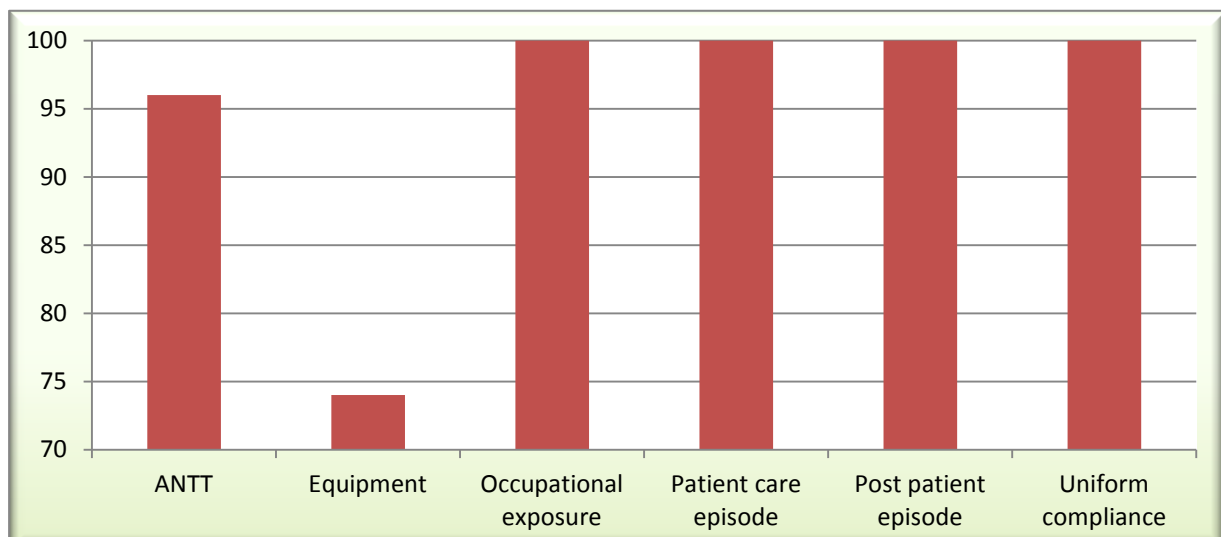


Chart 7: QA10 audit compliance by element



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.

- Hand hygiene,
- Bare below the elbows, which includes:
 - 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.

Table 2.3 below 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	0		0	
Norfolk & Waveney	1	100%	0	
Suffolk & North Essex	0		1	98%
Cambs & Peterborough	5	88%	2	89%
South & Mid Essex	4	99%	2	98%
Herts & West Essex	4	89%	6	92%
MK, Beds & Luton	1	95%	0	
Overall Trust Figures	15	94%	11	94%

Table 2.3: IPC Practice audit quantity and compliance
(Compliance R.A.G Red- <85%, Amber- 85-94%, Green- 95% & above)



Chart 4.0 below shows the compliance of the IPC Practice audits that were submitted.

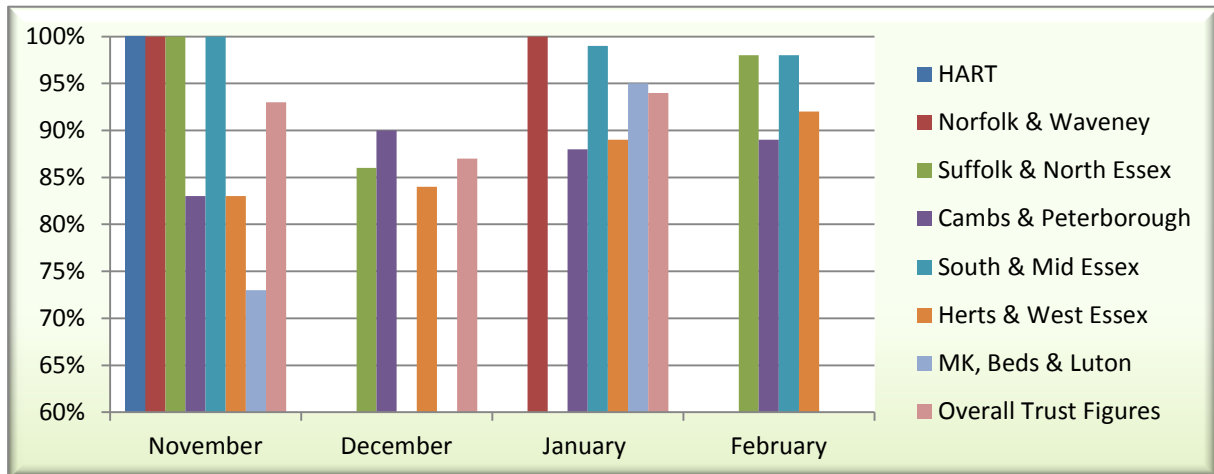


Chart 8: IPC Practice audit compliance

Chart 4.1 below shows the compliance of the IPC Practice audits by element.

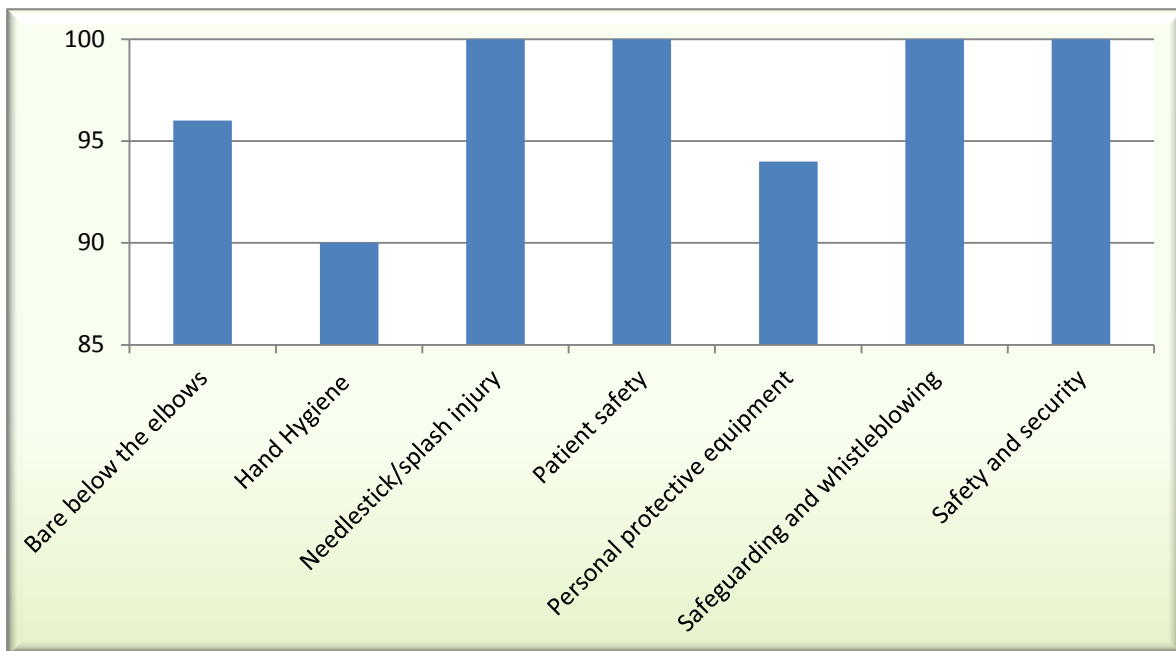


Chart 9: IPC Practice audit compliance by element.



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

83 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.

Table 3 below 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%	92%	100%	99%
Norfolk & Waveney	100%	97%	93%	97%
Suffolk & North Essex	100%	96%	100%	96%
Cambs & Peterborough	100%	92%	100%	90%
South & Mid Essex	100%	95%	100%	96%
Herts & West Essex	95%	89%	95%	93%
MK, Beds & Luton	100%	95%	100%	97%
Overall Trust Figures	98%	94%	98%	95%

Table 3: 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)

Chart 10 below represents Ambulance station submissions per sector.

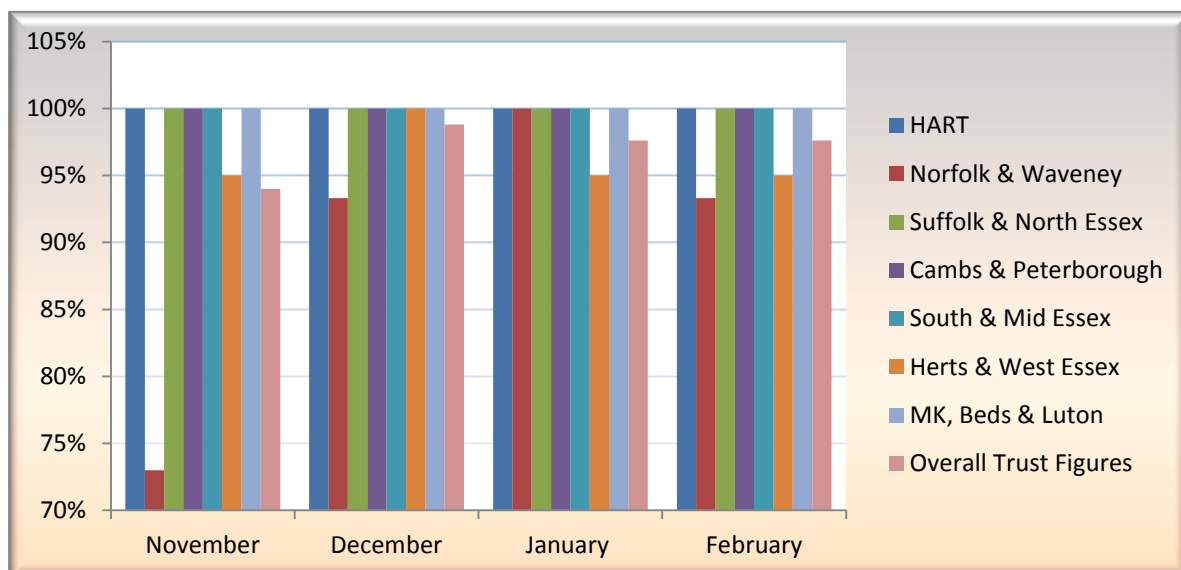


Chart 10: Ambulance station audit submissions



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

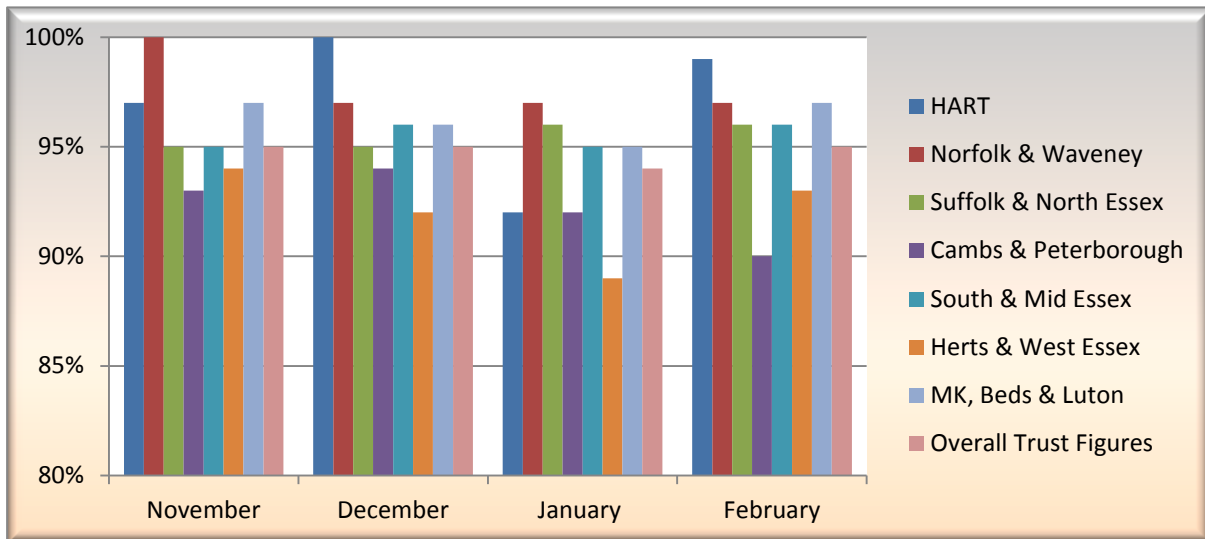


Chart 11: Ambulance station audit compliance

Table 3.2 below 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
Cambs & Peterborough - Feb	88%	83%	83%	92%	85%	88%	97%	78%
Cambs & Peterborough - Jan	93%	88%	94%	92%	88%	100%	100%	79%
HART - Feb	88%	100%	100%	100%	100%	100%	100%	100%
HART - Jan	100%	100%	67%	100%	67%	0%	100%	100%
Herts & West Essex - Feb	86%	82%	92%	96%	88%	91%	97%	95%
Herts & West Essex - Jan	76%	68%	85%	99%	93%	87%	97%	72%
MK, Beds & Luton - Feb	91%	100%	100%	98%	89%	100%	100%	88%
MK, Beds & Luton - Jan	96%	100%	94%	96%	83%	100%	95%	83%
Norfolk & Waveney - Feb	91%	96%	98%	99%	100%	95%	100%	93%
Norfolk & Waveney - Jan	96%	93%	94%	98%	100%	90%	98%	98%
South & Mid Essex - Feb	93%	100%	98%	95%	90%	100%	92%	91%
South & Mid Essex - Jan	87%	96%	96%	96%	96%	98%	95%	89%
Suffolk & North Essex - Feb	93%	93%	91%	100%	94%	94%	95%	95%
Suffolk & North Essex - Jan	86%	94%	93%	100%	94%	94%	100%	100%
Overall MAIN - Feb	90%	92%	94%	97%	92%	95%	97%	92%
Overall MAIN - Jan	88%	88%	92%	98%	93%	94%	98%	88%

Table 5.2: 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
 - 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.

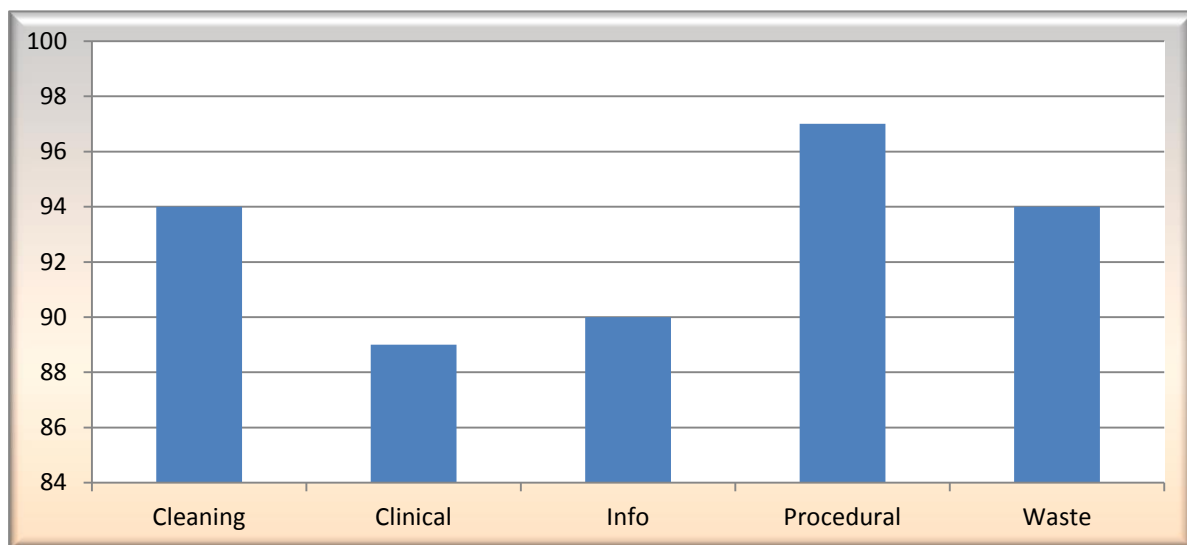


Chart 12: Ambulance station audit compliance per theme

Table 3.3 below depicts Action Plans for non-compliance of Station cleanliness audits.

Management area	Opening balance	Added in period	Closed in period	Overdue	Closing balance
Suffolk & North Essex	0	7	5	0	2
South & Mid Essex	0	4	2	1	2
Norfolk & Waveney	5	0	0	1	5
MK, Bedfordshire & Luton	1	2	2	1	1
Hertfordshire & West Essex	15	12	2	9	25
HART	1	0	1	0	0
Cambridgeshire & Peterborough	2	6	4	0	4
Trust Total	24	31	16	12	39

Table 3.3: Ambulance station related actions balance per sector



Quality assurance auditing A&E, HART & PTS

Quality assurance Vehicle audits

89 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.

Table 4.1 below 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	1	100%		
Norfolk & Waveney	16	99%	16	92%
Suffolk & North Essex	4	100%	18	96%
Cambs & Peterborough	14	92%	15	89%
South & Mid Essex	25	98%	13	100%
Herts & West Essex	8	86%	21	84%
MK, Beds & Luton	10	87%	6	80%
Overall Trust Figures	78	95%	89	90%

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

Chart 13 shows the compliance average per sector resulting from the IPC Teams quality assurance vehicle audits.

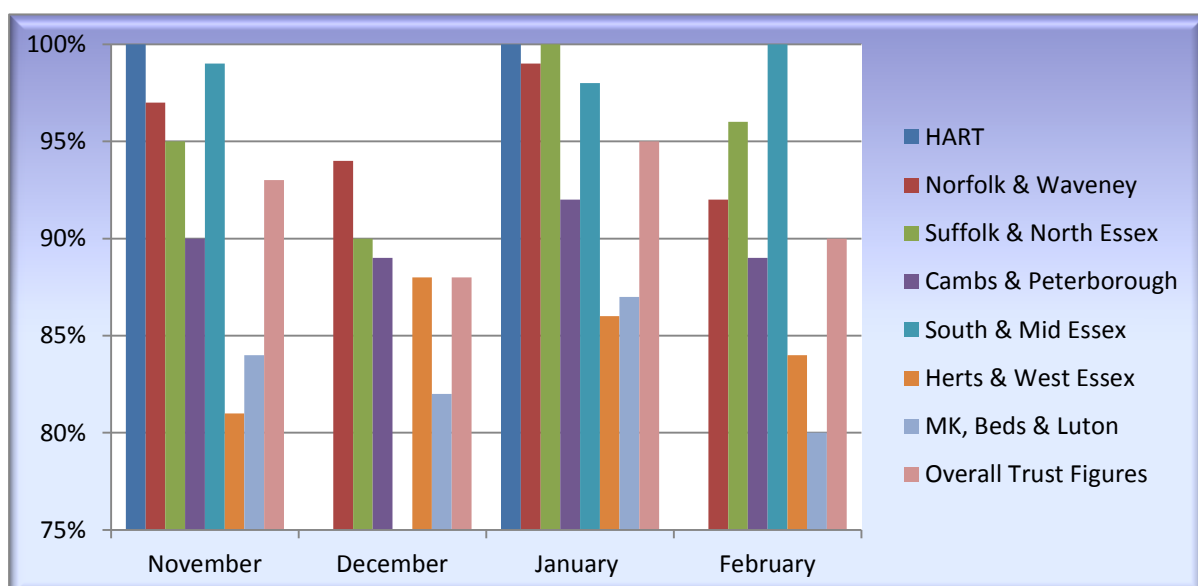


Chart 13: Quality assurance vehicle compliance averages



Quality assurance Uniform audits

25 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.

Table 4.2 below 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			0	
Norfolk & Waveney	11	98%	13	95%
Suffolk & North Essex	10	95%	3	100%
Cambs & Peterborough	8	97%	0	
South & Mid Essex	14	97%	7	92%
Herts & West Essex	2	75%	2	100%
MK, Beds & Luton	1	100%	0	
Overall Trust Figures	46	96%	25	95%

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

Chart 14 shows the compliance average per sector resulting from the IPC Teams quality assurance uniform audits.

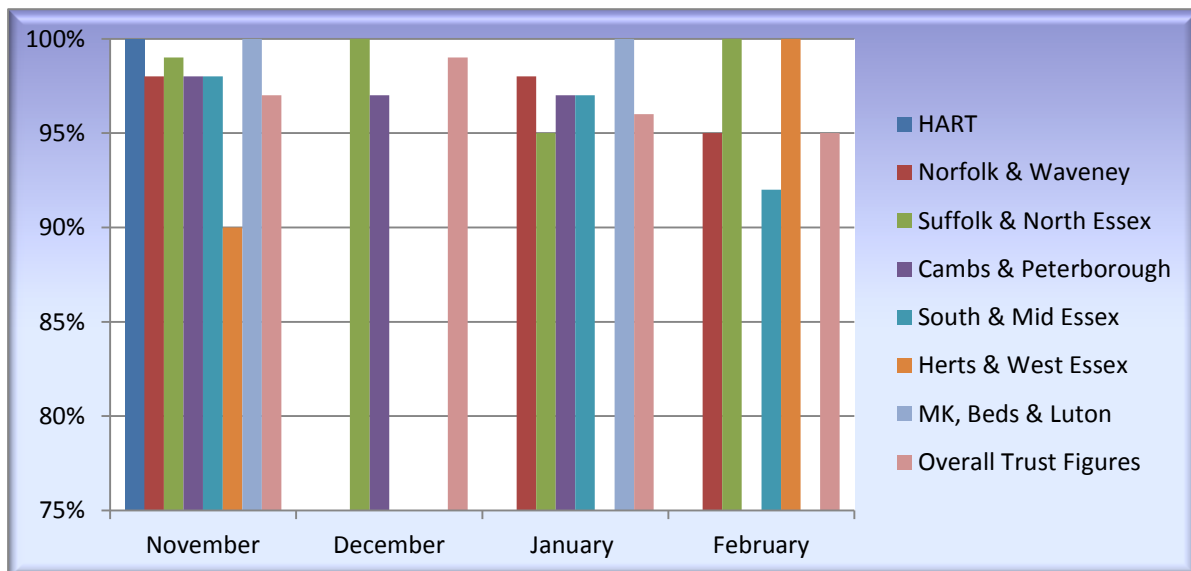


Chart 14: Quality assurance uniform compliance averages



Quality assurance Station audits

There were **18** 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 alone 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.

Table 4.3 below 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	69%	0	
Norfolk & Waveney	4	90%	2	96%
Suffolk & North Essex	1	95%	2	85%
Cambs & Peterborough	4	89%	1	85%
South & Mid Essex	5	97%	7	97%
Herts & West Essex	4	79%	5	86%
MK, Beds & Luton	1	85%	1	86%
Overall Trust Figures	20	89%	18	92%

Table 4.3: Quality assurance Station audit quantity and compliance
(Compliance R.A.G Red- <85%, Amber- 85-94%, Green- 95% & above)

Chart 15 shows the average compliance per sector for the quality assurance Ambulance station audits conducted.

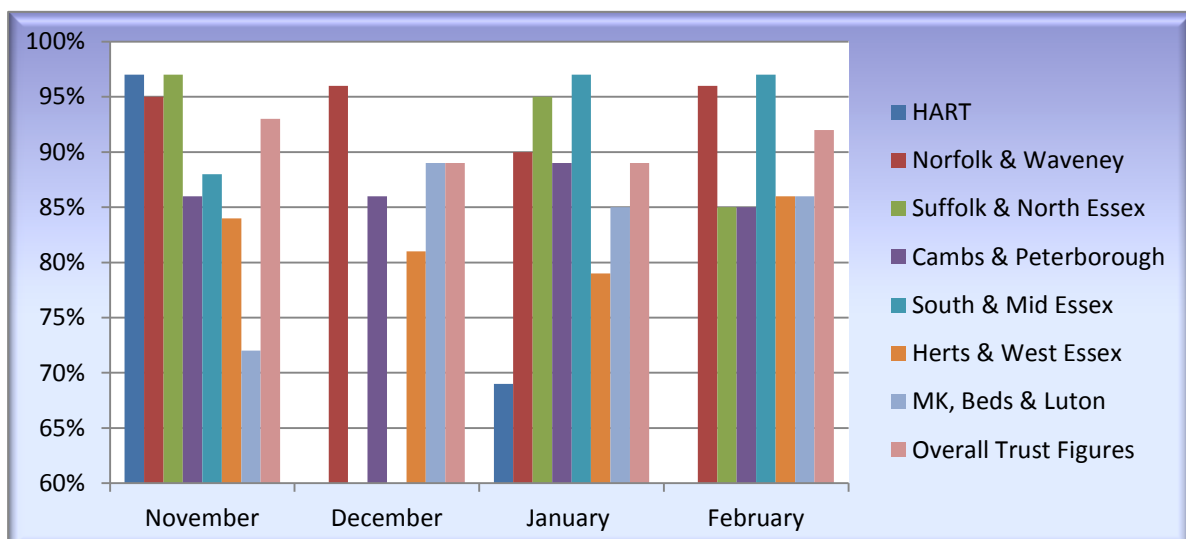


Chart 15: Quality Assurance Ambulance station audit compliance



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 staff sustained a clean sharps injury whilst opening a glass drugs vial. The correct after care was followed. The wound was cleaned & dressed. Lessons learned, advised to use a vial opener in future.
- Clean sharp injury sustained whilst opening a glass drugs vial. The correct after care was followed. OH has been contacted. Recorded on Datix as not IPC.
- A member of staff cut their finger whilst attempting to open a glass drugs vial. The wound was cleaned & dressed. The incident was managed by training dept. advised to contact OH for future reference.

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

- A staff member cut their finger on a razor which was in a pocket. A&E was attended where the wound was dressed. It is not noted if the razor was used or not. The incident was considered Low risk with OH follow up.
- A crew were conveying a patient to hospital when one of them was bitten on the hand, drawing blood. The correct after care procedure was followed. A&E was attended where bloods were taken & Hep B booster administered. The incident involved a PAS crew.
- A member of staff sustained a needlestick injury whilst attempting to cannulate a patient. The correct after care procedure was followed. A&E was attended and OH has been contacted. This incident was reported on Datix as not IPC. IPC was alerted by Datix. IPC sent an email via Datix for the incident to be reviewed. The incident was not included in the IPC incidents when downloaded from Datix.

The **4** incidents relating to splash were:

- A member of staff was splashed in the face & mouth whilst attending to a patient who had a bleeding head wound. The correct after care procedure was followed. A&E was attended where bloods were taken. The incident was considered Low risk. OH has been contacted. No further action.
- Blood from a patient had splashed on to a fresh wound on the hand of a member of staff. The wound was cleaned & dressed. The incident was



reported to A&E and HALO & LOM. IPC sent an email via Datix to remind staff of the importance and requirement to contact Occupational Health when they have sustained an occupational exposure injury and for this to be documented within the Datix report.

- Whilst attending to a patient a crew member was splashed in the eye with blood from the patient. The correct after care procedure was followed. A&E was attended where bloods were taken. OH has been notified.
- A member of staff was splashed in the eye with the vomit from a patient during resuscitation. The correct after care procedure was followed. A&E was attended, the eye was flushed. OH has been contacted.

The 1 incident relating to exposure was:

- A crew conveyed a patient to hospital with query meningitis. They sought advice from hospital staff & the HALO to see if High Risk PEP should be taken. Neisseria Meningitis was confirmed 24 hours later with advice for the crew to contact OH. High risk PEP was supplied.