



# Infection Prevention & Control Update September 2018





## Introduction

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

- Vehicle Cleanliness Audits:
  - Emergency Care Operations (A&E and HART)
  - Scheduled Transport (PTS)
- Station and Premises Cleanliness Audits
- Uniform Policy Compliance
- Hand Hygiene Compliance
- Quality Assurance (QA10) forms
- Quality assurance audit data- carried out by CEG, CCG and the Clinical Quality team.

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:**
  - A&E, HART & PTS: 85% of operational vehicles to be audited every month (every vehicle must be audited at least once per quarter)
  - All patient carrying vehicles should be deep cleaned every six weeks.
- **Station Audits:**
  - A&E, HART & PTS: 100% of operational stations to be audited monthly
- **Staff Audits:**
  - A&E, HART & PTS: 15 Uniform compliance audits per management area monthly
  - IPC Practice audits relating to the clinical staffs knowledge of IPC practices
- **Quality Assurance Audits:**
  - A&E, HART & PTS: 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	
<b>RED</b>	<75%	<85%	<85%
<b>AMBER</b>	75-84%	85-94%	85-94%
<b>GREEN</b>	85% and above	95% and above	95% and above

Table 1: R.A.G. rating guide



## Part 1: Overview of IPC audit results

### 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.

### Emergency Care Operations (A&E) and HART and PTS

There were 644 vehicle audits submitted for September. 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.

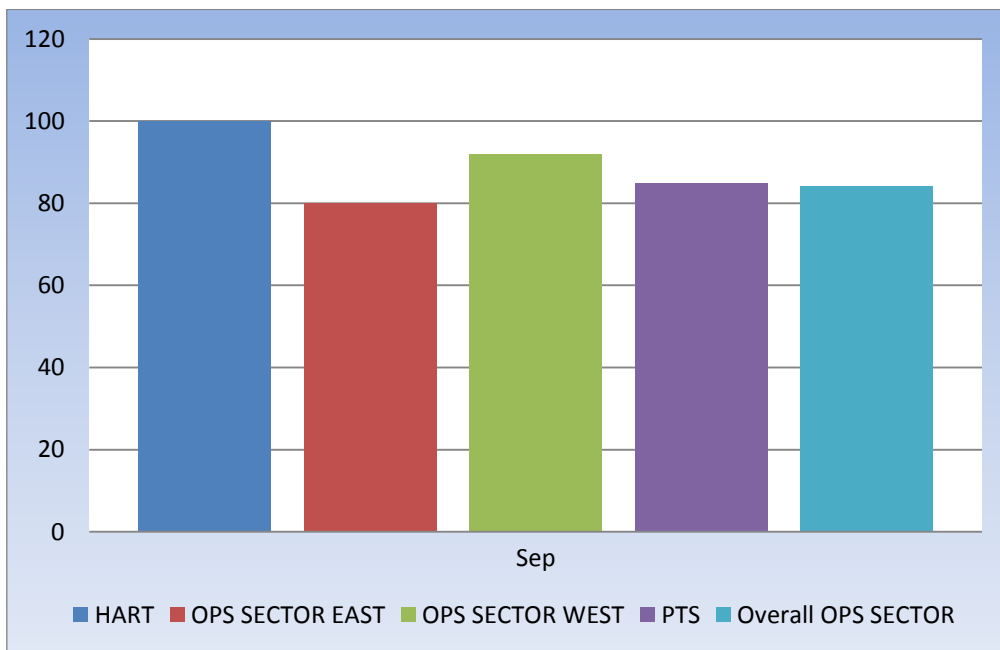
Management area	Sep
HART	100%
OPS SECTOR EAST	79.9%
OPS SECTOR WEST	92%
PTS	84.6%
Overall OPS SECTOR	84.4%

*Table 1.1: Vehicle audits submitted*

*(R.A.G Red- <75%, Amber- 75-84%, Green- 85% & above)*

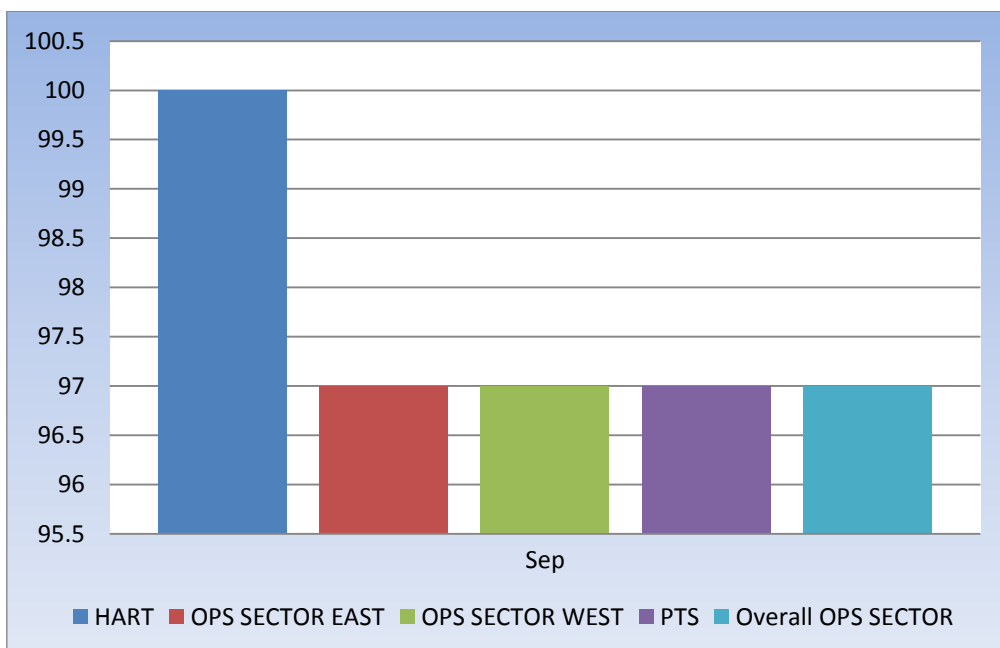


The chart below depicts the percentage of forms submitted for Trust vehicles.



*Chart 1: Vehicle audit forms submitted*

**Cleanliness Compliance:** The overall compliance for vehicle cleanliness is depicted in the following chart:



*Chart 2: Vehicle cleanliness compliance*



The table below depicts sector comparisons for patient and non-patient areas for this month and last month.

	Exterior checks	Cab interior checks	Saloon interior checks	Equipment check list
HART - Aug	100%	100%	100%	100%
HART - Sep	100%	100%	100%	100%
OPS SECTOR EAST - Aug	99%	96%	95%	99%
OPS SECTOR EAST - Sep	99%	94%	93%	99%
OPS SECTOR WEST - Aug	99%	96%	96%	98%
OPS SECTOR WEST - Sep	99%	98%	92%	98%
PTS - Aug	97%	95%	92%	97%
PTS - Sep	100%	96%	96%	97%
Overall OPS SECTOR - Aug	98%	96%	94%	99%
Overall OPS SECTOR - Sep	99%	96%	94%	98%

Table 1.2: Vehicle Patient/ Non-patient compliance

(R.A.G Red- <85%, Amber- 85-94%, Green- 95% & above)

### Vehicle Patient/ Non-patient area compliance

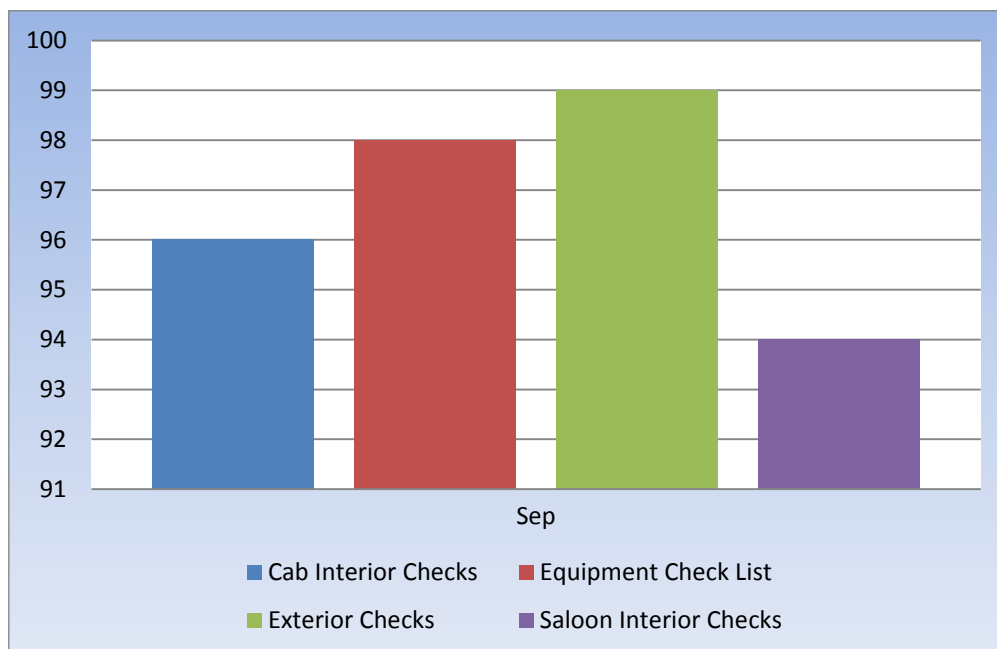


Chart 3: Vehicle compliance by element



The table below depicts Action Plans for non-compliance of Vehicle Cleanliness Audits

Management area	Opening balance	Added in period	Closed in period	Over due	Closing balance
PTS	73	23	13	48	83
OPS SECTOR WEST	51	15	1	30	65
OPS SECTOR EAST	123	27	16	83	134
HART	0	2	2	0	0

Table 1.3: Action Plans for Vehicle Cleanliness Audit non-compliance

### Vehicle decontamination

The schedule is for all patient carrying vehicles to be cleaned daily and after every patient conveyance with an enhanced vehicle deep clean every six weeks. Table 1.4 below highlights the number of Trust vehicles compliant with the Deep Clean Schedule.

In addition to the table showing the compliance levels chart 4 also shows the level of non-compliance broken down into the number of weeks overdue e.g. 1 week, 2 weeks, 3 weeks or greater than 3 weeks

Description	Sep
HART	100%
OPS SECTOR EAST	56%
OPS SECTOR WEST	76%
PTS	58%
Overall Trust	62%

Table 1.5: Vehicle Deep Clean Compliance

(R.A.G Red- <90%, Green-90% & above)

The table below depicts each management areas compliance with the 6 weekly service cleaning schedule and aged analysis of weeks overdue.

Description	Compliant	1 week	2 weeks	3 weeks	3 weeks +
HART - HART Melbourn	100%	0%	0%	0%	0%
OPS SECTOR EAST - EAST NORFOLK	37.8%	54.1%	0%	0%	8.1%
OPS SECTOR EAST - EAST SUFFOLK	77.3%	13.6%	0%	0%	9.1%
OPS SECTOR EAST - MID ESSEX	40%	4%	12%	4%	40%
OPS SECTOR EAST - NORTH ESSEX	42.3%	11.5%	11.5%	11.5%	23.1%
OPS SECTOR EAST - SOUTH EAST ESSEX	94.7%	0%	5.3%	0%	0%
OPS SECTOR EAST - SOUTH WEST ESSEX	100%	0%	0%	0%	0%
OPS SECTOR EAST - WAVENEY	42.9%	17.9%	17.9%	7.1%	14.3%
OPS SECTOR EAST - WEST NORFOLK	5%	10%	0%	15%	70%
OPS SECTOR EAST - WEST SUFFOLK	80%	0%	0%	15%	5%
OPS SECTOR WEST - EAST	60%	24%	12%	0%	4%



Description	Compliant	1 week	2 weeks	3 weeks	3 weeks +
HERTS					
OPS SECTOR WEST - NORTH BEDS	46.2%	46.2%	7.7%	0%	0%
OPS SECTOR WEST - NORTH CAMBS	86.2%	6.9%	6.9%	0%	0%
OPS SECTOR WEST - SOUTH BEDS	100%	0%	0%	0%	0%
OPS SECTOR WEST - SOUTH CAMBS	70%	20%	0%	0%	10%
OPS SECTOR WEST - WEST ESSEX	65.6%	12.5%	0%	12.5%	9.4%
OPS SECTOR WEST - WEST HERTS	100%	0%	0%	0%	0%
PTS - East Herts PTS	84.6%	15.4%	0%	0%	0%
PTS - Mid Cambs PTS	5.6%	0%	0%	11.1%	83.3%
PTS - North Beds PTS	100%	0%	0%	0%	0%
PTS - North Cambs PTS	20%	0%	6.7%	0%	73.3%
PTS - North Essex PTS	37%	22.2%	7.4%	0%	33.3%
PTS - South Beds PTS	50%	50%	0%	0%	0%
PTS - South Cambs PTS	28.6%	0%	0%	14.3%	57.1%
PTS - South Essex PTS	94.7%	5.3%	0%	0%	0%
PTS - West Essex PTS	85.7%	0%	0%	0%	14.3%
PTS - West Herts PTS	83.3%	16.7%	0%	0%	0%

Table 1.6: Vehicle Decontamination Overdue Analysis

## Quality Assurance Audits

**34** Vehicle quality assurance audits have been completed by the IPC team in September 18. 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.

Management area	Sep
HART	
OPS SECTOR EAST	15
OPS SECTOR WEST	19
PTS	
Overall OPS SECTOR	34

Table 1.7: Trust Vehicle Quality Assurance Audit quantity



The following chart depicts the Quality Assurance vehicle cleanliness compliance.

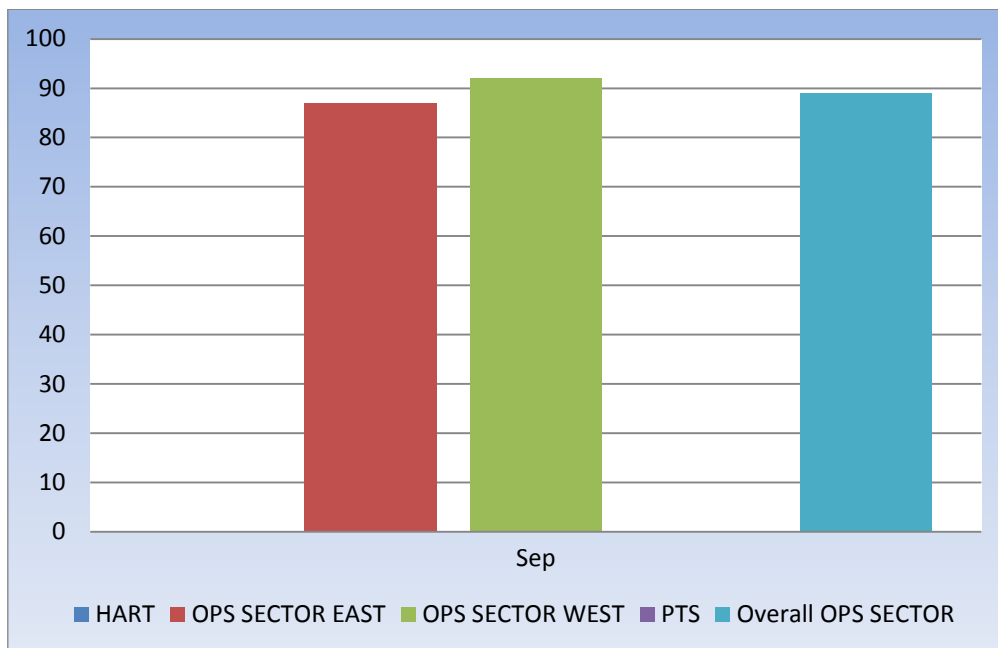


Chart 4: Quality Assurance Vehicle Cleanliness Compliance

## Station and Premises Cleanliness Audits

### A&E, HART & PTS

80 EEAST premises were audited by local management in September 18. 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 premises utilised by PTS are primarily shared with the Emergency Operations Teams and as such are audited through these teams.

HART teams only have responsibility for auditing two dedicated stations and PTS have only 4 so such care should be taken in interpreting their submission compliance as if a single station is missed will result in a 50% or 25% submission level.





Management area	Sep
HART	100%
OPS SECTOR EAST	91.8%
OPS SECTOR WEST	100%
PTS	100%
Overall OPS SECTOR	95.3%

Table 2: Station audits submitted

(R.A.G Red- <75%, Amber- 75%-84%%, Green-85% & above)

The chart below depicts the percentage of forms submitted for A&E, HART & PTS stations for audit.

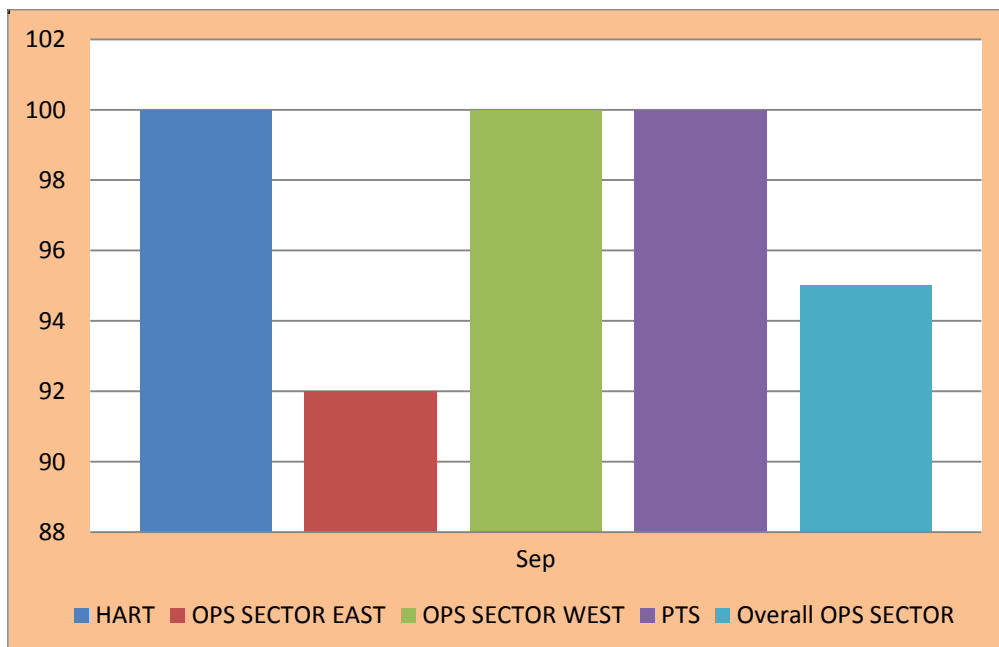


Chart 5: Station Audit Forms Submitted



**Cleanliness Compliance:** The overall compliance for station cleanliness is depicted in the following chart.

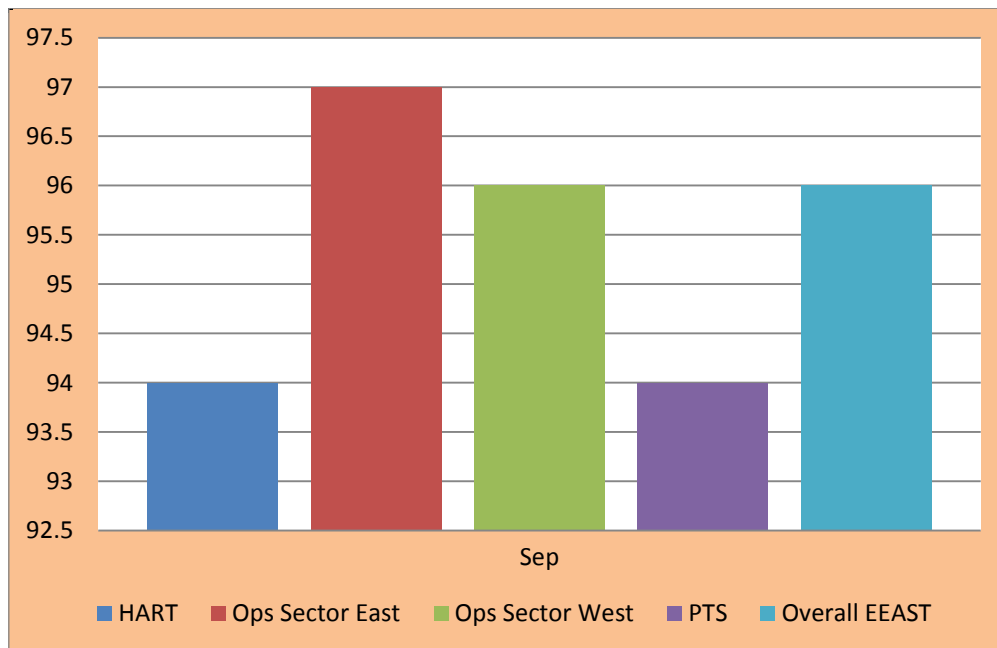


Chart 6: Station Cleanliness Compliance

The table below depicts sector comparisons 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
HART - Aug	75%	75%	67%	56%	83%	0%	88%	83%
HART - Sep	75%	100%	83%	100%	100%	0%	88%	100%
OPS SECTOR EAST - Aug	85%	93%	93%	97%	94%	94%	96%	93%
OPS SECTOR EAST - Sep	94%	99%	96%	98%	97%	99%	96%	97%
OPS SECTOR WEST - Aug	88%	88%	96%	97%	91%	98%	96%	93%
OPS SECTOR WEST - Sep	93%	91%	95%	96%	94%	100%	98%	97%



	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
PTS - Aug	87%	88%	96%	100%	75%	100%	100%	58%
PTS - Sep	100%	88%	100%	89%	92%	100%	100%	83%
Overall OPS SECTOR - Aug	86%	90%	94%	96%	92%	96%	96%	91%
Overall OPS SECTOR - Sep	93%	95%	96%	97%	96%	99%	97%	96%

Table 2.1: Trust Wide Station Compliance Element Comparison

(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.

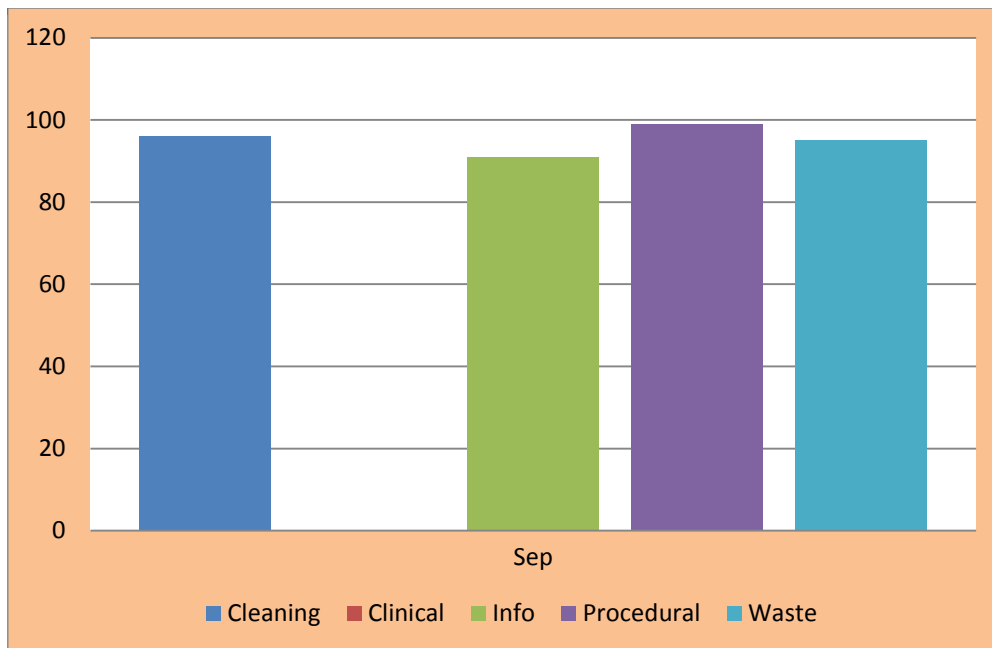


Chart 7: Station audit individual element compliance



The table below depicts Action Plans for non-compliance of Station cleanliness audits

Management area	Opening balance	Added in period	Closed in period	Over due	Closing balance
PTS	2	0	0	0	2
OPS SECTOR WEST	24	9	1	12	32
OPS SECTOR EAST	28	11	6	19	33
HART	2	0	0	0	2

Table 2.2: Action plans for non-compliance of Station cleanliness

## Quality Assurance Audits

There were **17** premise audits quality assured by the IPC Team in September 18.

Management area	Sep
HART	
Ops Sector East	14
Ops Sector West	3
PTS	
Overall EEAST	17

Table 2.3: Quantity of QA Station audits by sector

Trust Station Quality Assurance Audit exceptions reporting:

Entity	Management area	Local audit	Qa audit	Time gap ( days )	Exception details
Bury St Edmunds (Brooklands)	Ops Sector East	100%	97.1%	12	
Bury St Edmunds (Parkway)	Ops Sector East	100%	100%	12	
Chelmsford	Ops Sector East	100%	91.2%	3	
Dereham	Ops Sector East	100%	96.8%	8	
Felixstowe	Ops Sector East	97.1%	100%	8	
Hunstanton	Ops Sector East	100%	100%	15	
Ipswich	Ops Sector East	91.4%	100%	2	
Kings Lynn	Ops Sector East	88.9%	100%	20	
Mildenhall	Ops Sector East	100%	87.1%	1	
Newmarket	Ops Sector East	100%	91.2%	12	
Rickmansworth	Ops Sector West	96.8%	57.1%	2	Action assigned
Saxmundham	Ops Sector East	93.9%	100%	8	
South Woodham-Ferrers	Ops Sector East	96.8%	87.5%	7	
St Neots	Ops Sector West	100%	90%	2	
Stowmarket	Ops Sector East	97%	100%	8	
Watford	Ops Sector West	94.6%	75.8%	2	
Wickford	Ops Sector East	100%	89.7%	9	

Table 2.4: QA audit results by station



The chart below depicts the Quality Assurance station cleanliness compliance percentage.

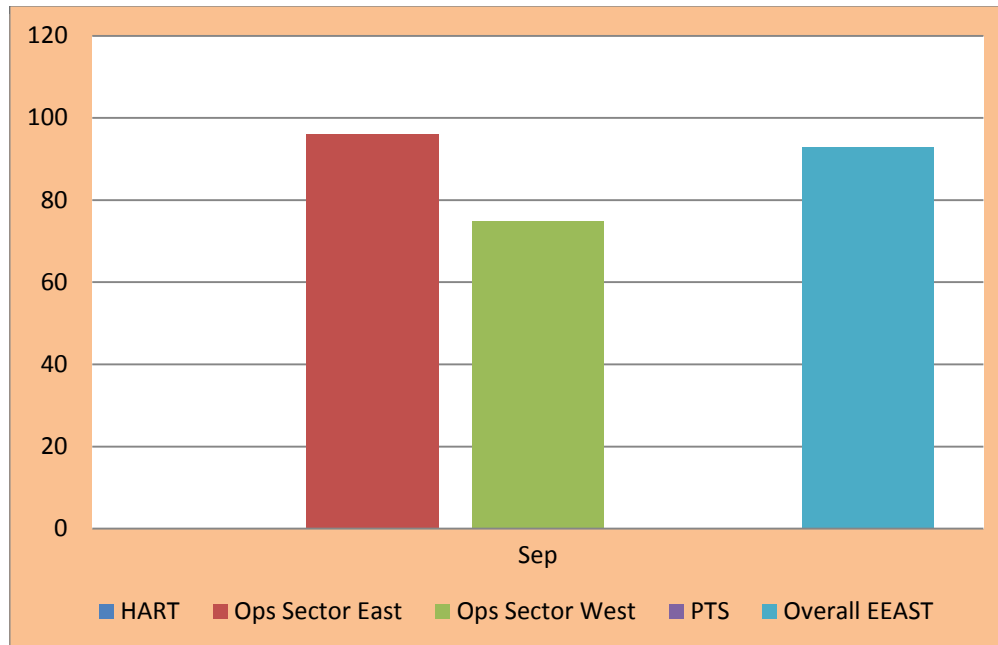


Chart 8: Quality Assurance Stations Sections Compliance

## 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 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.

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 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.

344 Uniform audits were submitted by local management in September 18

The table below depicts the percentage of audit forms submitted by each locality.

Management area	Sep
HART	100%
OPS SECTOR EAST	85.2%
OPS SECTOR WEST	100%
PTS	82%
Overall OPS SECTOR	94.3%

Table 3: Uniform audits submitted

(R.A.G Red- <75%, Amber- 75-84%, Green- 85% & above)

**Compliance:** The overall Uniform compliance for all groups is depicted in the following chart.

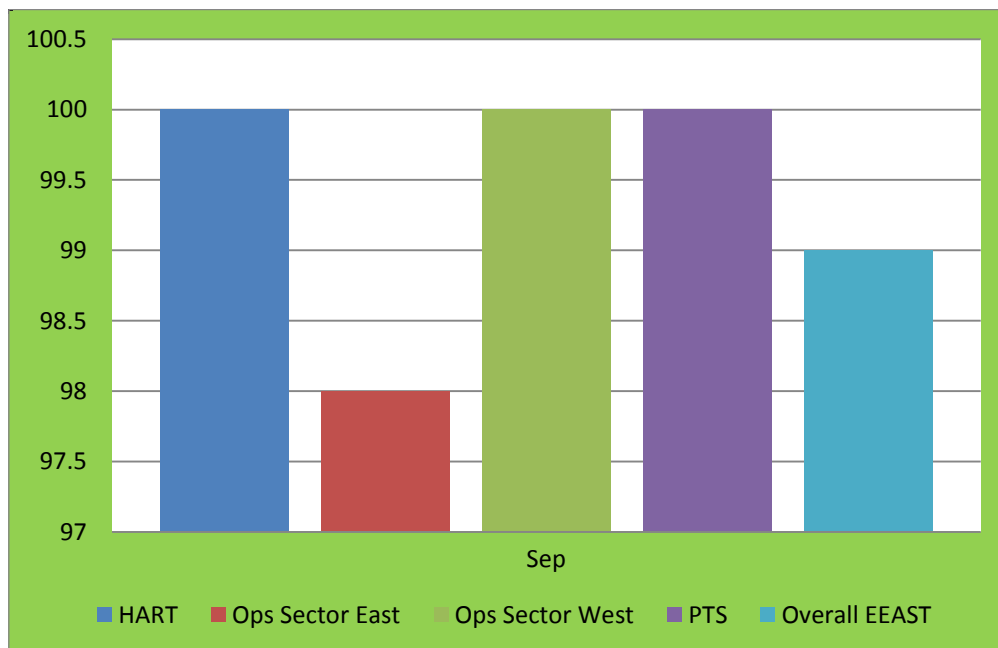


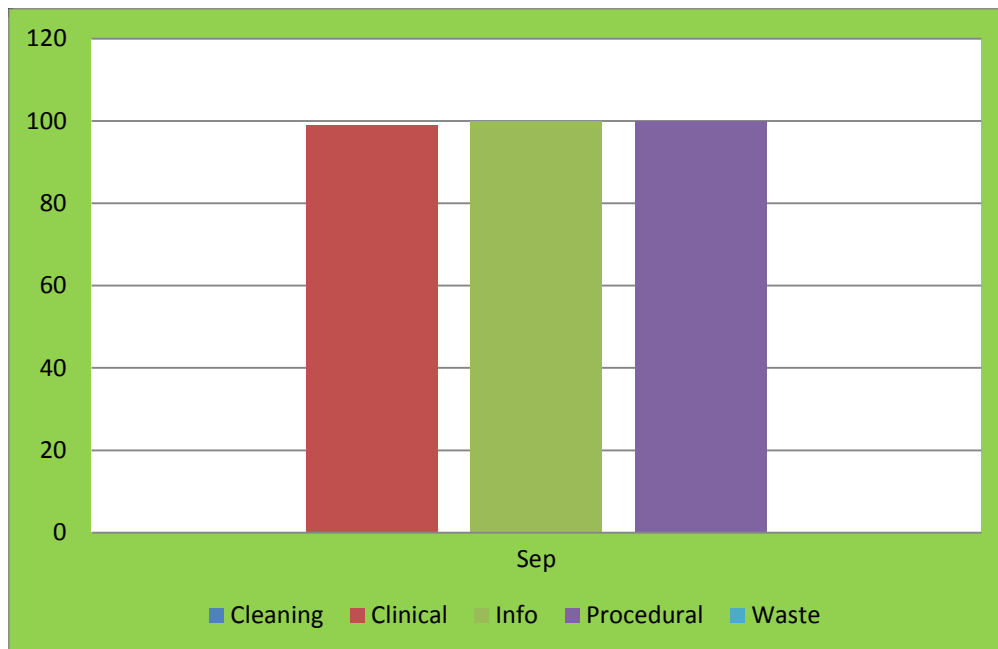
Chart 9: Uniform Compliance Results



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

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).



*Chart 10: Uniform Compliance Results*



## Quality Assurance Audits

47 quality assurance uniform audits were carried out by the IPC Team in September 18.

Management area	Sep
HART	
OPS SECTOR EAST	18
OPS SECTOR WEST	29
PTS	
Overall OPS SECTOR	47

Table 3.1: QA Uniform quantity by sector

Quality assurance: Uniform audit Trust compliance

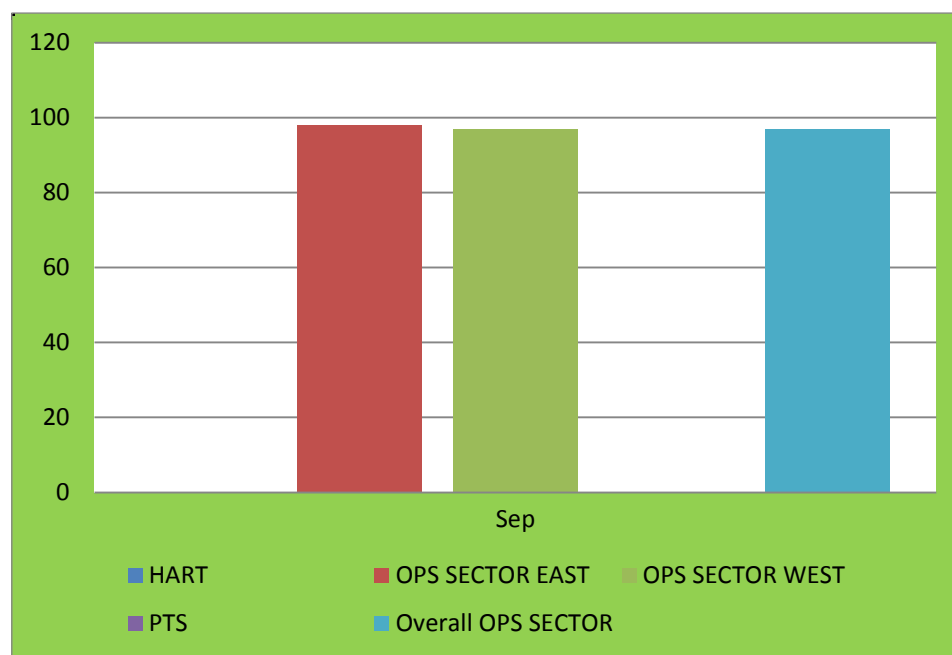


Chart 11: QA Uniform audits submitted





## QA10 Compliance Audits

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.

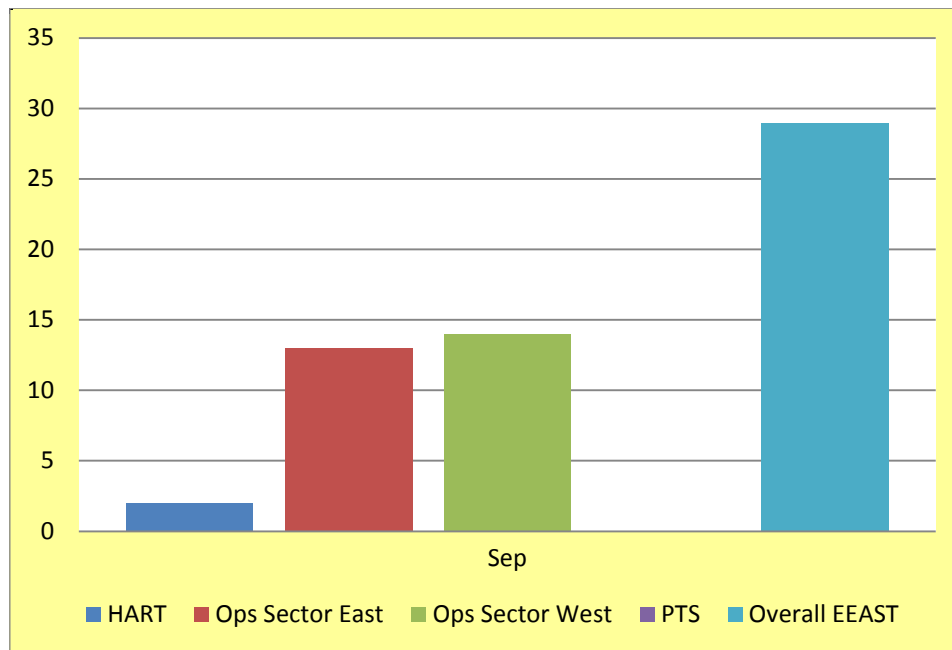


Chart 12: QA10 Compliance Audits Submitted

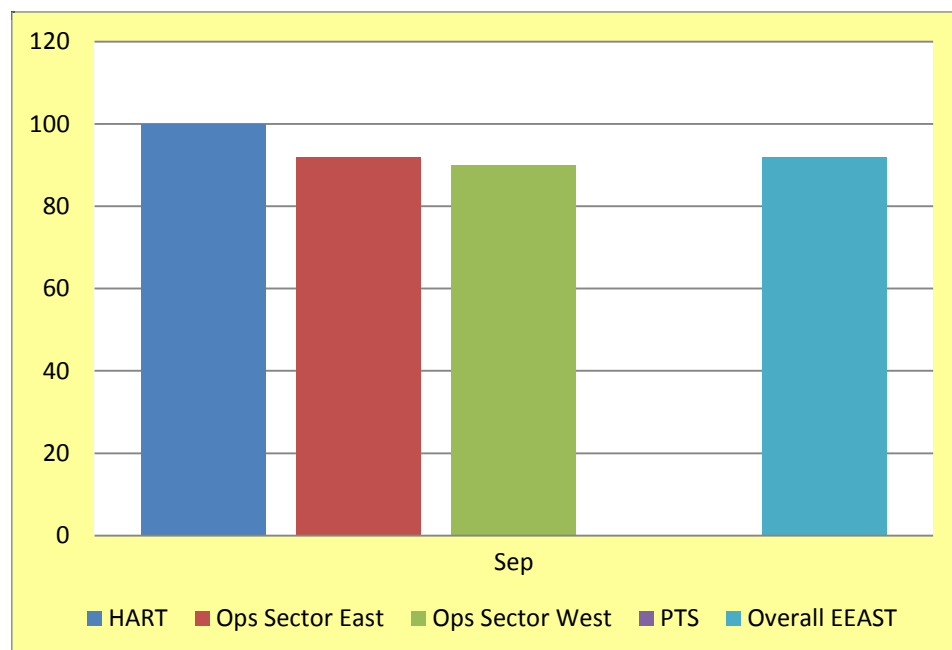
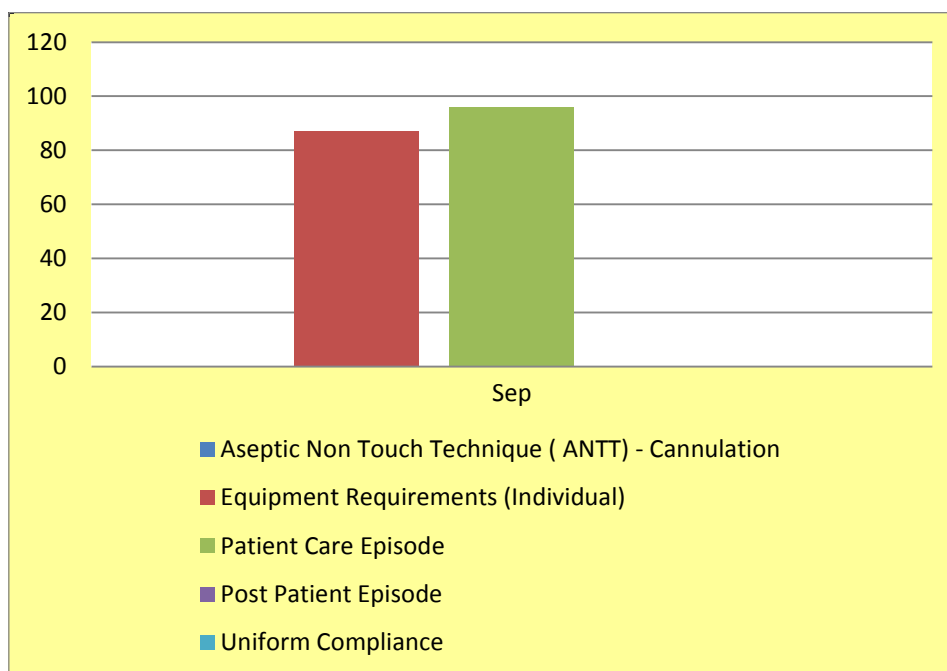


Chart 13: QA10 Section Compliance Results



*Chart 14: QA10 Section Compliance Results By Element*

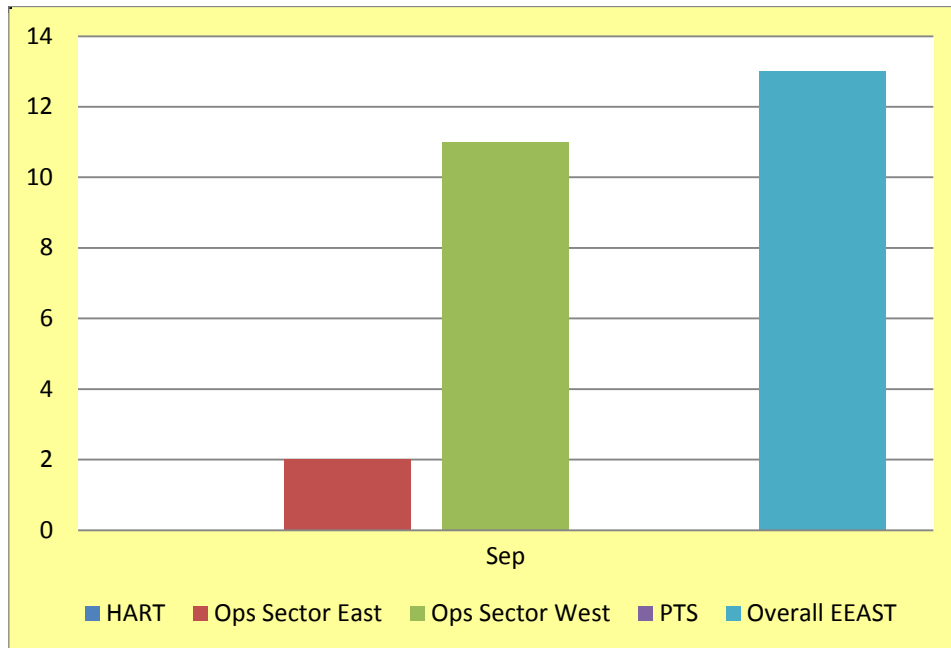
## IPC Practice Compliance Audits

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). There were 13 of the sub audits submitted for September 18.

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.

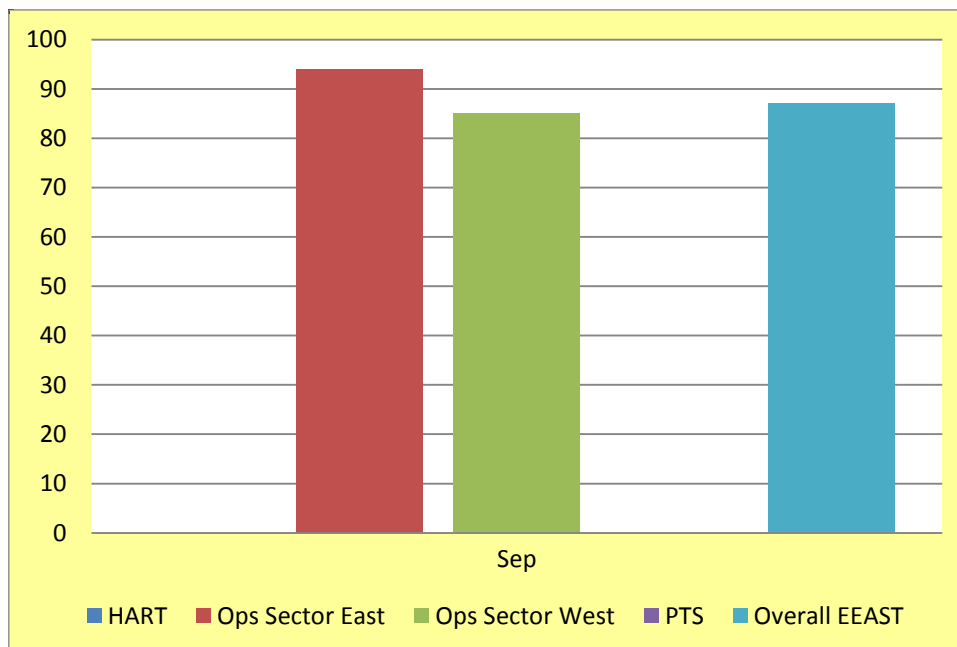


**Numbers submitted:**



*Chart 15: IPC Practice Compliance Audits Submitted*

The chart below depicts the IPC Practice compliance percentage.



*Chart 16: IPC Practice Compliance Results*



The chart below shows overall compliance against the four sections of the audit form; Hand hygiene recognition, Bare below the Elbows, Occupational exposure procedures and PPE requirements, during patient contact.

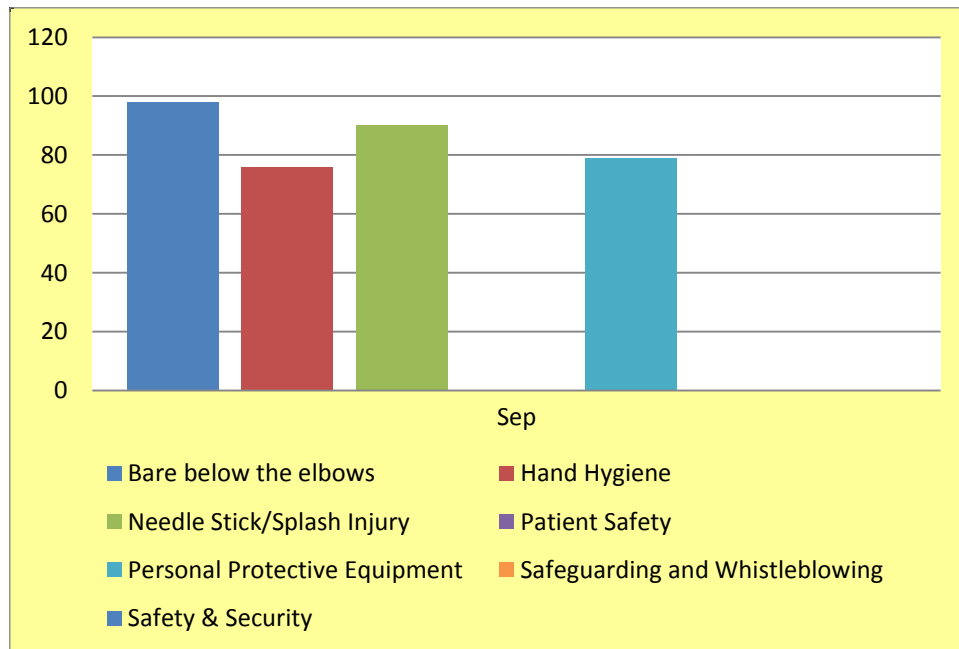


Chart 17: IPC Practice section Compliance Results



## 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 **2** incidents relating to contaminated sharps were:

- A crew member was accidentally stabbed in the left wrist with a needle attached to an insulin pen. OH referral placed. PAM sent blood collection equipment to initiator in order for bloods to be drawn.
- A member of staff had been stemming the blood flow from a stab wound on a high risk patient, he then attempted to open a glass drugs vial which shattered causing glass shards to penetrate through the gloves into the thumb of the staff member. The correct after care was carried out. A&E was attended where bloods from the member of staff and patient were taken. The incident was considered high risk with PEP supplied and follow up by Occupational Health.

The **3** incidents relating to splash injuries were:

- A patient suddenly coughed causing fluid to land in the mouth of a member of staff. The correct aftercare was carried out, A&E was attended where bloods were taken. Occupational health were contacted.
- A member of staff was splashed in the eye when a patient vomited. The eye was immediately irrigated. An email was sent by the IPC Administrator to remind staff of the importance



and requirement to contact Occupational Health when they have sustained an OH exposure injury and for this to be documented within the datix report.

- A member of staff was splashed in the face and mouth with thick black vomit, potentially containing faeces, whilst attempting to maintain the airway of a patient in cardiac arrest. Gloves were worn. The airway of the patient was immediately taken over by a fellow paramedic whilst the face and mouth was washed with water. The correct aftercare procedure was carried out. A&E was attended where bloods were taken. The incident was considered low risk with occupational health follow up.

The **2** other incidents were:

- A member of staff cut their thumb whilst opening a glass drug vial. The correct aftercare was followed. The wound was bled, washed and dressed.
- A member of staff cut their finger whilst opening a glass drug vial. No further action required