



Infection Prevention & Control Update May 2018





Introduction

The first part of this IPC monthly update is an overview of the audit results from **May 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	
RED	<75%	<85%	<85%
AMBER	75-84%	85-94%	85-94%
GREEN	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), HART and PTS

There were **616** vehicle audits submitted for May. 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	May
HART	100%
OPS SECTOR EAST	90.8%
OPS SECTOR WEST	92.9%
PTS	57.8%
Overall OPS SECTOR	91.9%

Table 1.1: A&E vehicle audits submitted

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



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

(The PTS figure will appear in this chart for future reports, rather than a separate one due to an amendment in the setup)

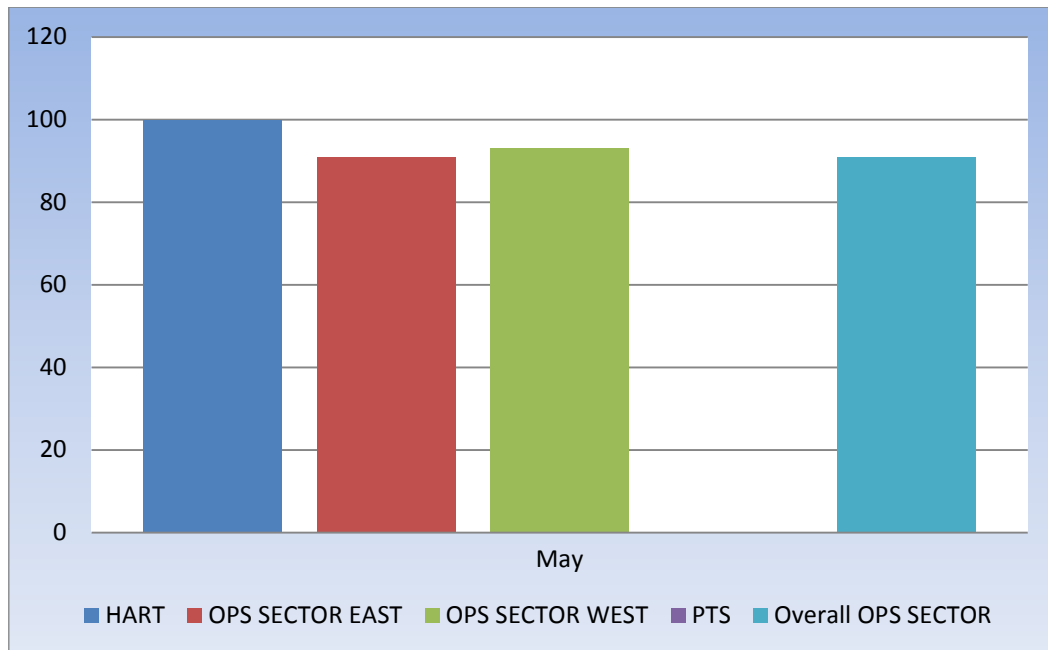


Chart 1: A&E Vehicle audit forms submitted

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

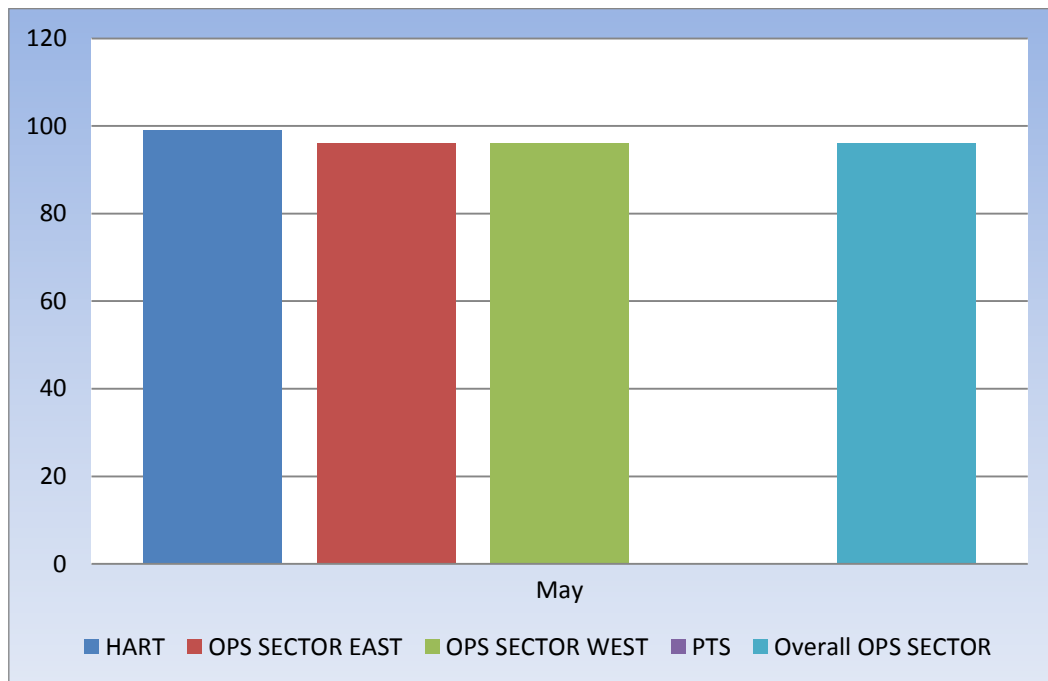


Chart 2: A&E Vehicle cleanliness compliance



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

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

Table 1.2: A&E Vehicle Patient/ Non-patient compliance
(R.A.G Red- <85%, Amber- 85-94%, Green- 95% & above)

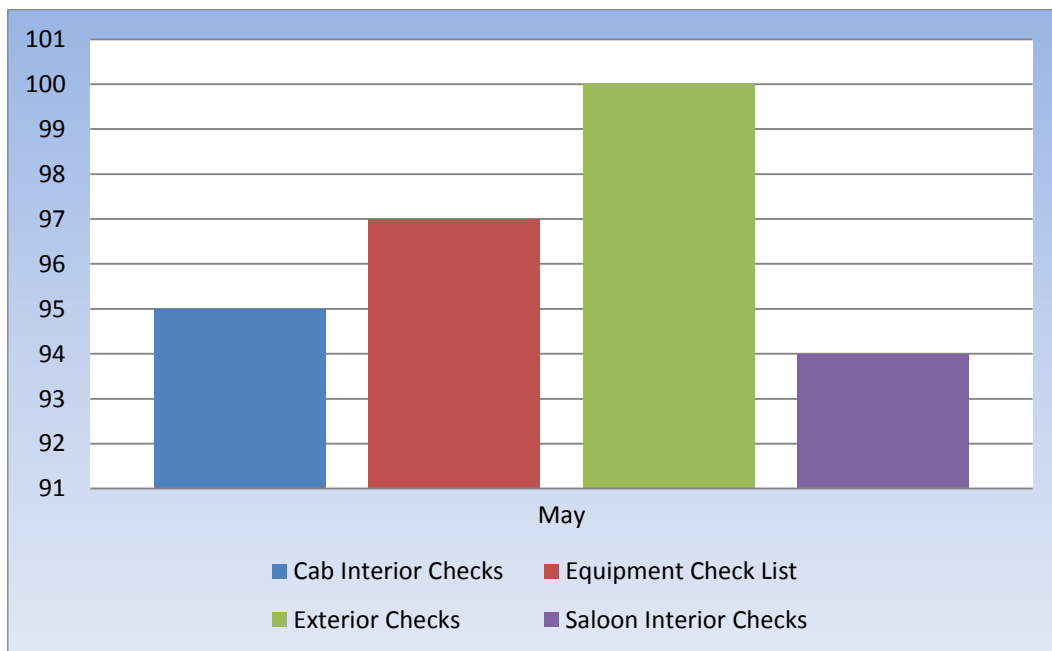


Chart 3: A&E Vehicle compliance by element

The table below depicts compliance exceptions by management area for A&E Vehicle Cleanliness Audits

Management area	Performance	Exception
OPS SECTOR EAST-NORTH ESSEX	82%	Nil return at time of compiling report

Table 1.3: Compliance Exceptions by Management Area for A&E Vehicle Cleanliness Audit



The table below depicts High Risk Action Plans for non-compliance of A&E Vehicle Cleanliness Audits

Management area	Opening balance	Added in period	Closed in period	Over due	Closing balance
PTS	0	0	0	0	0
OPS SECTOR WEST	262	60	75	27	247
OPS SECTOR EAST	320	65	47	105	338
HART	1	0	0	0	1

Table 1.4: Action Plans for A&E Vehicle Cleanliness Audit non-compliance

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 A&E 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	May
HART	100%
OPS SECTOR EAST	76%
OPS SECTOR WEST	86%
PTS	29%

Table 1.5: Vehicle Deep Clean Compliance
(R.A.G Red- <90%, Green-90% & above)

Description	Compliant	1 week	2 weeks	3 weeks	3 weeks +
HART - HART Great Notley	100%	0%	0%	0%	0%
HART - HART Melbourn	100%	0%	0%	0%	0%
OPS SECTOR EAST - EAST NORFOLK	100%	0%	0%	0%	0%
OPS SECTOR EAST - EAST SUFFOLK	45.5%	31.8%	4.5%	4.5%	13.6%
OPS SECTOR EAST - MID ESSEX	60%	12%	20%	0%	8%
OPS SECTOR EAST - NORTH ESSEX	64%	4%	12%	12%	8%
OPS SECTOR EAST - SOUTH EAST ESSEX	100%	0%	0%	0%	0%
OPS SECTOR EAST - SOUTH WEST ESSEX	95.2%	4.8%	0%	0%	0%
OPS SECTOR EAST - WAVENEY	76%	12%	0%	0%	12%
OPS SECTOR EAST - WEST NORFOLK	47.4%	5.3%	0%	10.5%	36.8%
OPS SECTOR EAST - WEST SUFFOLK	85%	5%	0%	5%	5%
OPS SECTOR WEST - EAST HERTS	72%	8%	8%	0%	12%
OPS SECTOR WEST - NORTH BEDS	92.3%	0%	7.7%	0%	0%
OPS SECTOR WEST - NORTH CAMBS	75.9%	0%	3.4%	0%	20.7%
OPS SECTOR WEST - SOUTH BEDS	93.8%	0%	0%	0%	6.3%
OPS SECTOR WEST - SOUTH CAMBS	85%	5%	5%	5%	0%
OPS SECTOR WEST - WEST ESSEX	87.1%	6.5%	0%	0%	6.5%
OPS SECTOR WEST - WEST HERTS	100%	0%	0%	0%	0%
PTS	0%	0%	0%	0%	100%



Description	Compliant	1 week	2 weeks	3 weeks	3 weeks +
PTS - East Herts PTS	0%	13.3%	6.7%	0%	80%
PTS - Mid Cambs PTS	77.8%	16.7%	5.6%	0%	0%
PTS - North Beds PTS	5%	0%	0%	0%	95%
PTS - North Cambs PTS	66.7%	6.7%	6.7%	0%	20%
PTS - North Essex PTS	0%	0%	0%	0%	100%
PTS - South Beds PTS	0%	0%	4.5%	0%	95.5%
PTS - South Cambs PTS	81%	9.5%	9.5%	0%	0%
PTS - South Cambs PTS - St Neots	0%	0%	0%	0%	100%
PTS - South Essex PTS	19%	19%	23.8%	0%	38.1%
PTS - West Essex PTS	57.1%	0%	0%	0%	42.9%
PTS - West Herts PTS	0%	0%	0%	7.1%	92.9%

Table 1.6: A&E Vehicle Decontamination Overdue Analysis

Vehicle Decontamination Exceptions:

Management area	Score	Exception report
OPS SECTOR EAST - WEST NORFOLK	47%	One AFA and one VCO on long term sick - Very rarely do we have spare fleet in West Norfolk to allow for any deep cleans. Both AFA and VCO due back from sickness on phased return this week - Which will increase staffing levels and assist with issue Unknown due to constant poor fleet situation Extra fleet required and quicker turnaround of vehicles sent away for repair and service - Currently 8 DSA away for repair
OPS SECTOR EAST-EAST SUFFOLK	45%	Nil return at time of compiling report
OPS SECTOR EAST-MID ESSEX	60%	Nil return at time of compiling report
OPS SECTOR EAST-NORTH ESSEX	64%	Nil return at time of compiling report
OPS SECTOR EAST-WAVENEY	76%	Nil return at time of compiling report
OPS SECTOR WEST-EAST HERTS	72%	Nil return at time of compiling report
OPS SECTOR WEST-NORTH CAMBS	76%	
PTS-East Herts PTS	0%	Lack of resources 1 AFA who was on A/L for 2 weeks in this month. AFA is now set up on Audit Online and recording his own Deep Cleans
PTS-Mid Cambs PTS	78%	Nil return at time of compiling report
PTS-North Beds PTS	5%	All Vehicle deep cleans were completed. Insufficient time to enter onto the system between completion and reporting and under resourced within the office.
PTS-North Cambs PTS	67%	Nil return at time of compiling report
PTS-North Essex PTS	0%	Nil return at time of compiling report
PTS-South Beds PTS	0%	
PTS-South Cambs PTS	81%	Nil return at time of compiling report
PTS-South Essex PTS	19%	Nil return at time of compiling report
PTS-West Essex PTS	57%	Do not have a vehicle cleaner
PTS-West Herts PTS	0%	Lack of understanding of Audit Online, office under resourced. Training to be given earlier.



Quality Assurance Audits

66 A&E vehicle quality assurance audits have been completed this month, in comparison against the most recent local audit the below findings were made:

Management area	May
HART	
OPS SECTOR EAST	24
OPS SECTOR WEST	42
PTS	
Overall OPS SECTOR	66

Table 1.7: Trust A&E Vehicle Quality Assurance Audit Vs Local audit compliance

The following chart depicts the Quality Assurance A&E vehicle cleanliness compliance.

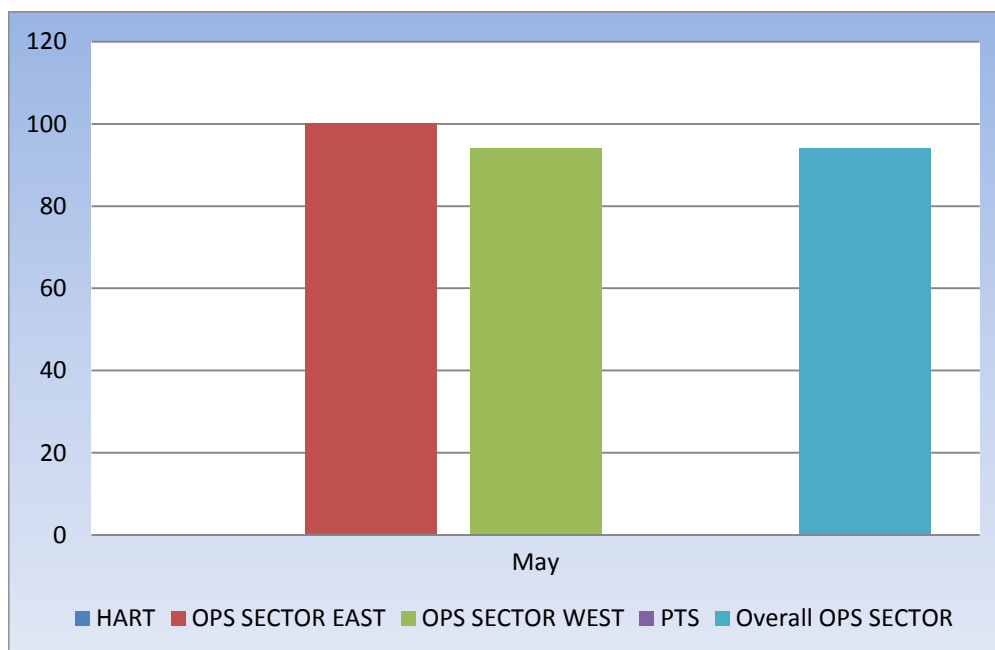


Chart 4: Quality Assurance Vehicle Cleanliness Compliance



Patient Transport Service (PTS)

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 PTS management teams for updating their vehicle numbers as they change. Each quarter the IPC Team verify the locality vehicle lists for accuracy.

Management area	May
PTS-East Herts PTS	4%
PTS-Mid Cambs PTS	11.1%
PTS-North Beds PTS	
PTS-North Cambs PTS	100%
PTS-North Essex PTS	96.3%
PTS-South Beds PTS	
PTS-South Cambs PTS	100%
PTS-South Essex PTS	100%
PTS-West Essex PTS	100%
PTS-West Herts PTS	69.2%

Table 1.8: PTS Vehicle audits submitted

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

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

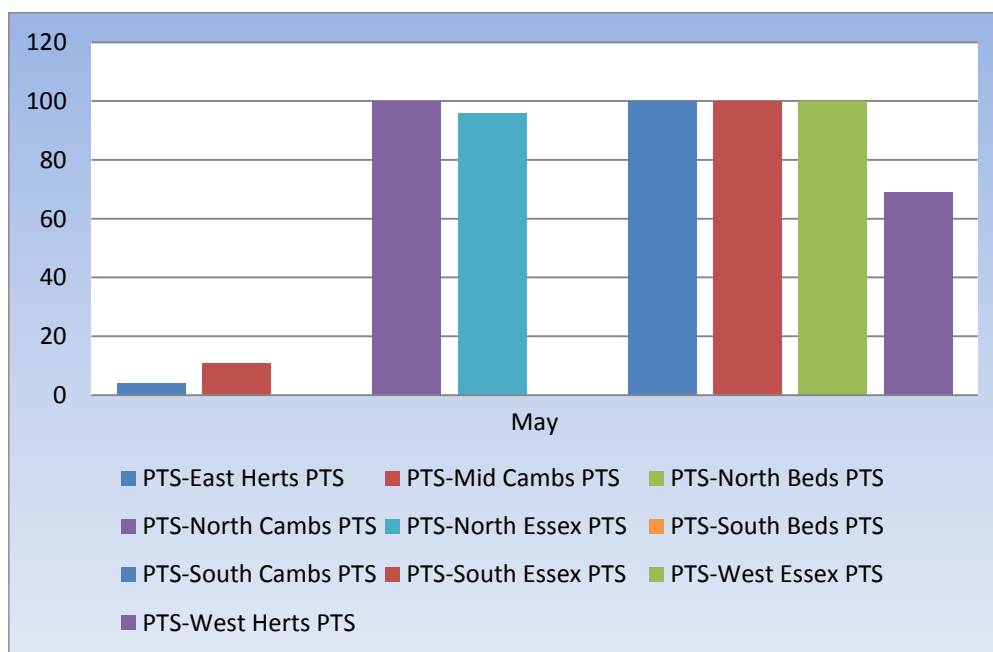


Chart 5: PTS Vehicle audit forms submitted

PTS vehicle audit submission exception reporting

Management area	Performance	Exception report
PTS-East Herts PTS	4%	Lack of resources 1 AFA who was on A/L for 2 weeks in this month. AFA is now set up on Audit Online and recording his own Deep Cleans
PTS-Mid Cambs PTS	11.1%	Nil return at time of compiling report
PTS-North Beds PTS	NR	
PTS-South Beds PTS	NR	
PTS-West Herts PTS	69.2%	Lack of understanding of Audit Online, office under resourced. Training to be given earlier.



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

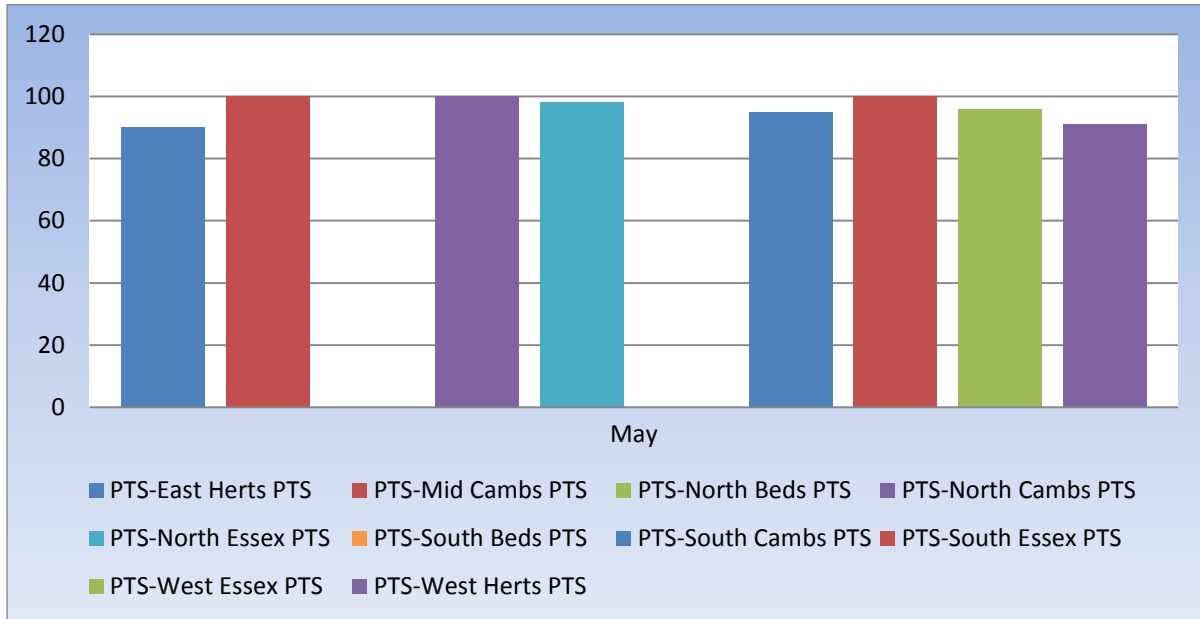


Chart 6: PTS Vehicle cleanliness compliance

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

	Exterior checks	Cab interior checks	Saloon interior checks	Equipment check list
PTS - Apr	100%	100%	100%	100%
PTS - May	100%	99%	96%	97%

*Table 1.9: PTS Vehicle Patient/ Non-patient Compliance
(R.A.G Red- <85%, Amber- 85-94%, Green- 95% & above)*

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

Management area	Opening balance	Added in period	Closed in period	Over due	Closing balance
PTS	78	13	8	21	83



Station and Premises Cleanliness Audits

A&E, HART & PTS

There were **82** station audits submitted for May. 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.

Management area	May
HART	100%
Ops Sector East	98%
Ops Sector West	100%
PTS	50%
Overall EEAST	97.6%

Table 1.10: 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.

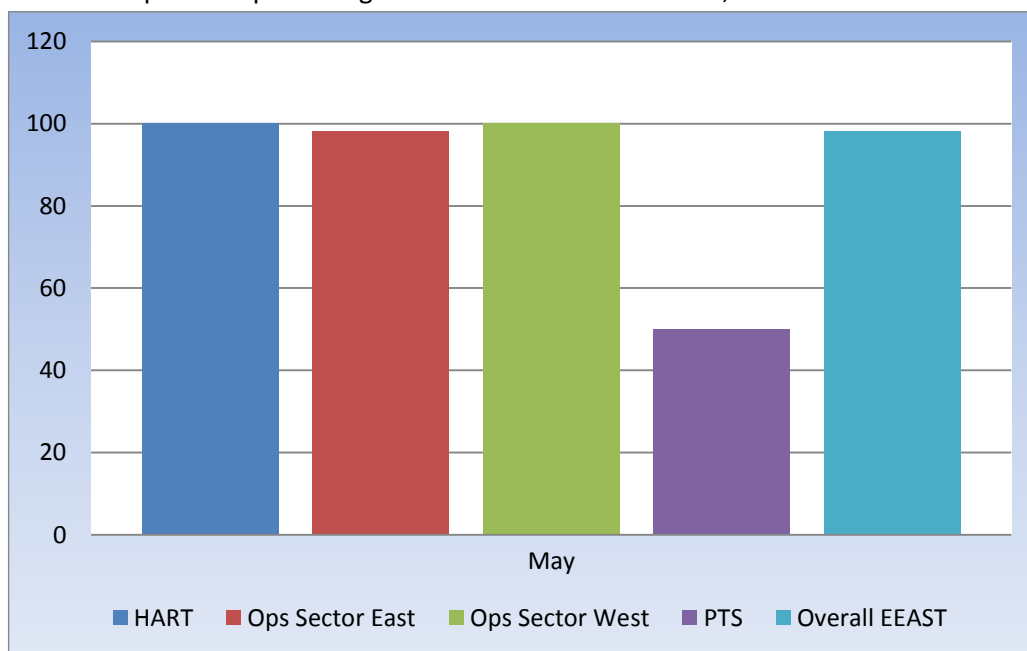


Chart 7: Station Audit Forms Submitted

Station audit exceptions for PTS:

Management area	Performance	Action plan	Status	Actions taken
PTS-South Beds PTS	NR			
West Essex PTS-Epping	NR			

Station audit exceptions for Ops Sector East:

Management area	Performance	Action plan	Status	Actions taken
OPS SECTOR EAST-EAST NORFOLK	83.3%	2 Station Audits had not been uploaded. Management team in this area have been reminded of the responsibility to complete this.		



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

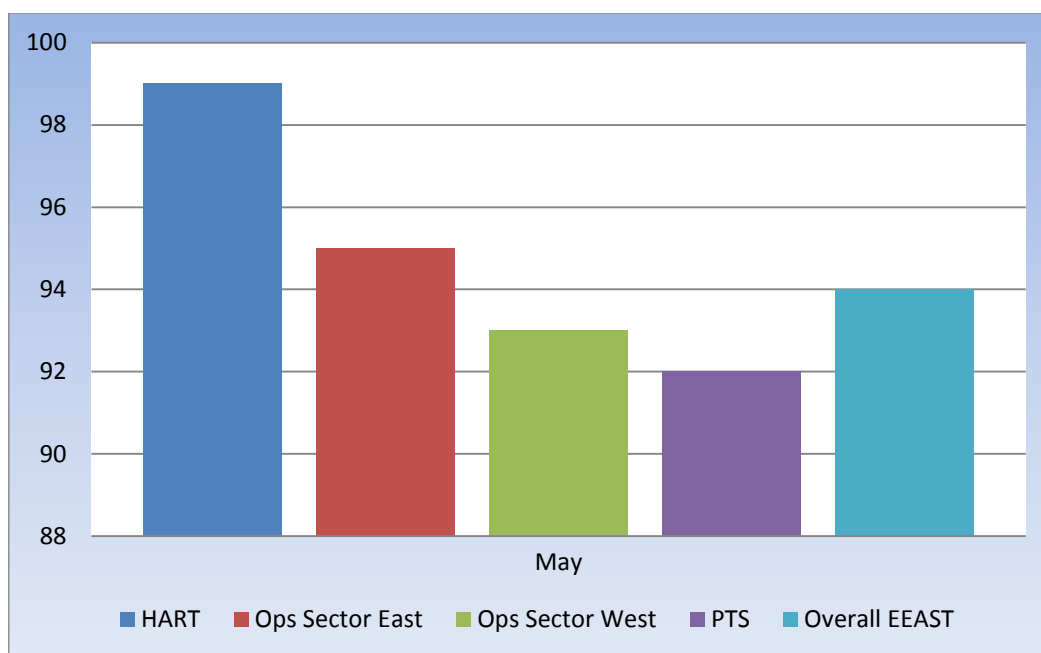


Chart 8: Station Cleanliness Compliance

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	Safety & ; security	Cleaning contractors store / cupboard
HART - Apr	100%	100%	92%	100%	83%	100%	100%	NR	100%
HART - May	100%	100%	100%	83%	100%	0%	100%	NR	100%
Ops Sector East - Apr	88%	94%	94%	99%	96%	99%	97%	NR	98%
Ops Sector East - May	79%	97%	94%	98%	94%	99%	96%	NR	97%
Ops Sector West - Apr	88%	94%	94%	99%	96%	99%	97%	NR	98%
Ops Sector West - May	88%	84%	94%	94%	88%	100%	92%	NR	83%
PTS - Apr	75%	100%	100%	100%	67%	100%	75%	NR	67%
PTS - May	75%	100%	100%	100%	100%	100%	100%	NR	67%
Overall EEAST - Apr	90%	93%	95%	98%	95%	99%	96%	NR	95%
Overall EEAST - May	83%	92%	94%	96%	92%	99%	95%	NR	91%

*Table 1.11: 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.

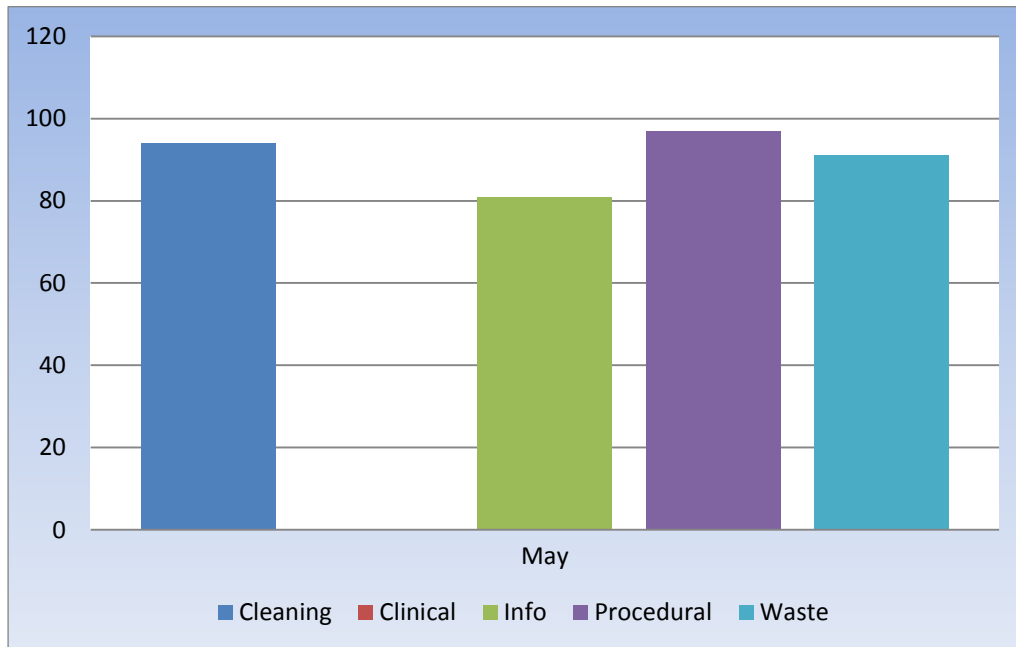


Chart 9: Station audit individual element compliance

The table below depicts compliance exceptions by management area for PTS Station Cleanliness Audits

Management area	Performance	Action plan	Status	Actions taken
PTS-East Herts PTS	84%	Lack of resources		

Table 1.13: Compliance Exceptions by Management Area for PTS Station Cleanliness Audit



Quality Assurance Audits.

16 Station quality assurance audits have been completed this month and compared against the local audit compliance producing the below findings:

Management area	May
HART	1
Ops Sector East	7
Ops Sector West	8
PTS	
Overall EE	16

Entity	Management area	Local audit	Qa audit	Time gap (days)	Exception details
Bury St Edmunds (Parkway)	Ops Sector East	100%	100%	6	N/A
Cambridge	Ops Sector West	86%	78%	1	The crew room and kitchen were untidy and cluttered. To encourage staff to clean up after using the kitchen and crew room.
Ely	Ops Sector West	97.6%	86.8%	3	N/A
Great Notley	HART	97.1%	87.5%	1	N/A
Harlow	Ops Sector West	92.9%	87.8%	3	N/A
Haverhill	Ops Sector West	92.7%	86.5%	1	N/A
Ipswich	Ops Sector East	92.9%	88.4%	11	N/A
Loughton	Ops Sector West	90.7%	83.7%	4	
March	Ops Sector West	97.6%	92.3%	1	N/A
Potters Bar	Ops Sector West	92.1%	81.3%	5	
Saxmundham	Ops Sector East	92.7%	97.5%	2	N/A
Stowmarket	Ops Sector East	97.5%	86.1%	2	N/A
Swaffham	Ops Sector East	100%	100%	4	N/A
Thetford	Ops Sector East	100%	100%	2	N/A
West Herts	Ops Sector West	100%	90.9%	2	N/A
Wisbech	Ops Sector East	100%	86.5%	9	N/A

Table 1.14: Trust Station Quality Assurance Audit Vs Local audit compliance



Trust Station Quality Assurance Audit exceptions reporting

The chart below depicts the Quality Assurance station cleanliness compliance percentage

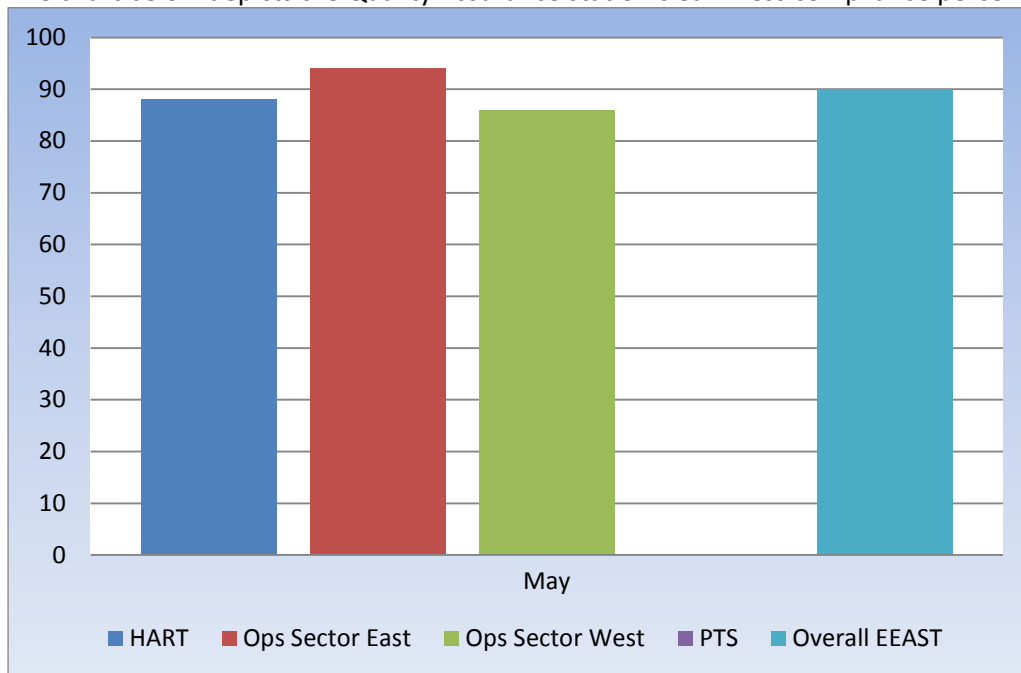


Chart 10: Quality Assurance Stations Sections Compliance

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.



Uniform Compliance Audits

These audits are based on the IPC related elements of the Trust Uniform policy and will be reported monthly for all clinical groups.

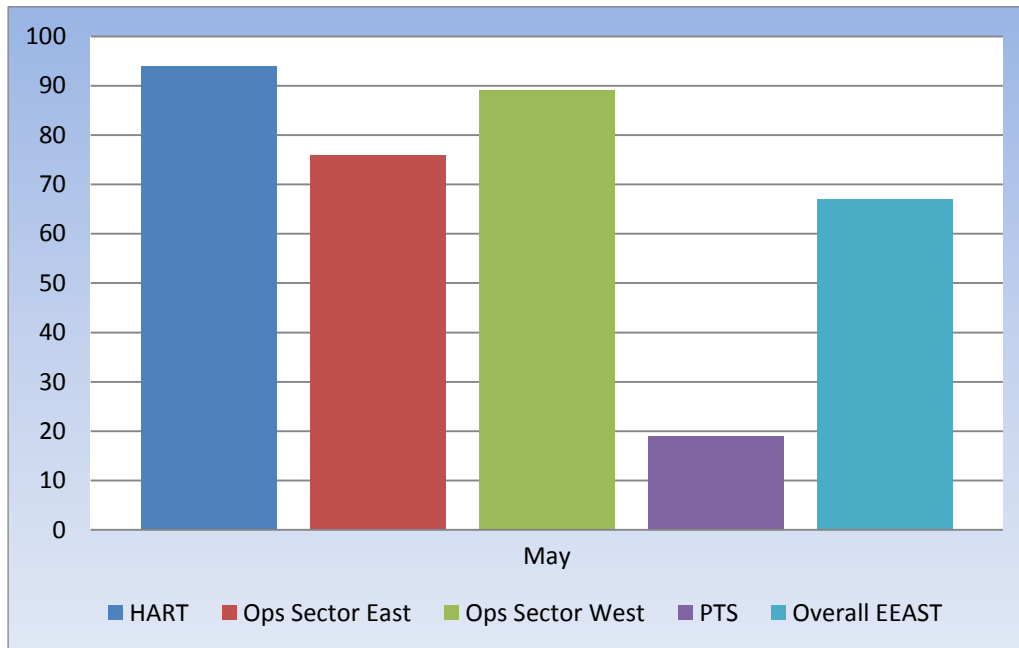


Chart 11: Uniform Compliance Audits Submitted

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

Management area	May
HART	100%
Ops Sector East	83%
Ops Sector West	97.1%
PTS	21.1%
Overall EEAST	73.1%

Table 1.17: Uniform audits submitted

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

Management area	Opening balance	Added in period	Closed in period	Over due	Closing balance
PTS	4	0	0	0	4
Ops Sector West	15	1	1	0	15
Ops Sector East	8	5	5	0	8
HART	1	2	2	0	1

Table 1.18: Action Plans for Trust Wide Uniform audits submitted



Exception reports for Ops Sector East Uniform compliance:

Management area	Performance	Action plan	Status	Actions taken
OPS SECTOR EAST-EAST NORFOLK	81.3%	Nil return at time of compiling report		
OPS SECTOR EAST-EAST SUFFOLK	37.5%	Mis-communication over the new Audit system and trusts requirement not being easily identifiable. More training/familiarisation for those that use the system.		
OPS SECTOR EAST-WAVENEY	18.8%	Nil return at time of compiling report		
OPS SECTOR EAST-WEST NORFOLK	12.5%	Lack of station supervisors and AWD staff in West Norfolk combined with demand. Not many available - All AWD staff are due to be instructed to book sick and limited station supervisors and DLO's struggling to carry out audits due to other demands		
OPS SECTOR EAST-WEST SUFFOLK	68.8%	Nil return at time of compiling report		

Exception reports for Ops Sector West Uniform compliance:

Management area	Performance	Action plan	Status	Actions taken
OPS SECTOR WEST-SOUTH CAMBS	18.8%	Believed the audits had been uploaded. Ensure all audits have been uploaded by going through audit online each week to ensure compliance.		
OPS SECTOR WEST-WEST ESSEX	56.3%	Nil return at time of compiling report		

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

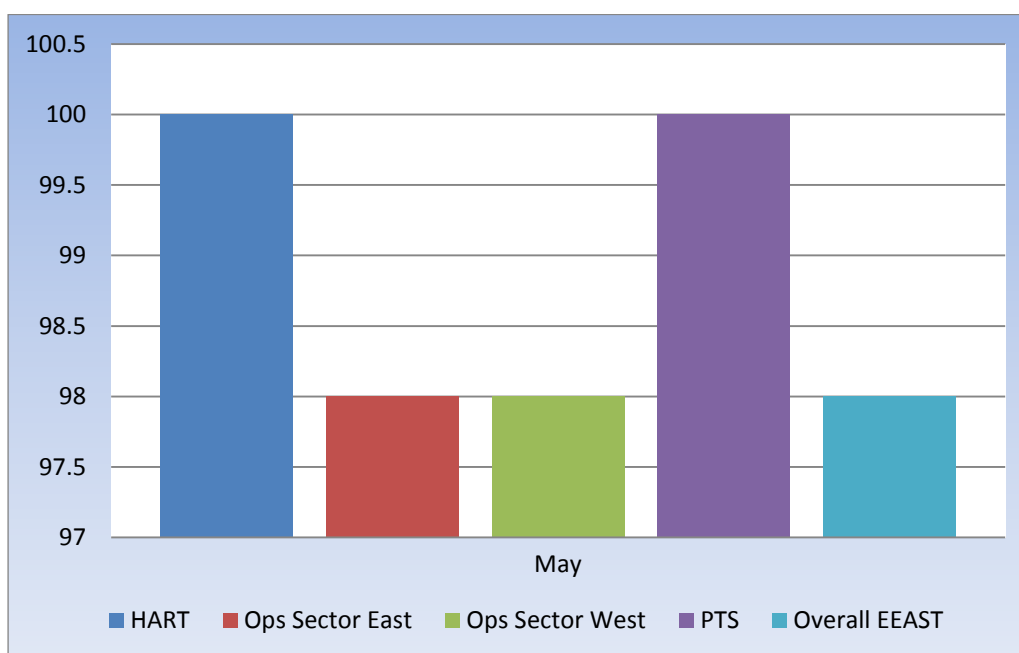


Chart 12: Uniform Compliance Results

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



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

	Uniform compliance
HART - Apr	NR
HART - May	100%
Ops Sector East - Apr	100%
Ops Sector East - May	98%
Ops Sector West - Apr	96%
Ops Sector West - May	98%
PTS - Apr	100%
PTS - May	100%
Overall EEAST - Apr	98%
Overall EEAST - May	98%

Table 1.19: Uniform compliance

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

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).

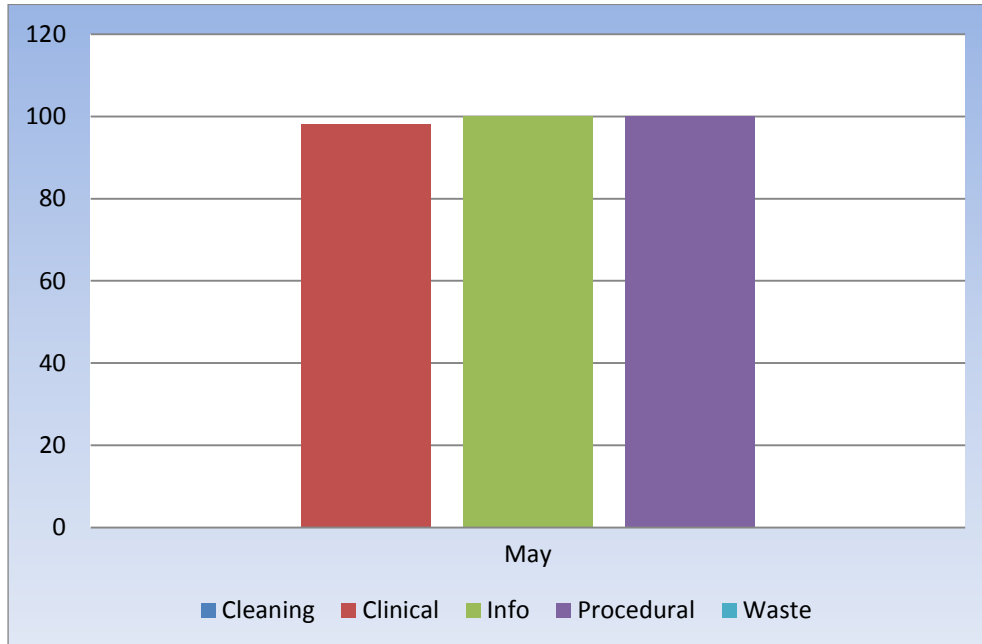


Chart 13: Uniform Compliance Results



Quality Assurance Audits.

18 Uniform quality assurance audits have been completed this month producing the findings below :

Management area	May
HART	
OPS SECTOR EAST	2
OPS SECTOR WEST	14
PTS	2
Overall OPS SECTOR	18

Table 1.20: Quality assurance Uniform audits quantity

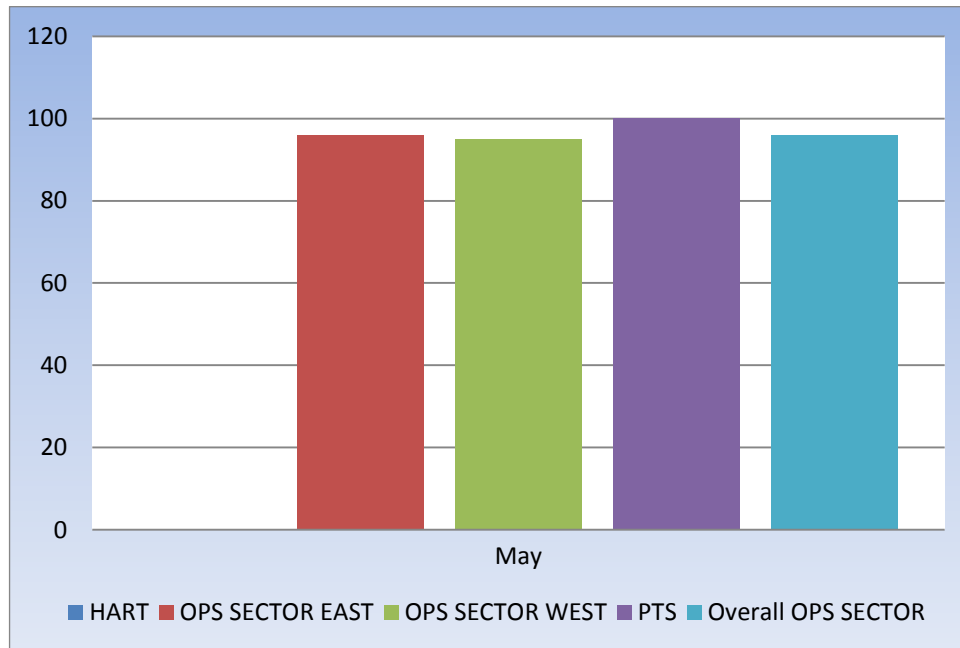


Chart 14: Quality assurance Uniform audit compliance

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.

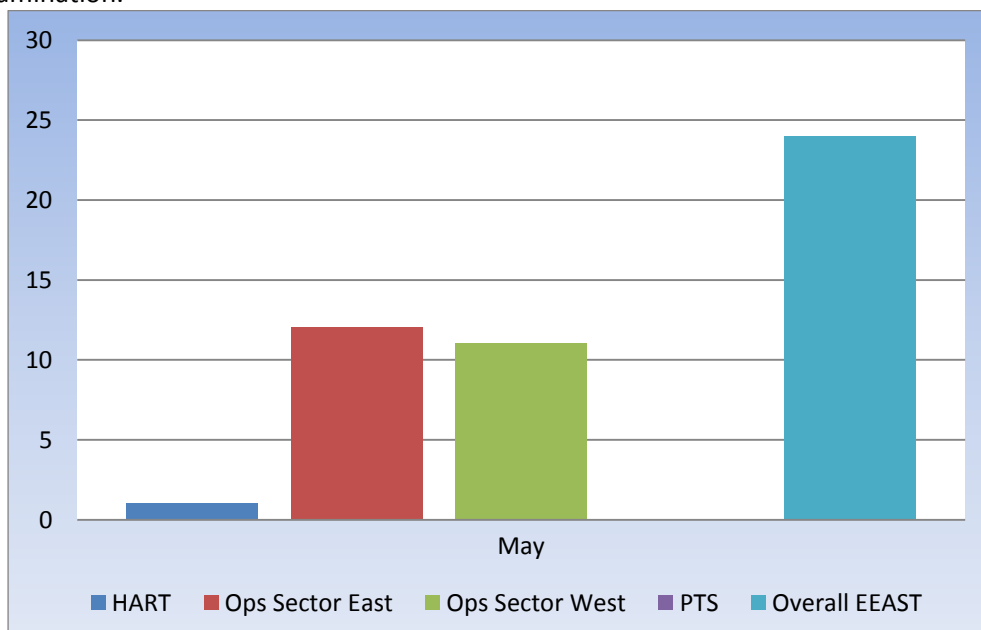


Chart 15: QA10 Compliance Audits Submitted

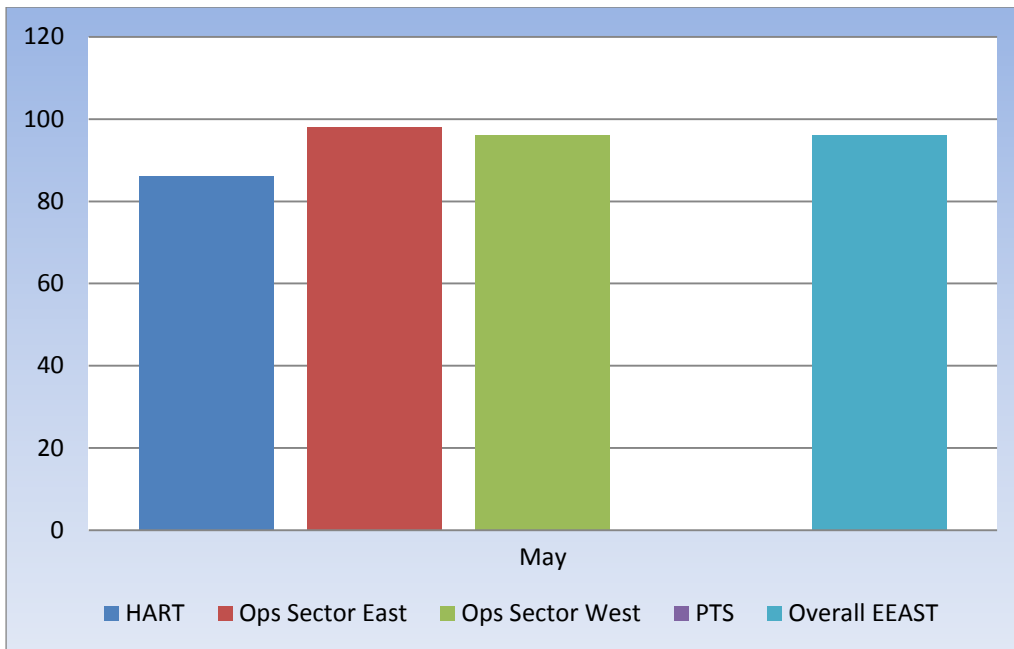


Chart 16: QA10 Section Compliance Results

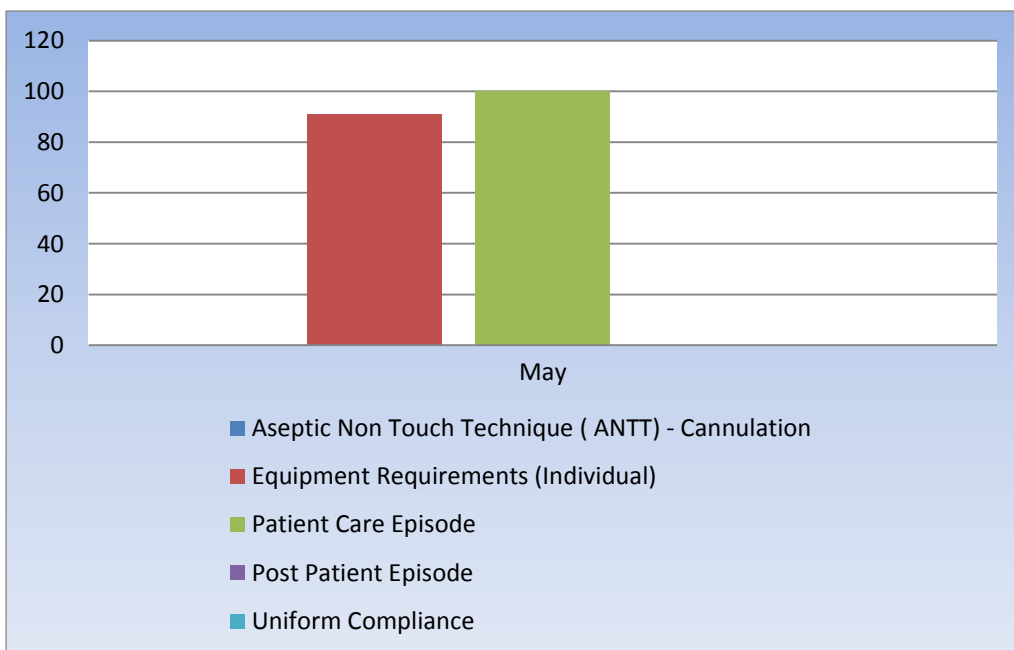


Chart 17: QA10 Section Compliance Results by Element



IPC Practice Compliance Audits

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. Where the practical element has been completed the results will be included within chart 22 below.

Numbers submitted:

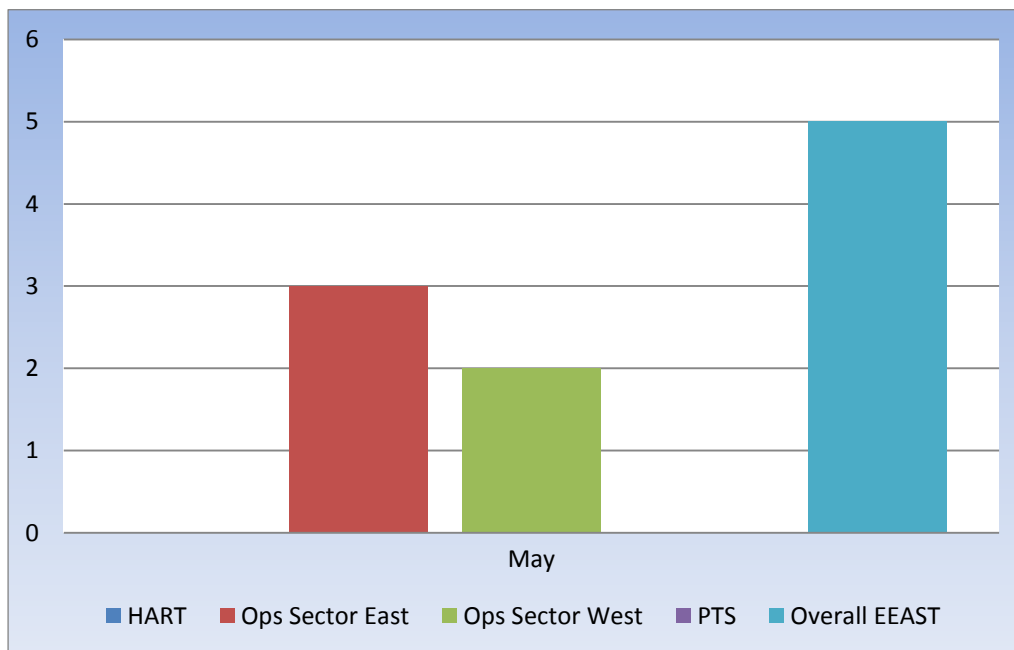


Chart 18: IPC Practice Compliance Audits Submitted

The chart below depicts the IPC Practice compliance percentage.

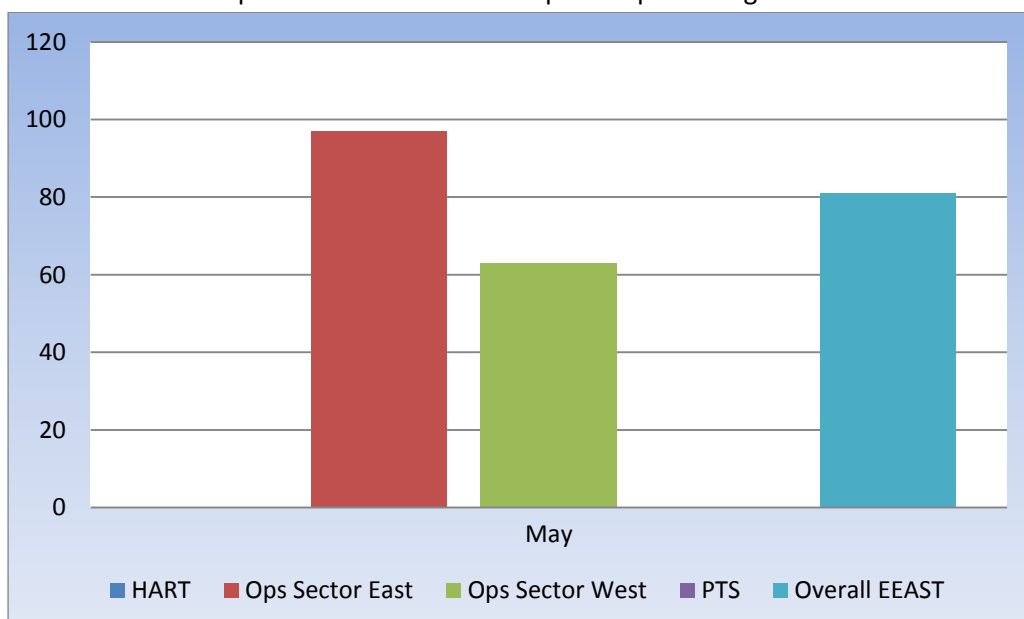


Chart 19: IPC Practice Compliance Results



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.

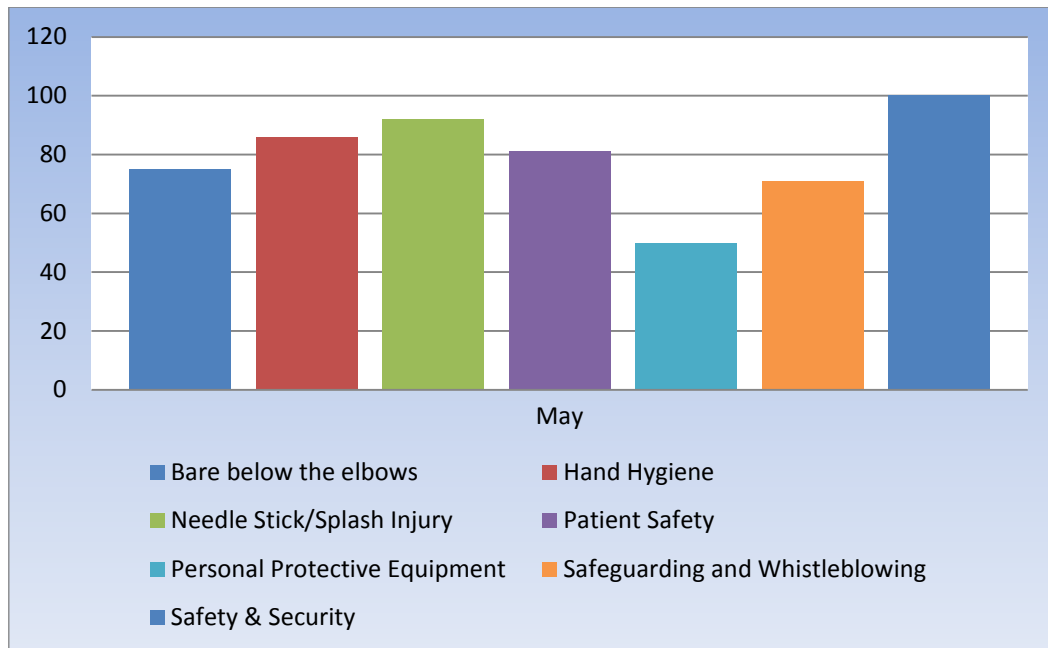


Chart 20: IPC Practice section Compliance Results



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 **three** incidents relating to contaminated sharps were:

- A member of staff sustained a sharps injury by a scalpel blade concealed in a patient's clothing. A&E was attended where blood test were taken. The incident was considered Low Risk with Occupational Health follow up.
- A member of staff sustained a sharps injury whilst disposing of an IO needle. A&E was attended where blood tests were taken. The incident was considered Low Risk with Occupational Health follow up.
- A staff member sustained a sharps injury whilst disposing of a cannula following a failed cannulation. The correct aftercare was followed. A&E was attended where blood tests were taken. Occupational Health was contacted. The incident was considered High Risk with PEP supplied.

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

- A member of staff was attempting to open a drugs vial which broke causing a sharps injury. The correct aftercare was followed. Lessons learned.
- A member of staff was attempting to open a drugs vial which broke causing a sharps injury, no further action was taken.

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

- A patient unintentionally spat whilst speaking, this went on the member of staff's jacket and left eye. The correct aftercare was followed. A&E was attended where the eye was washed out. The incident was considered low risk with Occupational Health referral for follow up screening.
- Whilst managing the airway of a patient who was fitting, the patient coughed causing saliva to splash the crew member's face. The correct aftercare was followed. A&E was attended where blood tests were taken. The incident was considered High Risk with PEP supplied. Occupational Health was contacted and are providing follow up blood tests.
- A patient was coughing causing blood to splash into the mouths of the crew. The correct aftercare was followed. The crew attended A&E where blood tests were taken. An Occupational Health referral was made.
- A member of staff was performing a BM test on a patient when blood from the test strip flicked into their eye. The correct aftercare was followed. A&E was attended where blood tests were taken. The incident was considered Low Risk with Occupational Health follow up.
- A member of staff was splashed in the eye with blood from a patient who was in cardiac arrest. The correct aftercare was followed. A&E was attended. The incident was considered Low Risk with Occupational Health follow up.
- Whilst managing the airway of a patient in cardiac arrest the staff member was splashed in the eye with the blood of the patient. The correct aftercare was followed. A&E was attended. The incident was considered Low Risk with Occupational Health follow up.



The **one** incident relating to an exposure incident was:

- A crew conveyed a patient to hospital by request of a GP. En route to hospital the crew discovered that the patient was being treated for TB. Occupational Health advised no further action was required at this time.

The **two** incidents relating to poor practice were:

- The lid of an ampoule breaker had not been closed or stored correctly in the response bag, causing an ampoule to fall out and shatter on the floor. The sharps were disposed of safely using Trust IPC procedure.
- A vehicle had been left in a poor state. The equipment was cleaned and stored correctly.