[redacted]

Name of area/ward.. ED ASSESSMENT NHS
Name of hospital.. UHW
Name/initials of peer reviewer.. [redacted]

Infection control

13. Infection Prevention and Control (IPC) and Decontamination

Observation

Observe staff on the ward/area and consider the following:

Areas to consider	Finding *Prompts: Include any good practice, suggestions and areas for improvement*	What is the evidence to support this? *Prompts: where did you see this? E.g. ward 2 room 3*
Is PPE used appropriately? • Accessible, stored and in stock • Changed between each task/patient • Correct donning/removal to minimise transmission of infection	Throughout NHS there are PPE stocks stocking gloves. Access to aprons + masks is less visible particularly (5). Staff were observed moving away from pt contact to other areas of ward whilst wearing PPE. 1x HCSW observed empty gloves prior to discarding. General access + appropriateness seems better on N - though noted that staff rotate across areas ∴ likely due to improved access to hand gel, soap etc on (N)	Observed practice (5).

Areas to consider	Finding *Prompts: Include any good practice, suggestions and areas for improvement*	What is the evidence to support this? *Prompts: where did you see this? E.g. ward 2 room 3*
Is hand hygiene (HH) is appropriate and effective? • Do staff conduct HH between task/patient appropriately? • Are HH facilities/products accessible, stored and stocked appropriately?	The lack of hand hygiene products such as gel + soap in majority of dispensers means that staff are unable to be compliant with HH requirements. Staff across all groups were not observed to be compliant with H.H.	[redacted]

Date 22-6-22

Time

Signature [redacted]

Areas to consider	Finding *Prompts: Include any good practice, suggestions and areas for improvement*	What is the evidence to support this? *Prompts: where did you see this? E.g. ward 2 room 3*
Does the environment appear visibly clean and free from clutter? • Are high/low levels are free from dust/dirt e.g. Bed base, curtain rail, corners? • Is equipment, sluice and cleaners cupboards stored and organised appropriately, with segregation of cleaning equipment?	The general environment of NHS assessment unit is cluttered throughout all areas where stock is stored and patient care provided. The overall impression of the unit is poor in terms of general environment – paintwork, walls, floors + fitments are in a general state of disrepair requiring renewal (i.e. pt chairs damaged in (S) providing infe. control risk). Thermos storage cupboards are not orderly. Flasks stored on floor in huddle area. It is not possible to discern clean + dirty segregation: "Clean me" "I'm clean" stickers. Unit (N) cleans [illegible] commodes not available. [illegible] fluid (Actichlor) in open [illegible] and possibly risk to cognitive impaired / MH pts re risk of ingestion	

Date 22.6.22 Time Signature [redacted]

Areas to consider	Finding *Prompts: include any good practice, suggestions and areas for improvement*	What is the evidence to support this? *Prompts: where did you see this? E.g. ward 2 room 3*
Is shared equipment and reusable medical devices decontaminated appropriately? e.g. IV pump, commode, mattress, BP cuff, handling devices	Single use probe covers are available for temp. Clinisepts are available to clean items in between pt use (including BP cuff). New cuffs provided if pt has known infection.	

Date 22.6.22

Time

Signature [redacted]

Areas to consider [redacted]	Finding *Prompts: Include any good practice, suggestions and areas for improvement*	What is the evidence to support this? *Prompts: where did you see this? E.g. ward 2 room 3*
Does the environment enable effective infection control? • Is it in a good state of repair to enable effective cleaning? E.g. Walls/ceilings/floors intact, free from defect • Is there adequate provision of single and/or isolation room? E.g. All known and suspected infectious patients can be isolated in a timely manner, single/isolation rooms facilitates IPC • Safer sharp devices used • Sharps and bins are used/disposed of safely	Walls + floors are in poor state of repair + poorly cond. Wall boards are porous + not suitable for display purposes in clinical areas. Sellotape used to adhere posters - Posters not always laminated to confirm to IPC requirements No isolation area in (S) but there is on (N). Therefore pt. transferred to (N). Generally isolation of covid in area however see separate timeline on page 16 Timelines of isolation following confirmation of positive covid status was delayed owing to lack of facilities in (N). (S) not considered appropriate environment for infectious patients Safer sharp devices are available and in use. Sharp bins have been observed to be overfull in (N) + (S) units.	

Date 22.6.22

Time

Signature [redacted]

[redacted]

Areas to consider	Finding *Prompts: Include any good practice, suggestions and areas for improvement*	What is the evidence to support this? *Prompts: where did you see this? E.g. ward 2 room 3*
Is there information on infection rates shared with staff/public/patients? E.g. Display boards, info leaflets, reports	NO. There are no information boards which share feedback on audit. Pt info leaflets are limited to 2-3 types and are in English only.	

Date [redacted] 22.6.22 Time Signature

Discussions with staff

Speak to ward staff (registered nurses, healthcare support workers and housekeeping staff) about infection control. Consider the following:

Areas to consider	Name/initials/role of staff member, time of interview	Finding/summary of discussion
What's your understanding of infection control and your role?		(5). Resus fully cleaned twice a day NIC Cons 4 areas. (Spectrum./Ambulatory N+S.) 2 Qualified daily. Staff verbalise their awareness of their role in preventing + Managing infection risks. 3 staff reported that they feel unable to fulfill their role due to limited resources, staffing levels + environment.

Date [redacted] Time Signature

22.6.22

Areas to consider	Name/initials/role of staff member, time of interview	Finding/summary of discussion
How would you access the infection control policy?		CV. Internet pages. All staff guidelines reported.
What changes were made due to COVID-19 e.g. social distancing, cleaning, PPE, specific COVID-19 training, pre-screening for COVID-19, patient visiting, risk assessments, COVID-19 testing		Since the declaration of CoVID the number of chairs in the assessment area (5) and beds in (2) has increased. Pts are allowed to have relatives + visitors in attendance. Testing for CoVID is now undertaken when the decision to admit has been made. Potentially this could expose the pts if there is delay in identifying positive CoVID. There is no natural ventilation in the unit and it is then not appropriate to conduct APG's privately in seating area

Date 22.6.22

Time

Signature [redacted]

Discussions with staff

Speak to ward staff (registered nurses, healthcare support workers and housekeeping staff) about infection control. Consider the following:

Areas to consider	Name/initials/role of staff member, time of interview	Finding/summary of discussion
What's your understanding of infection control and your role?		(9). Resus fully cleaned twice a day NIC carry 4 areas. (Specialist/Ambulatory N+S.) 2 Qualified daily. Staff verbalise their awareness of their role in preventing + Managing infection risks. 3 staff reported that they feel unable to fulfil their role due to limited resources, staffing levels + environment.

Date [redacted] 22.6.22 Time Signature

Areas to consider	Name/initials/role of staff member, time of interview	Finding/summary of discussion
How would you access the infection control policy?		CV. Internet pages. All staff guidelines reported.
What changes were made due to COVID-19 e.g. social distancing, cleaning, PPE, specific COVID-19 training, pre-screening for COVID-19, patient visiting, risk assessments, COVID-19 testing		Since the declaration of CoVID restrictions the number of chairs in the assessment area (5) and beds in (2) has increased. Pts are allowed to have relatives + visitors in attendance. Testing for CoVID is now undertaken when the decision to admit has been made. Potentially this could expose other pts if there is delay in identifying positive CoVID. There is no natural ventilation in the unit and it is then not appropriate to conduct AMG's particularly in seating area

Date: 22.6.22

Time:

Signature: [redacted]

Areas to consider	Name/initials/role of staff member, time of interview	Finding/summary of discussion
Can you describe your hand hygiene regime?		as previously documented

Date Time Signature

Areas to consider	Name/initials/role of staff member, time of interview	Finding/summary of discussion
Do you know what to do following needle stick injury?		Not tested.

Date Time Signature

[redacted]

22.6.22

Areas to consider	Name/initials/role of staff member, time of interview	Finding/summary of discussion
How do you decontaminate shared equipment and reusable medical devices? E.g. how often, what do you use, what's high/low risk		Staff reported use of chlor wipes to decontaminate shared equipment after each use. Known infections pts are identified as high risk. Re covid pts are required to wear a ~~mask~~ Mask whilst awaits covid tests results and are isolated once status confirmed if appropriate however there is potential delays encountered in transferring positive pts if beds unavailable.

Date 22.6.22 Time Signature [redacted]

Areas to consider	Name/initials/role of staff member, time of interview	Finding/summary of discussion
Are there any current outstanding IPC estates requests? E.g. painting, repair, replacement		• Water Boiler in Kitchen on (5) unit awaits repair since April. • Disabled toilet on (5) unit awaits repair since 21.6.22. identified by HIW team. • There is no overall environmental improvement plan that is known to ward staff or Monitored.

Date 22-6-22 Time Signature [redacted]

Areas to consider	Name/initials/role of staff member, time of interview	Finding/summary of discussion
Speak to housekeeping staff about the following: • What's your role? • What are cleaning schedules for the ward e.g. deep cleaning areas and procedures for outbreak etc.? • Do you have the right equipment?		not tested YC staff member cleaning staff responded to need to deep clean seated bay in (5) unit when Covid-19 Patient transferred to (2). housekeeping staff on unit are visible + performing cleaning duties. However, general fabric of unit is such that even when "cleaned" the area still looks dirty.

Date 22.6.22 Time Signature [redacted]

Summary/conclusion on infection control

Areas to consider	Finding *Prompts: Include any good practice, suggestions and areas for improvement*	What is the evidence to support this? *Prompts: where did you see this? E.g. which chart, ward*
What are you overall findings on infection control in this ward/area? Are there recurring themes/issues? Are there any areas of particular good practice shown?	• Multiple bins not working i.e no foot lifts. Machine or lids not operating + frames broken + rusted. • No availability / stock replenishment of hand hygiene stock i.e gel, soap throughout unit • Hand hygiene not meeting requirements for WHO 5 points or availability of resources • General clutter and extraneous items contributing in increased risk of infection	

Date 22.6.22

Time

Signature [redacted]

ADDITIONAL NOTES

(Tick as applicable)

- o Staff interview
- o Patient interview/discussion
- o Other observation

Area/ward	
Workbook reference – page/section	
Name of interviewee/role/identifier	
Time and date	

RW (POLS) 18.6.22 left did not wait 21.43.
21.6.22 left " " 21.09.
Notes should be in reception N is supposed to be a locked unit at all times so would not have been a DOLS as not triggered in response to RN. However in terms of pt capacity he was allowed home + deemed to have capacity follow Clinical assessment 21.6.22.

Date 22-3-22 Time Signature [redacted]

ADDITIONAL NOTES

(Tick as applicable)

- ○ Staff interview
- ○ Patient interview/discussion
- ○ Other observation

Area/ward	
Workbook reference – page/section	
Name of interviewee/role/identifier	
Time and date	

PB. - covid pt. Blue Patch = has had covid but post infectious Period. ~~Day~~ Started Symptoms 8.6.22. Admitted for 45 hrs. Day 14 now but admitted to hubarea. Admitted 15.05. 18.6.22 in triage area (Ambulatory Care) ~~20.6.22~~ Discharged 18.6.22 15.42hrs. then readmitted to specialist unit 20.6.22 @ 12.44 hrs GP referral. P.OCT on 21st.6.22 @ 12.10hrs. only DTA (Decision to Admit) pts are ~~tested~~ 09.30hrs. unable to determine who triaged. Admitted to (S) approx ~~12.00hrs~~. Low risk of covid transmission. Results available at 18.30hrs. Trasferred to N (S) 07.45hrs. Deep cleaning team attended to Cohort curtains deep clean area (not HPV). mask worn by pt during period from POCT to result available. now in isolation area (walled) single occupancy. nebs withheld due to covid on AGP risk for ones.

Date Time Signature