



Gwasanaeth Ambiwylans **Cymru**
Welsh Ambulance Service



	IDENTIFIED CONCERNS FOLLOWING UNANNOUNCED CLEANLINESS SPOT CHECK 27 th & 28 th MARCH 2012	ACTION	OWNERSHIP	TIME SCALE
REF.	VEHICLES			
2.11 2.12 2.29 2.45 2.46 2.54	Vehicles not being cleaned to an acceptable standard of cleanliness.	<ul style="list-style-type: none"> On line Vehicle and Station audit tool to be implemented, this allows each station to audit their own vehicles/Station. This has recently been updated in order to detect which vehicles need improvement and has a robust reporting system which demonstrates compliance with cleanliness and action plans. Expected standards to achieve are set as a minimum of 80% of vehicles must be audited on each Station and a minimum of 80% achieved in relation to compliance with the standards set within the audit tool. Standardised vehicle cleaning plans and schedules to be distributed to every station and requested to be maintained in a file for audit purposes. Audit of these files will be undertaken in six months to assess compliance and reported to the Head of Service. Any rusty areas on the underneath of chairs in the patient areas of the vehicle will be re-painted 6 weekly when the Vehicle Service is undertaken 	Head of Service Clinical Support Officers Locality Managers Clinical Team Leaders Station Supervisors Fleet Services	January 2012-completed April 2012-completed September 2012 On service of vehicle

<p>2.30 2.47</p>	<p>Chairs in patient area of vehicles found to be torn, allowing fluids, dirt and bacteria to penetrate the material.</p>	<ul style="list-style-type: none"> • Staff reminder to report torn seats immediately and complete and submit a repair sheet to the Fleet Department. • Fleet Services to purchase spare chair bases from suppliers for a stock level. Use local upholsterer to repair damaged chair bases which can then be returned to the stock level. • Purchase material and upholsterer glue for urgent repairs, this will allow fleet to carry out quick urgent repairs to reduce vehicle down time. 	<p>All ambulance staff Fleet Services</p>	<p>October 2012</p>
<p>2.13 2.52</p>	<p>Alcohol Gel/foam not available on all vehicles</p>	<ul style="list-style-type: none"> • Communication to be sent out to all ambulance stations to remind staff to ensure Gel containers in the vehicles are sufficiently stocked at all times, also if there is no stock to replenish this needs to be reported to the Line Manager. • Monthly review of on line audit findings in relation to section 1.7 of EMS vehicle audit tool '<i>vehicle hand dispenser and sanitizer is sufficiently stocked.....</i>' • Regional IPC Leads to undertake spot checks monthly 	<p>All ambulance staff Infection Control Lead Clinical Support Officers</p>	<p>April 2012-completed Ongoing Monthly</p>
<p>2.18</p>	<p>Blood and body fluid spill pack out of date</p>	<ul style="list-style-type: none"> • All staff reminded to be reminded to check dates of stock and ensure stock is rotated as appropriate. Out of date stock to be replaced as appropriate. • Spot checks to be undertaken monthly on stock dates and rotation. 	<p>Head of Service Clinical Support Officers Locality Managers Clinical Team Leaders Station Supervisors</p>	<p>Ongoing</p>
<p>2.15</p>	<p>No bags available for infected linen</p>	<ul style="list-style-type: none"> • All staff to be reminded to ensure water soluble bags available on the vehicle prior to commencing shift. • Continue to audit regularly as part of WAST on line audit tool for IPC 	<p>All staff</p>	<p>Completed Ongoing</p>
<p>3.33</p>	<p>Full clinical waste bag on vehicle</p>	<ul style="list-style-type: none"> • Staff to be reminded of the WAST waste disposal policy. • Small patient clinical waste bags to accompany patients into A&E departments preventing the need for accumulation of clinical waste in vehicles. 	<p>All ambulance crews</p>	<p>Completed</p>

2.50	Sharps boxes were undated or signed	<ul style="list-style-type: none"> • Communication to be sent out to all ambulance stations to remind staff to ensure sharps boxes are dated and signed. • Posters displayed in ambulance stations highlighting the areas which need to be dated and signed. • This will be audited as part of the WAST on line audit tool and results communicated back to Heads of Service. 	Infection Control Lead	April 2012 completed Completed Ongoing
REF.	STATIONS			
2.1 2.19	The fabric of the building was found to be tired with the standard of cleanliness considered poor	<ul style="list-style-type: none"> • Remedial work to be undertaken as necessary • Building cleaning audit to be undertaken this year, findings will inform recommendations to procure building cleaning. 	Estates	Ongoing December 2012
2.2 2.20 2.37 2.57	Poor facilities in ambulance stations for staff	<ul style="list-style-type: none"> • A repair request to be submitted for replacement of tiles around staff sink and also re-sealing around sink area. • Remedial work to be undertaken as necessary 	Clinical Team Leader	October 2012
2.3 2.22 2.38	Mops found being stored in buckets with water	<ul style="list-style-type: none"> • Communication to all Locality Ambulance Officers regarding the correct procedure for storage and maintenance of colour coded mops at stations. Also the requirement to change mop heads weekly with a signature sheet to demonstrate this. • This procedure will be audited in six months time. 	Infection Control Lead Clinical Team Leader Locality Managers	Completed April 2012 October 2012
2.4	No soap dispenser or paper towel holder around sink in garage area	<ul style="list-style-type: none"> • Request made on 07/08/12 for this to be installed 	Clinical Support Officer	October 2012

<p>2.5 2.21 2.26 2.43</p>	<p>Dusty, cluttered storage areas, stained shelving, boxes stored on floor making it difficult to clean</p>	<ul style="list-style-type: none"> • Cupboard to be cleaned maintained to an acceptable standard. This will be audited as part of the usual audit reporting system. • Implement Ambulance Station cleaning plan and schedule ASAP • This process will be audited. • Ensure all boxes are stored on shelving to ensure cleaning can take place 	<p>All Station Staff</p>	<p>Completed April 2012 March 2013</p>												
<p>REF</p>	<p>STAFF KNOWLEDGE AND PRACTICE</p>															
<p>2.53</p>	<p>Not all staff had received Infection Control training within the last 12 months.</p>	<ul style="list-style-type: none"> • Current numbers of staff attended up until end March 2012 <table border="1" data-bbox="651 635 1659 799"> <thead> <tr> <th>Discipline</th> <th>Total Number of staff</th> <th>Attended CPD IPC Session 2011-12</th> <th>% of Attendance</th> </tr> </thead> <tbody> <tr> <td>Paramedics</td> <td>918</td> <td>846</td> <td>92%</td> </tr> <tr> <td>EMT/HDS</td> <td>547</td> <td>395</td> <td>72%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • IPC refresher sessions from April 2012 have now changed to a Work Based Competency process where each member of staff will be assessed within their workplace. This will ensure skills are observed and knowledge assessed within the clinical environment. • Review of this process will be undertaken • Managers to ensure staff have allocated time to undertake IPC refresher sessions • Education to be available via Trust Intranet 	Discipline	Total Number of staff	Attended CPD IPC Session 2011-12	% of Attendance	Paramedics	918	846	92%	EMT/HDS	547	395	72%	<p>Individual Staff Member Training Team Clinical Team Leaders, Heads of Service. Infection Control Lead</p>	<p>September 2012 December 2012</p>
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Paramedics	918	846	92%													
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2.55	Staff felt that they did not have enough cleaning time to carry out the required level of cleaning	<ul style="list-style-type: none"> • Dedicated cleaning time is becoming more challenging to allocate, due to the significant increase in Demand which invariably means that crews are away from stations for longer periods of time. This is a Trust-Wide issue which needs to be escalated to Senior Manager/ Director level for consideration and solution 	Heads of Service	October 2012
2.56	An insufficient supply of staff uniform.	<ul style="list-style-type: none"> • Staff are issued with a standard amount of uniforms. When these become in poor condition to wear they can order uniform via their Locality Manager on a new for old basis, there are no restrictions on this. • The Trust recognises that there have been quality issues with the uniform previously supplied to staff. In order to address this the Trust is currently working with English NHS Ambulance Services to buy into the national ambulance uniform procurement project as of 1 April 2013. This contract will deliver improved value for money because of economies of scale but also a much improved uniform for our staff. • Staff representatives are actively involved in this exercise and a wear-ability trial will be undertaken as soon as the tendering process allows. 	<p>All staff Clinical Team Leaders , Locality Managers, Heads of Service</p> <p>Uniform Group</p>	<p>May 2013</p> <p>May 2013</p>
2.58	Staff not clear as when to wear gloves.	<ul style="list-style-type: none"> • Standard Infection Control Precautions (SICP's) updates are covered yearly in the Infection Control sessions, this includes hand hygiene and the wearing of gloves. • Communication and posters to display in the stations to be sent to all Locality Managers regarding Hand Hygiene and the correct wearing of gloves. • Staff are able to contact the Infection Control Lead for advice at any time via e mail or telephone. • WAST IPC Guidance & Procedures Document to be available on line and hard copy in every station with explicit guidance on the wearing of gloves and Hand Hygiene 	<p>Training Team Individual staff</p> <p>Infection Control Lead</p>	<p>September 2012</p> <p>Completed</p> <p>Completed</p>

2.59	Staff identified as wearing an excessive amount of jewellery.	<ul style="list-style-type: none"> • As Part of the Implementation of WAST Uniform Policy, regular audits of compliance will be undertaken which will include the wearing of jewellery. • Team Leaders reminded to observe staff in their teams with regards to inappropriate jewellery and address the issue at the time. • Hand Hygiene Audits to commence in all A&E Depts across Wales , jewellery will be monitored as part of this. 	Uniform Implementation Group Team Leaders Infection Control Lead	May 2013 October 2012
3.3	Vehicle and Station Audits	<ul style="list-style-type: none"> • Currently this is an ongoing process with monthly feedback to the Heads of Service, Locality Ambulance Officers and Clinical Team Leaders. 	All staff Infection Control Lead	Ongoing