

**Unison AGM 2019**  
**Infection Prevention and Control Rep Report**

Infection Prevention and Control (IPC) was highlighted as an area that needed addressing by a previous CQC inspection, and a lot of hard work has gone on since. The IPC team consists of a Head of Infection Prevention and Control and 2 Infection Prevention and Control Practitioners. There is also a network of Infection Control Champions across the Trust, ideally at least one in each Operating Unit. Each OU also now has an Operation Team Leader responsible for IPC.

I sit on SECamb's Infection Prevention and Control Sub Group as the Staff Side Rep and attend regular quarterly meetings. Also attending these meetings are representatives from the Wellbeing Team, Operations Team, Make Ready Team, Learning and Development Team, Medical Directorate and Public Health England, to name a few, and have forged an extremely good working relationship with Public Health England. At the meetings, just a couple of things we review are the Trust's Risk Register for IPC issues, add any issues raised to the Risk Register and review the number of Datix (untoward incident) reports to look for any trends that need further training or change of equipment. For instance, there are still a number of needle stick injury reports despite the introduction of safe sharps.

IPC Champion training days take place twice a year where we receive updates, training on any new equipment and presentations from guest speakers. Our last training day consisted of a talk on microbiology by a Consultant Microbiologist, and a talk on specific communicable diseases by a Health Protection Practitioner from Public Health England. We also received training in the use of new hand washing light equipment and swab testing kits for vehicle and environmental swabbing.

The IPC Champions now have swab testing kits which look for Adenosine Triphosphate, or ATP. ATP is the energy molecule found in all living things, making it a perfect indicator when trying to determine if a surface is clean or not. With our machines, ATP is brought into contact with a unique liquid-stable reagent in the test device. Light is then emitted in direct proportion to the amount of ATP present in the sample, providing information on the level of contamination in seconds. Our readings are classified as 0-50 = Pass, 51-100 = Caution, 101+ = Fail.

The team are swabbing pre-specified areas of 4 DCA's (2 before they go out on shift and 2 either during or at the end of shift) and 2 SRV's (1 before going on shift and 1 either during or at the end of shift) a month. This has just started so we are now starting to get results in.

We are also working with the OTL's to conduct monthly audits for Clinically Ready (formally Bare Below the Elbow), Hand Hygiene and Aseptic Non-Touch Techniques.

We are hoping to standardise the time given to IPC Champions to undertake this work, but it is ultimately at the discretion on the Operating Unit Manager. Most of us are given 24 hours of TOIL a month.

Gary Turley  
Infection Prevention and Control Rep.