

# **V-C 1029 Infection Prevention & Control Walkabout Standard Operating Procedure**

## 1. Document Control

### 1.1. Document Approval

<b>Document Control Sheet Title</b>		V-C 1029 Infection Prevention & Control Walkabout Standard Operating Procedure	
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<b>Author(s) (name and post)</b>		Heather Maughan, Director of Quality and Nursing	
<b>Approved By</b>		<b>Role</b>	<b>Name</b>
		UCD Managing Director	Andy Gregory
		On behalf of Gold Command	
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## Contents

<b>1. Document Control .....</b>	<b>2</b>
1.1. Document Approval.....	2
<b>1. Introduction.....</b>	<b>4</b>
<b>2. Process .....</b>	<b>4</b>
3.1. Walkabout Audit Schedule.....	4
3.2. Reporting Outcomes .....	4
<b>4. Recommendations Beyond Audit .....</b>	<b>4</b>
<b>5. Summary .....</b>	<b>5</b>

## **1. Introduction**

During times of increased awareness of infectious outbreaks of a viral nature, it is of utmost importance that agreed procedures are followed and maintained. This helps to ensure that novel virulent strains are not spread to staff and members of the public accessing Vocare services.

Effective infection prevention processes must be monitored during outbreaks to ensure that standards are met, and that the transmission of infective substances is minimised.

Staff must be aware of all measures required to keep themselves and patients safe and line managers are responsible for ensuring that their staff are adhering to the most up to date guidance provided by the organisation.

## **2. Process**

On a daily basis each site must be audited by a walkabout being conducted. This must be overseen by a senior manager for the service.

The checklist in Appendix 1 must be completed.

### **2.1. Walkabout Audit Schedule**

The walkabout should be completed on a daily basis.

The schedule should be implemented in each Vocare region by the Regional Clinical Director (RCD) and in Greenbrook by the Director of Nursing (DoN). Tasks to complete the daily walkabout should be delegated to Clinical Service Managers (CSM), Lead Practitioners and Team Leaders (TL), who may further delegate individual activities (including the walkabout audit process) to members of staff, providing that they are familiar with Public Health England (PHE) guidance, good hygiene standards in a corporate or clinical environment and how to implement changes required (e.g. how to place orders and address failing criteria).

### **2.2. Reporting Outcomes**

Each day, audit results must be reported to the RCD/DoN and if any questions are answered 'No' this must be raised in the body of the email to the RCD/DoN and the email marked as 'High Importance'. If training is needed, staff should be referred to the latest infection prevention and control guidance and to COVID-19 bulletins.

Each region should keep a record of all audits undertaken. These will be randomly sampled by the Head of Medicines Management who forms part of the Silver Command for the COVID-19 incident.

## **3. Recommendations Beyond Audit**

1. All crockery and cutler should be washed in a dishwasher. Where a dishwasher is not available, disposable crockery and cutlery should be used, or staff should bring their own in and be responsible for keeping it with them.
2. Dishwashers to the highest temperature setting (90°C where possible) and do not clean anything other than culinary items in the dishwasher.
3. Clean hands after sneezing and use a tissue, which is then safely disposed of.

## URGENT CARE DIVISION

4. Use sanitising wipes to clean each terminal, telephone handset and desk at the start and end of each session.
5. Use sanitising wipes on any hard surfaces that are safe to be wiped, for example, the tops of desks, equipment that is handled such as keyboards and computer mice, and the arms of chairs.
6. Ensure that any furnishings are cleaned to the site's agreed schedule and there is no obvious dirt or food spillage that has not been cleaned.
7. Where possible do not use temperature control units (air conditioning units) to control the temperature. Instead, regulate with the environment with windows and blinds/curtains if possible.
8. Provide a 'comments box' for staff to be able to anonymously leave written comments about any concerns that they have. This may include where staff notice that stocks of required products are running low, or elements of the service where poor hygiene is being maintained.
9. Ensure that any cars used for home visits or transportation are suitably clean and that surfaces that are touched are wiped with sanitising wipes at the beginning and end of each session.
10. Apply Zoono sanitising spray on frequent touchpoints in line with standard operating procedure.

## 4. Summary

Ensuring that effective infection prevention and control is maintained is essential to running a safe and effective service. The walkabout must be completed on a daily basis in each centre/site, with any failures reported within 12 hours and actions taken within 24 hours. The Regional Clinical Director is responsible for ensuring that highlighted product procurement requirements (tissues, alcohol gel, wipes etc.) are communicated to relevant staff that can place orders. Do not overstock but maintain sufficient supplies to cover at least the next 7 days of service. Ensure that if any stock needs replacing, this is communicated to the RCD or other relevant person as soon as possible following the walkabout.

**APPENDIX 1 – IPC Walkabout Audit Sheet**

<b>Site:</b>	<b>Audit Completed By:</b>		<b>Date and Time of Audit:</b>
<b>Audit Criteria</b>	<b>Yes (tick)</b>	<b>No (tick)</b>	<b>Comments</b>
<b>To be audited by observation/discussion with shift lead/service manager</b>			
Is sanitising hand gel available in each room, reception point, or in contact centres by each workstation?			
Are hand and surface sanitising wipes available in each room, reception point, or in contact centres by each workstation?			
Has cleaning been completed to schedule and the cleaning rota signed?			
Is there evidence of all contact points (handles and rails) are being cleaned twice daily?			
Are wall mounted hand sanitising dispensers operating and filled sufficiently?			
Has a weekly stock check of hand gel and surface wipes been completed?			
If stock is insufficient for the next 7 days, and if not has an order been placed?			

Audit Criteria	Yes (tick)	No (tick)	Comments
Are disposable cups being used and if so, are these being disposed of correctly?			
If crockery and cutlery are being used, are these being washed in a dishwasher?			
Are single use beverage supplies (tea, coffee, milk, sugar) in place? NB a milk cooler is an acceptable alternative to single use milk pods/sachets			
Is there a bin for the disposal of tissues, masks and litter available at or in close proximity to each workstation?			
Have all waste bins been lined with a fluid-resistant bin liner?			
Have all waste bins been emptied before they have reached $\frac{3}{4}$ capacity?			
Have toilets been cleaned to the site's schedule?			
Have all sanitary bins in toilet areas been emptied to schedule?			
Is the workplace well ventilated with a sufficient number of windows open at all times to ensure air exchange?			

Audit Criteria	Yes (tick)	No (tick)	Comments
<b>To be audited by asking/observing members of staff</b>			
Have staff received basic training/guidance on good hand hygiene technique?			
Are staff demonstrating adherence to current guidance, for example social distancing, use of face coverings, use of PPE, hand sanitising?			
Have staff read the latest information on coronavirus e.g. public health websites, NHS 111 information, COVID bulletins?			
Do staff have easy access to the latest information on coronavirus e.g. public health websites, NHS 111 information, Vocare bulletins?			
Are desks clear of paper and litter to facilitate cleaning and protect confidential information?			
Do staff have access to personal protective equipment suitable for their role?			
Are staff wearing masks (fluid resistant surgical mask) when in communal areas?			



Audit Criteria	Yes (tick)	No (tick)	Comments
Are communal areas controlled to ensure that: a) maximum capacity is advertised; b) there is a method for staff to know if there is capacity for them to enter the communal area?			
Do staff have any concerns regarding the risks of infection?			
Do staff have any suggestions on anything that needs to happen to improve infection prevention and control?			
Does a random sample of staff demonstrate good hand hygiene?			

<b>Any Further Comments</b>

<b>Actions Taken</b>



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