

**MINUTES OF THE
INFECTION CONTROL COMMITTEE**

**Held at 1pm on 24th June 2025
at St Bede's Conference Centre and via Zoom**

Attendance

(Dr JS) Dr J Stephenson, Consultant Microbiologist -ESTH, SSAH (Chair)
(MF) M Flint – Palliative Care Educator
(AR) A Rudkin – Director of Quality and Governance
(JC) J Cope – Quality Support (Minutes)

(SM) Sara Mosalam – Infection Control Lead
(PM) Peter Morris – Facilities Manager

Apologies

(AD) A Durrant – IPU rep
(MP) M Prior – Clinical Nurse Specialist
(Dr NC) Dr N Collins – Palliative Care Consultant
(TC) T Christmas – Community Team Manager
(FQ) Francis Quinon – Clinical Lead, IPU

(MS) M Sorrell – Community rep
(RT) R Trower – Clinical Director
(CF) C Foster - IPU IC Link RN
(Dr GT-R) Gabrielle Tamura-Rose – Consultant in Palliative Care

ITEM 1: Welcome

Action

Dr JS extended welcome to all present.

ITEM 2: Apologies

Apologies as listed above

ITEM 3: Minutes of the last meeting held on 25 February 2025

- 3.1 SM had delivered all the points in section 7.1 regarding... and that the first sentence is mistakenly attributed to MF. SM also noticed a typo in the title of the minutes where the year is written as 2024 when it should be 2025. Otherwise, these were accepted as an accurate record.

ITEM 4: Matters Arising

- 4.1 FQ had raised the issue of the hospice obtaining safety needles for NovoRapid. Item to be picked up at the next meeting.

ITEM 5: IPC training/education

- 5.1 **Fit Testing:** SM informed the meeting that the IPC team had their Fit testing training on 3rd April and there will be training for other staff at the end of July. 23 of 51 eligible staff have received the training thus far. JS asked whether Fit testing uses different types of mask and SM confirmed that fit testing uses three different types of mask.
- 5.2 **Education :** MF keeps track of mandatory training compliance by staff. SM has done a demonstration for Housekeeping staff on the protocol for deep cleaning a room. Staff have the opportunity to raise questions after demonstrations.

ITEM 6: IPC Incidents / Sharps Injuries / Body Fluid Exposures / Audit

- 6.1 SM informed the meeting that there was an isolated incident of a bedbug being spotted in the IPU. The patient's family had brought in sheets and a mattress topper. The patient showered and his sheets were removed in a double seal bag. PM called in Rentokill who diagnosed that there had been only the one bedbug and they advised that the room be closed for two weeks and be subject to inspections and deep cleaning. There was a reflective meeting and additional policy made whereby all bedding brought in from a patient's home will be washed on admission. JS commended staff for this textbook response. JC informed the meeting that bedding must be washed at a temperature of sixty degrees centigrade to guarantee bedbugs are killed. SM was already aware of this. She added that the bedding is washed at sixty degrees centigrade and then tumble dried. On the topic of the infection control audits, quarterly graphical reporting produced by JC reflects the data. Set out below are the figures for the 1st quarter (January - March) of 2025 with available figures for the 4th quarter 2024 (October - December) 2024 also included. This is followed by a written summary specifically for the 1st quarter of 2025.

SM/JC

IPC Criterion	Oct-Dec 2024	Jan-Mar 2025
Staff Hand Hygiene	97%	92%
St Bede's Environmental	NA	NA
Wellbeing Centre Environmental	NA	NA
Men's Den Environmental	NA	NA
IPU Environmental	95%	100%
IPU Staff Spot Check	96%	99%
Sharps	99%	96%
Urinary Catheter Insertion	96%	100%
Waste Management	100%	95%
Mattress Cover	100%	100%
Mattress	100%	100%

- 6.2.1 Overall compliance for staff hand hygiene is 92%. There is a substantial decrease in compliance with the standard that alcohol gel be available at point of care which decreased to 64% from 77%. SM informed the meeting that she has removed the alcohol gel criterion from the audit tool.
- 6.2.2 The Sharps Audit showed 96% compliance overall. An area which brought down overall compliance is with inappropriate items being found in sharps bins.
- 6.2.3 IPU staff spot checks showed a 99% compliance which is an improvement on the previous quarter.
- 6.2.4 The IPU Environmental Audit showed an overall perfect compliance of 100% which is an improvement on the previous audit period. The areas which showed improvement are desks and surfaces being clean and free of dust and the carpets/floors being clean and free of stains.
- 6.2.5 Waste Management showed 95% overall compliance which is a decrease on the previous audit period. The area which brought down compliance was an instance of the bin containers being overfilled.
- 6.2.6 The Urinary Catheter Insertion audit shows that compliance has risen to 100%. This is due to improved compliance with the standard that the drainage bag be dated and changed by day 8.
- 6.2.7 The Mattress and Mattress Cover audit shows perfect compliance.

ITEM 7 : Alert Organisms Surveillance

- 7.1 Nothing new to report.

ITEM 8 : Water Assessment and testing update

- 8.1 PM informed the meeting that there maintains a robust flushing routine implemented by Facilities. There have been no new outbreaks of Legionella in the water. Water safety is a standing item at the H&S Committee. There is a monthly testing of the taps and the chemicals and the pumps. Housekeeping flush taps four times a week. PM flushes them on an ad hoc basis.

ITEM 9 : Any Other Business

- 9.1 SM informed the meeting that with new funding, the drug room and staff changing room will be remodeled, all in accordance with IC compliance. AR informed the meeting that the funding is from the Capital Project which the government has given directly to all hospices.

ITEM 10 : Date of next ICC meeting

Date	Event	Venue/Time
TBA	IP&C Meeting	TBA

