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Our ref: IG/FOI/FOI.303.26

6 August 2026

Sent via email to: [REDACTED]

Dear [REDACTED]

Request under the Freedom of Information Act 2000

I write further to your request for information which was received on 28 July 2026, to confirm, in accordance with S.1(1)(a) of the Freedom of Information Act 2000, that Powys Teaching Health Board (PTHB) does hold the information that you require. For ease of reference your request is set out below and the Health Board's response is provided in the attached document, FOI.303.26 Attachment 1.

Your Freedom of Information (FOI) Request:

Please provide an overall answer to the questions below factoring in practice in the following clinical areas of the hospital: Critical Care, Emergency Department/Wards, Medical Wards, Surgical Wards, Outpatients, etc.

Please exclude the following areas—where evidence shows that correct practice already takes place—from your response: Oncology, Haematology, Paediatrics, Neonatal Units. Please also exclude responses related to flushing of the needle free extension or vascular access device as these questions specifically relate to the residual volume of antibiotic in the administration set line (infusion pump set and/or gravity set).

A template spreadsheet (in.xlsx format) is provided for you to fill out as a further attachment to the email containing this letter. Please use this template for ease of data processing.

Q1a. With regards to administration sets (pump and gravity) used to infuse IV antibiotics, does your institution have a policy to flush the administration set to give the full dose of antibiotics in accordance with the following guidelines?

[The Royal Marsden Manual of Clinical Nursing Procedures, Tenth Edition](#), Chapter 15, which states: "After completion of an intermittent infusion, an appropriate diluent solution should be administered via the administration set. This is to ensure the full dose of medication has been administered to the patient."

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The "MEDUSA" injectable medicines guide instructions on how to administer intermittent infusions, which states: "Flush the administration set before it is disconnected with sufficient volume of sodium chloride (or compatible diluent) to ensure the total dose is given. Flush at the same rate the medicine was administered."

The National Infusion and Vascular Access Society (NIVAS) "Intravenous Administration of Medicines to adults: "[NIVAS Clinical Standards for Vascular Access & Infusion Therapy 2026](#)", which states: "Standard 22.6 IV giving sets must be flushed to ensure the residual medicine within the set is fully administered."

Q1b. If the answer to Q1a is "yes", is your organisation fully compliant with your policy to flush the administration set to give the full dose of antibiotics in accordance with guidelines?

Q1c. If the answer to Q1a is "yes", do you follow the methodology outlined in the NIVAS guidelines linked above?

Q2a. With regards to administration sets (pump and gravity) used to infuse IV antibiotics, if you do have a policy in place to flush the administration set, have you audited compliance with this policy?

Q2b. If the answer to Q2a is "yes", can you share the audit results? If so, please provide a copy as an attachment to your response to this FoIR.

Q3. What education measures have you put in place to ensure healthcare professionals in your organisation understand:

- a. The existing guidance on flushing administration sets that are used for IV antibiotic infusions (as laid out in the sources above)?
- b. The patient risks involved with failing to flush the residual volume of IV antibiotics in the administration sets?
- c. The possible effects of not flushing the IV administration set containing IV antibiotics on antimicrobial resistance?

Q4. With regards to administration sets (pump and gravity) used to infuse IV antibiotics, which of the following (if any) are included in your policy with regards to disposing of the administration set and residual volume of either the prescribed antibiotic or flushing solution?

- a. Complete administration set (including drip chamber with sharp) is disposed of into the yellow bag.
- b. Complete administration set (including drip chamber with sharp) is disposed of into the orange bag.
- c. Complete administration set (including drip chamber with sharp) is disposed of into the sharps bin.
- d. Drip chamber/sharp are detached from the administration set line and the drip chamber/sharp disposed of in the sharps bin and the rest of the administration set line disposed of in the yellow bag.
- e. Drip chamber/sharp is detached from the administration set line and the drip chamber/sharp disposed of in the sharps bin and the rest of the administration set line disposed of in the orange bag.

f. Other (please state)

Powys Response:

Please find attached FOI.303.26 Attachment 1.

If you are dissatisfied with the handling or response to your request, you have the right to ask for an internal review. Should you wish an internal review, please quote the reference number and send your correspondence to the above address.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at:

Address: Information Commissioner's Office (Wales), 2nd Floor, Churchill House, Churchill Way, Cardiff, CF10 2HH.

Telephone: 0330 414 6421

Complaints Portal: www.ico.org.uk/foicomplaints

Web site: <https://ico.org.uk/>

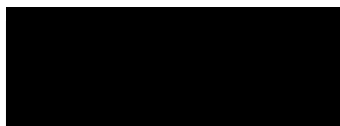
Re-use of Public Sector Information

All information supplied by the Health Board in answering a request for information (RFI) under the Freedom of Information Act 2000 will be subject to the terms of the Re-use of Public Sector Information Regulations 2015.

Under the terms of the Regulations, the Health Board will licence the re-use of any or all information supplied if being used in a form and for the purpose other than which it was originally supplied. This license for re-use will be in line with the requirements of the Regulations and the licensing terms and fees as laid down by the Office of Public Sector Information (OPSI). Most licenses will be free; however, the Health Board reserves the right, in certain circumstances to charge a fee for the re-use of some information which it deems to be of commercial value.

Further information including a sample license terms and fees can be found at Open Government Licence.

Yours sincerely



Claire Madsen

Executive Director of Allied Health Professionals, Health Sciences and Digital

Rydym yn croesawu derbyn gohebiaeth yng Nghymraeg. Byddwn yn ateb y fath ohebiaeth yng Nghymraeg ac ni fydd hyn yn arwain at oedi.

We welcome receiving correspondence in Welsh. We will reply to such correspondence in Welsh and this will not lead to a delay.