



London Ambulance Service



NHS Trust

Infection Prevention and Control Policy

DOCUMENT PROFILE and CONTROL

Purpose of the document: Provides a clear and comprehensive policy in order to assure infection control and decontamination arrangements throughout the Trust.

Sponsor Department: Clinical Quality Directorate

Author/Reviewer: Director of Health Promotion & Quality: To be reviewed by October 2014.

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
09/10/12	5.1	IG Manager	Document Profile and Control update
04/10/12	4.4	AOM Infection Prevention & Control	'5 moments of hand hygiene' poster added to Appendix 2
03/10/12	4.3	AD Corporate Services	Update of Section 4
03/10/12	4.2	Governance and Compliance Manager	Hand Hygiene Policy added as appendix 2, updated ToR added to appendix 1, minor amendments and references updated
29/09/10	4.1	Governance and Compliance Manager	Inclusion of reference to TP056, minor amendments
18/06/10	4.0		Major Revision
12/12/08	3.1	Head of Records Management	Minor revision to S.7 para 10.
26/09/08	3.0	Head of Operational Support, Medical Director, Head of Governance	Revision
11/10/07	2.0	Head of Records Management	Major Revision
10/05	1.0		

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

For Approval By:	Date Approved	Version
Associate Directors Group	08/10/12	5.0
Infection Control Steering Group Clinical Quality, Safety & Effectiveness Group	18/06/10	4.0
Clinical Governance Committee	12/11/08	3.0
Infection Control Steering Group Clinical Governance Committee	15/10/07	2.0
Ratified by:		

Ref. No.TP027	Title: Infection Prevention and Control Policy	Page 2 of 21
---------------	--	--------------

Trust Board	27/11/07	2.0
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EQIA completed on	By
17/06/2010	EqIA team (see doc)
Staffside reviewed on	By

Published on:	Date	By	Dept
The Pulse	09/10/12 (v5.1)	Governance Co-ordinator	GCT
The Pulse	12/10/10	Governance Administrator	GCT
LAS Website	09/10/12 (v5.1)	Governance Co-ordinator	GCT
LAS Website	12/10/10	Governance Administrator	GCT
Announced on:	Date	By	Dept
The RIB	16/10/12	IG Manager	GCT

Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	Infection Prevention Control Workbook	
	Management of Sharps Policy (and GSTT Sharps/Contamination Guidance)	
HS011	Incident Reporting Procedure	2012
TP054	The Investigation and Learning from Incidents, PALs, Complaints and Claims Policy.	2012
	Infection Prevention Control Committee Terms of Reference	2012
	Health and Social Care Act 2008	2009
	National Patient Safety Agency (NPSA) Specification for the Cleaning of Vehicles and Premises	2008
	LAS Infection Control Quarterly Audit Tool	2009
	Vehicle Audit Tool	2009
	Premises Audit Tool	2009
	LAS Uniform and Work wear Policy	2010
	LAS Decontamination Policy	2010
	Joint Royal Colleges Ambulance Liaison Committee Guidelines	
	Department of Health Ambulance Guidelines	2008
	LAS Outbreak Policy	2010
	LAS Paramedic OSCE Pack	2009
	LAS Paramedic Education Airway Management	2009
TP056	Core Training Policy (including the TNA)	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

Ref. No.TP027	Title: Infection Prevention and Control Policy	Page 3 of 21
---------------	--	--------------

1. Introduction

This policy has been developed as part of the London Ambulance Service NHS Trust's (LAS) ongoing commitment to promote high standards of infection prevention & control throughout the organisation and to ensure that it complies with the Health and Social Care Act 2008 and its associated Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and CQC standard outcome/patient safety Related Guidance. It aims to minimise the risks of healthcare associated infection to all patients and members of our staff and ensures that so far as reasonably practicable patients, staff and other persons are protected against risks of acquiring Health Care Associated Infection through the provision of comprehensive training and appropriate care, in suitable facilities, consistent with good clinical practice. The Policy aims to ensure that patients with an infection, or who acquire an infection during treatment, are identified promptly and managed according to good clinical practice for the purpose of treatment and to reduce the risk of transmission.

The LAS sets out to achieve this by the continual review of its practices, utilising both audit and compliance monitoring processes to identify areas for further improvement. By analysing the resultant outcomes, the LAS seeks to constantly develop safer systems of work to maximise the wellbeing and safety of patients, as well as all of those involved in the delivery of our Service. The Public can get involved, by logging onto the LAS home webpage to see how and what the service is doing.

2. Scope

This Policy covers arrangements to ensure effective infection control in all aspects of the Trust's operations.

The Health and Social Care Act 2008 places a responsibility upon the LAS to deliver high quality infection, prevention and control practice throughout the organisation.

This policy applies to all relevant personnel employed by or that come into contact with the LAS, including patients, the public, contractors and voluntary staff.

3. Objectives

- 3.1 To confirm the Trust's commitment to the control of infection and to set the strategic direction for infection control initiatives.
- 3.2 To promote education and training in all aspects of infection control to all staff within the Trust
- 3.3 To reduce the risk of HCAI to patients and improve the safety of all persons who come into contact with the LAS.

Ref. No.TP027	Title: Infection Prevention and Control Policy	Page 4 of 21
---------------	--	--------------

4. Responsibilities

4.1 The Trust Board

The LAS NHS Trust Board is committed to and responsible for the control and prevention of infection. The Trust Board will ensure that by delivering appropriate management systems for infection prevention and control of infection are in place, patients, staff and other persons are protected against risks of acquiring healthcare associated infections through the provision of appropriate care, in suitable facilities, consistent with good clinical practice.

The Trust Board has overall responsibility for monitoring the effectiveness of infection control measures. It will monitor using the Assurance Framework, a programme of infection control audits on stations, the Annual Infection Control report and Infection Control updates contained within the Medical Director's reports.

4.2 Chief Executive Officer

The Chief Executive of the Trust has overall statutory responsibility. The Chief Executive delegates this responsibility to a Director for Infection Prevention and Control (DIPC), the Medical Director who is directly accountable to the Trust Board.

4.3 Director for Infection Prevention and Control ((DIPC)

It is the responsibility and role of the DIPC to:

- Report directly to the Chief Executive Officer, Senior Management Group (SMG) and the Trust Board to ensure that any changes in legislation or national guidance relating to infection control are made known to the organisation.
- Ensure that the Trust provides adequate resources to secure effective prevention and control of healthcare acquired infections.
- Ensure that the Trust implements an appropriate infection control infrastructure and infection control programmes.
- Ensure that appropriate actions relating to the prevention and control of infection are taken following recommendations from the SMG or Trust Board.
- Ensure that the Trust Board receives regular reports (including key performance indicator reports) with regards to infection control issues.
- Produce an Annual report on Infection Prevention and Control within the Trust as a public document
- Be responsible for the infection control team (ICT) within the Trust.

Ref. No.TP027	Title: Infection Prevention and Control Policy	Page 5 of 21
---------------	--	--------------

4.4 The Clinical Quality, Safety & Effectiveness Committee (CQSE)

The Clinical Quality, Safety & Effectiveness Committee is responsible for monitoring audits and the implementation of recommendations arising from them and any relevant issues relating to infection control, and feeding information into the Trust.

4.5 Infection Prevention & Control Committee

The Infection Prevention and Control Committee (IPCC) co-ordinates the development and implementation of infection prevention and control policy for the Trust. The Group will ensure that Department of Health guidelines, policy and initiatives are applied and developed. The group will oversee monitoring auditing activity and compliance and ensure effective liaison with the DIPC. The group will promote best practice in all areas of infection control and prevention.

Infection control will be monitored through the IPCC which 'aims to provide a robust mechanism for assuring infection control arrangements, providing advice on hygiene, infection prevention & control matters and establishing a framework for developing improvements in order to optimise patient care and staff safety.

The IPCC is chaired by the Head of Operational Support who is nominated by the Medical Director and meets on a quarterly basis. It reports through to the Trust Board via the Clinical Safety & Effectiveness Group and Group membership will comprise of appropriate management representation, staff representation and a specialist advisor on Infection Control (Appendix I - Terms of Reference).

4.6 Ambulance Operations Manager for Infection Prevention and Control

The AOM for IPC has delegated responsibility from the DIPC to provide infection control advice to all disciplines within the Ambulance Trust on a day to day basis.

- To advise on the management of patients with specific infections to minimise the risk of cross infection to other patients or staff.
- Through liaison arrangements, identify specific transportation requirements of patients with infection being discharged to the community in order to ensure good continuity between inpatient and community services in the delivery of care and prevention of cross infection.
- To work with Head of Operational Support and Assistant Director of Corporate Services within the Trust to regularly appraise current infection prevention and control practices and to keep them updated.
- To interpret and explain reports or policy documents to Clinical Directorate staff.
- To work in liaison with the Emergency Planning Officer and Head of Records

Ref. No.TP027	Title: Infection Prevention and Control Policy	Page 6 of 21
---------------	--	--------------

Management and Business Continuity in ensuring infection control is incorporated into major incident plans.

- To produce written reports on compliance with the Health & Social Care Act 2008 for the Care Quality commission registration requirements and ensure that accurate records are kept of all infection control audits and activities. Co-ordinate and implement annual Infection Control Programme.
- To assist in advising on and monitoring the implementation of infection control guidelines within the Trust in collaboration with fellow professionals and relevant staff.
- To advise line managers within the Trust on the implementation of agreed policies in their areas.
- To report to the Trust IPCC and other appropriate committees within the trust's Governance structure (outlined in TP005 Risk Management Policy) as necessary.
- To keep Senior Management updated on recent advances in infection control.
- To give infection control advice in the planning of new service upgrades to equipment and capital projects.
- To advise on new equipment in line with the Equipment Procurement Policy and advise on infection control and decontamination standards.
- To lead in the development and advice on the delivery of infection control audit tools across the Trust and implementation of audits.
- To critically appraise and evaluate infection control practices through the planned programme of audit and to feedback results to SMG and progress reports to the Infection Control Steering Group.
- Facilitate and participate in the evaluation, development, delivery and review of infection control educational sessions for staff on every ambulance station including induction and mandatory training sessions.
- To develop a system to encourage the work of infection control in conjunction with the Trust Clinical Leadership Project and Operational managers.
- Have an awareness of current research developments and statutory regulations disseminating information as appropriate.
- Maintain close links with local Universities of education and provide training sessions/programmes as required.

Ref. No.TP027	Title: Infection Prevention and Control Policy	Page 7 of 21
---------------	--	--------------

- Provide educational input to patients and carers, to include health promotion.
- To undertake under the direction from the Head of Operational Support and Assistant Director of Corporate Services research for evidence based practice and clinical effectiveness and the planning of future services and training needs.
- To provide telephone advice on Infection Control as part of an on-call system.

4.7 Corporate Services

4.7.1 The Assistant Director of Corporate Services will advise whether or not the LAS complies with external requirements, identifying gaps in compliance, and report to the IPCC and the Trust Board as appropriate.

4.7.2 The Audit Manager will also monitor Infection Control related risks and report them to the Risk Compliance and Assurance Group, including them on the Trust's assurance Framework as appropriate.

4.8 Clinical Education and Training Manager

The Clinical Education and Training Manager has responsibility for ensuring that an Infection Control Training programme, including updates, is in place and is available to be delivered to all operational staff as required by Infection Control legislation and standards. This responsibility is taken in consultation with the practice learning manager with IPC portfolio.

4.9 Practice Learning Manager

A Practice Learning Manager acts as the clinical link and associate clinical lead supporting the Head of Operational Support by communicating education and development issues into and from the IPCC.

4.10 Ambulance Operations Managers and all Heads of Department

All Managers must ensure that infection prevention and control is an integral part of their everyday role; as stated in the Management of Health and Safety at Work Regulations 1999. Their responsibilities should include:

- Ensuring that current legislative and mandatory requirements are met.
- Ensuring that the LAS Infection Control Policy is made available to all staff and that it is maintained with necessary updates.
- Compliance with the LAS NHS Trust Infection Control Policy is monitored and where necessary, appropriate action is taken.

Ref. No.TP027	Title: Infection Prevention and Control Policy	Page 8 of 21
---------------	--	--------------

- Adequate liaison and consultation is maintained with the Safety Representatives and Infection Prevention and Control Champions for staff.
- Regular inspections of the workplace are undertaken and any defects identified are managed appropriately.
- Support is provided to ensure that continuous infection control audit can be undertaken and action plans implemented where required.
- Information on infection control related matters is disseminated to all staff.
- All reported incidents, including near misses in relation to infection control are sufficiently investigated with appropriate action taken to prevent reoccurrence.

4.11 Infection Control Champions

Infection Control Champions are department / complex based acting as local link workers for infection prevention and control. They work with the management team in ensuring compliance with statutory requirements and cascading information to peers relating to infection prevention and control practices.

IPC Champions undertake local audits of vehicles, premises and the department audit alongside local managers. Champions will have additional training and development to fulfil their role within the department.

4.12 All Employees

The Health and Safety at Work Act 1974 also places duties upon Trust employees with regard to health, safety & welfare. Trust policies also require employees to take responsibility for their own and others safety. Therefore LAS NHS Trust staff must:

- Understand their responsibilities under this policy and related guidelines, to maintain and increase their knowledge of the subject relative to their role.
- Take reasonable care of their own safety and that of others who may be affected by their acts or omissions.
- Have due respect for any equipment provided in the interests of health, safety and welfare.
- Have available and wear the correct personal protective equipment when required and to immediately report any defects in such equipment.
- Ensure they maintain good personal hygiene at all times and to ensure the cleanliness of equipment and vehicles they use.

- To maximise the Trusts infection control procedure, no food and drink should be consumed in any patient-bearing areas of any Trust vehicle (i.e. the back of ambulances and rear seats of FRU's – Fast Response Units)
- Conform to LAS NHS Trust policies and procedures relating to infection control / incident reporting and investigation
- Ensure that any equipment for service, maintenance or repair that has been in contact with or has potentially been in contact with body fluids is cleaned and where necessary decontaminated, prior to being sent for service, maintenance or repair.
- Report all incidents including near misses, involving themselves or a patient in their care as per the LAS NHS Trust incident reporting procedure.

5. Education, Training and Development

The Trust will ensure that all relevant staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive adequate training, information and supervision in infection control practices applicable to their role as identified in the Training Needs Analysis (TNA). All staff, during their induction process will receive infection control awareness training. All operational staff will receive mandatory infection control training and refresher training on an annual basis.

All patient-facing staff will receive initial infection prevention and control training to enable them to safely care for patients and themselves. This will include as a minimum, training in universal precautions, hand hygiene (see appendix 2), vehicle and equipment decontamination. Information leaflets, posters and other training material will be made available for all staff in infection prevention and control.

The Trusts *Core Training Policy* sets out the process for checking that all permanent staff, as identified in the TNA, complete relevant Infection Prevention and Control training (including hand hygiene training) and the process for following up those who fail to attend relevant training.

A record of all infection prevention and control training undertaken by all operational LAS staff will be retained through archived achievement records on Promis. Non operational staff training will be added to the Training Manager system. A quarterly report will be produced for the IPCC and for inclusion within the DIPC annual report to the Trust Board.

These records will be available for both internal and external scrutiny.

Ref. No.TP027	Title: Infection Prevention and Control Policy	Page 10 of 21
---------------	--	---------------

6. Audit

The Trust is active in maintaining appropriate policies and procedures required to ensure a safe environment for patients, staff and visitors. Infection control environmental audits performed throughout the Trust will support the effective implementation of these documents.

All Trust ambulance station premises and ambulance vehicles will be subjected to regular audit and inspection, to maintain compliance with the Health and Social Care Act 2008, NPSA Guidance for cleanliness.

The LAS Make Ready Audit is an assurance document which allows the Trust to scrutinise the work undertaken by contractors for our make ready service. This is a check of the vehicle to ensure that it is stocked and clean and is undertaken on a daily basis by crew staff with a representative number returned to the logistics department for record.

The Station Cleaning Audit form is similar in that it assures the Trust that the cleaning on station is to an acceptable standard. This is undertaken at each site every week.

The Trust's Infection Control Audit tool has been developed to review performance including:

- The general hygiene of ambulance stations, cooking/washing facilities, and food storage.
- The storage and disposal of clinical waste and sharps
- The storage of used linen
- The decontamination and cleanliness of ambulance vehicles and medical devices

Each premises and/or operational station will undertake an audit four times a year in line with the audit cycle. Each audit will generate an action plan that each manager will review and address any issues that arise.

This will form part of the monthly complex meeting agenda. Recurrent issues that have not been addressed will be escalated to the area Health and Safety meeting. Issues that cannot be addressed at area meetings will be reported to the Corporate Health and Safety Group.

Audits and their results will be recorded centrally and reported four times a year to the IPCC and to the Trust Board, via the Balanced Scorecard and to commissioners.

Ref. No.TP027	Title: Infection Prevention and Control Policy	Page 11 of 21
---------------	--	---------------

7. Infection Control Programme

An Infection Control Programme must be produced annually to maintain the Trusts' compliance with local and national infection prevention and control policy and to achieve compliance with the Health & Social Care Act 2008 in respect of IPC issues. The Programme's implementation and progress will be monitored by the IPCC and reported to the Clinical Safety & Effectiveness Group on a quarterly basis. The progress of the IPC programme will also be reported to commissioners in a monthly report.

8. Infection Control Assurance Framework

The Trust will utilise the Dynamic Change Performance Accelerator governance tool to ensure that evidence is provided to support the Hygiene code Module within the system. The DIPC will maintain sponsorship of the module with key managers feeding evidence to support the Trust requirements under the Health & Social Care Act 2008 in respect of IPC issues.

9. Infection Control Procedures

The Trust has developed Infection Control procedures as set out in the LAS Infection Control Manual so that staff understand their personal responsibilities for controlling infection. The Manual provides information relating to the mechanisms involved in the spread of infection; personal hygiene; personal protective equipment; authorised cleaning materials; cleaning of vehicles and equipment and other issues such as the management of clinical waste and linen. The Trust reviews Infection Prevention and Control procedures annually to ensure that they continue to reflect best practice.

10. Cleaning products and contracts

Only cleaning products approved by the IPCC are to be used to clean and disinfect Trust premises and vehicles. Any sub - contracted work will include the requirement that only approved products are to be used.

The agreed Specification for the Cleaning of Trust Vehicles and Premises is adhered to when employing sub - contractors for any cleaning related work. The Trust will offer advice and guidance in respect of infection control arrangements where appropriate and monitor that the LAS Infection Control procedures are complied with. All current products should be detailed in the infection control manual and staff should comply with Control of Substances Hazardous to Health (COSHH) regulations in terms of chemical management.

Ref. No.TP027	Title: Infection Prevention and Control Policy	Page 12 of 21
---------------	--	---------------

11. Equipment

Any clinical equipment proposed to improve infection control arrangements evaluated through the Trust trial and acquisition processes. Staff side engagement will be secured through the IPCC and/or the Vehicle and Equipment Working Group as appropriate. The AOM IPC and PLM IPC will provide the lead on clinical advice to staff as appropriate.

12. Make Ready Scheme

Vehicles are cleaned, fully equipped and available for use through a make ready process. Performance of the Make Ready Contractors is monitored through the Make Ready Contract Group which oversees Key Performance Indicators as determined by the contract. The components of the Make Ready contract or any subsequent cleaning contract relating to Infection Control will be reported quarterly, using Key Performance Indicators, to the IPCC to monitor compliance to Infection Control standards.

Whilst daily routine cleaning of ambulances and regular deep cleaning of ambulances is a significant component of the scheme, the scheme is not a substitute for clinical staff being accountable for the consistent achievement of best infection control practice.

13. Communications

13.1 Information to staff

All information relating to infection prevention and control is available on the service intranet (the Pulse) and this is updated in the event of a change in policy, procedure or as a result of review or compliance. Changes to policy or procedure are communicated through the routine information bulletin (RIB) or as an Education and Development or Medical Directorate bulletin.

13.2 Information to patients and the public

All information relating to infection prevention and control is available on the service website and this is updated in the event of a change in policy, procedure or as a result of incidents or surveillance which may influence the reaction of the public in using the service. Patients and the public can obtain additional information through the Patient Experiences Department.

IMPLEMENTATION PLAN				
Intended Audience	All LAS staff			
Dissemination	Available to all staff on the Pulse and to the public on the LAS Website			
Communications	Revised Policy to be announced in the RIB and a link provided to the document			
Training	Training to be carried out as outlined in Section 5 of this Policy			
Monitoring:				
Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
Duties and Responsibilities	Annual PDR process	AOM reporting via Area Quality Meetings	Clinical Quality Safety and Effectiveness Committee	Learning disseminated via various mechanisms including Clinical and Quality Directorate Bulletins, Area Quality Meetings, Routine Information Bulletins, etc
	Annual programme of audits using the existing quarterly audit tool to take place in a sample of stations across the organisation	Infection Control Coordinator reports information on completion, compliance and common areas for improvement will be carried to the Infection Prevention and Control Committee		
	Monthly hand hygiene audits recorded on the infection prevention and control scorecard	Infection Control Coordinator requests audit data from complex AOMs to maintain records of best practice and reports to the Infection Prevention and Control Committee		
				Infection control workbook for staff for self assessment

**Terms of Reference
2012-2014
Infection Prevention & Control Committee**

1. Authority

The Infection, Prevention & Control Committee's constitution and terms of reference shall be set out below and subject to amendment when directed and agreed by the Clinical Quality Safety & Effectiveness Committee.

The Committee is authorised by the Clinical Quality Safety & Effectiveness Committee to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Clinical Quality Safety & Effectiveness Committee to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

2. Purpose

The purpose of the committee is to ensure safe and effective infection control practice across all aspects of the service by;

1. Overseeing and the development and implementation of guidelines and policy
2. Monitoring adherence to Trust policy and best practice guidance
3. Raising infection control issues to CQSEC, Quality Committee or when appropriate directly to Trust Board.
4. Act as the parent committee for Flu Planning and Decontamination
5. Horizon scan for future infection control issues for the Trust

3. Objectives

To ensure compliance with all essential elements of good infection prevention & control practice (as identified on the infection control balance scorecard) and ensure the Trust is adequately prepared to meet future infection control standards.

Ref. No.TP027	Title: Infection Prevention and Control Policy	Page 15 of 21
---------------	--	---------------

4. Responsibility [Duties]

To ensure practice protects staff and patients and others from avoidable infection.
To ensure patients and staff have confidence in the Trusts ability to care for them safely
To ensure the Trust adheres to care Quality Commission requirements

5. Membership

Attendance at the committee is open to any individual with an interest or a concern with infection, prevention & control practice.

Core (essential) membership is the following head of functions or deputy;

1. Director of Infection, Prevention & Control (Chair)
2. Head of Infection Control (Deputy Chair)
3. Performance Improvement Manager (South)
4. Performance Improvement Manager (West)
5. Performance Improvement Manager (East)
6. Head of Decontamination
7. Practice Learning Manager (PTS)
8. Practice Learning Manager (A&E)
9. Assistant Director of Human Resources (with Occupational Health Portfolio)
10. Flu Coordinator
11. Safety & Risk Advisor
12. Logistics Manager
13. Patients Forum Representative or Governor
14. Facilities Manager

Invited representation from

South East London Health Protection Unit
Performance Improvement Manager (Control Services)
Representation from Staff Side
Head of Procurement
Contract Manager (Vehicle Preparation)
Audit & Compliance Manager

6. Accountability

The committee shall report to the Clinical Quality Safety & Effectiveness Committee.
However, if necessary the committee has direct access to the Chief Executive and Trust Board via the Director of Infection, Prevention & Control.

Ref. No.TP027	Title: Infection Prevention and Control Policy	Page 16 of 21
---------------	--	---------------

7. Reporting

Secretary to the committee is the Personal Assistant to the Director of Infection, Prevention & Control.

The Infection, Prevention & Control Committee will produce at least twice yearly an update to the Clinical Quality Safety & Effectiveness Committee on the work of the committee including progress against the action plan.

The Director of Infection Prevention & Control also produces an annual report to the Trust Board.

8. Administration

Any attendee can raise an issue at the committee meeting but items not emerging on the day should to be tabled within the agenda through the secretary of the committee.

Papers will be available at a minimum the day immediately preceding the committee meeting.

An action list will be circulated to the core members as early as possible prior to the next meeting.

9. Quorum

The Chair or Deputy Chair and at least four other core members.

10. Frequency

The full committee shall meet quarterly. A sub-committee of the first 6 members shall meet in between the quarterly meetings

The committee secretary will call the meetings on behalf of the Chair.

11. Review of Terms of Reference

The terms of reference will be reviewed a minimum of every 2 years. The Chair will be responsible for ensuring this occurs.

Ref. No.TP027	Title: Infection Prevention and Control Policy	Page 17 of 21
---------------	--	---------------

Hand Hygiene and Care

1. Introduction

The LAS, in line with other NHS healthcare providers has adopted a 'bare below the elbows' policy. This is to facilitate effective hand hygiene and reduce the risk of transmitting Healthcare Associated Infections (HCAI). This includes wrist watches and most jewellery (as per Uniform Policy OP/001 8.2).

Hand hygiene is cited by the World Health Organisation as the single most important factor in the reduction of HCAI. HCAI are costly in both human and financial terms. Body secretions and skin surfaces of all healthcare workers can carry bacteria, viruses and fungi that are potentially infectious to them and others. Effective hand hygiene is the most important procedure for significantly reducing and preventing infection, leading to improved mortality and morbidity rates.

London Ambulance staff that have direct contact with patients will use the '5 moments of hand hygiene' to reduce the risk of transmitting infection. WHO 2009

Current National policy relating to the control of infection in clinical settings identifies Hand Hygiene as the most important single issue in reducing the risk of cross infection. It forms a key part of the London Ambulance Service Infection Prevention and Control Policy, the NHS Litigation Authority Risk Management Standards and the Health & Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and related guidance.

The Health & Social Care Act 2008 includes a requirement that '*so far as reasonably practicable patients, staff and other persons are protected against the risks of acquiring HCAI through the provision of appropriate care in suitable facilities consistent with good clinical practice*'.

2. Responsibilities

- 2.1 The responsibility for ensuring that the policy is enforced lies with the Trust Board and the Chief Executive Officer. The Infection Control Coordinator is responsible for overseeing the policy on a day to day basis.
- 2.2 The Trust Board has nominated the Director of Health Promotion and Quality to have executive responsibilities as Director of Infection Prevention and Control (DIPC), combined with the Ambulance Operations Manager for Infection Prevention and Control who provides expert professional guidance on infection prevention and control.
- 2.3 The Trust will ensure that adequate resources are available to ensure effective prevention and control of healthcare associated infections.

Ref. No.TP027	Title: Infection Prevention and Control Policy	Page 18 of 21
---------------	--	---------------

- 2.4 The Clinical Quality Safety and Effectiveness Committee will submit an annual infection control report to the Trust Board and will devolve day to day activity to the Infection Prevention and Control Committee (IPCC).
- 2.5 All operational managers and Team Leaders are responsible for ensuring that this policy is being routinely applied by all staff and that suitable and necessary facilities for hand hygiene are readily available in all Trust settings. This includes ambulance stations and fixed satellite points.
- 2.6 Effective hand hygiene and the use of facilities remain the responsibility of all Trust employees. All staff have a responsibility to protect themselves, as well as making all reasonable efforts to safeguard the welfare of their patients and all other persons encountered in their daily duties.

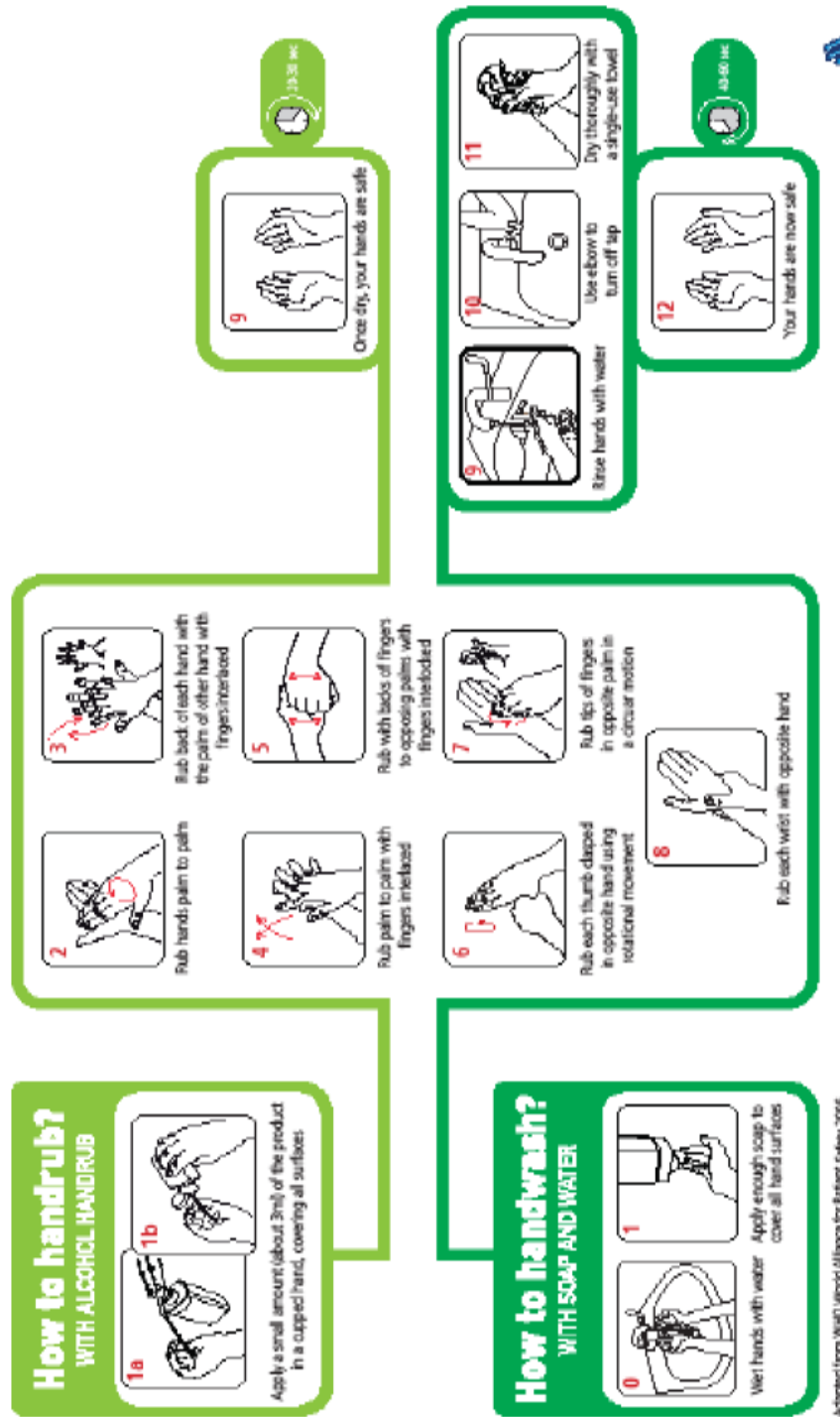
3. Training

- 3.1 The Infection Prevent and Control Training Workbook includes information regarding the importance of hand hygiene techniques to be adopted: http://thepulse/uploaded_files/Clinical/training_workbook_final_19_9_12_.pdf
- 3.2 The approved hand hygiene technique poster will be displayed above every hand washing facility. This will be in accordance with the 'clean, safe hands' campaign guidelines (see chart on next page).
- 3.3 All healthcare workers should receive annual training in relation to hand decontamination and hand hygiene and care as part of the Trust Infection Prevention and Control Programme as outlined in the Training Needs Analysis (see *TP056 Core Training Policy*). Non clinical staff should attend regular updates in all aspects of hand hygiene and principles of infection prevention and control.
- 3.4 The Trusts *Core Training Policy* sets out the process for recording and checking that all permanent staff, as identified in the TNA, complete relevant training including hand hygiene training. The policy also outlines the process for following up those who fail to complete training and any action to be taken in the event of persistent non-attendance.
- 3.5 Regular decontamination of hands can cause irritation to the skin. An emollient moisturiser can be applied to protect the skin from drying and should be available at all hand washing facilities and for personal use (WHO 2009).
- 3.6 Contracted staff receive infection prevention and control training from their employer. Training records and manuals are made available to the Ambulance Operations Manager for Infection Prevention and Control, and contract managers to enable the trust to receive assurance regarding the provisions of training.

Ref. No.TP027	Title: Infection Prevention and Control Policy	Page 19 of 21
---------------	--	---------------

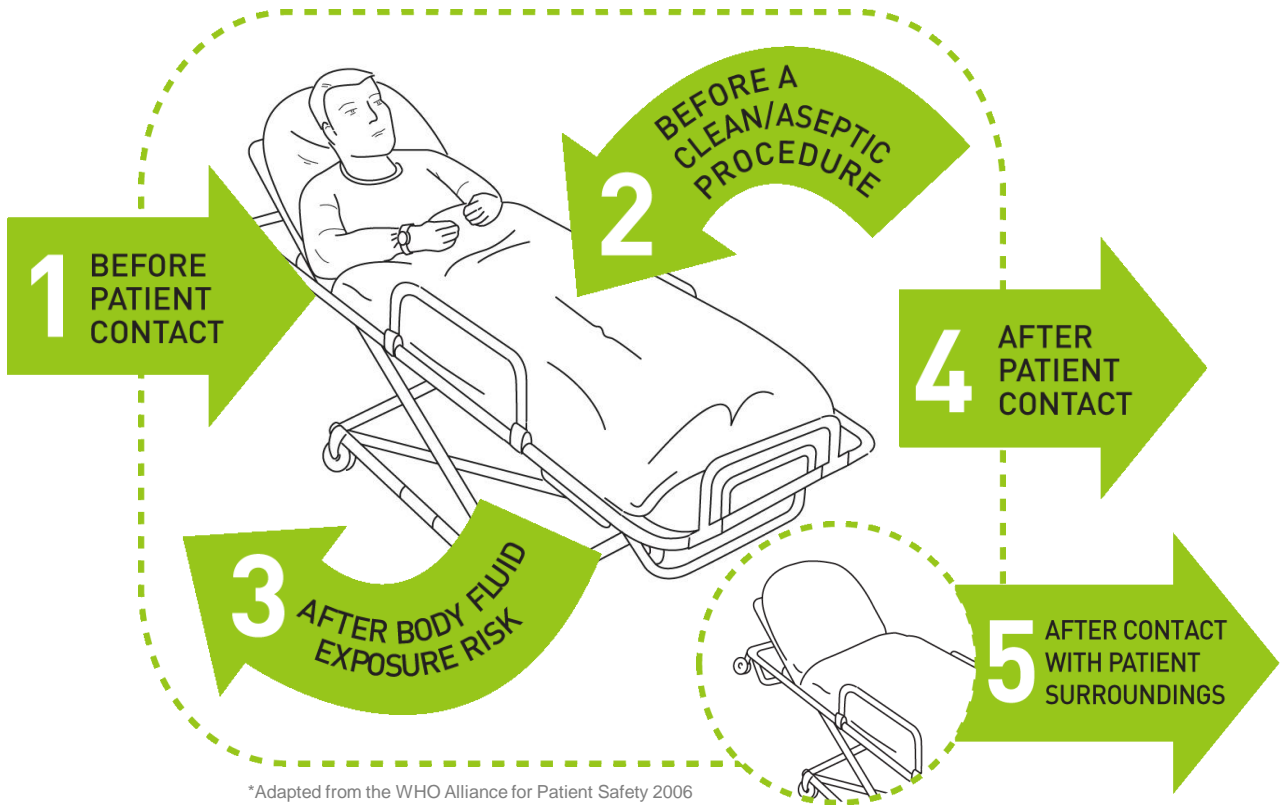
Hand hygiene should be conducted using the following technique approved and endorsed by the National Patient Safety Agency.

HAND CLEANING TECHNIQUES



Hand Hygiene should be undertaken using the '5 moments of hand hygiene'.

Your 5 moments for hand hygiene at the point of care*



*Adapted from the WHO Alliance for Patient Safety 2006