



London Ambulance Service **NHS**
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 prevention and control and decontamination arrangements throughout the Trust.

Sponsor Department: Clinical Quality Directorate

Author/Reviewer: Head of Infection Prevention and Control (HIPC): To be reviewed by February 2018 or sooner as dictated by the organisation and legislation changes.

Document Status: Final

Amendment History			
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01/04/15	5.4	IG Manager	Document Profile and Control update
24/03/15	5.3	Head of Governance	Comments received, document profile and control
24/03/15	5.2	HIPC	Minor amendments-changes 4.4, 4.5, 4.9, and 4.10. addition of 4.6 and Appendix 1 and 2, updated reference documents
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		

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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
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The Pulse	30/03/15	IG Manager	GAT
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Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	Infection Prevention Control Workbook	2013
HS022	Management of Sharps Policy	2012
HS011	Incident Reporting Procedure	2012
TP054	The Investigation and Learning from Incidents, PALs, Complaints and Claims Policy.	2012
	Infection Prevention Control Taskforce and Committee Terms of Reference and Governance Chart	2015
	Health and Social Care Act 2008: Code of Practice for the Prevention and Control of Infections and related guidance	2010
	National Patient Safety Agency (NPSA) Specification for the Cleaning of Vehicles and Premises	2008
	LAS Infection Control Quarterly Audit Tool	2013/14
	Vehicle Audit Tool	2013/14
	Premises Audit Tool	2013/14
	LAS Uniform and Work Wear Policy	2012

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	Joint Royal Colleges Ambulance Liaison Committee Guidelines	2013
TP005	Risk Management Policy and Strategy	2014
	Department of Health Ambulance Guidelines	2008
	LAS Internal Outbreak Policy	
	Management of Medical Devices Policy	

Not exhaustive- please refer to Pulse for additional relevant policies and procedures

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 neither controlled nor substantive.

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 and control (IPC) throughout the organisation. Also to ensure that LAS complies with the Health and Social Care Act 2008: Code of Practice for the Prevention and Control of Infections and related guidance and Regulation 12, Outcome 8: Cleanliness and infection control, in order to maintain compliance with CQC to deliver healthcare. It aims to minimise the risks of Healthcare Associated Infections (HCAs) to all patients and members of staff 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 by audit and compliance monitoring processes to identify areas for further improvement. It aims to continually 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.

2. Scope

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

This Policy covers arrangements to ensure effective infection prevention and control in all aspects of the Trust's operations and applies to all personnel employed by the LAS, including contractors and voluntary staff, as well as patients and visitors.

3. Objectives

- 3.1 To confirm the Trust's commitment to the prevention and control of infection and to set the strategic direction for associated 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 HCAs to patients and improve the safety of all persons who come into contact with the LAS.

4. Responsibilities

4.1 The Trust Board

The LAS NHS Trust Board is committed to and accountable for the control and

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prevention of infection, in order to protect patients, staff and other persons against risks of acquiring HCAs. The Trust Board will ensure that appropriate management systems and resources are in place to ensure safe care in suitable environment that are consistent with national guidance.

The Trust Board has overall responsibility for monitoring the effectiveness of infection prevention and control programme. It will accomplish this through its governance Assurance Framework, and the annual delivery plan. Assurance is provided through regular reports, updates and the annual DIPC report.

4.2 Chief Executive Officer

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

4.3 Director for Infection Prevention and Control

It is the responsibility and role of the DIPC to:

- Report directly to the Chief Executive Officer, Executive Management Team (EMT) and the Trust Board to ensure that any changes in legislation or national guidance relating to infection prevention and control, are made known to the organisation.
- Ensure that the Trust provides adequate resources to secure effective prevention and control of HCAs.
- Assure that the Trust implements appropriate infection prevention and control infrastructure and programmes.
- Make certain that appropriate actions relating to the prevention and control of infection are taken following recommendations from the EMT or Trust Board.
- Ensure that the EMT and Trust Board receive regular reports; including achievement of IPC key performance indicators as well as risks.
- Produce a Director of Infection Prevention and Control Annual report for the Trust which is available as a public document.
- Be responsible for the infection control team (ICT) within the Trust.

4.4 Safety Development and Effectiveness Committee (SDEC)

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The SDEC receives assurance reports on the progress of the Infection Prevention and Control delivery plan, including any relevant IPC and decontamination issues and onwards to the Trust Board.

4.5 Infection Prevention & Control Committee (Quarterly)

The strategic IPCC meets quarterly and is chaired by the DIPC. It receives assurance reports on performance and practice. It reports through to the Trust Board via the SDEC. The committee membership comprises of appropriate representation of key support services, management, staff and patient representation.

4.6 Infection Prevention and Control Taskforce (Monthly)

The monthly Operational Infection Prevention and Control Taskforce (IPCT) coordinates the development and implementation of IPC delivery plan for the Trust. The taskforce will ensure that current and future legislation, national policies, guidelines, and initiatives are applied and developed. The taskforce will oversee performance relating to the delivery plan and escalate relevant issues and risks to the IPCC. The taskforce will promote best practice in all areas of IPC and decontamination.

The IPC Taskforce provides a robust mechanism for scrutinizing infection prevention control practice and performance standards, through its governance framework to ensure continuous improvements in patient care and staff safety. The IPCT is chaired by Deputy Director of Nursing. The membership comprises of operational and support staff; clearly identified in the Governance Chart in Appendix 1; and role of the taskforce in Appendix 2 - Terms of Reference.

4.7 Head of Infection Prevention and Control

The responsibility of the Head of IPC is delegated from the DIPC, to lead the IPC service providing support, guidance and expert advice to all disciplines within the Ambulance Trust.

- 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 in patient and community services in the delivery of care and prevention of cross infection.
- To work with senior management within the Trust to regularly appraise current infection prevention and control practices and to keep them updated.
- To interpret and explain complex reports or national policy documents to Clinical

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Directorate and other relevant staff.

- To work in liaison with the Emergency Planning and Resilience, and Hazardous Area Response Teams to ensure infection prevention and control is incorporated into major incident plans.
- To produce written reports on compliance with the Health & Social Care Act 2008: Code of Practice for the Prevention and Control of Infections and related guidance, CQC Outcome 8 Essential Quality Standards (and from April 2015 CQC Fundamental Standards of Care).
- Co-ordinate, implement and monitor annual Infection Prevention and Control delivery plan.
- To provide an expert advisory service to all staff, support contractors, and liaise with external stakeholders.
- To raise any IPC related risks to the IPC Taskforce, IPCC and other appropriate committees within the Trust's Governance structure (outlined in TP005 Risk Management Policy and Strategy) as necessary.
- To keep senior management updated on recent advances in infection control.
- To provide infection prevention and control advice in the planning of new service upgrades to equipment and capital projects.
- To advise on new equipment in line with the relevant current and future policies and advise on infection control and decontamination standards.
- To lead in the development and implementation of an audit programme to meet national requirements.
- To critically appraise and evaluate infection prevention and control practices through the planned programme of audit and to feedback results to EMT and progress reports to the IPC Taskforce.
- Facilitate the review and development of statutory and mandatory infection prevention and control educational sessions for LAS.
- Participate in research projects as appropriate.
- Undertake assurance inspection visits as appropriate.
- To provide telephone advisory on Infection Prevention and Control during regular office hours.

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4.8 Corporate Services

4.8.1 The Head of Governance 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.

4.8.2 The Risk and Audit Manager will assist in monitoring IPC related risks and report them to the SMT, placing identified risks on the Risk Registers as appropriate.

4.9 Director of Paramedic Education and Clinical Practice Manager

The Director of Paramedic Education and Clinical Practice Manager have joint responsibility for ensuring that an IPC programme, including updates, is in place and is available to be delivered to all operational staff as part of the statutory and mandatory requirements. This responsibility is taken in consultation with the practice learning manager with IPC portfolio and HIPC.

4.10 Practice Learning Manager

The Practice Learning Manager (PLM) is the clinical link and liaises with the education department tutors, to ensure that IPC educational content is focused and meets infection prevention and control standards. The PLM meets regularly with the HIPC and membership at IPC Taskforce ensures that IPC education content is contemporaneous.

4.11 Local Management and all Heads of Department

All Managers must ensure that infection prevention and control is an integral part of their everyday role. Their responsibilities should include:

- Ensuring that current statutory and mandatory requirements are met.
- Ensuring that the LAS IPC Policy and the IPC workbook (2013) are made available to all staff; including regular updates.
- Compliance with the LAS IPC Policy and procedure in the workbook is monitored and where necessary, appropriate action is taken.
- Adequate liaison and consultation is maintained with the Safety Representatives and IPC Champions at local level.
- Regular inspections of the workplace are undertaken and any actions are identified are managed and closed appropriately.
- Support is provided to ensure that regular IPC audit can be undertaken and action plans implemented where required.

- Information on IPC related matters is disseminated to all staff.
- All reported IPC incidents, including near misses are sufficiently investigated with appropriate actions taken to prevent reoccurrence, escalating as necessary.

4.12 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 to ensure compliance with statutory requirements and cascade information to all staff relating to infection prevention and control practices.

IPC Champions undertake local audits of vehicles, premises and the station audits alongside local managers, and ensure that hand hygiene audits based on the '5 Moments' (Appendix 3) are undertaken. Champions will have additional training and development to fulfil their role within the department.

4.13 All Employees

Good infection prevention and control are essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention and control of infection therefore must be part of everyday practice and be applied consistently by everyone (Health and Social Care Act 2008). In addition, the Health and Safety at Work Act 1974 also places duties upon Trust employees with regard to health, safety & welfare in the workplace. Trust policies also require employees to take responsibility for their own and others safety. Therefore all 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 omissions or defects in such equipment.
- Ensure they maintain good personal hygiene at all times, ensuring good hand hygiene, cleanliness of equipment, environment and the vehicles they use.
- To further reduce the risk of cross infection, 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)

- Adhere to related LAS NHS Trust policies and procedures e.g. 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. Applicable information leaflets, posters and other relevant training material, will be made available for all staff on the Pulse.

All non-patient facing staff will undertake Level 1 IPC training (Core elements of IPC practice) via the e-learning route every 3 years.

A record of all infection prevention and control training undertaken by all operational LAS staff will be recorded. A quarterly report will be produced for the IPCC and for inclusion within the DIPC annual report to the Trust Board.

6. Audit

IPC monthly and quarterly audits performed throughout the Trust will provide assurance of IPC standards. Contractors are expected to provide similar levels of assurance.

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 Vehicle Preparation (VP) Compliance Audit provides assurance of the six weekly deep cleaning programme undertaken by contractors for our VP service. In

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additional a daily check of the vehicle to ensure that it is adequately stocked and clean and is undertaken by the crew with a representative number returned to the logistics department for record and analysis.

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 IPC Station Audit tool was developed to review performance on a quarterly basis, and includes:

- The general cleanliness standards of ambulance stations, cooking/washing facilities, and food storage.
- The storage and disposal of clinical waste and sharps
- The storage of used linen
- The cleanliness of ambulance vehicles, patient equipment 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 monthly to the IPCT via the Balanced Scorecard. Quarterly assurance reports are presented at the IPCC and onwards to the Trust Board and commissioners at appropriate times.

7. Infection Prevention and Control Delivery (Action) Plan

An IPC delivery plan must be produced annually to maintain the Trusts' compliance with the Health & Social Care Act 2008 Code of Practice. Implementation and progress of the delivery plan will be monitored by the IPCT, IPCC and reported to the SDEC on a quarterly basis. The progress of the IPC plan will also be reported to commissioners in a monthly report.

8. Infection Prevention and Control Governance Framework

The IPC Governance Framework ensures that LAS as a trust has oversight of this key patient safety and quality agenda firmly embedded through its wide representation at the

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IPCT/IPCC.

9. Infection Control Procedures

The LAS Infection Control Manual was replaced by the IPC workbook in 2013 to ensure all staff have easy access to IPC guidance. The workbook 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. Each new member of staff and those undertaking annual refreshers are provided with a personal copy of the IPC Workbook (2013); in addition it is available on the Pulse.

10. Cleaning products and contracts

Only cleaning products approved by the IPCT/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.

An 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 preventions and control arrangements where appropriate and monitor that the LAS standards are complied with. All current products are detailed in the IPC Workbook (2013) and staff should comply with Control of Substances Hazardous to Health (COSHH) regulations in terms of chemical management.

11. Equipment

Infection prevention and control and decontamination processes must be considered in any proposal for procurement and acquisition of clinical equipment. Staff side engagement will be secured through the IPCT and/or the Vehicle and Clinical Equipment Group as necessary. These groups will lead on evaluation and recommendations for procurement supported by clinical advice from HIPC and PLM IPC.

12. Vehicle Preparation

Vehicles are cleaned, fully equipped and available for use through a make ready scheme. Performance of the VP Contractors is monitored through the VP Contract Manager who oversees performance against Key Performance Indicators (KPI) as determined by the contract. The KPIs of the VP contract or any subsequent cleaning contract relating to IPC will be reported monthly and quarterly to the IPCT/IPCC to

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monitor and assure compliance to Infection Prevention and Control and NPSA cleanliness 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 standards in their daily 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

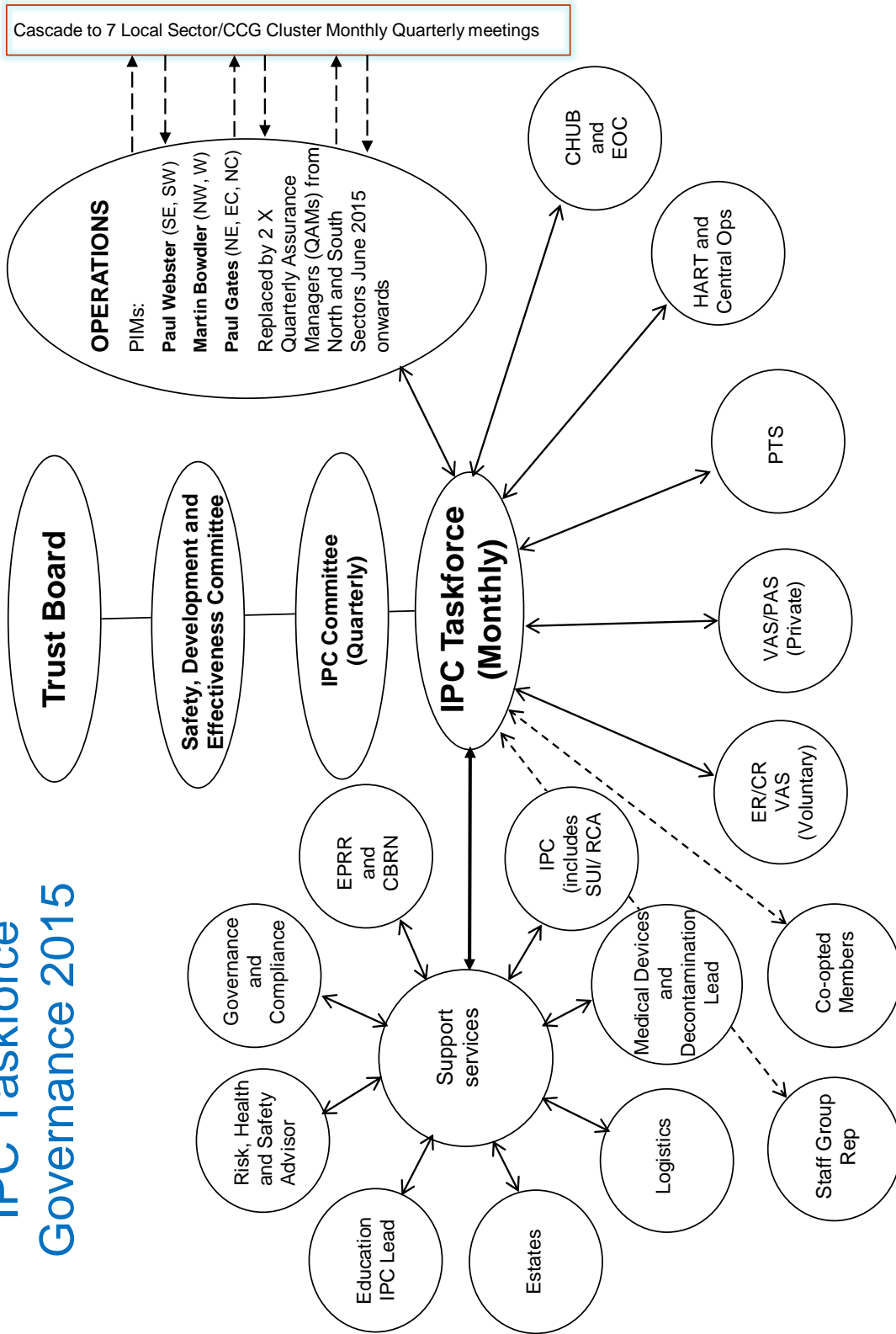
All information relating to infection prevention and control is available on the service website and this is updated in the event of a change in policy, procedure or as a result of incidents or surveillance which may influence the reaction of the public in using the service. Patients and the public can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

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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	HIPC reporting via Area Quality Meetings	IPCT/IPCC/SD EC	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	IPC Audit Support Worker reports information on completion, compliance and common areas for improvement will be carried to the IPCT		
	Monthly hand hygiene audits recorded on the infection prevention and control scorecard	IPC Audit Support Worker requests audit data from complex senior managers to maintain records of best practice and reports to the IPCT		
				Infection control workbook for staff for self assessment

Appendix 1

IPC Taskforce
Governance 2015



Appendix 2

Infection Prevention and Control Taskforce (Monthly Operational) Terms of Reference

Purpose:

The purpose of the Infection Prevention and Control Taskforce (IPC Taskforce) is to ensure the implementation of the trust's Infection Prevention and Control Programme, including the annual healthcare associated infection (HCAI) Delivery Plan. It seeks to proactively address any infection prevention and control issues that emerge.

Objectives: As above

Accountability and Reporting Arrangements:

- The Taskforce is accountable to the Infection Prevention and Control Committee, (IPCC) which commissioned the group and reports verbally to the IPCC at their quarterly meetings.
- The annual HCAI delivery plan is tabled at every IPC Taskforce meeting for information.
- Action log and areas of escalation from Taskforce meetings will go to the quarterly IPCC with a cover sheet.
- Relevant information is cascaded to appropriate IPC Taskforce members by the Head of Infection Prevention and Control.
- The Taskforce meets monthly and the report is usually verbal unless a report needs to be shared.

Membership:

- Deputy Director of Nursing, Chair
- Head of Infection Prevention and Control
- PIMs from South, East and West replaced by 2 X QAMs from North and South Sectors June 2015 onwards
- CHUB and EOC
- HART and Central Ops
- PTS
- ER/CR
- VAS/PAS Contract Manager
- Medical Devices and Decontamination Lead
- Logistics
- Estates

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- Education IPC Lead
- Risk, Health and Safety Advisor
- Governance and Compliance
- EPRR and CBRN
- Staff Group Rep (Optional)

Co-Opted Members as required

- Flu Lead
- Legionella Head
- Occupational Health
- Infection Prevention and Control Support Officer (minutes) (non-voting member)

Members will nominate and send deputies as appropriate.

Quorum:

The following 6 members must be present to make a decision/action:

- DIPC
- Head of Infection Prevention and Control
- EPRR
- Estates
- One PIM (or QAM from June 2015)
- Logistics

Two additional people should be present to the core to facilitate probity and challenge.

This includes:

- Medical Devices and Decontamination Lead
- Risk, Health and Safety Advisor

Taskforce members are required to attend i.e. at least four of eight meetings per year or send a nominated deputy of equal standing who can make decisions on their behalf.

- There will be times when due to the issue to be discussed *adhoc* members will be invited to attend

Frequency of meetings

- Monthly, except when the month includes and Infection Prevention and Control Committee meeting

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Authority

- The Taskforce is authorised to drive forward initiatives and activities that are required for successful achievement of the Infection Prevention and Control Programme.

Monitoring Effectiveness

- The effectiveness of the Taskforce will be evidenced through the Director of Infection Prevention and Control's Annual Report, which reports on achievement of the annual infection prevention and control objectives.

Key indicators:

- The Health & Social Care Act 2008, Code of Practice for health and adult social care on the prevention and control of infections
- NHSLA Risk Management Standard 2, Criterion 8 Hand Hygiene Training.
- NHS Constitution, Section 2a Quality of care and environment, pg 28-31, The handbook of the NHS Constitution, updated 2012 for England
- NICE Quality Standard QS 61 (April 2014)

Key Tasks

Review progress with the annual Healthcare Associated Infection Prevention and Control delivery Plan.

An action focused meeting, therefore the responsibility of those attending is to feedback each time on their progress with particular actions.

Feedback and lessons learned from infectious incidents in staff and patients.

To invite members of trust staff to discuss specific issues as required.

Review of Terms of Reference

The terms of reference will be reviewed annually and sent to the Infection Prevention and Control Committee for ratification.

Sub Committee

There are no sub-committees reporting to the committee, although sub groups may be set up on an *ad hoc* basis to focus on particular issues.

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Developed 12/2/15

Approved Date: 19/03/2015

By: Infection Prevention and Control Taskforce

Review Date: 18/03/2016

Version FINAL

Appendix 3

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.

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- 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.

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

NPS
National Patient Safety Agency

HAND CLEANING TECHNIQUES

**How to handrub?
WITH ALCOHOL HANDRUB**

1a Apply a small amount (about 3ml) of the product in a cupped hand, covering all surfaces.

1b Rub hands palm to palm.

2 Rub back of each hand with the palm of other hand with fingers interlocked.

3 Rub palm to palm with fingers interlocked.

4 Rub with backs of fingers to opposing palms with fingers interlocked.

5 Rub tips of fingers in opposite palm in a circular motion.

6 Rub each thumb clasped in opposite hand using rotational movement.

7 Rub each wrist with opposite hand.

8 Rub each wrist with opposite hand.

9 Rise hands with water.

10 Use elbow to turn off tap.

11 Dry thoroughly with a single-use towel.

12 Your hands are now safe.

Once dry, your hands are safe.

cleanyourhands.com

Adapted from WHO World Alliance for Patient Safety 2006

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

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

