



**London Ambulance Service  
NHS Trust**

**Infection Control Policy**

**For Use By: All staff**

**Introduction**

This policy has been developed as part of the London Ambulance Service NHS Trust's ongoing commitment to promote high standards of infection control throughout the organisation. It aims to support and reinforce each aspect of the LAS Infection Prevention and Control Strategy, in order to help minimise the risks of healthcare associated infection to all patients and members of our staff.

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.

**Objectives**

To provide a clear and comprehensive policy in order to assure infection control and decontamination arrangements throughout the Trust.

**Policy**

**1.0 Monitoring Arrangements**

1.1 The Medical Director maintains overall responsibility for the management of infection control issues and will submit regular updates to the Trust Board through the Clinical Governance Committee. The Medical Director will submit an annual Infection Control report to the Trust Board. Infection control will be monitored through the Infection Control Steering Group (ICSG). The ICSG will be chaired by a senior manager nominated by the Medical Director and will meet on a quarterly basis. Group membership will comprise of appropriate management representation, staff representation and an external Infection Control Nurse Consultant in an advisory capacity.

<b>Date of Issue: October 2005</b>	<b>Review By Date: October 2008</b>
<b>Authorised By: Chief Executive Officer</b>	<b>To Be Reviewed By: Infection Control Steering Group</b>
<b>Index No: TP / 027</b>	<b>Page 1 of 5</b>

- 1.2 The aim of the ICSG is: *To provide a robust mechanism for assuring infection control arrangements, providing advice on infection control matters and establishing a framework for developing improvements in order to optimise patient care and staff safety.*
- 1.3 The ICSG will develop an action plan to improve infection control arrangements to ensure that they meet the requirements of the Safety standard domain and related Healthcare Standards that form part of the Healthcare Commission’s requirements for NHS Trusts . The tasks of the ICSG are:
- 1.3.1 To ensure that the Trust has sound control of infection arrangements and the availability of advice on infection control issues.
  - 1.3.2 To develop an Infection Control Strategy and Policy for the Trust.
  - 1.3.3 To periodically review the Infection Control Procedure.
  - 1.3.4 To continuously improve infection control throughout the LAS so that staff recognise their responsibility for patient and staff safety.
  - 1.3.5 To provide a recognised body within the LAS for the co-ordination of infection control issues.
  - 1.3.6 To raise awareness of infection control issues and to provide recognised communications channels to staff and managers.
  - 1.3.7 To seek and promote evidence based practice in relation to infection control arrangements.
  - 1.3.8 To provide a route through which to cement responsibilities in relation to infection control issues including the demonstration of Board level engagement.
  - 1.3.9 To develop an Infection Control programme to provide a framework for improving infection control arrangements and regularly review progress and advise the Trust on the most effective use of resources to improve infection control.
  - 1.3.10 To develop arrangements for robust Infection Control audits, including management arrangements and staff compliance, and the formulation of remedial action plans.
  - 1.3.11 To identify preferred infection control products based on sound evidence.
  - 1.3.12 To monitor The LAS OHD Vaccination Policy. The policy explains how the requirements for vaccination are established, how initial vaccination is to be carried out and how staff will be recalled for booster vaccination in due course.
  - 1.3.13 To raise awareness of sharps and body fluid exposure procedures.
  - 1.3.14 To ensure that planned estates work takes account of Infection Control issues.
  - 1.3.15 Develop an evidence based programme of estates works to improve infection control arrangements.

<b>Date of Issue: October 2005</b>	<b>Review By Date: October 2008</b>
<b>Authorised By: Chief Executive Officer</b>	<b>To Be Reviewed By: Infection Control Steering Group</b>
<b>Index No: TP / 027</b>	<b>Page 2 of 5</b>

## 2.0 Infection Control Procedures

- 2.1 The London Ambulance Service NHS Trust has an example of best practice in the form of its Infection Control Procedure. The Trust will regularly review procedures to ensure that they continue to reflect best practice. The procedures will offer clear guidance to LAS staff in respect of their personal responsibilities for controlling infection. The procedures will also provide underpinning 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.

## 3.0 Training and Education

- 3.1 All operational members of staff and managers will receive instruction in all aspects of Infection Control. They will all be issued with personal copies of the LAS infection Control Manual to assist in this process, as well as to provide a follow up reference source for use as necessary.

Training records of infection control instruction given will be kept to offer evidence to internal and external agencies (i.e. National Health Service Litigation Authority) that all clinical staff are routinely educated in current infection control practice. Selected sections of the infection control procedure will be issued to candidates as required pre-reading prior to joining the LAS and knowledge evaluated during the pre-employment assessment process, as well as during formal instruction.

- 3.2 All new staff will receive instruction in the importance of good hand hygiene and basic infection control awareness through the corporate induction programme.
- 3.3 As an integral part of personal development, all members of operational staff will receive ongoing guidance and support in the control of infection from Complex Training Officers, Duty Station Officers, as well as via the Team Leader interface with operational staff.
- 3.4 There will be an annual clinical audit programme of infection control throughout the LAS consisting of two main components:
- An annual audit co-ordinated by the Governance Development Unit, undertaken by operational clinical staff. This will be reported to the ICSG who will then determine core recommendations and agree the format of audit feedback to be given back to each A&E complex and PTS site. The response to the feedback (i.e. the implementation of all recommendations)

<b>Date of Issue: October 2005</b>	<b>Review By Date: October 2008</b>
<b>Authorised By: Chief Executive Officer</b>	<b>To Be Reviewed By: Infection Control Steering Group</b>
<b>Index No: TP / 027</b>	<b>Page 3 of 5</b>

from each A&E complex and PTS site should be sent in time to be considered at the next ICSG meeting. Where recommendations/actions have not been fully implemented, there should be an action plan submitted by the local lead for infection control with dates when action will have been completed.

- A quarterly audit, using a modified version of the audit tool used for the annual audit, should be undertaken throughout every A&E complex and PTS site led by the local infection control lead. These quarterly audits will be expected to demonstrate continuous improvement of infection control at station level, maintain compliance with the Safety standard domain of the Healthcare standards, and ensure that all clinical staff have the LAS Infection Control Manual. These audits will form a major part of the annual infection control report to the Trust Board.

3.5 The Trust will explore opportunities for increasing the level of expertise in respect of infection control with the view to create improved arrangements for the provision of advice, guidance and education relating to infection control practice.

#### **4.0 Cleaning products and contracts**

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

4.2 An agreed specification for the cleaning of Trust vehicles and premises has been developed and is to be 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 Procedure is complied with.

#### **5.0 Equipment**

5.1 Any clinical equipment proposed to improve infection control arrangements is to be evaluated through the Trust trial and acquisition processes. Staff side engagement should be secured through the ICSG and/or the Vehicle and Equipment Working Group as appropriate. The Education and Training Department will provide the lead on clinical advice.

#### **6.0 Make Ready Scheme**

6.1 The Make Ready Scheme has been introduced to ensure that ambulances are clean, fully equipped and ready for action. Whilst daily routine cleaning of ambulances and regular deep cleaning of ambulances is a significant component

<b>Date of Issue: October 2005</b>	<b>Review By Date: October 2008</b>
<b>Authorised By: Chief Executive Officer</b>	<b>To Be Reviewed By: Infection Control Steering Group</b>
<b>Index No: TP / 027</b>	<b>Page 4 of 5</b>

of the scheme, the scheme is not a substitute for clinical staff being accountable for the consistent achievement of best infection control practice.

- 6.2 Performance of the Make Ready Contractors is monitored through the Make Ready Steering Group. Summary reports against Key Performance Indicators will be submitted to the ICSG. Environmental swabbing has been introduced to monitor the performance of the Make Ready contractors and summary reports will be submitted to the ICSG.

**References :** Infection Control Manual



**Signature:**

**Peter Bradley CBE  
Chief Executive Officer**

<b>Date of Issue: October 2005</b>	<b>Review By Date: October 2008</b>
<b>Authorised By: Chief Executive Officer</b>	<b>To Be Reviewed By: Infection Control Steering Group</b>
<b>Index No: TP / 027</b>	<b>Page 5 of 5</b>