



London Ambulance Service **NHS**  
NHS Trust

## Infection 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:** Medical Directorate

**Author/Reviewer:** Medical Director: To be reviewed by Oct 2010.

**Document Status:** Final

<b>Amendment History</b>			
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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
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**\*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.

<b>For Approval By:</b>	<b>Date Approved</b>	<b>Version</b>
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<b>Links to Related documents or references providing additional information</b>		
<b>Ref. No.</b>	<b>Title</b>	<b>Version</b>
	Infection Control Procedures	
	Health Act 2006	
	ICSG Terms of Reference	
	Specification for the Cleaning of Trust Vehicles and Premises	
LA 12	Infection Control Audit Tool	

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.

## **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 Act 2006 and its associated Code of Practice for the Prevention and Control of Health Care Associated Infections (HCAI). 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 HCAI through the provision of 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.

## **2. Scope**

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

## **3. Objectives**

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

## **4. Organisational Framework**

Infection control will be monitored through the Infection Control Steering Group (ICSG) 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 ICSG will be chaired by a senior manager nominated by the Medical Director and will meet on a quarterly basis. It reports through to the Trust Board via the Clinical Governance Committee and Group membership will comprise of appropriate management representation, staff representation and an internal / external advisor on Infection Control (Appendix I - Terms of Reference).

## **5. Infection Control Programme**

To assess the compliance of the Service with the Code of Practice for the Prevention and Control of Health Care Associated Infections a Department of Health self assessment tool, 'Essential Steps to Safe, Clean Care' has been utilised by the ICSG to develop an Infection Control Programme Action Plan to improve infection control arrangements. This will ensure that the LAS meets the requirements of the Safety standard domain and related Healthcare Standards that form part of the Healthcare Commission's requirements for NHS Trusts. The Programme's implementation and progress will be monitored by the ICSG and reported to the Clinical Governance Committee on a quarterly basis.

## **6. Infection Control Procedures**

The Trust has developed Infection Control procedures to ensure that staff are clear about their personal responsibilities for controlling infection and to 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. The Trust will review its Hygiene, Infection Prevention Control procedures annually to ensure that they continue to reflect best practice.

## **7. Duties and Responsibilities**

Infection Control is the direct responsibility of operational staff who have contact with patients, and all staff throughout the Trust are responsible for maintaining high standards of hygiene, and minimising the risk of infection. Specific responsibilities are as follows:-

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

The Chief Executive is ultimately responsible for Infection Control measures, a responsibility which is discharged through the Medical Director.

The Medical Director has overall day to day responsibility as Director of Infection Prevention and Control, accountable directly to the Board for the management of infection control issues within the Trust.

The Head of Operational Support is Chair of the ICSG with day to day responsibility for monitoring the implementation of the Infection Control Programme and related action plans.

The Infection Control Co-ordinator (Appendix II – Job Description) will develop and monitor the implementation of a Trust-wide Infection Prevention and Control

Strategy, in liaison with the Trust Medical Directorate and Clinical Governance Team.

Ambulance Operations Managers (AOMs) are accountable for infection control at Complex level and, in effect, are the Trust's operational Infection Control team.

A Practice Learning Manager acts as associate clinical lead supporting the Head of Operational Support.

The Head of Governance will advise whether or not the LAS complies with external requirements, identifying gaps in compliance, and report to the ICSG and the Trust Board as appropriate. The Head of Governance 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.

The Clinical Training and Education Manager has responsibility for ensuring that an Infection Control Training programme, including updates, is in place and is available to be delivered to all staff as required by Infection Control legislation and standards.

The Governance Development Unit Audit Manager is responsible for developing, in partnership with the Clinical Audit and Research Unit, appropriate audits and enabling operational staff at Complex level to carry these out on a regular basis and report through to the ICSG.

Area Infection Control leads will be appointed as Hygiene, Infection Prevention & Control champions to support the Infection Control Co-ordinator. They will liaise with the GDU Audit Manager and local H&S Representatives on all Infection Control issues including audits, and will report on these to their Area Governance Committees, the ICSG, and the Clinical Governance Committee regarding the mitigation of Infection Control risks.

Local H&S representatives are the Complex Infection Control leads and are responsible for carrying out local audits (LA 12) in their Complexes, including the Infection Control aspects of Workplace Inspections.

## **8. Education and Development**

The Infection Control Training Programme will ensure that relevant staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive suitable and sufficient training, information and supervision on the measures required to prevent and control risks of infection. They will be shown where to access this information as 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.

All new staff will receive instruction in the importance of good hand hygiene and 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 and these will be recorded in individual staff training portfolios.

## **9. Audit**

The LAS will ensure that every Complex conducts regular and routine audits and this will be monitored for consistency by the ICSG. Audits will be undertaken quarterly, led by the local Health & Safety representatives who are the Complex infection control leads overseen by AOMs. Audit data will be collated by the Audit Manager for reporting to the ICSG and placing on the Trust's Intranet. 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 are aware of the LAS Infection Control procedures. The results of these audits will be reported to the ICSG by the Area Infection Control leads and form a major part of the annual infection control report to the Trust Board. The ICSG will feedback their response through the Area Governance Committees.

## **10. Cleaning products and contracts**

Only cleaning products approved by the ICSG 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 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 procedures are complied with.

## **11. Equipment**

Any clinical equipment proposed to improve infection control arrangements will be evaluated through the Trust trial and acquisition processes. Staff side engagement will be secured through the ICSG and/or the Vehicle and Equipment

Working Group as appropriate. The Education and Development Department will provide the lead on clinical advice.

## 12. Make Ready Scheme

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

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 ICSG to monitor compliance to Infection Control standards.

<b>IMPLEMENTATION &amp; MONITORING PLAN</b>	
<b>Intended Audience</b>	All LAS staff
<b>Dissemination</b>	Available to all staff on the Pulse and to the public on the LAS Website
<b>Communications</b>	Revised Policy to be announced in the RIB and a link provided to the document
<b>Training</b>	Training to be carried out as outlined in Section 8 of this Policy
<b>Monitoring</b>	To ensure adherence to this Policy the Audit Manager to develop annual programme of audits to take place in a sample of stations. Monitoring of Audits and Checks to be carried out by the ICSG on receipt of reports from local Infection Control leads.



## Infection Control Steering Group Terms of Reference

The Infection Control Steering Group (ICSG) co-ordinates the development and implementation of infection prevention and control policy for the Trust. The Group will ensure that Department of Health guidelines and initiatives are applied and developed. The group will oversee auditing activity and ensure effective liaison with the Director responsible for infection control is maintained. The group will promote best practice in all areas of infection control.

### Purpose

The aim of the ICSG is:

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.

### Scope

The ICSG is responsible for disseminating national policy in accordance with Department of Health ambulance service guidelines. Under the terms of the Health Act 2006 the group will agree and implement an annual infection control programme.

The group is responsible for the oversight of audit activity, promoting education and development, considering new products and facilities, and monitoring incidents and risks associated with infection control issues.

The group has no authority to approve new products (this falls to the Vehicle and Equipment Working Group) but can make recommendations. The group has no responsibility in the investigation of infection control related incidents (this falls to local complex management, the Medical Department, or Health and Safety Department) but can ask for further information/investigations if a significant infection risk is apparent or trends are developing.

### Responsibilities

The tasks of the ICSG are to:

- Ensure that the Trust has sound control of infection arrangements and the availability of advice on infection control issues.
- Develop and implement an annual 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.
- Periodically review the Infection Control Policy and Manual of Procedures.

- Continuously improve infection control throughout the LAS so that staff recognise their responsibility for patient and staff safety.
- Provide a recognised body within the LAS for the co-ordination of infection control issues.
- Raise awareness of infection control issues and to provide recognised communication channels to staff and managers.
- Seek and promote evidence based practice in relation to infection control arrangements.
- Provide a route through which to cement responsibilities in relation to infection control issues including the demonstration of Board level engagement.
- Develop arrangements for robust Infection Control audits, including management arrangements and staff compliance, and the formulation of remedial action plans.
- Identify preferred infection control products based on sound evidence.
- 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.
- Raise awareness of sharps and body fluid exposure procedures.
- Ensure that planned estates work takes account of Infection Control issues.
- Develop an evidence based programme of estates works to improve infection control arrangements.

### **Outcomes**

The ICSG will develop an annual programme to improve hygiene, infection prevention and 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.

## **Membership**

Membership of the Group comprises staff representatives, senior managers and other appropriate staff from across the Trust, and an advisor (internal and / or external) in infection control.

- Head of Operational Support (chair)
- Infection Control Lead
- Education Governance Manager
- Practice Learning Manager
- Senior Training Officer
- Assistant Director Employee Support Services
- AOM
- Staff Side representative
- Senior Safety & Risk Advisor
- Corporate Logistics Manager
- Facilities Manager
- Head of Governance
- Deputy Director Public Health, Redbridge PCT

## **Meetings**

The Team will meet quarterly and the quorum for meetings will be an infection control lead, a senior manager and educational / operational representatives

## **Reporting**

The Minutes of each meeting are reported through to the Trust Board via the Clinical Governance Committee and the Medical Director who includes a summary of infection control matters within the formal report to the Board. The Group produces an Annual Report on behalf of the Medical Director to the Trust Board.

### Infection Control Co-ordinator Job Description

- Accountable to: Head of Operational Support / Head of Governance
- Liaises with: Operational Directorate (including A & E, Urgent Care and PTS)  
Infection Control Steering Group, Local Operational Managers and Operational Staff  
Relevant National Leads and Groups  
Other Ambulance Trusts
- Function: The post holder will facilitate the provision of a dedicated advisory Infection control function in liaison with the Trust Medical Directorate and Clinical Governance Team.
- To work in partnership with other Infection Control teams within the NHS London area to ensure the highest standards of infection control care are undertaken.

Duties and responsibilities:

#### **1 CLINICAL**

- 1.1 To support the development of Trust Policies and Procedures relating to infection prevention and control
- 1.1 To work with the Clinical Directorate (Director of Infection prevention and control) in providing infection control advice to all disciplines within the Ambulance Trust on a day to day basis.
- 1.2 To advise on the management of patients with specific infections to minimise the risk of cross infection to other patients or staff.
- 1.3 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.
- 1.4 To work with Head of Operational Support and Governance within the Trust to regularly appraise current infection prevention and control practices, and to keep them updated.
- 1.5 To interpret and explain reports or policy documents to Clinical Directorate staff.
- 1.6 To work in liaison with the Emergency Planning Officer and Head of Records Management and Business Continuity in ensuring infection control is incorporated into major incident plans.

## **2 ADMINISTRATIVE**

- 2.1 To produce written reports on compliance with the Code of Hygiene for the Annual Health Check and ensure that accurate records are kept of all infection control audits and activities. Co-ordinate and implement annual Infection Control Programme.
- 2.2 To assist in advising on and monitoring the implementation of infection control guidelines within the Trust in collaboration with fellow professionals and relevant staff.
- 2.3 To advise line managers within the Trust on the implementation of agreed policies in their areas.
- 2.4 To report to the Trust Infection Control Steering Group and Clinical Governance Committee, and other appropriate committees as necessary.
- 2.5 To assist in advising Senior Management on recent advances in infection control.
- 2.6 To give infection control advice in the planning of new service upgrades to equipment and capital projects.
- 2.7 To advise on new equipment in line with the Equipment Procurement Policy and advise on infection control and decontamination standards.

## **3 CLINICAL EFFECTIVENESS AUDIT AND SURVEILLANCE**

- 3.1 To lead in the development and delivery of infection control audit tools across the Trust and implementation of audits.
- 3.2 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.

## **4 EDUCATION AND TRAINING**

- 4.1 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.
- 4.2 To develop a system to encourage the work of infection control in conjunction with the Trust Clinical Leadership Project and Operational managers.
- 4.3 Have an awareness of current research developments and statutory regulations disseminating information as appropriate.
- 4.4 Maintain close links with local Universities of education and provide training sessions/programmes as required.
- 4.5 Provide educational input to patients and carers, to include health promotion.

## **5 RESEARCH**

- 5.1 To undertake under the direction from the Head of Operational Support and Head of Governance, research for evidence based practice and clinical effectiveness and the planning of future services and training needs.

## **6 PERSONAL AND PROFESSIONAL DEVELOPMENT**

- 6.1 To participate in the provision of mentorship for all Operational members of staff.
- 6.2 To participate in providing telephone advice on Infection Control as part of an on-call system.
- 6.3 To respond to all types of 999 calls.
- 6.4 To maintain professional registration as part of continued professional development.
- 6.5 This is a new role and will require the post holder in conjunction with the clinical director to identify required developmental opportunities that will support the strategic direction of the Trust

## **7 GENERAL**

- 7.1 Actively participate in relevant appraisal systems. As the role develops, the aims and duties of the post will be subject to alteration in the light of future changes and developments in consultation with the post holder.

## **HEALTH AND SAFETY AT WORK**

Every employee has a duty to take reasonable care of the health and safety of him/herself and of other persons who may be affected by his/her acts or omissions at work, and to cooperate with the London Ambulance service NHS trust to ensure that statutory and Trust regulations are complied with.

(The Infection Control Co-ordinator has a particular duty to manage Health and Safety in the workplace for which he/she is responsible, in accordance with the Trust's Health and Safety Policy)

## **EQUAL OPPORTUNITIES**

The Trust is committed to a policy of Equal Opportunity and it is every employee's duty to ensure that no individual is treated less favourably than another on the grounds of gender, marital status, colour, race, religion, nationality, ethnic origin or disability (except in so far as the latter affects capability to carry out certain tasks safely and without risk). (The Infection Control Co-ordinator has a particular duty to ensure that employees for whom he/she is accountable adhere to this policy.)

## Person Specification

No	Criteria	Method of Assessment
1.	Education and Qualifications a) Post Registration Qualification in Infection Control (N26) b) State Registered Paramedic / Nurse c) Diploma or equivalent qualification in relevant subject (Essential) d) Infection Control qualification (Essential)	Application Form
2.	Skills and Abilities a) Able to develop and promote the delivery of a high quality, efficient infection control service (Essential) b) Ability to work with a variety of people in different situations and to work independently seeking advice as necessary (Essential) c) Ability to communicate with staff at all levels and grades with tact and diplomacy (Essential) d) Ability to motivate others (Essential)	Application form Interview
3.	Knowledge a) Good written and presentation skills (Essential) b) Knowledge of current issues and strategies within healthcare (Essential) c) Experience of Infection Control and surveillance schemes (Essential) d) Active research interest (Desirable)	Application form Interview
4.	Personality Attributes a) Approachable (Essential) b) Open communicator (Essential) c) Motivator (Essential) d) Tactful (Essential) e) Diplomatic (Essential) f) Willingness to learn and develop own knowledge base (Essential) g) Continued Professional Development (Essential) h) Evidence of commitment and enthusiasm (Essential)	Application form Interview
5.	Experience a) HPC SR Paramedic / Infection Control Nurse, at least 5 years post registration experience (Essential) b) Proven supervisory / managerial experience (Essential) c) Experience of implementing change in practice (Essential) d) Significant clinical experience and evidence of an interest in infection control (Essential) e) Experience of working within multi disciplinary teams (Essential)	Application form Interview