



National Ambulance Services Infection Prevention and Control Policy

South Central Ambulance Service NHS Foundation Trust

South Central Ambulance Service NHS Foundation Trust
Unit 7 & 8, Talisman Business Centre, Talisman Road, Bicester, Oxfordshire, OX26 6HR

DOCUMENT INFORMATION

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| Responsible Director | Jane Campbell |
| Responsible Manager (Sponsor) | Debbie Marrs |
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Infection Prevention and Control Policy

Contents

| | |
|---|----|
| DOCUMENT INFORMATION | 2 |
| 1.0 POLICY STATEMENT..... | 5 |
| 2.0 INTRODUCTION..... | 5 |
| 3.0 SCOPE..... | 7 |
| 4.0 OBJECTIVES..... | 8 |
| 5.0 AIMS | 8 |
| 6.0 ORGANISATIONAL FRAMEWORK..... | 8 |
| 7.0 RESPONSIBILITES AND DUTIES..... | 10 |
| 8.0 EDUCATION AND TRAINING..... | 15 |
| 9.0 ASSURANCE AND COMPLIANCE..... | 15 |
| 10. MONITORING..... | 16 |
| 11. AUDIT..... | 17 |
| 12. INFORMATION SHARING | 18 |
| 13. EQUALITY AND DIVERSITY | 18 |
| 14. DOCUMENT DEVELOPMENT AND REVIEW | 19 |
| 15. RELATED POLICIES AND PROCEDURES..... | 19 |
| 16. REFERENCES..... | 20 |
| 17. DISSEMINATION PLAN..... | 20 |

1.0 POLICY STATEMENT

The South Central Ambulance Service NHS Foundation Trust (hereafter referred to as ‘the Trust’) is committed to promoting the highest standards of infection, prevention and control to ensure that appropriate measures are in place within the Trust to reduce the risk of acquired infections and therefore increase the safety of our patients, staff and the public.

The Trust Board is fully committed to addressing the risks of healthcare associated infection and serious communicable diseases, through a policy aimed at dealing proactively with the outcomes and continually developing safer working practices.

The Trust recognises that the Health and Social Care Act (2008) Code of Practice on the prevention and control of infections and related guidance (updated 2015) introduced a statutory duty on NHS organisations to observe the provisions of the Code. As a result, the Trust Board regularly reviews its arrangements and assures that it has suitable systems and arrangements in place to ensure that the Code is being observed within the Trust.

Although the Trust does not directly contribute to the National HCAI performance and quality monitoring data collection for *Methicillin Resistant Staphylococcus Aureus* (MRSA) infections, *Clostridioides difficile* (*C.Diff*) and gram-negative blood stream infections we are fully committed to reducing all HCAI. All IPC procedures reflect this aim to have a zero tolerance to preventable HCAI.

The Trust actively investigates all HCAI reported by other health organisations and an actively engages with the processes for HCAI and Infection Prevention and Control (IPC) as members of IPC health groups across the region. This includes involvement in post infection review and incident control team meetings (for outbreaks).

The Trust acknowledges that the provision of appropriate training is central to the achievement of this aim.

This document applies to all employees of the Trust with active lead from managers at all levels to ensure that infection prevention and control is a fundamental part of the total approach to quality, quality improvement and patient safety.

This policy will also be shared with external stakeholders, third party providers and volunteers.

| Signed by: | Signature | Date |
|-------------------|------------------|-------------|
| AACE Chair | | |
| QGARD Chair | | |
| Trust CEO | | |
| Trust DIPC | | |

2.0 INTRODUCTION

The purpose of the Trust Infection, Prevention and Control Policy is to minimise the risks associated with the infectious diseases and to provide the Trust Board with an effective approach towards providing a safe, clean environment which is fit for purpose. It will also

provide safe working conditions and best practices for staff and the patients within their care.

This policy has been produced to outline our commitment to promoting the highest standards of infection prevention and control within the Trust. The policy and requirements for addressing the management of infection prevention and control has been developed in line with the following:

- The Health and Social Care Act 2008: Code of Practice for the Prevention and Control of Infections and related guidance (Department of Health; July 2015)
- The National Specifications for Cleanliness in the NHS: a framework for setting and performance measuring performance outcomes in ambulance trusts (National Patient Safety Agency: 2008)
- epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England (2017)
- NICE Guidance:
- Healthcare-associated infections: prevention and control in primary and community care (CG139)
- Healthcare-associated infections: prevention and control (PH36)
- Infection prevention and control (QS61)
- NHS Constitution for England
- NCGC NICE:
 - Healthcare-associated infections: prevention and control in primary and community care (CG139)
 - Healthcare-associated infections: prevention and control (PH36)
 - Infection prevention and control (QS61)
- Health Technical Manual HTM07-01: Safe management of healthcare waste 2013
- NHSLA risk management standards for Ambulance Trusts.
- Department of Health's Essential Steps to Safe, Clean Care.
- IPC Commissioning Toolkit- Zero Tolerance of HCAI March 2013
- EU Directive 2010/32/EU (the Sharp Directive)
- Health & Safety (Sharp Instruments in Healthcare) Regulations 2013
- Immunisation Against Infectious Disease: The Green Book; (Public Health England 2013)
- Covid -19; IPC guidance for ambulance Services (GOV.UK; 2021)

All NHS Trusts have a statutory duty to comply with The Code, which stipulates;

“Good infection prevention (including cleanliness)¹ and prudent antimicrobial use are essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention of infection must be part of everyday practice and be applied consistently by everyone. It is also a component of good antibiotic stewardship as preventing infections helps to reduce the need for antimicrobials.”

The policy has associated procedures relating to the minimising of risks associated with the control of infection. These procedures reflect current 'best practice' within the health

care profession which have been validated by external specialists of infection prevention and control at Public Health England, Wales and Scotland, Public Health Agency Northern Ireland and NHS England/Improvement. Generic and specific risk assessments are included within the Trust's risk management systems and procedures.

The Infection Prevention and Control Policy and Procedures adopt routine protection measures known as 'Standard Precautions' which are based upon treating every patient as if they are a potential reservoir of infection. These precautions will minimise a large area of risk from infection, since the ambulance service will not know with the vast majority of patients, if there is an infection risk.

The Trust supports the Department of Health research which has led to healthcare organisations adopting a 'bare below the elbows' policy to reduce the risk of infection from contaminated sleeves, watches and jewellery. Prior to the commencement of a shift patient facing operational staff and staff/volunteers who are expected to respond to patients will be expected to remove all wrist/ hand jewellery (with the exclusion of one plain band ring) and nail adornments/varnish.

The Trust actively promotes an open and just culture and encourages incident reporting. The Trust believes it is imperative that the incident reporting system is used to allow for proactive as well as reactive risk management of healthcare associated infection.

The Trust is committed to ensuring that all staff take responsibility for infection prevention and control and that they receive the appropriate training and support to fulfil this responsibility.

3.0 SCOPE

This policy applies to all staff in relation to all matters of Infection Prevention and Control.

It applies to all employees and non-executive directors of the Trust. It also extends to agency staff, service users, carers, contractors, volunteers, visitors and any other persons having lawful reason to be associated with the Trust, its premises, vehicles and equipment. The policy equally applies to staff and services of the Trust which operate in the pre-hospital setting, where staff are seconded to other healthcare organisations or people who are on work experience or training placement.

This policy allows for local provision of additional information but no separate or additional policy for local areas is permitted or supported.

The Health & Safety at Work Act 1974 places general duties upon all managers, employees, and suppliers of goods relating to health, safety and welfare. The introduction of the Management of Health and Safety at Work Regulations 1999 and The Control of Substances Hazardous to Health Regulations 1999, make more specific those duties placed upon Managerial Staff towards staff in their care and the protection of its workforce from infection risks, and any third parties who may be affected by the Trust's undertakings. Chemical, Biological, Radiological and Nuclear (CBRN) risks require specialist advice and training. The Department of Health provides this information, and the Trust has a team of specialists that are trained to deal with these risks. The key principles contained within this policy are relevant to CBRN activities within the Trust, however the Resilience Team are

responsible for providing policies, procedures, training and risk assessments relating specifically to CBRN.

4.0 OBJECTIVES

- To affirm the Trust's commitment to the prevention and control of infection in both patients and staff, and to set the strategic direction for infection prevention and control initiatives.
- To provide a clear and comprehensive policy to assure infection prevention, control and decontamination arrangements throughout the Trust.
- The policy has a suite of associated procedures which underpin it.

5.0 AIMS

The Trust aims to fulfil its duties to its employees by:

- Encouraging and empowering staff, at all levels, to adopt responsibility for their own health, safety and wellbeing and that of others who may be affected by their acts or omissions.
- Ensuring that staff are aware of how infections are transmitted and the steps they, as an individual, must take to adequately prevent and control such risks.
- Ensuring that staff at all levels receive the appropriate training in infection prevention and control, enabling them to be fully conversant with the risk to themselves and to the patients in their care (where applicable).
- Providing staff with clear work procedures and safe systems of work wherever applicable.
- Ensuring that staff have access to personal protective equipment to help reduce the risk of infection and that they are trained in its correct use.
- Ensuring staff are aware of techniques to maintain good personal hygiene.
- Ensuring staff are aware of techniques required to appropriately decontaminate equipment and vehicles, including all levels of decontamination.
- Ensure that the Trust actively promotes an open and just culture and encourages incident reporting and full investigations into IPC incidents so that lessons can be learned, shared and risks reduced.

6.0 ORGANISATIONAL FRAMEWORK

6.1 Infection Prevention and Control Governance Arrangements

Infection prevention and control will be monitored through the Trusts governance structure which provides a robust mechanism for assuring infection prevention and control arrangements.

In line with the Health and Social Care Act 2008, Code of practice for the prevention and control of infections and related guidance there must be regular infection prevention and control meetings which are attended by the Director of Infection Prevention and Control (DIPC). This is achieved through the SCAS Patient Safety Group, where Infection Prevention and Control present monthly data and reports.

7.0 RESPONSIBILITES AND DUTIES

It is the responsibility of all the Trust employees to be familiar with the policy and procedures, and to adhere to them at all times.

7.1 The Trust Board

The Trust Board is committed to and responsible for the prevention and control of infection. The Trust Board will ensure that appropriate management systems for the prevention and control of infection are in place. Therefore patients, staff and other persons are protected against the risks of acquiring preventable healthcare associated infections through the provision of clean, safe, evidence-based care with an ethos of causing no preventable harm.

7.2 Chief Executive Officer

The Chief Executive of the Trust has overall statutory responsibility. The Chief Executive has delegated this responsibility to the Director of Patient Care who will act as the Director for Infection Prevention and Control (DIPC) and be directly accountable to the Trust Board.

In addition to this the Chief Executive has appointed a Non-Executive Director lead for infection prevention and control.

7.3 Director of Infection Prevention and Control (DIPC) (Director of Patient Care)

It is the responsibility and role of the DIPC to:

- provide oversight and assurance on infection prevention (including cleanliness) to the Trust board. They should report directly to the board but are not required to be a board member;
- be responsible for leading the Trust's infection prevention team;
- oversee local prevention of infection policies and their implementation;
- be a full member of the infection prevention team and antimicrobial stewardship committee and regularly attend its infection prevention meetings;
- have the authority to challenge inappropriate practice and inappropriate antimicrobial prescribing decisions;
- have the authority to set and challenge standards of cleanliness
- assess the impact of all existing and new policies on infections and make recommendations for change;
- be an integral member of the organisation's clinical governance and patient safety teams and structures, water safety group;
- produce an annual report and release it publicly as outlined in *Winning ways: working together to reduce healthcare associated infection in England*.

7.4 Non-Executive Director IPC Lead

The Non-Executive Director IPC lead is responsible for acting as a critical friend and providing constructive challenge and support to the DIPC from an independent, external perspective.

7.5 Executive/Senior Directors

Ensure the principles of the Trust's Infection Prevention and Control Policy and Procedures are adhered to within their own area of control, and that all area /directorate issues are reported appropriately throughout the Trust.

7.6 Head of Infection Prevention & Control

- Development of Trust wide Infection Prevention and Control Policy and Procedures compliant with legislation and 'best practice'.
- Monitoring compliance with infection prevention and control policies and procedures across the Trust.
- Ensuring any necessary revisions are undertaken to meet statutory, mandatory and Trust standards.
- To ensure communication to the appropriate Group of the Trust Board regarding infection prevention and control issues.
- Responsibility for ensuring the consistent working of the Infection prevention and Control Team.
- Ensure the provision of appropriate training regarding infection prevention and control.
- To ensure that there is a communication mechanism in place for staff at all levels regarding infection prevention and control issues including infection prevention and control incident reporting.
- To ensure that the *Infection Prevention Team* in conjunction with Service Delivery Teams complete audits regarding infection prevention and control.
- Development and implementation of annual infection prevention and control plan and annual report.
- Co-ordination of infection prevention and control management across the Trust and development of performance management framework.
- Provision of advice and support in relation to infection prevention and control issues by liaison with Public Health England.
- Responsibility for initiating a periodic review of infection prevention and control activities and making appropriate recommendations to ensure that the Trust maintains a current and valid infection prevention and control policy.
- Monitors and reports on any investigations in relation to HCAI incidents which the Trust may have been involved in and asked to investigate by other health organisations.
- Report directly to the registered provider
- Have the authority to challenge inappropriate practice, if appropriate, including antimicrobial prescribing practice
- Have the authority to set and challenge standards of cleanliness

7.7 Decontamination Lead

The Decontamination Lead will have overall responsibility for the decontamination and cleaning of ambulance vehicles and reusable equipment for Service Delivery in line with relevant national guidelines and ensure that there are associated cleaning schedules accessible to be seen by staff and the public.

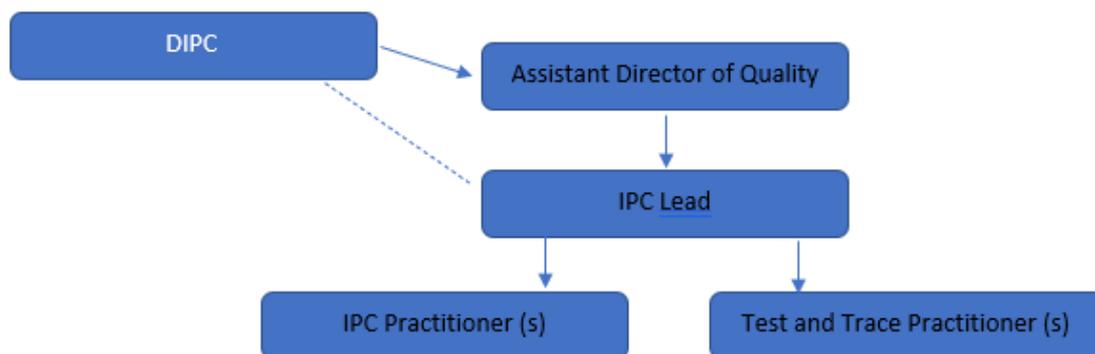
7.8 All Assistant Directors

- Responsibility for ensuring adherence to the elements of infection prevention and control policy and procedures relevant to their own areas of control.

7.9 Infection Prevention Control Team

- The Trust must have an infection prevention and control team, which is appropriately qualified and has the capacity to oversee and monitor the systems in place to prevent and control the risk of infection. Although there is no set specified structure for the team it is recommended to consist of a Head of IPC, IPC Specialist and auditor.

ORGANISATIONAL CHART:



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

- Setting a good example to all staff and acting as a positive role model
- Ensuring that current legislative and mandatory requirements are met.
- Ensuring that the Trust Infection Prevention and Control Policy and procedures are made available to all staff and that it is maintained with necessary updates.
- Compliance with the Trust Infection Prevention and Control Policy and Procedures are monitored and where necessary, appropriate action is taken to mitigate risks reported.
- Adequate liaison and consultation is maintained with the Safety Representatives for staff.

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

7.11 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, the 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.
- All staff should be up to date with their routine immunisations, e.g. tetanus, diphtheria, polio and MMR. The MMR vaccine is especially important in the context of the ability of staff to transmit measles or rubella infections to vulnerable groups. While healthcare workers may need MMR vaccination for their own benefit, they should also be immune to measles and rubella to assist in protecting patients. Satisfactory evidence of protection would include documentation of having received two doses of MMR or having had positive antibody tests for measles and rubella (The Green Book 2013).
- Not intentionally or recklessly interfere with or misuse any equipment provided in the interests of health, safety and welfare.
- Wear the correct personal protective equipment when required and to immediately report any defects in such equipment.
- Ensure they always maintain good personal hygiene
- Ensure the cleanliness of equipment and vehicles they use, to reduce the potential of transmission of infection, thereby promoting patient and staff health, safety and wellbeing.
- Conform to the Trust policies and procedures.
- 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 disinfected, prior to being sent for service, maintenance or repair.
- Report all incidents including near misses, as per the Trust incident reporting procedure.

7.12 Occupational Health

The Trust provides an Occupational Health service to all employees. They hold specific responsibilities for infection prevention and control as outlined in the associated procedures. Occupational Health services provide specialist advice to the Trust on infection, prevention and control within their scope of expertise and in conjunction with the IPC team. This service is available to provide advice and counselling in relation to infection prevention and control issues.

Occupational Health are responsible for the follow up management and interventions following incidents of contamination, exposure or inoculation injuries. Please be aware that immediate inoculation management should be undertaken through the emergency department.

The Trust has a work-based immunisation programme in place, which managed by occupational health services with appropriately qualified specialist (this does not include those vaccines required for foreign travel unless on Trust business). During such times where vaccine stock is limited Occupational Health are responsible for maintaining a database of staff who require vaccination to facilitate an timely catch up clinic when vaccination stock is replenished. Occupational Health are responsible for ensuring they share vaccination records with staff to ensure staff are aware of their immunisation status. These vaccines include.

BCG vaccine is recommended for healthcare workers who may have close contact with infectious patients. It is particularly important to test and immunise staff working in maternity and paediatric departments and departments in which the patients are likely to be immunocompromised, e.g. transplant, oncology and HIV units.

Hepatitis B vaccination is recommended for healthcare workers who may have direct contact with patients' blood or blood-stained body fluids. This includes any staff who are at risk of injury from blood-contaminated sharp instruments, or of being deliberately injured or bitten by patients. Antibody titres for hepatitis B should be checked one to four months after the completion of a primary course of vaccine. Such information allows appropriate decisions to be made concerning post-exposure prophylaxis following known or suspected exposure to the virus.

Influenza immunisation helps to prevent influenza in staff and may also reduce the transmission of influenza to vulnerable patients. Influenza vaccination is therefore recommended for healthcare workers directly involved in patient care, who should be offered influenza immunisation on an annual basis. This may be delivered through the Trust and not directly through Occupational Health.

Varicella vaccine is recommended for susceptible healthcare workers who have direct patient contact. Those with a definite history of chickenpox or herpes zoster can be considered protected. Healthcare workers with a negative or uncertain history of chickenpox or herpes zoster should be serologically tested and vaccine only offered to those without the varicella zoster antibody.

Pertussis (whooping cough) vaccine is recommended for all susceptible healthcare workers who have direct patient contact. Vaccination is recommended for all staff who have not been vaccinated in the last five years.

8.0 EDUCATION AND TRAINING

The Trust will ensure that all staff, contractors and other persons receive suitable and sufficient training, information and supervision on the measures required to prevent and control risks of infection.

All staff, during their induction process, will receive infection prevention and control awareness training.

All staff will receive statutory and mandatory infection prevention and control training and refresher training on a regular basis. This is based on the frequencies and content as outlined in Skills for Health and updated to include any specific risks identified in the Trust to ensure lessons learnt are shared.

Infection Prevention and Control Policies and Procedures will be made available to staff in a variety of formats including electronic and web based. They will be shown where to access this information as a follow up reference for use as necessary.

A training needs analysis for all staff will ensure that relevant infection prevention and control training is regularly reviewed and implemented across the Trust, in-line with national guidance.

Local managers will be expected to action where any deficiencies are identified. Training records of infection prevention and control instruction will be maintained and used as assurance evidence to internal and external agencies (i.e. NHSEi, CQC) that all clinical staff are routinely updated in current infection prevention and control practice.

The IPC team are responsible for developing, updating and reviewing the content for all IPC training delivered by Trust educators.

9.0 ASSURANCE AND COMPLIANCE

The Trust has assessed the risks associated with healthcare associated infections and identified significant risks are detailed on the Board Assurance Framework. This framework provides structured assurances about where risks are being managed effectively and objectives are being delivered.

Sources of assurances include policies and procedures, internal performance management, Infection Prevention indicators, minutes of meetings, audit reports, and training records.

The Trust are required to sign a declaration to assess itself against core and developmental standards in relation to infection prevention and control, this will be shared with the appropriate regulatory body (CQC) The aim of this declaration is to determine priorities, and implement plans, to achieve any progress necessary to meet these standards on an annual basis.

The Trust will ensure external reporting to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Regulations 1995, this includes work related dermatitis cases as well as communicable diseases which meet this threshold.

10. MONITORING

The Chief Executive and the Board are responsible for monitoring the effectiveness of the Infection Prevention and Control Policy. The Board will receive annual infection prevention and control report, which is required to be published on the Trust website.

The annual Infection Prevention and Control Report will include:

- Progress against the annual infection prevention and control programme and action plan.
- Demonstrate the effectiveness of the policy through the presentation of audit information and identified improvements in infection prevention and control standards.
- Contain a summary of reported incidents reviewed by the infection prevention and control forum and resultant changes to practice.
- A review of all inoculation incidents
- Number of staff trained in infection prevention and control procedures through induction and statutory and mandatory education.

An infection prevention and 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 and Social care act 2008 Code of practice for the prevention and control of infections and related guidance. The implementation and progress will be monitored by the infection prevention and control governance structures and against the infection prevention and control programme

This policy and associated infection prevention and control procedures will be monitored for their effectiveness by the Infection Prevention and Control team to ensure that they continue to reflect best practice and remain consistent with the Trusts clinical protocols and other relevant policies.

Monitoring will also take place through the Trusts audit programme and reported at each IPC meeting.

The Trust is monitored externally by the NHS Resolution, and the Regulatory Body. In order to achieve compliance the Trust is required to provide relevant and sufficient evidence in meeting these standards.

10.1 Inoculation and Contamination incidents

All staff have a duty to report any inoculation and contamination incidents. Incidents are monitored by the *Infection Prevention* and Control Team who report these to the Infection Prevention and Control meetings. Any deficiencies or issues are actioned accordingly as

part of the infection prevention and control action plan. Any risks identified are highlighted and, where appropriate, added to the appropriate risk register.

10.2 Infection Prevention and Control

The Trust's Infection Prevention and Control policy and its associated procedures detail the requirements set out in the standards, these include information on staff training, staff duties, incident reporting, information for staff and patients and infection prevention and control monitoring. An Infection Prevention and Control report is submitted monthly to the Patient Safety Group which contains the infection prevention and control assurance framework and provides the assurance to the group on all infection prevention and control matters with a detailed status position, action plan and annual audit programme. Any risks are identified, mitigation actioned where appropriate and added to the Risk Register as necessary.

The Process for monitoring the effectiveness of the above standards is through the following actions:

- Completion of Incident report form and investigation by local managers.
- Incident reporting statistics and trend analysis monitoring.
- 'Lessons learnt' and action plans.
- Infection Prevention and Control Forum monitor incidents and make any recommendations.
- Trust Incident learning Forum monitor and make any recommendations.
- Training records.
- Annual audit plan and action plan monitoring.

11. AUDIT

To Infection prevention and control environmental audits should be performed throughout the Trust, in accordance with the IPC audit programme.

All Trust ambulance station premises and ambulance vehicles will be subjected to regular audit and inspection in line with the Health and Social Care Act 2008.

The Trust's Infection Prevention and Control Audit tool has been developed to report on key performance indicators including:

- The decontamination and cleanliness of ambulance vehicles and medical devices
- The knowledge and competency of staff on IPC practice at the point of care
- The storage of medical consumables and equipment
- The safe management, handling and disposal of clinical waste and sharps
- The safe management and handling of linen (if applicable)
- The general hygiene of ambulance stations, including both clinical and non-clinical areas
- Local ownership of IPC standards by local management teams

These audits will be undertaken in line with the Trusts IPC audit programme. Audit data is reported up to Patient Safety Group for assurance purposes .

11.1 Quality Assurance Review Visits

A quality assurance review visit, with a focus on IPC, may be requested by the IPC meeting, DIPC or Non-Executive Director as appropriate. This may include a review of sharps injuries, hand hygiene audits, work acquired infections, work related injuries etc. as part of Key performance indicator work.

11.2 Peer Review

Peer review can be requested through and by the National Ambulance IPC Group or QGARD. This will be completed annually as a desktop exercise (benchmarking) and on alternate years as a direct observation visit to the peer Trust. These can be requested outside of this schedule if there are specific concerns, either by QGARD or the Trust.

12. INFORMATION SHARING

When transporting patients from one healthcare setting to another the Trust will ensure that information is passed between the two settings including the Patients infection status and that any infection prevention and control risks or issues have been identified and actioned appropriately. Information regarding the risks and nature of HCAI's that are relevant to the patient's own care must be communicated.

Infection Prevention and Control information is shared between the Trust and its occupational health providers in order to protect staff and patients from risks.

Infection Prevention and Control information is shared with Public Health England, Public Health Wales, Public Health Scotland, Public Health Agency (as appropriate); Commissioners of the Trust services; Enforcement Agencies and other NHS partner organisations in order to comply with legal requirements or reduce the potential risks associated with the transmission of Healthcare Associated Infection information HCAI's (i.e. MRSA, C Diff etc.).

Infection Prevention and Control information will be made available for Patients and the Public. These will include posters, leaflets and Internet information on the Trust Infection Prevention and Control Policies and Procedures, and the Trusts arrangements for reducing HCAI's.

13. EQUALITY AND DIVERSITY

This policy embraces diversity, dignity and inclusion in line with emerging Human Rights guidance. We recognise, acknowledge, and value differences across all people and their backgrounds. We will treat everyone with courtesy and consideration and ensure that no one is belittled, excluded, or disadvantaged in any way

The Trust supports Equality and Diversity and an Equality Impact Assessment of this policy has been undertaken.

14. DOCUMENT DEVELOPMENT AND REVIEW

The Infection Prevention and Control Policy and associated procedures have been developed in consultation with the National Ambulance Service Infection prevention and control Group and Public Health England, Public Health Wales, Public Health Scotland, Public Health Agency (as appropriate).

QGARD and AACE are responsible for the overarching approval of the policy document.

The National Ambulance Service IPC Group is responsible for ensuring that the policy is reviewed on a regular basis. This will ensure that it remains current, complying with legislation, national guidance and therefore reflecting 'best practice'.

15. RELATED POLICIES AND PROCEDURES

The Trust has developed Infection Prevention and Control Procedures so that staff understand their personal responsibilities for controlling and preventing infection. The procedure document provides information relating to the mechanisms involved in the spread of infection; personal hygiene; personal protective equipment; cleaning of vehicles and equipment and other issues such as the management of healthcare waste. The Trust reviews infection prevention and control procedures annually to ensure that they continue to reflect best practice.

The Trust has various policies and procedures that support this policy:

- Infection Prevention and Control Procedures (see appendices)
- Communicable Diseases Policy
- Waste Management Procedures – Estates
- Linen Management Policy
- Covid -19 social distancing and decontamination policies
- Covid-19 Test and Trace Policy
- Incident Reporting and Investigation Policy – Health and Safety
- Risk Management Strategy and Policy – Health and Safety
- Latex Sensitivity Policy – Health and Safety
- HAZMAT plan including decontamination – RSO
- Pandemic Flu Plan - RSO
- Health and Safety Policy
- Control of Substances Hazardous to Health (COSHH) Assessments
- Vehicle and station cleaning schedules and audit documentation (Audit Online)

Related IPC procedures are appendices to this policy. All elements first issued October 2021 replace 2018 IPC Policy Version. Other policies will continue to be produced and implemented by the Trust which supports the prevention and control of Infection.

| Appendix | Procedure Name | Date First Issued | Review Date |
|----------|---|-------------------|---------------------------------------|
| 1 | Standard Precautions (inc. Routes of transmission, Hand Hygiene and Bare below the Elbows) Sharps | October 2021 | October 2022 |
| 2 | Transmission Based Precautions | October 2021 | October 2022 |
| 3 | Infectious Disease A-Z | October 2021 | October 2022 |
| 4 | Decontamination | December 2020 | December 2021 |
| 5 | Covid – 19 Crew Flowcharts | April 2020 | Ongoing in line with guidance changes |
| 6 | Covid-19 Outbreak Pack | October 2020 | Ongoing in line with guidance changes |
| 7 | Management of non-care environments | October 2021 | October 2022 |

16. REFERENCES

Health and Social Care Act (2008) Code of Practice on the prevention and control of infections and related guidance (updated 2015)

epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England (2017)

NICE Guidance:

- Healthcare-associated infections: prevention and control in primary and community care (CG139)
- Healthcare-associated infections: prevention and control (PH36)
- Infection prevention and control (QS61)

NHS Constitution for England, available at [LINK]:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113645.pdf

17. DISSEMINATION PLAN

IMPLEMENTATION AND MONITORING PLAN

| | |
|--------------------------|---------------------------------------|
| Intended Audience | All staff, volunteers and contractors |
| Dissemination | All staff, volunteers and contractors |
| Communications | All staff, volunteers and contractors |
| Training | All staff, volunteers and contractors |
| Monitoring | All staff |