



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 November 2020 or sooner as dictated by the organisation and legislation changes.

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
01/12/17	7.1	IG Manager	Document Profile and Control update
14/11/17	6.2	Head of IPC	Amendments to take account of new organisational structures and process
25/11/16	6.1	Head of Governance	Document Profile and Control update
10/11/16	5.6	HIPC	Presented at IPC Taskforce for comments 8/11/16 – minor amendments to Section 4.9, 4.10, and Section 6
31/10/16	5.5	HIPC	Updated with new committees, roles and governance structures
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31/03/15	5.3	DIPC	Signed off document, chair's action
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

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18/06/10	4.0		Major Revision
12/12/08	3.1	Head of Records Management	Minor revision to S.7 para 10.
26/09/08	3.0	Head of Operational Support, Medical Director, Head of Governance	Revision
11/10/07	2.0	Head of Records Management	Major Revision
10/05	1.0		

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

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The RIB	05/12/17	IG Manager	IG
The RIB	29/11/16	IG Manager	G&A
The RIB	16/10/12	IG Manager	GCT

Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	Infection Prevention and Control Handbook	2017
HS022	Management of Sharps Policy and Inoculation Incidents Policy	2017
HS011	Incident Reporting Procedure	
	Infection Prevention and Control Committee and Infection Control and Decontamination Group Terms of Reference and Governance Structure Chart	2017
	Health and Social Care Act 2008: Code of Practice for the Prevention and Control of Infections and related guidance (amended 2015)	2008
	AHCP: Revised Health Care Cleaning Manual	2013
	Department of Health Ambulance Guidelines	2008
	Joint Royal Colleges Ambulance Liaison Committee Guidelines	2016
OP001	LAS Uniform and Work Wear Policy	2016
TP005	Risk Management Policy	2016
TP058	Internal Outbreak Policy	2017
TP057	Waste management Policy	2017
TP111	Policy for the Management of Medical Devices	2017
TP095	Legionella Prevention and Control Policy	2016
TP 056	Policy for Statutory, Mandatory and Essential Training	2016
TP028	Business Continuity Policy	2016
TP094	Policy for Workforce Immunisations	2015
	Communicable Disease: Workplace Contact Tracing Guidance	2016

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

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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 to maintain registration with CQC to deliver healthcare. It aims to minimise the risks of Healthcare Associated Infections (HCAIs) 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 prevention and control to all staff within the Trust.
- 3.3 To reduce the risk of health care associated infections (HCAIs) to patients and staff and improve the quality of care and 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 IPC annual work plan. Assurance is provided through regular reports, updates and the annual Director of Infection Prevention and Control (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 (DIPC)

It is the responsibility and role of the DIPC to:

- Report directly to the Chief Executive Officer, Executive Leadership Team (ELT) 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 and to lead the Infection Control Team.
- Be responsible for the infection control team (ICT) within the Trust and provide executive support to the Team to change historical practice therefore ensuring continuous improvement of standards.
- Lead the Outbreak Control Team (OCT) in the event of an internal outbreak of communicable disease within the Service.
- Ensure that the Trust provides adequate resources to secure effective prevention and control of HCAs, and in outbreak situations.
- 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 ELT or Trust Board.
- Ensure that the ELT and the Trust Board receive regular reports; including achievement of IPC key performance indicators as well as risks.
- Ensure that a Director of Infection Prevention and Control Annual report is

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provided for the Trust, which is available as a public document.

4.4 Quality Oversight Group

The Quality Oversight Group (QOG) receives assurance reports on the progress of the Infection Prevention and Control work plan, including any relevant IPC and decontamination issues and onwards to the Trust Board via the Quality Assurance Committee (QAC).

4.5 Infection Prevention & Control Committee (IPCC)

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 QOG and the QAC. The committee membership comprises of appropriate representation of key support services, operational management, patient representation and Public Health England, Health Protection Team (refer Appendix 1 & 2).

4.6 Infection Control Decontamination Group (ICDG)

The operational Infection Control Decontamination Group (ICDG) meets quarterly to coordinate the development and implementation of the IPC work plan for the Trust. They will ensure that current and future legislation; national policies, guidelines, and initiatives are applied and developed. The ICDG will oversee performance relating to the work plan and escalate relevant issues and risks to the IPCC. The ICDG will promote best practice in all areas of IPC and decontamination.

The ICDG 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 operational ICDG evolved from the previous Infection Prevention and Control Taskforce during the recent governance restructure. It was initiated in August 2017 and is chaired by Head of IPC. The membership comprises of operational staff and support services; (refer to Appendix 3, 4 - ICDG Governance chart and the Terms of Reference)

4.7 Head of Infection Prevention and Control (HIPC) supported by the Infection Prevention and Control Team.

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

- To advise on the prevention and management of patients with 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 conveyed within the community in order to ensure

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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 Directorate and Services as well as other relevant staff.
- To work in liaison with the Emergency Planning Response and Resilience (EPRR), and Hazardous Area Response Teams (HART) 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, (amended 2015) and CQC Fundamental Standards of Care (2015).
- Co-ordinate, implement and monitor Annual Infection Prevention and Control work plan; challenging poor practice as appropriate.
- To provide an expert advisory service to all staff, support contractors, and liaise with external stakeholders.
- To raise any IPC related risks to the ICDG, IPCC and other appropriate committees within the Trust's Governance structure (outlined in TP005 Risk Management Policy 2016) as necessary.
- To keep senior management updated on recent advances in infection control.
- To provide infection prevention and control advice in the planning of renovation and capital projects, to include upgrades to equipment, contract specifications and variations.
- In collaboration with Clinical Equipment Working Group (CEWG), the IPC team critically appraises and provides expert advice on new equipment, in line with TP111 Policy for the management of Medical Devices (2017), relevant national standards and legislation relating to infection control and decontamination.
- To lead in the development and implementation of an IPC audit programme to meet national requirements, using the systems and processes provided within LAS.
- To critically appraise and evaluate infection prevention and control practices through the planned programme of audit and to feedback results to the Executive Leadership Team (ELT) and progress reports to the ICDG, IPCC, QOG and to the QAC.

- Facilitate the review and development of statutory and mandatory infection prevention and control educational packages, and quality assure training contents and sessions provided by educators in LAS/contractors.
- Undertake assurance inspection visits to validate performance data submitted by local leads and ensure triangulation of data to provide robust reports.
- Seek evidence for compliance for the ICDG / IPCC to promote onward assurance to ELT and relevant committees.
- To provide expert advice and support to the Trust on Infection Prevention and Control matters, during regular office hours. This would include oversight of the completion of containment actions during internal communicable disease outbreak situations
- Participate in research projects as appropriate.

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 overseeing IPC related risks and report them to the ELT, highlighting identified risks on the Risk Registers as appropriate.

4.9 Deputy Director Clinical Education and Standards

The Deputy Director Clinical Education and Standards, Education Governance 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 Education Centre Manager with IPC portfolio and the HIPC; the Deputy Director/Education Governance Manager will provide assurance reports to the quarterly IPCC.

4.10 Education Centre Manager (ECM)

The Education Governance Manager works with the Education Centre Manager with IPC portfolio who is the designated IPC clinical link in the Education Department; liaises with the education department leads and tutors, to ensure that IPC educational content is focused and meets infection prevention and control standards. The ECM will meet regularly with the HIPC and membership at ICDG ensures that IPC education content is contemporaneous, and the quality is maintained.

4.11 Local Management and Heads of Department

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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, including mandatory IPC induction and refresher training.
- Ensuring that the LAS IPC Policy and the IPC Handbook 2017 are made available to all staff; including regular updates.
- Compliance with the LAS IPC Policy and procedures in the Handbook is monitored and where necessary, appropriate action is taken.
- Adequate liaison and consultation is maintained with the services e.g. Fleet and Logistics, Estates, and Health, Safety, and Security representatives and IPC Champions at local level.
- Regular infection control inspections of the workplace are undertaken and any actions identified are managed and closed appropriately.
- Support is provided to IPC Champions to ensure that regular IPC audits can be undertaken, audit data submitted in a timely way and action plans implemented where required and closed.
- Information on IPC related matters is disseminated to all staff.
- All reported IPC incidents, including near misses, and ensure these are investigated, appropriate actions are taken, and lessons are shared to prevent recurrence, escalating as required.

4.12 Infection Prevention and Control Champions (IPC Champions)

IPC Champions are service, department / group station representatives who act as a local link, signposting advice on best practice in infection prevention and control. They work with the IPC team and local management teams to ensure compliance with statutory requirements and cascade information to all staff relating to infection prevention and control practices.

IPC Champions are supported by local managers to undertake local monthly and quarterly audits including oversight of hand hygiene compliance undertaken during Operational Workplace Reviews (OWRs) by Clinical Team leaders (CTLs). IPC Champions will have additional training and regular development to fulfil their role within the service, department, and group station.

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4.13 All Employees, Contractors, students and volunteers.

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 working within LAS Service 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 regard for the safe use of any equipment provided in the interests of health, safety and welfare, including appropriate decontamination and disposal.

- Have available and wear the correct personal protective equipment provided following dynamic risk assessment 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 and ensure safe procedures are adhered to
- To further reduce the risk of cross-infection, no food and drink should be consumed in any clinical 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, between patient conveyances, 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 and Policy for Core Training. All staff, during their induction process will receive infection control awareness training via e-learning package on the LAS Live (e-learning platform). All operational staff will receive mandatory infection prevention and control training at clinical induction 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 comply with the learning objectives for Level 2 of the Skills for Health; UK Core Skills Training Framework, and include as a minimum, roles and responsibilities, standard precautions, hand hygiene (see Appendix 5), PPE, vehicle environment and equipment cleanliness. Applicable information leaflets, posters and other relevant training material are 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.

Infection prevention and control training undertaken by all operational and support staff in LAS is recorded in the Trusts HR System, MyESR. A new reporting tool has been launched that the IPC Team can access monthly performance and compliance data. Performance is included in the monthly Trust Quality Report, quarterly Sector Report, with oversight at IPC meetings and onwards to the Board via the governance arrangements as described in Section 4.4. A performance report is routinely provided to the Commissioners.

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, and national standards (AHCP: Revised Health Care Cleaning Manual (2013).

The LAS Vehicle Preparation (VP) Compliance Audit provides compliance assurance of the six weekly deep cleaning programme undertaken by contractors for our VP service. In addition a vehicle daily inspection (VDI) is undertaken by crews to ensure that it is adequately stocked and clean. VDI forms are returned to the Fleet and Logistics department for record and analysis. Quality of cleaning standards for vehicle interiors and equipment is monitored by ATP testing.

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The Station Cleaning Audit form is similar in that it assures the Trust that the cleaning on station is to an acceptable standard by local station leads and data submitted to the IPC and Estates team on a monthly basis. In addition, the contractors provide a quarterly performance report.

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 area sector quality meeting agenda. Recurrent issues that have not been addressed will be escalated to the quarterly ICDG meeting. Issues that cannot be addressed at ICDG meetings will be escalated to the quarterly IPCC.

Audits and their results will also be recorded centrally and reported to the IPC team. A Balanced Scorecard is generated by the IPC team and shared at various groups and committees. Quality assurance and quarterly reports are presented to ICDG, IPCC, QOG, QAC and onwards to the Trust Board and commissioners at appropriate times.

7. Infection Prevention and Control Work (Action) Plan

An IPC work 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 ICDG, IPCC and reported to the QOG on a regular basis. The progress of the IPC plan will be reported to commissioners in a monthly report.

8. Infection Prevention and Control Governance Framework

The IPC Governance Framework (Appendix 1,2,3 and 4) ensures that LAS as a trust has oversight of this key patient safety and quality agenda firmly embedded, through its wide representation at the ICDG/IPCC.

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9. Infection Prevention Control Procedures

The LAS Infection Prevention and Control Manual was replaced by the IPC workbook in 2013, amended to a Handbook 2016, to ensure all staff have easy access to IPC guidance. The Handbook provides information relating to the mechanisms involved in the spread of infection; personal hygiene with a focus of the importance of hand hygiene adherence (Appendix 5); 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 regularly to ensure that they continue to reflect best practice. Each new member of staff and those undertaking annual refreshers have access to an e-copy of the IPC Handbook 2017, which is available on the Pulse.

10. Cleaning products and contracts

Only cleaning products approved by the ICDG/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 Handbook (2017) 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 Clinical Equipment Working Group (CEWG), the Vehicle Working Group (VWG) as necessary. These groups will lead on evaluation and recommendations for procurement supported by clinical advice from HIPC and Education Centre Manager with remit for IPC.

12. Vehicle Preparation (VP)

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 to monitor and assure compliance to Infection Prevention and Control and national cleanliness standards.

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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 at the quarterly IPCC meetings.

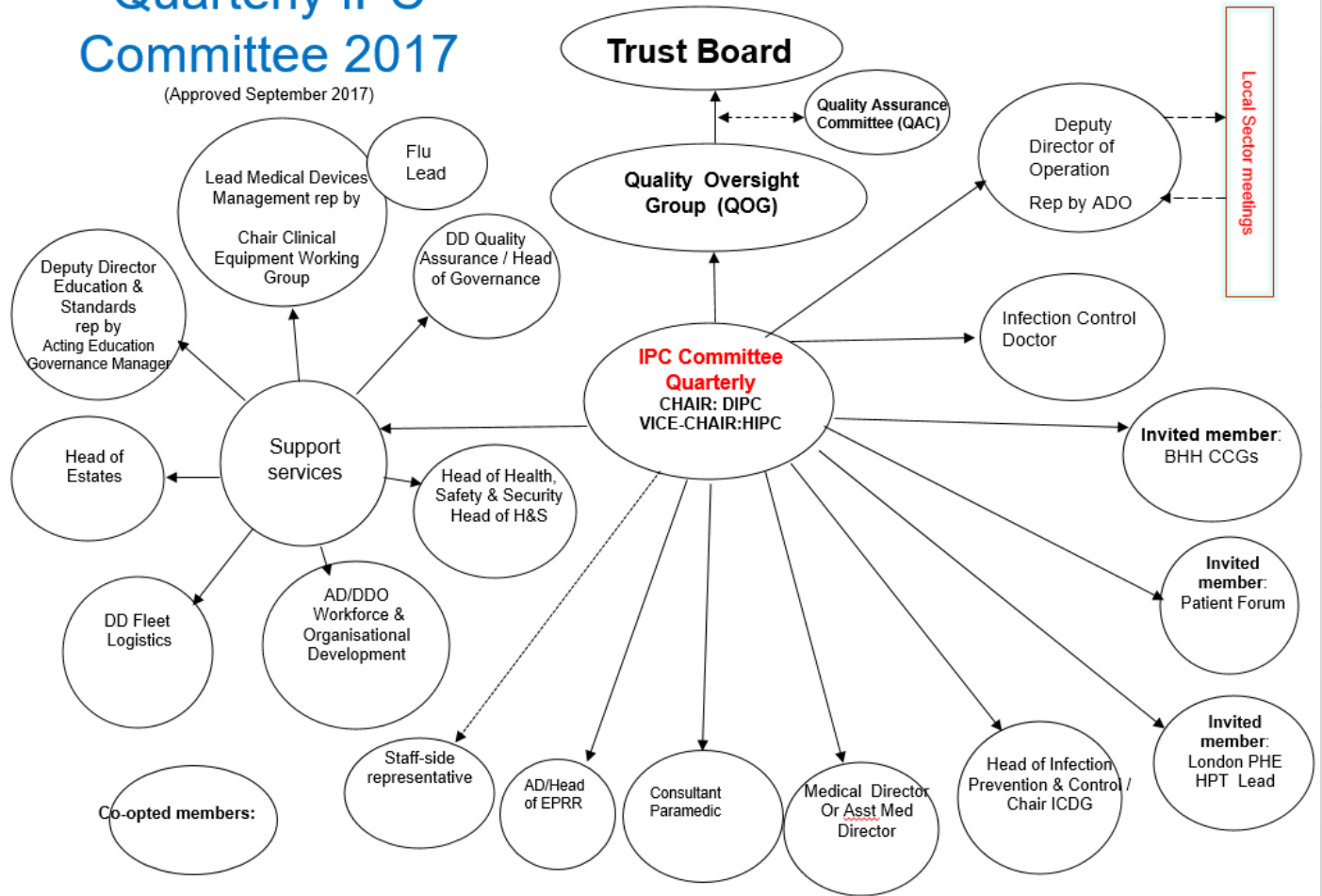
IMPLEMENTATION PLAN				
Intended Audience	All LAS staff			
Dissemination	Available to all staff on the Pulse and to the public on the LAS Website			
Communications	Revised Policy to be announced in the RIB and a link provided to the document			
Training	Training to be carried out as outlined in Section 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

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Duties and Responsibilities	Annual PDR process	Local QGAMs,	Sector Quality Committees, ICDG monthly, IPCC quarterly, QOG and QAC regularly.	Learning disseminated via various mechanisms including Clinical and Quality Directorate Bulletins, Area Quality Meetings, Routine Information Bulletins, etc Infection Control Handbook 2017 Discussions during OWRs with CTL's.
	Annual programme in place using relevant audit tools – monthly audits of hand hygiene, Bare-below-the-elbow, vehicle six weekly compliance, premises cleanliness	IPC Audit Support Worker reports information on completion, compliance and common areas for improvement to station management Assurance reports to Sector Quality meetings, ICDG, IPCC and QOG.		
	Quarterly - station infection control audit undertaken by local managers using the existing nationally agreed audit tool Validation audits undertaken by IPC team to provide robust triangulation of data.			
	Monthly OWR audit of IPC elements including hand hygiene; recorded and analysed for inclusion on the monthly Quality Report.	IPC Audit Support Worker requests audit data from complex senior managers to maintain records of best practice and reports to the ICDG and Quality Report		

Quarterly IPC Committee 2017

(Approved September 2017)



1 Purpose

- 1.1 The Infection Prevention and Control Committee will provide oversight, monitoring and assurance to the Trust Board via the Quality Oversight Group (QOG) on Infection Prevention and Control standards related to the activities in the Trust in line with the Trust’s Clinical and Quality Strategies, and associated annual Quality Report.
- 1.2 The Infection Prevention and Control Committee will assure the Quality Oversight Group that the Trust has adhered to its statutory duties in relation to its remit.
- 1.3 The Group will support and ensure compliance with the Care Quality Commission Regulations and fundamental Standards.

2 Constitution

- 2.1 The Infection Prevention and Control Committee is established on the authority of the Quality Oversight Group (QOG).

3 Authority

- 3.1 The Group is authorised by the Quality Oversight Group to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Infection prevention and Control Committee.
- 3.2 The Infection Prevention and Control Committee is also authorised to implement any activities, which are in line with the terms of reference, as part of the quality improvement work programme.

4 Accountability

- 4.1 The Infection Prevention and Control Committee will report to the Quality Oversight Group, which in turn reports to the Executive Group. Any matters requiring Board approval under the Trust’s Scheme of Delegation and Reservation will be submitted to the Board via the Executive Group.
- 4.2 The Chair will provide a quarterly report to the Quality Oversight Group on Infection Prevention and Control issues and progress against the annual work plan through the production of a Key Issues Report following each Infection prevention and Control Group meeting.
- 4.3 The Chair will provide an annual report to the Trust Board via the Quality Governance Committee, a committee of the Board.

5 Chairperson

- 5.1 The Chair of the Infection prevention and Control Committee will be the Director of Infection Prevention and Control.
- 5.2 The Head of Infection Prevention and Control will be the Vice Chair.

6 Membership

6.1 Core Members:

Director of Infection Prevention and Control (Chair)
Head of Infection Prevention and Control (Vice-Chair)
Deputy Director of Operations
Deputy Director of Quality and Assurance / Head of Governance
Head of Estates
Head of Health, Security and Safety
Deputy Director of Fleet and Logistics
Training and Education representative
Infection Control and Decontamination Group Chair (currently HIPC)
Deputy Director of Workforce and Organisational Development
Consultant paramedic
Infection Control Doctor (Consultant Microbiologist)
Assistant Director or Head of EPRR
Staff-side representative

6.2 Invited Members:

PHE - London HPTs Principle Lead
Patient Forum representative
Lead Commissioners – IPC/Quality Lead

6.3 Co-opted Members:

Clinical Equipment and Working Group (CEWG) Chair

7 Attendance is expected from:

- 7.1 There is an expectation for members or a nominated deputy to attend all meetings, with a minimum of 75% in any 12-month period. If a deputy attends on behalf of a member they must have sufficient authority to make decisions on behalf of the group member.
- 7.2 Other attendees from relevant directorates/services may be invited to attend as and when appropriate.

8 Quorum

- 8.1 The meeting will be quorate provided that the Chair or Vice Chair, and six other core members are in attendance.

9 Frequency

- 9.1 Meetings will be held every Quarter.

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10 Key responsibilities

- 10.1 To review and monitor the infection control work programme.
- 10.2 to review and monitor the infection control audit programme.
- 10.3 To receive and approve the infection prevention and control annual report prior for presentation at the QOG and the Quality Assurance Committee, a Board committee.
- 10.4 To provide assurance to the Trust board that the Trust is compliant with statutory regulations and standards, including those set by the Care Quality Commission.
- 10.5 To identify any new risks and review the Infection Prevention and Control risk register.
- 10.6 To approve the terms of reference and annual work plan, review and monitor the activities (including the attendance register and minutes) of the Infection Control and Decontamination Group by means of receipt of a Key Issues Report following each meeting.
- 10.7 To monitor and provide feedback and learning from incidents, including incident trends, outbreaks, pandemics, epidemics, serious incidents and infection rates.
- 10.8 To identify the education and training needs for the workforce to ensure all staff have appropriate level of skill.
- 10.9 To demonstrate that infection prevention and control for patients and staff is a Trust priority and that appropriate action is taken to address any shortfalls identified.
- 10.10 To oversee Trust policy and processes in relation to infection prevention and control, including policy development and approval.

11 Process for monitoring compliance with Terms of Reference

- 11.1 Compliance will be monitored by reports on progress, regular agenda items covering the annual work plan for the Group and by producing quarterly Key Issues Reports to the Quality Oversight Group, and producing an annual report.

12 Links to other meetings

- 12.1 Quality Oversight Group.
- 12.2. Infection Control and Decontamination Group
- 12.4 Vehicle Equipment Group
- 12.5 Clinical Equipment and Medical Devices Management Group

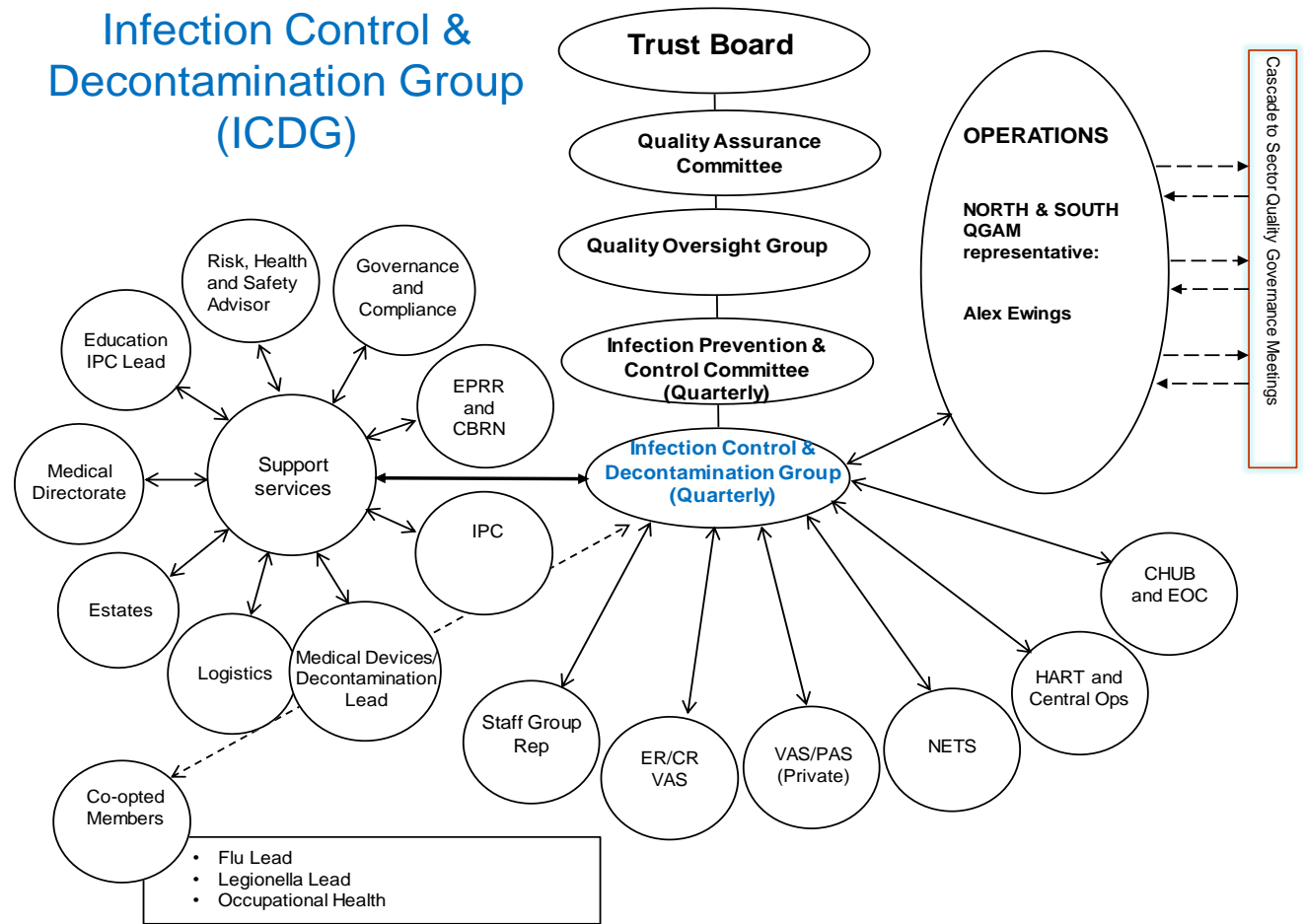
13 Review Date

- 13.1 All Terms of Reference will be reviewed annually.

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What will be monitored	How/Method/Frequency	Lead	Reporting to	Deficiencies/ gaps Recommendations and actions
Terms of Reference	Reviewed by way of an annual report to include the committee effectiveness audit.	Chair	Quality Oversight Group	Where gaps are recognised, action plans will be put into place; key issues will be escalated to the Quality Oversight Group
Programme of Work	Via Key Issues Report quarterly	Chair	Quality Oversight Group	Where gaps are recognised, action plans will be put into place; key issues will be escalated to the Quality Oversight Group
To review and monitor the activities (including the attendance register and minutes) following each meeting, as set out in paragraph 10.6.	By means of receipt of Key Issues Reports following each meeting	Chair	Quality Oversight Group	Where gaps are recognised, action plans will be put into place; key issues will be escalated to the Quality Oversight Group

Terms of Reference approved by Quality Oversight Group on 19/06/2017
Additional members to IPCC 21/9/17



Infection Control and Decontamination Group – Terms of Reference Appendix 4

1. Purpose:

- 1.1 The Infection Control and Decontamination Group (ICDG) will scrutinise, monitor, advise and report on progress against the annual Infection Prevention and Control Work Plan and escalate risks and key issues to the Infection Prevention and Control Committee (IPCC).
- 1.2 The Infection Control and Decontamination Group will provide assurance to the Trust through the IPCC, to ensure systems, processes are embedded and outcomes measures meet compliance with legislation, regulatory and commissioning requirements to ensure patient and staff safety.
- 1.3 The Infection Control and Decontamination Group will support Operational services to enhance practice and enable compliance with the Care Quality Commission Regulations and Fundamental Standards.
- 1.4 The Infection Control and Decontamination Group will horizon scan and plan for local, national and international risks or issues relating to outbreaks, influenza, biological events and emerging risks relating to micro-organisms.
- 1.5 The Infection Control and Decontamination Group will receive, review and discuss new risks, agree those risks with risk scores 10+ and risks under 10, where progress had been unduly delayed and poorly managed. To escalate to the IPCC to enable the IPCC to agree risks are appropriate for presentation to RCAG.

2. Constitution

- 2.1 The Infection Control and Decontamination Group is an operational sub-group established on the authority of the Quality Oversight Group (QOC) and is part of the LAS Governance Framework.

3. Authority

- 3.1 The ICDG is a multi-disciplinary committee that serves as an operational sub-group in the provision of an Infection Prevention and Control service through reporting to the Infection Control Committee
- 3.2 The ICDG is authorised to implement any activities which are in line with the Terms of Reference as part of the Infection Prevention and Control Work Plan.
- 3.3 The ICDG is authorised to scrutinise, challenge and drive forward initiatives and activities that are required for successful achievement of the Infection Prevention and Control Programme. All services are to cooperate with requests for information from the ICDG.

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3.4 The ICDG is authorised by the Infection Control Committee to seek any information it requires from any LAS employee, third party contractors and volunteers who are directed to co-operate with any request or investigation made by the Infection Control Decontamination Group.

4. Accountability

4.1 The ICDG will report to the IPCC, which reports to the Quality Oversight Group and onwards to the Executive Group. Any matters requiring IPCC approval under the Trust's Scheme of Delegation and Reservation will be submitted to the IPCC.

4.2 The chair will provide a quarterly report to the IPCC on Infection Prevention and Control Issues and progress against the Infection Control work plan through a Key Issues Report following each ICDG meeting.

4.3 The ICDG will agree the annual DIPC report for approval by the IPCC.

5. Chairperson

5.1 The Chair of the Infection Control and Decontamination will be the Head of Infection Prevention and Control (HIPC).

5.2 The Infection Prevention and Control Specialist Practitioner will be the Vice-Chair. This post has not been filled.

5.3 The interim Vice-Chair will be Quality Assurance Manager (QGAM).

6. Membership:

- (Chair) Head of Infection Prevention and Control
- (Vice-Chair) QGAM
- QGAM representative for North and South Areas
- Fleet and Logistics representative
- Estates representative
- EPRR and CBRN representative
- CHUB and EOC representative
- HART and Central Ops representative
- NETS representative
- ER/CR/VAS representative
- NHS 111 representative
- Staff Group representative
- Medical Devices and Decontamination Lead – chair Medical Devices Group
- Medical Directorate representative
- Education IPC Lead

- Security, Health and Safety Advisor
- Governance and Compliance Manager

Co-Opted Members as required

- Flu Lead – for planning and monitoring of the Flu Immunisation programme. (ICDG Work Plan 2017-2018)
 - Legionella Lead –Estates representative
 - Workforce and Wellbeing – representative
- Infection Prevention and Control Administrative support (minute-taker, non-voting member)

7. Attendance is expected from:

- 7.1 There is an expectation for members or a nominated deputy to attend all the meetings, with a minimum of 75% attendance in any 12-month period. If a deputy attends on behalf of a member they must have the authority to contribute and to make decisions on behalf of the group member.
- 7.2 Members are expected to be well briefed with the agenda prior to attendance in order to be able to contribute effectively and to provide an exception reports to accompany papers
- 7.3 *Ad-hoc* members will be invited to attend when relevant issues are to be discussed
- 7.4 Non-members, who are not deputies, may be invited to attend by the ICDG or Chair as observers, but they may not contribute unless invited to. Their attendance will be recorded in the minutes.

8. Quorum

- 8.1 The meeting will be quorate provided that the Chair or Vice-Chair and a third of members plus one are in attendance (5 plus Chair)

9. Frequency

- 9.1 Meetings will be held every quarter, a month before the IPCC meeting

10. Key responsibilities

- 10.1 To agree and monitor the Annual Work Plan progress and to escalate issues and to identify mitigation actions to the quarterly IPCC.
- 10.2 To approve the Annual Director of IPC Report prior to presentation at the IPCC.
- 10.3 To discuss, review and scrutinise the quarterly IPC audit data, to agree actions or gaps in the data submission and compliance for the infection control rolling audit programme and to escalate when necessary.

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- 10.4 To receive performance reports from relevant departments, to discuss, identify gaps, make recommendations to meet compliance or escalate as appropriate :
- Estates – Water quality
 - Fleet and Logistics – Vehicle cleanliness
 - Decontamination of Equipment – from CEWG (Clinical Equipment Working Group)
 - EPPR – Flu programme
 - H&S for monitoring trends in sharps, BFE incidents
 - Operations – compliance with IPC from OWR
- 10.5 To advise risk owners re monitoring, identifying, reviewing progress and risk actions and to escalate risks with scores of 10+ or those risks which are not progressing. (see 1.5)
- 10.6 To comment and make recommendation on quarterly risk management reports relating to medical devices decontamination identified by the Clinical Equipment and Medical Devices Management Group
- 10.7 To advise on the procurement, purchase and decontamination of medical devices and equipment
- 10.8 To advise on building works, planned estates refurbishments, cleaning contracts, tenders for wellbeing / occupational health
- 10.9 To maintain the Trust focus on the Infection Control and Decontamination Group (ICDG) agenda to continually enhance practice to reduce anti-microbial resistance
- 10.10 To review the ESR education programme develop and / or review Trust policies and procedures in relation to infection prevention and control
- 10.11 To review and make recommendations for the annual influenza vaccination programme
- 10.12 To share information and make recommendations about emergency preparedness in relation to infection prevention and control eg personal protective equipment (PPE)
- 10.13 To promote infection prevention and control within the Trust and work collaboratively with outside partners and agencies.
- 10.14 The ICDG will maintain the Trust focus on the infection prevention and control and decontamination agenda to continually enhance practice to reduce healthcare associated infections and anti-microbial resistance.
- 10.15 The ICDG will cascade relevant information and lessons from incidents to all staff through its membership
- 10.16 The ICDG will review, discuss, advise and share learning from audits to inform best

practice, shaping educational content, procurement of new equipment, building works and upgrades, trust policies and procedures

11. Process for monitoring compliance with the Terms of Reference

- 11.1 Compliance will be monitored by reports as regular agenda items and escalating risks, by producing quarterly Key Issues Report to the IPCC
- 11.2 The effectiveness of the ICDG will be evidenced through the Director of Infection Prevention and Control's Annual Report

12. Key Indicators

- 12.1 The Health & Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections (revised 2015)
- 12.2 NHS Constitution (2015)
- 12.3 NICE Quality Standard QS 61 (April 2014)
- 12.4 Care Quality Commission Fundamental Standards of care (2014)
- 12.5 NHS Outcomes Framework 2016-2017 Domain 5
- 12.6 Health and Safety at Work Act (1974)
- 12.7 Personal Protective Equipment at Work Regulations (1992)
- 12.8 Control of Substances Hazardous to Health (COSHH) (2002)

13. Links to other meetings

- 13.1 Infection Prevention and Control Committee
- 13.2 Clinical Equipment and Medical Devices Management Group
- 13.3 Health and Safety Group
- 13.4 RCAG
- 13.5 Sector Quality Meeting
- 13.6 Quality Oversight Group (QOG)
- 13.7 Quality Assurance Committee (QAC)

14. Review date

- 14.1 All Terms of Reference will be reviewed annually

What will be monitored	How / Method/Frequency	Lead	Reporting to	Deficiencies / gaps Recommendations and actions
Terms of Reference	Reviewed by way of an annual report to include the committee effectiveness audit	Chair	IPCC	Where gaps are recognised, action plans will be put into place; key issues will be escalated to the Infection Prevention and Control Committee (IPCC)
Programme of Work	Via Key Issues Report quarterly	Chair	IPCC	Where gaps are recognised, action plans will be put into place; key issues will be escalated

				to the Infection Prevention and Control Committee (IPCC)
To review and monitor the activities (including the attendance register and minutes) following each meeting as set out in paragraph	By means of receipt of Key Issues Reports following each meeting	Chair	IPCC	Where gaps are recognised, action plans will be put into place; key issues will be escalated to the Infection Prevention and Control Committee (IPCC)

IPCC approved 21/09/17 - amended 13.7 Quality Oversight Committee to Quality Oversight Group

Hand Hygiene Compliance Assurance

1. Introduction

The LAS, in line with other NHS healthcare providers adopts a 'bare below the elbows' policy. This is to facilitate effective hand hygiene and reduce the risk of transmitting Healthcare Associated Infections (HCAI). This excludes the wearing of wrist watches and most jewellery. Regular assurance of adherence to OP001 Uniform Work Wear Policy (2016) is audited by Team Leaders during Operational Workplace Review (OWR).

Effective hand hygiene is cited by the World Health Organisation (WHO) as the single most important factor to significantly reduce and prevent infection, leading to improved quality and safety of care provided.

2. Responsibilities

- 2.1 The responsibility for ensuring that the policy is enforced lies with the Trust Board and the Chief Executive Officer. The local managers are responsible for overseeing the policy on a day to day basis, assisted by the station IPC Champion.
- 2.2 The Trust Board has nominated the Medical Director to have executive responsibilities as Director of Infection Prevention and Control (DIPC), in conjunction with the Head of 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 HCAs.
- 2.4 The Quality Assurance 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, Quality Governance and Assurance Managers, Group Station Managers and Clinical 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 and those who work within LAS. All staff have a responsibility to protect themselves, as well as making all reasonable efforts to safeguard

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the welfare of their patients and all other persons encountered in their daily duties.

3. Training

- 3.1 The Infection Prevent and Control handbook includes information regarding the importance of hand hygiene techniques to be adopted: <https://thepulseweb.lond-amb.nhs.uk/clinical/infection-prevention-and-control/training-workbook/>
- 3.2 The approved hand hygiene technique poster is available on the Pulse and will be displayed above every hand washing facility.
- 3.3 All healthcare workers should receive annual training in relation to hand decontamination and hand hygiene and care as identified in *TP056 Statutory, Mandatory and Essential training Policy (8/2017)* Non-clinical staff should attend regular updates in all aspects of hand hygiene and principles of infection prevention and control.
- 3.4 The Trusts *TP056* sets out the process for recording and checking that all permanent staff, as identified in the TNA, complete relevant training including hand hygiene. 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 receives infection prevention and control training from their employer. Training records and manuals are made available to the Contract manager and Head of Infection Prevention and Control, to enable the trust to receive assurance regarding the provisions of training.
- 3.7. LAS staff who have direct contact with patients will use the '5 moments of hand hygiene' to reduce the risk of transmitting infections ('WHO Save lives, Clean your hands' Global initiative).



HAND CLEANING TECHNIQUES

