National Ambulance Services Infection Prevention and Control Policy

Recommended by	National Ambulance Service IPC Group
Approved by	QIGARD
Approval date	18th November 2022
Version number	2.0
Review date	3 yearly - 2025
Responsible Director	QIGARD Chair – S Rushbrook
Responsible Manager (Sponsor)	D Bullock NASA- IPC
For use by	All Trusts

Change record form AACE

Version	Date of change	Date of release	Changed by	Reason for change
1.0	February 2020	February 2020	NASIPCG	Development of Policy
1.1	July 2022	August 2022	NASIPCG/ D Bullock	Review and update of current policy
1.1	September 2022	October 2022	NASIPCG/ D Bullock	Updated for QIGARD review and approval.
2.0	10th November 2022	18th November 2022	D Bullock	Approved at QIGARD – released for trust use

NIAS Ownership and implementation record

Ownership:	Lynne Charlton, Director of Quality, Safety & Improvement		
Date of SMT Approval:		**Date of SQEP Committee Approval:**	
Operational Date:		**Review Date:**	
Version No:		**Supercedes:**	Infection Prevention and Control Policy 2018
Key Words:	Infection Prevention and Control		
Links to Other Policies / Procedures:	Hand hygiene policy NIAS Hand Hygiene Policy V1.3 050521.pdf Personal Protective Equipment (PPE) Policy 2022 PPE Policy.pdf Waste management policy Waste Management Policy 2014 04 02.pdf Uniform and dress policy 2011 06 07 Uniform Policy 2011 Signed.pdf ANTT policy ANTT NIAS v1.2 April 2021 Approved.pdf The management of Infection Prevention and Control Incidents and Outbreaks policy Infection Prevention and Control Incident Outbreak Policy V1.3 12.11.20.pdf Vehicle and Vehicle Equipment Decontamination Manual Manual		

Infection Prevention and Control Policy

Contents

1.0 POLICY STATEMENT

The Northern Ireland Ambulance Service Health and Social Care Trust (hereafter referred to as 'the Trust') is committed to promoting the highest standards of infection prevention and control (IPC) 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 and having adequate IPC resources within the trust to implement and monitor this policy.

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/ outbreak control team meetings.

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.

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 of Healthcare Cleanliness 2021
- NHS Scotland National Infection Prevention Control Manual (2017) updated 2022
- NHS National Service Scotland. Healthcare Associated Infection compendium (HAI) May 2021
- NHS England National Infection Prevention Control Manual 2022
- NHS England. Healthcare Associated Infection Compendium 2022
- 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 2021
- 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 updated 2020)
- Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use 2015
- Northern Ireland Regional Infection Prevention and Control Manual
- Devolved nations guidance – please see local policies for further information and additional references.

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 NHS England, Wales and Scotland, Public Health Agency Northern Ireland, United Kingdom Health Security Agency (UKHSA) and NHS England/Improvement. Generic and specific risk assessments are included within the Trust's risk management systems and procedures.

Healthcare-associated infections (HCAIs) can develop in all healthcare settings. The term HCAI covers a wide range of infections. HCAIs pose a serious risk to patients and staff as a result, infection prevention and control is a key priority for the NHS.

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 source 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, Regulatory guidance and Health and Social Care act 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.

The 'Bare Below the Elbow' (BBE) policy is a national consensus policy that applies to all UK Ambulance Services and to which all UK ambulance Infection Prevention Leads (NASIPCG) and Directors of Quality (QIGARD) are in agreement with and fully endorse. Every Ambulance Trusts IPC policy should now state that patient facing uniformed staff must be BBE. It is noted that washable watch straps are not acceptable in any patient facing circumstance and **all staff must be bare below the elbows whilst in a patient facing environment** (and in other settings as per local policy agreement i.e. contact centres.)

Any clinically trained staff, regardless of their duties, who are wearing operational uniform must adhere to the national policy of bare below the elbows. This includes the removal of wrist watches, stoned rings, bracelets, long sleeves, long nails, nail extensions, gel polish and nail varnish (clear or coloured).

The trusts support the appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance. The trust should have systems in place to manage and monitor the use of antimicrobials to ensure inappropriate and harmful use is minimised and patients with severe infections such as sepsis are treated promptly with the correct antibiotic.

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 have 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 premise, 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 and The health and Safety at Work Order (NI) 1978 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 management of health and safety at work (NI) regulations 2000 and The Control of Substances Hazardous to Health Regulations 1999 The control of substances hazardous to health (NI) regulations 2003, 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 limited team of specialists who are trained to deal with these risks. The key principles contained within this policy are relevant to CBRN activities within the Trust, however the EPRR department are responsible for providing policies, procedures, training and risk assessments relating specifically to CBRN. CBRN/HAZMAT - All Documents

4.0   OBJECTIVES

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

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, and risks reduced.

6.   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). (section 1.3)

Activities to demonstrate that infection prevention and cleanliness are an integral part of quality assurance should also be provided to the Trust board (at least quarterly) and include regular presentations and assurance reporting from the DIPC and/or the infection prevention team.

In accordance with health and safety requirements, where suitable and sufficient assessment of risks requires action to be taken, evidence must be available on compliance with the regulations or, where appropriate, justification of a suitable better alternative. This should be in the form of an assurance framework document. (section 1.5)

6.2. NIAS Reporting Structure
The Infection Prevention and Control & Environmental and Vehicle (EVC) Cleanliness Group (IPC/EVC Group) is responsible via the Safety, Quality, Experience Committee to the Trust Board for ensuring the high quality, evidence based standards of IPC and EVC are delivered and maintained by the NIAS

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 Trust Board and Chief Executive:
- Ensure that IPC is a core part of Trust business, clinical governance and patient safety programmes
- Ensure awareness of and compliance with IPC policies generally and this policy specifically in order to prevent HCAI
- Be aware of legal responsibilities to identify, assess and control risk of infection
- To promote a culture of high expectations in relation to IPC and HCAI reduction to ensure that patients receive safe, effective, high quality, patient focussed care and services
- When present in clinical areas ensures compliance with all aspects of this policy (clinical areas include but are not restricted to - ambulance service vehicles where patients are present and clinical care settings such as Emergency Departments)
- Be willing to hold self and others to account in terms of organisational performance in relation to HCAI.

7.3   Director of Quality, Safety and Improvement:
- Act as the director of Infection Prevention and Control (DIPC)

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 (or similar) and regularly attend its infection prevention meetings;
- Have the authority to challenge inappropriate practice and inappropriate antimicrobial prescribing decisions;
- Chair and establish an Outbreak Committee in the event of an outbreak of an infectious Disease
- 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.*
- Promote a culture of high expectations in relation to IPC and HCAI reduction to ensure that patients receive safe, effective, high quality, patient focussed care and services.
- When present in clinical areas ensures compliance with all aspects of this policy (clinical areas include but are not restricted to - ambulance service vehicles where patients are present and clinical care settings such as Emergency Departments)
- Be willing to hold self and others to account in terms of organisational performance in relation to HCAI.

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 Trust Directors:
- Promotes a culture of high expectations in relation to IPC and HCAI reduction to ensure that patients receive safe, effective, high quality, patient focussed care and services
- Ensures that staff and services under their remit adhere to NIAS policies and procedures in relation to IPC
- Supports the organisation to ensure collectively that best practice in IPC is consistently applied and delivered within NIAS
- Be willing to hold self and others to account in terms of organisational performance in relation to HCAI
- When present in clinical areas ensures compliance with all aspects of this policy (clinical areas include but are not restricted to - ambulance service vehicles where patients are present and clinical care settings such as Emergency Departments)
- To support in the management of staff where non-adherence to IPC Trust policy and procedures has been identified.

7.6 Area Managers:

- Promotes a culture of high expectations in relation to IPC and HCAI reduction to ensure that patients receive safe, effective, high quality, patient focussed care and services
- Ensures that staff and services under their remit adhere to NIAS policies and procedures in relation to IPC
- Supports the organisation to ensure collectively that best practice in IPC is consistently applied and delivered within NIAS
- Be willing to hold self and others to account in terms of organisational performance in relation to HCAI
- To act as role model in relation to IPC
- When present in clinical areas ensures compliance with all aspects of this policy (clinical areas include but are not restricted to - ambulance service vehicles where patients are present and clinical care settings such as Emergency Departments)
- To support in the management of staff where non-adherence to IPC Trust policy and procedures has been identified.

7.7 Head of Infection Prevention & Control (Senior Lead/ IPC Professional):

- 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 with regard to infection prevention and control.
- To ensure that there is a communication mechanism in place for staff at all levels with regard to infection prevention and control issues including infection prevention and control incident reporting.
- To ensure that the *Infection Prevention* Team in conjunction with Service Delivery completes 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 the Public Health Agency Northern Ireland.
- 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.
- Have the authority to challenge inappropriate practice, if appropriate, including antimicrobial prescribing practice;
- Have the authority to set and challenge standards of cleanliness
- Be willing to hold self and others to account in terms of organisational performance in relation to HCAI

- To act as role model in relation to IPC
- When present in clinical areas ensures compliance with all aspects of this policy (clinical areas include but are not restricted to - ambulance service vehicles where patients are present and clinical care settings such as Emergency Departments)
- To work to ensure that key performance indicators are meet in terms of IPC and training provision
- To ensure that auditing of IPC practice (Hand Hygiene, personal protective equipment and RQIA style environmental cleanliness) is undertaken in line with agreed frequencies and processes and to ensure that an equitable and transparent approach to monitoring compliance and management of staff in relation to this are in line with the principles of a just culture
- To remain professionally up to update and to retain and grow specialist expertise ,in relation to IPC
- To ensure that IPC training materials/ packages used are up to date and in line with best practice and national/ international standards
- To produce an annual infection prevention and control plan to set a programme of work for that year
- To engaged with the Regulation and Quality Improvement Authority (RQIA) in the areas of audit of specific topics relating to current practice as well as developing a comprehensive audit tool which recognises the significant challenges faced by staff working in the pre-hospital field

7.7   Environmental and Vehicle Cleanliness Senior Manager

The Environmental and Vehicle Cleanliness (EVC) Senior Manager 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, full time IPC Specialist and auditor as a minimum.
- Promotes a culture of high expectations in relation to IPC and HCAI reduction to ensure that patients receive safe, effective, high quality, patient focused care and services
- Ensures that all staff and services within the organisation adhere to NIAS policies and procedures in relation to IPC
- Supports the organisation to ensure collectively that best practice in IPC is consistently applied and delivered within NIAS
- Be willing to hold self and others to account in terms of organisational performance in relation to HCAI
- To act as role model in relation to IPC

- When present in clinical areas ensures compliance with all aspects of this policy (clinical areas include but are not restricted to - ambulance service vehicles where patients are present and clinical care settings such as Emergency Departments
- To work to ensure that key performance indicators are meet in terms of IPC and training provision
- To ensure that auditing of IPC practice (Hand Hygiene, personal protective equipment and RQIA style environmental cleanliness) is undertaken in line with agreed frequencies and processes and to ensure that an equitable and transparent approach to monitoring compliance and management of staff in relation to this are in line with the principles of a just culture.
- To support staff in relation to IPC through provision of support, advice, training and competence assessment.
- To remain professionally up to update and to retain and grow specialist expertise in relation to IPC
- To maintain accurate training records in relation to and to provide training figures for assurance on request and at agreed intervals to Trust IPC group, Trust Assurance Group or relevant Director
- To ensure that IPC training materials/ packages used are up to date and in line with best practice and national/ international standards
- To advise on the management of staff where non-adherence to IPC Trust policy and procedures has been identified
- Be a member of the Outbreak Control Group in the event of an outbreak or incident.
- Provide advice on the purchase and management of new equipment
- Participate in risk assessments associated with the construction or renovations of facilitates to ensure IPC is "built in" to facilities

7.10   All Managers (including Area Managers)

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 support in the management of staff where non-adherence to IPC Trust policy and procedures has been identified
- Adequate liaison and consultation is maintained with the Safety Representatives for staff.
- Adequate liaison and consultation is maintained with the *Infection Prevention* 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.

7.12 Station Officers and Station Supervisors:
- Promotes a culture of high expectations in relation to IPC and HCAI reduction to ensure that patients receive safe, effective, high quality, patient focussed care and services
- Ensures that all staff and services within the organisation adhere to NIAS policies and procedures in relation to IPC
- Supports the organisation to ensure collectively that best practice in IPC is consistently applied and delivered within NIAS
- Be willing to hold self and others to account in terms of organisational performance in relation to HCAI
- To ensure staff that they line manage undertake annual Personal development
- Reviews and to incorporate IPC into that review
- When present in clinical areas ensures compliances with all aspects of this policy (clinical areas include but are not restricted to - ambulance service vehicles where patients are present and clinical care settings such as Emergency Departments)
- To manage staff where non-adherence to IPC Trust policy and procedures has been identified.

7.11 Training Lead, Divisional Training Officers, Training Officers and Clinical Support Officers:
- Promotes a culture of high expectations in relation to IPC and HCAI reduction to ensure that patients receive safe, effective, high quality, patient focussed care and services
- Ensures that all staff and services within the organisation adhere to NIAS policies and procedures in relation to IPC
- Supports the organisation to ensure collectively that best practice in IPC is consistently applied and delivered within NIAS
- Be willing to hold self and others to account in terms of organisational performance in relation to HCAI
- To work to ensure that key performance indicators are met in terms of IPC training provision and attendance
- To act as role model in relation to IPC
- To maintain accurate training records in relation to IPC training and to provide training figures for assurance on request and at agreed intervals to Trust IPC group, Trust Assurance Group or relevant Director
- When present in clinical areas ensures compliances with all aspects of this policy (clinical areas include but are not restricted to - ambulance service vehicles where patients are present and clinical care settings such as Emergency Departments)
- To support in the management of staff where adherence to IPC Trust policy and procedures has been breached through the provision of education/ training support where required.

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 in order 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 2018).
- 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.
- Promotes a culture of high expectations in relation to IPC and HCAI reduction to ensure that patients receive safe, effective, high quality, patient focussed care and services and ensures that own practice is consistent with this aim
- To challenge others where IPC non-compliance is observed to ensure best outcomes for patients. To escalate concerns through line manager IPC regarding concerns that they have not been able to action within their own remit or where a serious concern is raised
- Supports the organisation to ensure collectively that best practice in IPC is consistently applied and delivered within NIAS
- When present in clinical areas ensures compliances with all aspects of this policy (clinical areas include but are not restricted to - ambulance service vehicles where patients are present and clinical care settings such as Emergency Departments)
- To escalate any IPC concerns or non-compliances to line manager as appropriate Out of Hours

7.12 Occupational Health

The Trust provides an Occupational Health service to all employees via the Belfast Health and Social Care Trust Occupational Health Team. 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.

Sars-CoV-2 (Coronavirus) vaccine is recommended for all healthcare workers directly involved in patient care and in areas of high risk. Staff should be offered immunisation as part of the wider Covid19 vaccination programme.

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.

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 disseminated.

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 given will be kept to offer evidence to internal and external agencies (i.e. RQIA) that all clinical staff are routinely educated in current infection prevention and control practice.

The IPC team are responsible for developing 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 in England, HIW in Wales, RQIA in Northern Ireland and HIS in Scotland). 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.

10.0   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 i.e. RQIA. 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 Trusts Infection Prevention and Control policy and its associated procedures details 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.

Trust Board Assurance Framework for IPC - A *Infection Prevention* report submitted at least quarterly to the **Infection Prevention and Environmental and Vehicle Cleanliness (IPC/EVC)** Group 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, 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 (or similar) monitor incidents and make any recommendations.
- Trust Incident learning Forum (or similar) monitor and make any recommendations.
- Training records.

- Annual audit plan and action plan monitoring.

11.0 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 look at 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
- 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.

Monitoring of IPC practices including hand hygiene and Personal Protective Equipment (PPE) should be undertaken throughout the year in accordance with the IPC audit programme. The Trust audit tools have been developed in accordance to national and regional guidance in relation to hand hygiene and PPE.

The results of these audits are shared with the area managers and station officers who are responsible for the management of non-compliant staff members, identifying trends in their audits and providing strong leadership and role modelling to drive improvement. Audit results will be shared and discussed at the IPC/EVC Group meeting in accordance with Trust values of openness and transparency to share learning.

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 is a supportive and useful assessment of a trusts IPC polices and practices can be requested through and by the National Ambulance IPC Group or QIGARD. 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 QIGARD or the Trust.

12.0 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 NHS 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.

13.0 EQUALITY, DIVERSITY & INCLUSION

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, shape, or form.

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

14.0 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).

QIGARD and Association Ambulance Chief Executives (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'.

The policy has been amended to reflect NIAS governance procedures, staff roles and position with the Northern Ireland Healthcare system. This policy has been agreed and implemented by the Senior Management Team.

15.0   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:
- Incident and Outbreak Management Policy
- Hand Hygiene policy
- Personal protective Equipment (PPE) Policy
- Waste Management Policy
- Uniform and Dress Policy
- Aseptic Non-Touch Technique (ANTT) Policy
- Vehicle and Equipment Decontamination Policy
- Latex Sensitivity Policy
- Linen Management Policy
- Incident Reporting and Investigation Policy
- Risk Management Strategy and Policy
- HAZMAT plan including decontamination
- Pandemic Flu Plan
- Health and Safety Policy
- Control of Substances Hazardous to Health (COSHH) Assessments
- Hand washing, mop posters, information posters and leaflets
- Vehicle and station cleaning schedules and audit documentation

Other policies will continue to be produced and implemented by the Trust which supports the prevention and control of Infection.

16.0   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)
- Northern Ireland Regional IPC manual PHA Infection Control | (niinfectioncontrolmanual.net)
NHS Constitution for England, available at
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113645.pdf
- NHS Scotland National Infection Prevention Control Manual (2017) updated 2022
- NHS England National Infection Prevention Control Manual (2022)
- NHS National Service Scotland. Healthcare Associated Infection compendium (HAI) May 2021
- NHS National Service England. Healthcare Associated Infection compendium (HAI) July 2022
- C1636-national-ipc-manual-for-england-v2.pdf

17.0 Dissemination plan

IMPLEMENTATION AND MONITORING PLAN	
Intended Audience	All staff, volunteers and contractors
Dissemination	All staff, volunteers and contractors
Communications	

Training	
Monitoring	