Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services NHS Trust

Infection Prevention and Control Policy

Author: Illtyd Hollard
Version: 0.4
Date: 6\textsuperscript{th} May 2008
# Infection Prevention and Control Policy

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1.0 STATEMENT

The Welsh Ambulance Services NHS Trust (WAST) is committed to addressing the risks of healthcare associated infection and serious communicable diseases, through a strategy aimed at dealing proactively with the outcomes and continually developing safer working practices.

Infection prevention and control centres on the reduction of Healthcare Associated Infections within the healthcare setting. The term Healthcare associated Infections (HCAI) encompasses any infection by any infectious agent acquired as a consequence of a person's treatment by the NHS, or which is acquired by a health care professional in the course of their duties.

In any situation where numbers of people are brought together as providers or receivers of health care, the risks of both acquiring infection from others and/or spreading infection can be high. Ambulance personnel have transitory contact with large numbers of people and provide a variety of services ranging from outpatient services to emergency response. Trained staff are often called upon to carry out invasive procedures, often in less than ideal conditions, and many items of equipment are shared between patients. In such circumstances, the risks of cross-infection are high unless Infection Prevention and Control measures are taken to reduce these risks.

This document identifies the roles and responsibilities of individuals and groups concerned with Infection Prevention and Control within the Trust and also outlines the Trust’s strategy for dealing proactively with the risk of HCAI's; continually developing safer working environments and practices for patient's and staff.

Signed

Alan Murray
Chief Executive
2.0 INTRODUCTION

This policy and its associated procedures (contained within the guidance and procedures document) have been developed from the Ambulance Service Association (ASA) National Policy and Strategy Framework\(^1\) and recognition and thanks is hereby extended to those who contributed to the production of this document.

It is intended that this document should be the central source of reference on matters relating to the management of control of infection. It is essential that all staff read and fully familiarise themselves with this document.

The Welsh Ambulance Services NHS Trust (WAST) Infection Prevention and Control Policy document is intended to provide the Trust with an effective approach to ensure the highest standards of infection control within WAST are met. Thus ensuring that the patient is exposed to a clean, safe, modern environment and that staff and volunteers (referred in this policy as ‘staff’) are provided with safe working conditions and follow best evidence based practice. This is in accordance with the Welsh Healthcare Standards, section 5 which states that healthcare services are provided in environments, which

- are well maintained and kept at acceptable national levels of cleanliness
- minimise the risk of healthcare associated infections to patients, staff and visitors, achieving year on year reductions in incidence
- emphasise high standards of hygiene and reflect best practice initiatives.\(^2\)

The Chief Executive is ultimately responsible for ensuring that the Infection Prevention and Control policy and its associated procedures are implemented,\(^3\) this role will be devolved to the Director of Unscheduled Care.

A Non-Executive Board member has a statute responsibility towards infection prevention and control\(^4\) and will chair the Infection Control Working Group.

This policy links in with other associated policies in use by WAST. These are included as appendices or referenced within this policy. Staff should also utilise the Basic Ambulance Training Manual\(^5\) as well as current JRCALC guidelines\(^6\).
High standards of care are expected throughout the National Health Service. Care should be based upon national standards where they exist and monitored through the framework of Clinical Governance. Standards maybe related to policy, procedure and outcomes, and include the provision of high quality facilities and standards of practice.

Although the subject of Infection Prevention and Control is broad and complex, it will be seen that this new policy and associated guidance and procedure documents will largely simplify our approach to this key area. Staff should be reassured that all changes reflect current ‘best practice’ in the modern Health Service and are subsequently endorsed by the Trust.

The Health Act 2006\(^7\) defines a Healthcare Associated Infection (HCAI) as:

‘Any infection to which an individual may be exposed or made susceptible (or more susceptible) in circumstances where-

a) Healthcare is being, or has been provided to that or any other individual, and

b) The risk of exposure to the infection, or of susceptibility (or increased susceptibility) to it, is directly or indirectly attributable to the provision of the healthcare’.

The prevention and control of infection in healthcare settings can cover a wide range of aspects and activities. It is intended that this policy and its associated guidance and procedure documents will provide a generic framework of best practice for the control of infection across all sectors of the Trusts activities, but recognises that there will be a requirement for additional local procedures in some areas. Such local procedures should build on, rather than replace the guidelines contained within this document.

The Trust is committed to minimising all risks associated with infection control and reducing the impact of HCAI’s on patients, staff and the organisation overall. The Trust encourages the open reporting of infection incidents and risks as part of its adverse incident reporting procedures.

### 2.1 Aim of the Policy

The aim of this policy is to clearly state the responsibilities of the Trust Board, the Trust Management structure, the Trust Infection Control Working Group and associated teams and the staff working within the Trust with regard to Infection Prevention and Control.
2.2 Review of Policy

The Infection Control Working Group (ICWG) will review the Infection, Prevention and Control policy on an annual basis, or in light of any significant change reporting any issues that require action to the Clinical Governance Committee.

3.0 ACCOUNTABILITY AND RESPONSIBILITY

The Trust Board and Chief Executive have a key role in ensuring that systems are in place (and are being followed) to manage the significant risks facing organisations. Chief Executives should lead by example on managing health and safety and send out clear messages to all stakeholders that the risks to staff and patient are effectively managed. This will ensure that Infection Prevention and Control is seen as ‘Everybody’s Business’.

3.1 Chief Executive

The Chief Executive has overall accountability for ensuring that the Trust maintains adequate and appropriate controls and procedures to minimise the risks of infection to staff and patients. This responsibility is devolved to the Director of unscheduled Care.

3.2 Non Executive Board Member

WAST has a duty to appoint a patient's champions on cleaning, hygiene and infection management issues to ensure that the public point of view is represented at the highest possible level. The Non Executive Director will:

- ensure adequate and regular focus at Trust Board level on issues relating specifically to cleaning, hygiene and infection management.
- chair the Infection Control Working Group

3.3 Director of Unscheduled Care

The Director of Unscheduled Care will carry out the role of the Chief Executive on his behalf. The responsibilities of the Director of Unscheduled Care will include:

- Oversee control of infection policies and their implementation.
- Be responsible for the Infection Control Working Group.
- Report directly to the Chief Executive and Trust Board.
• Have the authority to challenge inappropriate clinical hygiene practice by assessing the impact of existing and new policies and plans and make recommendations for change.
• Produce an annual report.

3.4 Consultant Paramedic

The consultant Paramedic will have responsibility for assisting the Director of Unscheduled Care and ICWG in developing, promoting, and monitoring improved infection control measures.

3.5 Health and Safety

Health and Safety in collaboration with the Trust Risk Management department will monitor all reported incidents and risks in relation to infection prevention and control and will ensure that where appropriate formal risk assessments are undertaken and recorded within the Trusts Risk Register.

3.6 Deputy Chief Executive, Regional Directors and Regional Patient Care Services – Head of Service

The Director of Ambulance Services, Regional Directors and Regional Patient Care Services – Head of Service are responsible for the provision, application and monitoring of infection control measures within their directorates.

3.7 All Managers

All Managers are responsible for implementing the Trust’s Infection, Prevention and Control policies and procedures, which includes:

• Ensuring that copies of the Infection, Prevention and Control of Infection policy and related documents are readily available to staff (An electronic version will also be available on the Trust Intranet site.)
• Provide leadership and supervision to ensure control of infection procedures, including safe systems of work, are fully adopted and applied by all staff.
• Investigate, document and report all accidents, incidents and risks, in accordance with Trust procedures and recommend means of preventing reoccurrence.
• Ensure good housekeeping standards are applied.
• Operational/Departmental Managers will be responsible for overseeing the policy with regard to personal medical details and sickness absence.
3.8 **Clinical Team Leaders/Infection Prevention and Control Champions**

Have the responsibility to provide leadership and to promote responsible attitudes towards the control of infection. Through work based training, assessment and supervision they will be responsible for ensuring that all employees are competent in applying infection control procedures relevant to their job role, and are aware and adopt all safe systems of work.

All accidents, incidents or risks must be reported immediately and fully documented using the Trust's reporting procedures.

3.9 **All Employees and volunteers**

In accordance with their statutory obligations under Health & Safety legislation all employees must:

- Take reasonable care for the Health & Safety of themselves and any other persons who may be affected by their acts or omissions at work. This duty also includes taking positive steps to understand the hazards in the workplace, to comply with safety rules and procedures and to ensure that nothing they do or fail to do places others at risk.
- Co-operate so far as is necessary, with his/her employer, to ensure that all relevant statutory regulations, policies, codes of practice and departmental procedures are adhered to.
- Inform the Trust, through the Trust Risk/Accident Reporting Procedure of:
  a) Compliance with the Trust's Infection, Prevention and Control of Infection Procedures.
  b) Any matter that the employee would reasonably consider represented a shortcoming in the employers' protection arrangements for Health & Safety.

Particular regard must be paid to:

- Wearing the appropriate protective clothing and safety equipment and the use of appropriate safety devices where applicable.
- Complying with all safe-working procedures.
- Reporting all faults, hazards, accidents, dangerous occurrences, regardless of whether persons are injured in accordance with Trust Policy

3.10 **Staff Illness and Reporting**

It is important that staff remember that infection can be passed in either direction, i.e. patients to staff or staff to patients.
Staff should inform their Line Manager, if they develop any of the following diseases, and should not report for duty unless advised to do so:

- Skin infection or exposed areas of infestation
- Severe respiratory infection (e.g. pneumonia, TB, not self limiting viral infections or the common cold);
- Severe diarrhoea;
- Jaundice;
- Hepatitis;
- Infectious diseases, such as chicken pox, measles, mumps, rubella or scarlet fever;
- Any other infectious disease (E.g. HIV).

Line Managers will be responsible for advising Human Resources of all illnesses reported in this way. All such reporting will be treated in the strictest confidence. Human Resources will liaise with Occupational Health if there is concern that a work acquired infection or other infection control issue is apparent.

3.11 Partnership working

In order to effectively manage risks associated with infection control it is essential that close working relationships are developed with other NHS Trusts and agencies to ensure a smooth transfer through the patients’ care pathway. Sharing of information regarding patients’ clinical conditions and the presence of any known infectious disease will assist in reducing the risk of cross infection and improve patient care overall.

The Trust reports any patient safety incidents through the National Reporting and Learning System to the National Patient Safety Agency (NPSA). Liaison will be via the Trust’s Risk Management Department.

3.12 Patient Public Involvement

The Trust will involve patients and the public on Infection, Prevention and Control procedures and performance through the Patient and Public Involvement forum (PPI forum). PPI will be asked to provide comment on any changes to current practice that involves patient care. PPI will assist the Trust in ensuring that the patient’s perspective is fully understood.
4.0 ORGANISATIONAL FRAMEWORK

4.1 Infection, Prevention and Control Structure

4.2 Trust Board

The Trust Board is responsible for monitoring the effectiveness of this policy and procedures, and for ensuring sufficient resources are available to support the implementation.
4.3 **Chief Executive Officer**

The Chief Executive has overall accountability for ensuring that the Trust maintains adequate and appropriate controls and procedures to minimise the risks of infection to staff and patients.

4.4 **Non Executive Director**

WAST has a duty to appoint patient’s champions on cleaning, hygiene and infection management issues to ensure that the public point of view is represented at the highest possible level. The Non Executive Director will ensure adequate and regular focus at Trust Board level on issues relating specifically to cleaning, hygiene and infection management.

4.5 **Director of Unscheduled Care**

The Director of Unscheduled Care will carry out the role of the Chief Executive on his behalf. The responsibilities of the Director of Unscheduled Care will include:

- Oversee control of infection policies and their implementation.
- Be responsible for the Infection Control Working Group.
- Report directly to the Chief Executive and Trust Board.
- Have the authority to challenge inappropriate clinical hygiene practice by assessing the impact of existing and new policies and plans and make recommendations for change.
- Produce an annual report.

4.6 **Clinical Governance Committee**

The Clinical Governance Committee has responsibility for developing and monitoring effective policies, procedures and best practices with regards to the control of infection as part of its overall risk management remit.

4.7 **Infection Control Working Group**

The Trust’s Infection Control Working group will report directly to the Clinical Governance Committee. The membership of this committee will be made up of varying directorates of the organisation; membership will be either on a full time or ad-hoc basis dependant on the requirements of the group, areas being reviewed and specialties of individuals.

The purpose of the group is to provide the Trust with an objective and structured approach to implementing effective management of Infection Prevention and Control across all facilities and services provided by the
Trust, with the primary aim of providing a safe environment to all patients, visitors and staff.

The ICWG will meet no less than four times a year and will have its own terms of reference which will be reviewed on an annual basis. The minutes of each ICWG meeting will be available for all WAST staff through the Trust intranet site.

4.8 Regional Infection, Prevention and Control Teams

Each of the three regions of WAST will have an Infection Prevention and Control Team made up of representatives from that region including Locality Ambulance Officer, Clinical Operations Officer, Health and Safety officer, Clinical Team Leader, staff side representative. The role of each team will be to link in with the ICWG and to implement the annual Infection Prevention and Control programme and to advise on Infection Prevention, Control & Cleanliness matters on a Regional basis.

Each Regional Infection, Prevention and Control team will meet no less than four times a year and will have its own terms of reference which will be consistent with all three teams and will be reviewed on an annual basis. The minutes of each Infection, Prevention and Control team meeting will be available for all WAST staff through the Trust intranet site.

An update on the progress of each regional team will be given at each ICWG meeting.

4.9 Specialist Infection Control Advice

The Trust may commission, under a service level agreement, external specialist advice. This will be provided by an expert in infection control matters and may be a Nurse or Doctor with specialist training in this field.

4.10 Training and Education

All operational Ambulance staff, Non Emergency Services and any staff who work on or with WAST vehicles or potentially contaminable equipment will have effective induction and continuous education in control of infection and decontamination. This must include training in:

- Basic microbiology and routes of transmissions
  - “The chain of infection”
  - Communicable diseases
  - Group 2 (previous Category III diseases) and their control
- Relevant staff immunisations (what is required and where to get them)
- Universal precautions.
• Management of sharps and sharps injuries
• General hygiene and the storage and preparation of food.

The use of universal precautions within the operational setting is the responsibility of each individual member of staff. Clinical Team Leaders, IP&C champions and Regional Training Officers will be responsible for ensuring and assessing operational compliance whenever they carry out operational assessments of staff.

The National Training Manager will ensure that Infection Prevention and Control is included in all induction and relevant continuing education programmes. Emphasis should be made toward the risks from blood and body fluids, including the appropriate consideration of gloves and the safe management of ‘sharps’ as part of their induction and basic training.

4.11 Campaign Initiatives

Where appropriate, the Trust will actively seek to promote Infection Prevention and Control and reduce the risk of Healthcare Associated Infections in conjunction with other NHS partners and external agencies. E.g. NPSA clean your hands campaign, 1000 Lives campaign.

5.0 OCCUPATIONAL HEALTH

The Trust provides an Occupational Health (OH) Service to all employees, this service is available during normal working hours to provide advice and counselling in relation to infection control incidents, outside of normal hours advice should be sought from the appropriate Emergency Department and Duty Supervisor/Officer.

Staff may obtain contact details for the Occupational Health Service from the Human Resources Department.

The Occupational Health Service will provide a pre-employment health assessment, this should include:

• Completion of a confidential health questionnaire
• Occupational history with details of previous exposure to infection risk
• Skin examination to evaluate risk from chronic skin disease
• Previous occupational health problems
• Vaccination and immunisation history
• Check for evidence of BCG or undertake Heaf test
• Check immunity to rubella
• Provide polio booster if more than ten years since last booster
Document last date of tetanus booster
Give advice and vaccination with regard Hepatitis B vaccination as Required.
Staff who will be involved in Exposure Prone Procedures (Technician and Paramedic) should be tested for Hepatitis C and a clearance certificate issued before employment can be offered. This is in line with Department of Health guidance\(^8\). This statement supersedes previous WAST documents pertaining to Hepatitis C testing\(^9\) and will be reviewed within six months to reflect ‘best practice’.

5.1 Immunisation Guidance

Operational ambulance staff involved in patient care should be vaccinated against the following:

- Tetanus
- Hepatitis B
- Rubella
- Poliomyelitis
- Diphtheria
- Tuberculosis (BCG)

The majority of staff should have had life long immunity conferred by their normal childhood vaccination programmes. These include diphtheria, tetanus, and BCG. If there is any doubt then staff should discuss their vaccination status with Occupational Health or their GP.

Advice on the need for immunisation including booster doses is available from GPs or through the Occupation Health Service provided through the Trust.

5.2 Staff who cannot gain immunity

If you have to deal with a patient who has a known disease from which you know you are not immune:

- Inform Control and ask if another crew can carry out detail.
- If not, drive whilst patient is aboard.
- Carry from behind the patient.
- Avoid close contact with patient.
- Inform Occupational Health via Control as soon as possible afterwards.
- Complete Adverse Incident Report form (AIR 1).
5.3 Hepatitis B Vaccination

WAST is aware of the potential risk to staff caused by the exposure to Hepatitis B and recognises its responsibility to staff to ensure that adequate immunisation is available. It is also vital that patients are protected, e.g., from transmission of the virus from a member of staff who is a carrier. The source of Hepatitis B is blood and other body fluids. It is transmitted through direct contact.

Some patients, who have had Hepatitis B, can develop a “Carrier Status” whereby they carry the virus and can transmit it long after they have recovered from their own episode of Hepatitis. Although carriers of Hepatitis B seem healthy they can remain infectious for many years.

Contamination can occur by any of the following methods:

- Injected (for instance by needlestick injury).
- Conjunctiva contamination.
- Allowed to contaminate a recent (less than 24 hours old) cut or abrasion.
- Vaccination is the most effective and safest method of protection.

Hepatitis B vaccination shall be offered to all staff who work in patient contact areas or who may become exposed to blood or body fluids. This includes:

- Operational Emergency Medical Services (EMS) staff
- Operational Patient Care Services (PCS) staff
- Operational Managers
- Medical devices support staff
- Community First Responders
- Voluntary Car Service
- Any staff used by WAST in a patient care capacity (e.g. voluntary aid societies) must have had Hepatitis B vaccinations prior to commencement of duty on behalf of WAST
- Fleet maintenance staff.
- Vehicle maintenance by external contractors will receive notification of potential risk associated with WAST vehicles.

The Hepatitis B vaccine is administered on three occasions. Following the initial inoculation, further vaccine is administered at 4 weeks and six months intervals, followed by a blood test to check that the Hepatitis B antibodies are present. The Trusts Occupational Health Provider will maintain a database of all staff vaccinations.
6.0 RISK ASSESSMENT

All Managers have a responsibility for all matters relating to health, safety, and welfare appropriate to the work activities of all staff under their managerial control. Therefore they need to ensure that:

- Risk Assessments are carried out and completed appropriate to their area of responsibility, on all work activities including those relating to IPC&C to identify hazards, assess the risks arising from them and to implement effective risk control measures.
- When conducting a risk assessment where there is a perceived risk of infection to staff, patients or volunteers the advice of the Chair of the ICWG, Regional IP&C leads and Regional Health and Safety Officers is to be sought.

A risk assessment should be carried out when a requirement for a Risk Assessment in relation to IP&C has been identified and therefore requested by, for example:

- Deputy Chief Executive
- Medical Advisor
- Director Unscheduled Care
- Regional Directors
- Chairs of the IP&C Working Groups (National & Regional)
- Risk Manager / Risk Coordinator
- Line Managers
- Clinical Operations Officers
- Regional Health and Safety Officers
- Estates Manager
- Transportation of Dangerous Goods Safety Advisor
- Trust Staff

Copies of all risk assessments are forwarded to the Risk Management Department. The Risk Management Department will present these to the ICWG for consideration and inclusion onto the IP&C Risk Register for further action.

Relevant risk assessments and the risk control measures in place are reviewed on a regular basis by the ICWG for any significant change or if any new information indicates that existing risk assessment and control measures are no longer valid.

Any Adverse Incidents, Near Misses or Hazards relating to IP&C or Environmental/Waste Management and Transportation of Dangerous Goods
Goods should be reported by the completion of an AIR 1 form, in line with the Trust’s Adverse Incident and Hazard Reporting Policy and Procedure.

Any information acquired by managers and Trust staff from other sources regarding new IP&C risks, including any methods of dealing with these risks, should be forwarded to the WAST Regional Health and Safety Officers.

The National ICWG will be responsible for the review and maintenance of the WAST IP&C Risk Register and related Action Plan(s).

The IP&C Risk Register will form part of the main Unscheduled Care Directorate Risk Register.

Any IP&C risks that cannot be managed / controlled within the Unscheduled Care Directorate will be communicated to the Clinical Governance Committee and brought to the attention of the Risk and Modernisation Committee by the Director of Unscheduled Care / Clinical Director.

### 7.0 AUDIT AND INSPECTION

WAST locations and vehicles will be subject to an annual audit and inspection of infection control and decontamination procedures that will normally be carried out at the same time as Health & Safety workplace inspections of Trust premises.

Annual audits will be conducted across all three regions of the Trust starting in November and completed by 31st December each year.

The audit and inspections will be carried out by either Operational/Departmental Managers, local Health and Safety Representatives, Community Health Council (CHC) members (subject to availability and not on their own) and/or members of Infection, Prevention and Control teams.

The Audit and Inspection team will look into matters including:

- Number and nature of sharps injuries
- The general hygiene of Ambulance stations cooking and washing facilities, and food storage.
- The storage and disposal of clinical waste and sharps
- The storage of used linens
• The decontamination and cleanliness of Ambulance vehicles and equipment
• The decontamination and cleanliness of medical equipment
• Documentation, adverse incidence reports (AIR 1)
• Exception reporting

The Human Resources department will make available, to the Infection, Prevention and Control inspection team an anonymised list of work related infections, acquired by staff at any locality that is to be visited for inspection purposes. It will be the responsibility of the team leader to acquire this list from the Human Resources Department, which will be extracted from records held in HR.

Infection control issues identified during inspections will also be separately reported to the Clinical Governance Committee. Operational/Departmental Managers will carry out ad hoc inspections of stations and vehicles, on a quarterly basis, to ensure that the principles of this policy are being followed. The result of these inspections will be routinely reported to Clinical Governance Committee if any discrepancies are noted and reported as risks in accordance with the Trusts Risk Management Policy.
REFERENCES


