

Quad Medical Ltd



Event Medical Provider
www.quadmedical.co.uk

INFECTION PREVENTION & CONTROL POLICY

Version 3
Updated 03/02/22
Review Date: 03/02/23

Infection prevention and control policy

1. Introduction

1.1 Good Infection prevention and control strategies are key to patient safety. It is widely accepted that Healthcare Acquired Infections (HCAI's) cannot totally be eliminated (especially in the unpredictable pre-hospital environment), however there are precautions that can be taken by QML staff to substantially reduce the risk of infections to patients. QML has an ongoing responsibility to its staff and patients to maintain and promote high standards of infection prevention and control and to ensure that the organisation complies with the Health and Social Care Act 2008 code of practice on the prevention and control of infections (regulations 2014) and is aligned with guidance from the National Institute of Clinical Excellence (Quality standard 61 2014).

2. Objectives

2.1 The objectives of this document and the guidance within it are to provide a clear comprehensive policy which assure the infection control and decontamination arrangements within the company.

3. Aim

3.1 The aim of this policy is to ensure that high standards of infection prevention and control are established so that they QML team understand their roles and responsibilities in relation to IPC.

ADDENDUM

- All patients where status of respiratory infection is unknown will be treated as suspected to have an infection until triage and risk assessment is undertaken, therefore a deep clean of the infected area is needed.
- Physical distancing should be at least 1metre (with mitigations such as ventilation, surgical masks) increasing to 2 metres where feasible.
- Physical distancing is still recommended for 2 metres for the respiratory pathway, and unscheduled or emergency care and in clinical settings
- List of Aerosol Generating Procedures
 - Tracheal intubation/ extubation
 - Manual ventilation
 - Tracheotomy/ tracheostomy procedures
 - Non-invasive ventilation (NIV); bi-level positive airway pressure ventilation (BiPAP) and continuous positive airway pressure ventilation (CPAP)
 - High flow nasal oxygen
 - High frequency oscillatory ventilation
 - Induction of sputum using nebulised saline
 - Respiratory tract suctioning
 - Upper ENT airway procedures
- The following are NOT an AGP
 - Chest compressions
 - Defibrillation
 - Medication administration via nebulisation
 - Oral/ pharyngeal suctioning
 - Insertion of basic airway adjuncts (NP and OP airways)
- Aerosol generating procedures will need the appropriate level 3 PPE (disposable gloves, fluid repellent coveralls/ long sleeves apron/ gown, FFP3 or powered respiratory hood, eye protection/ face shield)
- Level 2 PPE for direct patient contact, no AGP performed (disposable gloves, disposable apron, FRSM, eye protection/ face shield, if risk assessment undertaken which safely informs staff that the patient is unlikely to have respiratory infection, eye protection is not required)
- <https://www.gov.uk/government/publications/covid-19-guidance-for-ambulance-trusts/covid-19-guidance-for-ambulance-trusts>

4. Duties and responsibilities

4.1 Infection prevention and control is the responsibility of all QML staff.

4.2 All staff are responsible for ensuring that their working environment (be that a temporary first aid post or vehicle) is clean, tidy and ready for use. It is the responsibility of the staff to ensure that cleaning checklists, documents and activities are completed at the start and end of each shift and where appropriate between patients.

4.3 Staff are responsible for ensuring that reusable equipment is clean before and after patient each use

4.4 The management team have overall responsibility for monitoring the effectiveness of infection control measures

4.5 The Managing director is responsible for ensuring that easy to clean and maintain equipment is procured and stocked for use

4.6 Staff are responsible for checking that all outer packaging for consumables remains intact and dirt free and that all out of date or damaged items are reported to the QML duty manager and then discarded

4.7 It is the managing director's responsibility to ensure that all QML vehicles used for patient contact are 'deep cleaned' on a quarterly basis and that records confirming this is maintained

4.8 It is the responsibility of the designated vehicle drivers and attendants to ensure that vehicles are clean before and after use and that this is documented on the vehicle cleaning checklist

4.9 All members of staff are responsible for ensuring any equipment that is allocated to them is clean before and after use and that all kit bags are clean

4.10 It is the responsibility of all staff to ensure that clinical waste bins and domestic are lined appropriately and the correct waste is disposed of in the correct bin

4.11 It is the responsibility of the managing director to provide adequate and suitable cleaning materials

4.12 It is the responsibility of all QML staff to ensure that they wear appropriate PPE for patient contact

5. Education and Training

5.1 All staff are to complete infection prevention and control training every three years as part of their mandatory training programme.

5.2 Training records will be held centrally at the QML office

5.3 On induction all new staff will receive instructions on the importance of good hand hygiene and equipment maintenance and will be required to complete the mandatory training within three months of joining the company.

6. Equipment

6.1 Routine cleaning :Any clinical equipment will be cleaned at the start of each event (shift) between patient use and after each event

6.2 Equipment should be stored appropriately and kept clean and dry between events to prevent its contamination

6.3 Equipment cleaning should be recorded on the first aid post cleaning checklist or vehicle cleaning checklist at the beginning and end of each shift

6.4 Reusable equipment which comes into contact with patients should be cleaned between each patient use by the clinician who has just used it

7. Vehicles

7.1 It is the responsibility of the vehicle driver and attendant to ensure that the vehicles are made ready and clean and fit for purpose at the start of the event

7.2 The vehicle cleaning checklist should be followed and completed

7.3 Crews are responsible for reporting where vehicles have been heavily soiled and require a deep clean

7.4 Crews are responsible for reporting when vehicles have been used to convey patients who are known to be infectious so that a deep clean can be arranged

7.5 Crews are responsible for cleaning the vehicle and associated equipment between each patient conveyance. This should include cleaning surfaces/medical equipment which have been used in the treatment of patients and spillages of body fluids, together with the safe disposal of consumable items. Crew to ensure initial cleaning with Clinelle wipes to remove bioburden e.g. body fluids.

7.6 It is the responsibility of the ambulance crew to ensure that they have secured all clinical waste and sharps appropriately within the vehicle for conveyance back to the ambulance station. All waste must then be transferred from the vehicle to the waste storage and the vehicle cleaned.

7.6 Cleaning is the first step and involves the physical removal of dust, soil and organic material from a surface before disinfection can take place. The use of friction is necessary to remove visible soil, debris and organic material. Decontamination is the process of removing disease-producing organisms to render an item safe for handling. Vehicles will be 'decontaminated' (deep cleaned) at regular intervals as part of a routine cleaning schedule. Vehicles are scheduled for Deep Clean every 3 months by the Managing Director. The schedule is monitored by the Quality assurance manager. The aim of a three monthly Deep Clean is to ensure that a vehicle is comprehensively cleaned at regular intervals. This is a thorough clean of the vehicle, which has been stripped of all consumable items and medical equipment, and following the cleaning process, is disinfected using moist heat (steam) or with alternative (equivalent or superior) disinfection methods. Following the planned Deep Clean, operatives will reload medical equipment and consumables.

7.7 It is not anticipated that blood or body fluids will be present during this clean, however, if they are, small spots may be cleaned using sanitising wipes, prior to disinfections.

7.8 After deep cleaning operatives are to discard used gloves and wash their hands before replacing clean equipment.

7.9 The exterior of all vehicles (including door recesses) should be maintained in a clean and hygienic condition. They must be thoroughly cleaned when visibly dirty.

8. Hand Hygiene

8.1 Staff will have access to alcohol cleaning gel and or hand washing facilities whilst working for QML

8.2 Hand hygiene is the single most important practice needed to reduce the transmission of infection in healthcare settings and is an essential element of standard infection control precautions. Hand hygiene includes washing with soap and water and thorough drying, and the use of alcohol based products that do not require water.

8.3 If hands are visibly dirty they should be washed in soap and water (or a detergent wipe that is suitable for skin) then thoroughly dried. Hands should also be washed in soap and water for any contact with a patient that has diarrhoea.

8.4 Alcohol hand rub can be used for decontaminating visibly clean hands. The process should not take more than 15 to 30 seconds and must be carried out even if gloves have been worn.

8.5 Hands should be cleaned:

- before and direct patient contact
- before eating, drinking or handling food
- before taking a break/going home
- after patient contact
- after contact with the patients environment
- before any clean procedure
- after exposure to bodily fluids
- after cleaning equipment
- after removing PPE (gloves and aprons etc)
- After handling waste
- and after any activities that may have resulted in the hands becoming contaminated such as coughing, sneezing and blowing the nose.

8.6 Existing wounds, skin lesions and all breaks in exposed skin must be covered with waterproof dressings at the commencement of duty and checked regularly to ensure integrity. Staff with dermatitis may be at increased risk of exposure to blood borne viruses during skin contact

9. Gloves

9.1 Gloves should be worn as single use items before patient contact. Gloves should be donned immediately prior to patient contact and removed as soon as the care activity is completed. In the unlikely event glove supplies become limited then glove use should be prioritised for contact with blood or bodily fluids, invasive procedures and contact with sterile sites.

9.2 Gloves must be worn for:

Any aseptic procedure

Invasive procedures

Contact with sterile sites and non-intact skin, mucous membranes

All activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions and excretions

When handling sharp or contaminated instruments

When cleaning equipment prior to disinfection

10. Safe management of sharps

10.1 QML vehicles and first aid posts will have sharp bins for the disposal of sharps

10.2 Sharps bins must not be filled above the specified line

10.3 when sharps bins are full they should be sealed and dated and the managing director informed

10.4 Full sharps bins are to be collected by the external clinical waste disposal company for destruction

10.5 in the event of a needle stick injury staff should:

- Encourage the area to bleed
- run the injury site under running water with plenty of running water
- Do not scrub the wound whilst it is being washed
- Do not suck the wound
- dry the wound and cover it with a waterproof plaster or dressing
- seek urgent medical advice from the nearest Emergency Department (Do not delay or wait until the end of the shift)
- Complete and incident report and report to the duty manager and managing director.

10.6 The health and safety executive must be informed of sharps injuries under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 by the managing director if:

- an employee is injured with a sharp known to be contaminated with a blood borne virus eg, hepatitis B or C or HIV
- If the injury itself is so severe that it must be reported

10.7 If the sharp is not contaminated with a BBV, or the source of the sharps injury cannot be traced, it is not reportable to HSE, unless the injury itself causes an over-seven-day injury. If the employee develops a disease attributable to the injury, then it must be reported.

11. Screening patients & Isolation

11.1 all patients presenting to QML for a period of monitoring, rest and recovery extending beyond 15mins should have an IPC risk assessment completed.

11.2 Patients presenting with vomiting and or diarrhoea with no obvious/known cause should be isolated away from the general treatment area and other patients.

11.3 Patients presenting for known infectious diseases or suspected infectious diseases including but not limited to; chicken pox, TB, MRSA, COVID-19 etc should be isolated away from general treatment areas and other patients. Where there are two or more ambulances/Jumbulances available on site, one of these may be used as a treatment area however this will require deep cleaning immediately after patient discharge. In cases where the patient has presented with a known or suspected respiratory illness the vehicle must be left to ventilate for 15mins post any aerosol generating procedure before cleaning begins.

12. Cleaning & Decontamination

12.1 Cleaning Agents Under the Control of Substances Hazardous to Health Regulations 2002 (COSHH), employers have to ensure that the exposure of employees to hazardous substances is prevented or if this is not reasonably practicable, adequately controlled. QML have introduced Universal Disinfectant Wipes to complement the low-level detergent / disinfectant chemical products: Universal Sanitising Wipes should be used for acute cleaning of surface areas and most equipment, followed by, where necessary: Clean using an 'S' shaped pattern and allow

to air dry. Store packs with wipes in an upright position to allow equal distribution of active solution. Low Level Detergent for stage one cleaning.

12.2 High Level Disinfectant should be used for disinfection after cleaning of blood and body spillages and in circumstances of known infection ONLY.

12.3 Spill kits should be used to absorb large spills (>5ml) of blood and body fluid spillages and disposed of as clinical waste. Current product details are available through procurement / stores and normal ordering procedures apply. CAUTION: Under NO circumstances should large spills of blood and/or body fluids be sluiced out of the ambulance with copious amounts of water. This is not good infection prevention and control practice as it poses an environmental risk, in all instances spill wipes MUST be used.

12. 4 Acute Cleaning

Phase 1 – Patient contact: any re-useable equipment (including patient transportation devices) and / or areas of ambulance/ vehicles/ treatment areas used must be cleaned following every patient contact. This includes wiping down areas of the ambulance /vehicle/ treatment centre (i.e. seats and /or stretchers) with universal disinfectant wipes.

Phase 2 – Risk of contamination This phase of cleaning will be adopted as and when required i.e. when there is blood or body fluid spillages or when there is a potential risk of contamination following the transportation or care of an infectious patient. The correct management of spillages of blood and body fluid is a vital step in successful control of infection. Exposure to blood and body fluid presents a risk to the health of all persons involved with the working environment. The conscientious applications of cleaning and disinfection policies are of the utmost importance in the prevention of cross-infection. The risks associated with this can be dramatically reduced with the adoption of 'standard precautions' together with following the cleaning and disinfectant procedures contained within this section. If blood is spilled – the spillage must be dealt with as soon as possible and staff that deal with the spillage must wear appropriate protective clothing. This will include gloves, disposable aprons and eye protection. Acute cleaning MUST take place immediately or if the ambulance/treatment area and/or equipment is heavily contaminated with blood/body fluids or you have transported or cared for a potentially infectious patient.

13 Cleaning Materials Options

13.1 CHEMICAL : Chlorine based Hypochlorite (e.g. Domestos, Milton) diluted to 10,000 parts per million.

For blood spills/100,000 parts per million.

ADVANTAGES

- Wide range of bacterial, virucidal, sporicidal and fungicidal activity
- Rapid action
- Non-toxic in low concentrations
- Can be used in food preparation areas
- cheap
- readily available from non specialist suppliers

DISADVANTAGES

- Inactivated by organic matter
- Corrosive to metals
- Diluted solutions can be unstable
- Needs to be freshly prepared
- Does not penetrate organic matter
- Bleaches fabrics
- Needs ventilation

USES

Can be used on surfaces and for body fluid spills. Under no circumstances with urine as this will produce ammonia gas.

13.2 CHEMICAL: Alcohol Skin Preparation Wipes

ADVANTAGES

- Most useful as disinfectants for skin
- Good fungicidal activity
- Low toxicity and irritancy

DISADVANTAGES

- Limited against viruses
- No activity against bacterial spores
- Inactivated by organic matter

USES

For skin / hand decontamination

13.3 CHEMICAL: Clinell Wipes (green packet)

ADVANTAGES

- Universal sanitising wipe.
- Actively kills 99.99% of all germs including MRSA, Acinetobacter, VRE,
- Pseudomonas, Norovirus and many more.

DISADVANTAGES

- None

USES

Can be used on skin and hard surfaces.

14. Personal Hygiene

Cleanliness and high standards of personal hygiene are of paramount importance in minimising the risk of cross infection.

The public image of QML stems directly from the appearance and conduct of operational members of staff. They should always:

14.1 Be dressed smartly

14.2 Have hair under control and never loose and off the shoulders

14.3 Before a shift begins, all hand jewellery should be removed.

It is accepted that one plain band (wedding) ring only can be worn. Stoned rings must not be worn

14.4 Keep fingernails short and smooth. Do not wear any form of nail varnish, clear or otherwise. Acrylic or other false nails must not be worn

14.5 Ensure uniform is clean, tidy and in good repair.

14.6 have maintained sufficient personal hygiene to not be obviously malodorous

14.7 QML has adopted a 'bare below the elbows' clothing policy for all (clinical) staff in uniform who should not wear wrist watches and wrist bands must be removed.

This aims to prevent the spread of infection from contaminated sleeves and to aid effective hand hygiene procedures. However, the company will accept wrist watches that are fully washable to be worn.

14.8 When ambulance staff need to wear long sleeved uniform, or when high-visibility jackets are required, the following steps should be taken:

- Be aware of any possible contaminants
- Whenever possible remove long sleeved clothing
- Always remove long-sleeved coats to wash hands effectively.

References / Guidance

National Patient Safety Agency, National Reporting and Learning Service (2007) 'The National specifications for cleanliness in the NHS: A framework for setting and measuring performance outcomes in ambulance trusts'

The health and social care act 2012 – code of practice on the prevention and control of infections and related guidance

The World Health Organisation – Pandemic Influenza: Summary infection control guidance for ambulance services during an influenza pandemic

National Institute of clinical excellence 2014 Quality standard 61 'Infection prevention and control'.

National Standards of Healthcare Cleanliness 2021

Appendix i

Medical Room/ First Aid Post Cleaning / Equipment Check List

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Please ensure vehicles are cleaned at the start of your shift prior to use and after patient use.

Date	Event	Duty Manager

Please ensure the following areas are free from dirt and dust and have been wiped down with the appropriate cleaning products. When this has been done please sign the corresponding box. If boxes are left blank it will be taken that the area/equipment has not been cleaned.

Minors/ Triage

Area/Equipment	Signed	Area/Equipment	Signed
Seating Clean		Packaging for disposable items and sundries is clean, dry and intact and free of dust and dirt	
Patient Couches Clean		Clinical waste bin is appropriately lined	
Equipment Trolley Clean Exterior		Hand Sanitiser available	
Equipment Trolley Clean interior		Floor free from litter/obstructions /Area appears generally tidy	

+ Majors

Area/Equipment	Signed	Area/Equipment	Signed	Area/Equipment	Signed
Seating Clean		Kit Bags Clean on Exterior and stored appropriately		Carry Chair clean and functional	
Patient Beds (Orange Stretchers) Clean		Internal Bag Checks: Packaging for disposable items and sundries is clean, dry and intact and free of dust and dirt		Clinical waste bin is appropriately lined	
Equipment Trolley Clean Exterior		Floor free from litter/obstructions		BP Cuffs Clean & Functional	
Equipment Trolley Clean interior		Sharps Bins in place and less than ¾ full		Saturations probes clean & functional	
Sundries in trolley: Packaging for disposable items and sundries is clean, dry and intact and free of dust and dirt		Pt Privacy Screens clean and functional		Glucometers clean and functional	
Linen Clean and unused		Hand sanitiser available		Thermometers Clean & Functional	
Burco clean and filled with fresh water		Soap available for Burco		Hand towels available by Burco	

Resuscitation Bay

Area/Equipment	Signed	Area/Equipment	Signed	Area/Equipment	Signed
Equipment Trolley Clean Exterior		Suction clean & Functional		Oxygen cylinder stored appropriately	
Equipment Trolley Clean interior		Bag Valve Mask in packaging & functional		Sharps Bins in place and less than ¾ full	
Sundries in trolley: Packaging for disposable items and sundries is clean, dry and intact and free of dust and dirt		12 Lead ECG Clean & Functional (Incl. leads)		Floor free from litter/obstructions	
Defibrillator (AED) clean & functional		Oxygen cylinder clean and in date		Stretcher Clean	

Staff Rest Area

Area/Equipment	Signed	Area/Equipment	Signed
Coffee Machine Clean & Functional		Staff Bags are tidied away	
Microwave Clean & Functional		Bin lined with black bin liner for general waste	
Urn Filled with fresh water, clean & functional		Floor free from litter/obstructions	
Seating Clean		Generally clean and tidy	

Staff Signatures

Please can all members of staff who have cleaned any areas on this document record their names and signatures on the table below for future reference. Many thanks

Staff Name	Signature	Staff Name	Signature	Staff Name	Signature

Appendix ii

Vehicle cleaning check list: Emergency Ambulance

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Please ensure vehicles are cleaned at the start of your shift prior to use and after patient use.

Date	Event	Driver	Attendant

Please ensure the following areas are free from dirt and dust and have been wiped down with the appropriate cleaning products.

Patient Treatment Area (Saloon)	Please Initial		Patient Treatment Area (Saloon)	Please Initial		Drivers Cab Area	Please Initial	
	Start of shift	End of shift		Start of shift	End of shift		Start of shift	End of shift
Floor of Saloon			Window Sills			Radio Handset		
Anchorage Gully's in floor			Window Blinds			Dashboard/Steering wheel		
Inside cupboards			Hard Working Surfaces			Door Pocket		
Outside Doors of cupboards			Grab rails (Back door)			Seats		
Inside Drawers			Ventilation/heating grills			Cab generally clean and free from rubbish, dust and dirt		
Outside of Drawers			Top of fire extinguisher					

Equipment	Please Initial		Equipment	Please Initial		Equipment	Please Initial	
	Start of shift	End of shift		Start of shift	End of shift		Start of shift	End of shift
Suction Unit			Defibrillator			Long board (mounted beside stretcher)		
Box Splints			BP Cuffs			Stretcher		
Orthopaedic stretcher			Saturations probe					
Carrying chair			ECG Leads			All consumables are in their packaging & packaging is intact and free from dust and dirt		
Flow Meter			Long board straps					
Linen is clean			Head blocks					
Equipment bag : Ensure all reusable equipment is clean (Bp Cuffs/Thermometers/ SPO2 Probes/ Glucometer etc)								