

Quad Medical Ltd



Event Medical Provider
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Ambulance cleaning policy & standard operating procedure

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Ambulance deep cleaning

1. Introduction

1.1 Good Infection prevention and control strategies are key to patient safety. It is widely accepted that although Healthcare Acquired Infections 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 hygiene and 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.

2. Purpose

2.1 To ensure that both the patient care and staff working environment is as safe and as free from dangers as possible for cross contamination and infection by

- Ensuring all surfaces are cleaned and disinfected on a regular and scheduled basis at all times.
- Ensure that the appropriate materials are used to clean all surfaces.
- Ensuring all patient and staff touch points are cleaned regularly.

2.2 To ensure the procedure for the deep cleaning of QML vehicles is in line with the National Standards of healthcare cleanliness 2021 and meets the requirements of the CQC outcome standards regulation 15 key criteria in the health and social care code of practice of 2015 [1a, e and 2] that:

- All premises and equipment used by the service provider must be clean
- All premises and equipment used by the service provider must be properly maintained
- Maintain standards of hygiene appropriate for the purposes for which they are being used

3. Scope

3.1 This procedure applies to all ambulances in the QML fleet and all members of staff who crew the ambulance or perform any cleaning or checks to the ambulances.

4. Aim

4.1 The aim of this policy is to ensure that high standards of hygiene, infection prevention and control are established so that they QML team understand their roles and responsibilities in relation to the cleaning of all QML vehicles.

5. Legislation/ Related Policies

- NHS National standards of healthcare cleanliness 2021
- Health and social care act 2008
- National Ambulance service site specific safety statements
- QML infection prevention control policy

6. Duties and responsibilities

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

6.2 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.

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

6.4 The management team have overall responsibility for monitoring the effectiveness of infection control measures and cleanliness of vehicles and equipment

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

6.6 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

6.7 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 are maintained

6.8 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

6.9 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

6.10 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

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

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

7. Education and Training

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

7.2 Training records will be held centrally at the QML office

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

8. Definitions

8.1 **Cleaning:** involves 'fluid' – usually detergent and water, and mechanical or physical 'friction' to remove organic matter including debris, dirt, dust, bodily fluids. Microorganisms are not killed by this process, but moved.

8.2 **Disinfecting:** eliminates or reduces harmful microorganisms from inanimate objects and surfaces

8.3 **Sterilisation:** Kills all microorganisms through physical or chemical processes and only used for items, objects or instruments that enter or penetrate sterile tissues, cavities or the bloodstream.

8.4: **Decontamination:** The above terms are all decontamination processes to remove, reduce or eliminate microorganisms.

9. Equipment needed:

9.1 For the process of deep cleaning QML vehicles:

- Clinical waste bags [See waste management policy]
- PPE: Gloves, Apron, Eye protection [See IPC policy]
- Access to running water and appropriate water disposal drainage
- Cleaning products: Non-Bleaching disinfectant such as "Pine Disinfectant", Clinell Universal Wipes, Glass Cleaner [See COSHH Folder]
- Biohazard Spills Kit
- Bucket (Yellow)
- Mop (Yellow)
- Brush/Dustpan
- Microfiber cloths
- Power washer/Hose
- A clean and dry place to store removable equipment
- COSHH folder with cleaning chemical data safety sheets
- Hazard tape or barrier if needed
- Signage for Hot, Warm and Cold zones

9.2 Decontamination should be performed by a minimum of two people where available. one to remove items and perform the physical action of decontamination. One to document and provide assistance where needed if necessary

10. Procedure

10.1.1 Always wear appropriate PPE as supplied (Gloves, Apron, Eye protection)

10.1.2 PPE should be donned and doffed in the relevant areas in line with QML IPC policy with the item checked to be within date, packaging checked to be clean and intact and appropriate waste bag for the disposal of biohazardous material in line with QML Waste Management policy.

10.1.3 Use a suitable location that is secure to perform the decontamination process. If unsecure premises, the use of hazard tape or barriers may be used for the safety of the public or other members of staff.

10.1.4 Label zones around the ambulance to identify Hot, Warm or Cold zones where the appropriate PPE should be worn. Hot zones for highly infectious waste or substances.

10.1.5 Before the cleaning process begins, remove all contents of the ambulance and place in a clean and dry place for the duration of the cleaning and drying process.

10.1.6 Remove any single use bedding that may have been used and dispose of in the appropriate clinical waste bag and place in the Hot Zone.

10.1.7 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.

10.2 External

Apply the following during vehicle deep cleaning

10.2.1 **Always wear appropriate PPE as supplied (Gloves, Apron, Eye protection)**

10.2.2 Use an appropriate garage washer or other similar implement.

10.2.3 Ensure all windows, doors and skylights are closed.

10.2.4 Take care not to do damage external paintwork or livery.

10.2.5 Wash and rinse in a downward direction, taking care not to cover the same area again to avoid cross contamination

10.2.6 Ensure all cleaning agents or chemicals are washed off the vehicle

10.3 Internal

Apply the following during vehicle cleaning

10.3.1 Always wear appropriate PPE as supplied (Gloves, Apron, Eye protection)

10.3.2 Inspect for any areas with bodily fluids and clean this first. Use of bodily fluid spills kit should be used in line with manufacturer's instructions. Dispose in line with QML waste management policy and place in Hot Zone and change PPE if required ensuring PPE is placed in a clinical waste bag and in left in the Hot Zone.

10.3.3 Ensure the interior is free of dust by beginning with a simple wipe down of all surfaces using the appropriate wet microfibre cloth or clinell universal wipes. Dry dusting should be avoided as this will cause particulates to circulate. The "S" technique should be used in a downward or towards direction in order to remove dirt and dust, taking care not to use the same implement on an area already wiped to avoid cross-contamination

10.3.4 Sweep the floor for all dried mud or other substances that may be on the floor.

10.3.5 Wash all vertical surfaces in a downward direction with non-bleaching disinfectant. Thick disinfectant outlined in COSHH folder should be diluted 1 part disinfectant to 50 parts water. One capful is 30ml. Use 4 capfuls diluted in 5L of water as stated on the manufacturer's instructions.

10.3.6 Clean all glass surfaces including windscreen, side windows and rear windows with glass cleaner [see COSHH folder]

10.3.7 Wash any floor with a non-bleaching disinfectant liquid [See above for dilution]

10.3.8 The interior of the cab should also be cleaned with a non-bleaching disinfectant such as clinell universal wipes or Thick disinfectant [see above dilution].

10.3.9 Allow the interior to fully dry

10.3.10 All equipment should be cleaned with non-bleaching disinfectant before replacement in the vehicle with either clinell universal wipes or Thick disinfectant [see above dilution].

10.3.11 Ensure that all vehicles are dry before vehicle use.

10.4 Post Decontamination

10.4.1 The member of staff documenting should supervise the doffing PPE process in line with QML IPC policy.

10.4.2 All clinical waste in the Hot zone should be sealed and disposed of according to QML waste management policy.

10.4.3 All waste water should be disposed of using the appropriate drainage according to QML Waste management policy.

10.4.4 QML staff should clean mop and bucket using concentrated Thick disinfectant [3 capfuls] and left for 10 minutes before rinsing.

10.4.5 Hand washing with soap and water in line with the World Health Organisation and QML IPC policy.

10.4.6 Documentation can then be submitted for auditing or review by the QML senior leadership team.

10.4.7 Vehicle can be returned to service

10.4.8 Any equipment used that is damaged or broken should be reported using the QML equipment defect form and management team made aware.

10.4.9 Any equipment or chemicals that are depleted should be reported to QML management to restock.

10.5 Infectious cases

10.5.1 Deep cleaning procedure outlined previously should be implemented after use by a patient with a known infectious disease before the use with another patient to prevent cross-contamination to the patient or ambulance crew members.

11.0 Implementation Plan

11.1 On approval, this procedure will be uploaded onto the staff portal for all staff to access along with all QML policies and procedures.

11.2 A copy of the procedure will also be available in all QML vehicles for ease of retrieval and reference.

12.0 References

12.1 This procedure will remain under constant review and may be subject to change to facilitate any changes/development in service requirement.

12.2 It is in the safety and best interest of QML staff to ensure that this procedure is adhered to for staff and patients using our services to ensure a safe and infection free environment. This can only be achieved through a professional co-operative teamwork approach.

12.3 Compliance will be monitored by QML management through records kept online, spot checks and inspection of cleaning processes before, during and after the events.

12.4 Associated records will be collated and published via the quarterly report in order to monitor the compliance of vehicle cleaning.

12.5 QML management will review the effectiveness of the procedure and propose amendments where deemed necessary.

Appendix i

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 Gulleys 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					
Flow Meter			Long board straps			All consumables are in their packaging & packaging is intact and free from dust and dirt		
Linen is clean			Head blocks					
Equipment bag : Ensure all reusable equipment is clean (Bp Cuffs/Thermometers/ SPO2 Probes/ Glucometer etc)								

Appendix ii

Vehicle deep 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	Registration Plate	Cleaned by	Documented by	Reason

Please ensure use of proper PPE, cleaning solution chemicals to be diluted to 1:50 (see instructions on bottle/SOP) and equipment list is adhered to.

Patient Treatment Area (Saloon)	Fill in		Patient Treatment Area (Saloon)	Fill in	
	Completed	Initials		Completed	Initials
Floor of Saloon			Window Sills		
Anchorage Gully's in floor			Window Blinds		
Inside cupboards			Hard Working Surfaces		
Outside Doors of cupboards			Grab rails (Back door)		
Inside/Outside of Drawers			Ventilation/heating grills		
Windows			Top of fire extinguisher		

Drivers Cab Area	Fill in	
	Completed	Initial
Floor Swept and Disinfected		
Dashboard/Steering wheel wiped		
Door Pockets		
Seats		
Windscreen and side windows		

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

Please ensure clinical waste is disposed of in line with QML waste management policy, cleaning equipment has been cleaned and stored properly. Any damaged items should be reported via the equipment defect survey (see staff portal) and any equipment that needs replenishing is reported to QML management.