



London Ambulance Service
NHS Trust

Vehicle Cleaning Procedure

DOCUMENT PROFILE and CONTROL.

Purpose of the document:

To clarify roles and responsibility and process required for routine clean, deep clean and one-off cleaning

Sponsor Department: Medical

Author/Reviewer: Head of Infection Prevention and Control

To be reviewed by July 2020

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
02/08/18	2.2	IG Manager	Document Profile and Control update and formatting
02/08/18	2.1	Deputy Medical Director	Final Review and minor amendments following PMAG approval.
30/07/18	1.7	Head of Internal Comms	Minor amendments
13/07/18	1.6	Deputy Medical Director	Minor changes and comments
13/07/18	1.5	Head of IPC	Glossary, Replaced Appendix 1, 2,3, page 15 VP governance and additional comments from ICD and operational staff
11/07/18	1.4.	Head of IPC	Additional editing
22.6.18	1.3.	Head of IPC	Further consultation at IPCC May 2018; comments from 22 June included
16/04/18	1.2	Head of IPC and Logistics manager	Updated Hub procedure and clarified cleaning after bed bug infested patient transfer
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21/11/16	0.6	Head of Infection Prevention and Control	Logistics comments, editing
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6/11/16	0.4	Head of Infection Prevention and Control	Addition of Appendices and chapters following Task and Finish Group meeting October 2016

31/05/16	0.3	Head of Infection Prevention and Control	Amendments; update references
26/04/16	0.2	Ian Bullamore	Minor amendments
	0.1	Head of Infection Prevention and Control	Enhancement of Section 6 of the Procedure on Station Duties OP018

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

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Links to Related documents or references providing additional information		
Ref. No.	Title	Version
1.	Health and Social Care Act 2008: Code of Practice for the prevention of infections and related guidance (Hygiene Code) amended 2015	2008
2.	IPC Policy	2017
3.	IPC e-Workbook	2016
4.	Ambulance IPC guidelines 2008	2008
5.	AHCP: Revised Health Care Cleaning Manual	2013
6.	NICE Quality Standard QS 61 (April 2014)	2014
7.	OP018 Procedure on Station Duties –section 6	2013
8.	LAS North East Project ATP Report	2016
9.	Emerg Med J. 2015 May; 32 (5): 409-11. Prevalence of nosocomial pathogens in German ambulances: the SEKURE study. Weplar M, Stahl W, von Baum H <i>et al.</i>	2015
10.	J Hosp Infect.2011 July; 78 (3):221-5. <i>Meticillin-resistant</i>	2011

	<i>Staphylococcus aureus (MRSA)</i> contamination of ambulance cars after short term transport of <i>MRSA</i> -colonised patients is restricted to the stretcher. Eibicht SJ, Vogel U.	
11.	TP 091 Out of Service (OOS) Policy and Procedure for Crew Staff and Vehicles	2017

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

Please note: This Document (Operational Procedure OP 075) refers to the cleaning products being used in LAS at the time of publication. Products may with the agreement of the Head of IPC&C be substituted for an alternative of equal or higher than current specification.

GLOSSARY

Decontamination	Definition: Overarching term for cleaning, disinfection and sterilisation processes. Cleaning process must always precede disinfection, sterilisation processes
ATP	Adenosine Triphosphate
BBV	Blood Borne Virus
CPE	Carbapenamase Producing Enterobacteriaceae
CSR	Clinical Skills Refresher
EOC	Emergency Operations Centre
LAS	London Ambulance Service
HART	Hazardous Area Response Team
ICDG	Infection Control and Decontamination Group
IPC	Infection Prevention and Control
IPCC	Infection Prevention and Control Committee
IRO	Incident Response Officer
CTL	Clinical Team Leaders
PAT	Portable Appliance Testing
PD33	Primary Dispatch 33
PPE	Personal Protective Equipment
MERS	Middle-Eastern Respiratory Syndrome
MRSA	Meticillin Resistant Staphylococcus Aureus
QOG	Quality Oversight Group
SARS	Severe Acute Respiratory Syndrome
RIB	Routine Information Bulletin
VHF	Viral Haemorrhagic Fevers
VP/VPO	Vehicle Preparation Operatives

1. Introduction

The Health and Social Care Act 2008 places the responsibility upon the London Ambulance Service NHS Trust (LAS) to deliver high quality infection prevention and control practice throughout the organisation. As a healthcare provider we are all responsible for providing a safe environment for our patients and staff to maintain our registration with the Care Quality Commission.

2. Scope

2.1. This document outlines the procedure for vehicle cleanliness to ensure effective infection prevention and control standards are met. It applies to all personnel employed by the LAS (front line and line management), logistics staff including contractor vehicle preparation team, working within the Trust environment. The responsibility for cleaning is shared and therefore all staff must familiarise themselves with this document and ensure that the principles are applied.

2.2. This document applies to the cleaning of an Emergency Ambulance, Non-Emergency Transport Service (NETS) Ambulance and other response vehicles in the fleet. This procedure specifies the responsibilities, and cleaning frequencies, schedules and methods required to maintain a standard that reduces the risk of Health Care Associated Infections (HCAIs) and promotes a safe working environment within the London Ambulance Service (LAS) NHS Trust.

3. Objectives

- To confirm the Trust's commitment to the prevention and control of infection and to set the strategic direction for vehicle cleanliness initiative.
- To promote and maintain effective vehicle cleanliness in line with infection prevention and control policy and procedures to all staff within the Trust.
- To reduce the risk of HCAIs to patients and improve the safety of all persons who come into contact with the LAS.

4. Responsibilities

4.1 The responsibility of ensuring the procedure is enforced lies with the Trust Board and the Chief Executive Officer.

4.2 The Chief Quality Officer is responsible for seeking assurance and ensuring the procedure has been implemented effectively.

4.3 It is the responsibility of the Logistics Contract Manager to ensure the contractor delivery of the vehicle preparation service meets contractual requirements.

4.4 It is the responsibility of the Vehicle Preparation (VP) contractor to undertake vehicle preparation work, including re-stocking of medical equipment and consumables, to the specification and frequency specified in the contract.

4.5 It is the responsibility of each front line member of staff to ensure that they carry out their cleaning duties between each patient. In the event of significant spillage of bodily fluids, LAS staff should ensure initial cleaning is completed before seeking further Unscheduled Deep Clean and Disinfection service from the VP sub-contracted service.

4.6 The crew have joint responsibility for ensuring that the appropriate contaminated equipment has been removed from the vehicle.

5. Cleaning Procedures Implemented at LAS

5.1. Summary of the 'Four Cleans'

1. Between Patient Clean

Between patient cleans are undertaken by LAS staff after conveyance of patients.

2. VP Contractor Nightly Clean and re-stock

The VP contractor is responsible for ensuring that a nightly clean of the vehicle is performed before re-stocking. This is a methodical clean of specified areas as defined in the Contractor Standard Operating Procedure. This nightly clean and re-stock is carried out by VP Operatives.

3. VP Contractor six-weekly Deep Clean

The LAS contract manager for VP is responsible for ensuring that a service clean of the vehicle is performed, either immediately prior to or following a service scheduled currently on a six-weekly basis. The aim of the six-weekly deep clean is to ensure that a vehicle is comprehensively cleaned at regular intervals. This is a thorough clean of the vehicle. This clean is carried out by VP Operatives.

4. Unscheduled Deep Clean and disinfection (Emergency clean and disinfection following significant contamination)

In a few instances it will be necessary to undertake a more thorough clean of a vehicle before the planned six-weekly deep clean schedule, in order to remove significant spillages of body fluids such as blood, vomit and faeces. This type of 'Clean' is also undertaken for the rare occasions such as following excessive skin shedding from an MRSA patient, significant bug infestation and following potentially highly infectious and drug resistant microorganisms, where there is body fluid spillage

Crews are currently responsible for reducing the bio-burden as much as possible BEFORE requesting an Unscheduled Emergency Deep Clean and Disinfection, through the Vehicle Resource Centre..

To note:

-for vehicles that are returned from the Metropolitan Police following forensic investigation, a request should be made to Vehicle Resource Centre to ensure that an Unscheduled Emergency Deep Clean and Disinfection takes place.

-Occasionally an Unscheduled Deep Clean and Disinfection is recommended by an A&E Department following the conveyance of patients with highly drug-resistant

healthcare associated infections such as Carbapenemase *producing enterobacteriaceae* (CPE) or, *Candida auris*. Taking a vehicle off the road for an Unscheduled Emergency Deep Clean and Disinfection is only required if there is body fluid spillage.

5.2. Frequency of Cleaning

5.2.1. Between Patient Clean

5.2.1.1. Operational staff 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.

5.2.1.2. The cleaning procedures should be carried out as soon as possible after the patient has been conveyed and care handed over. Where there is a two person crew, cleaning should be undertaken by the driver of the vehicle, leaving the attendant to finalise any outstanding matters of patient handover or patient record completion.

In some circumstances it may be necessary for higher level cleaning/disinfection and/or taking vehicles off the road to do this. It is important that vehicles are not put out of use unnecessarily by having an inappropriately complicated response to relatively low risk and common spillage incidents, hence a dynamic risk assessment should be carried out and advice sought from the IPC Team if appropriate, before taking a vehicle off the road. For clarity:

- Green Clinell Sanitising Wipes are used for routine cleaning between each patient, to include removal of tiny spots/splashes of body fluids.
- Red Clinell Sporicidal Wipes (activated with water) are used when higher level cleaning and disinfection is required. This is recommended for small or contained spillages of blood or body fluids and should be dealt with by the crew.
- Orange Clinell Spill Wipe should be used where there is a large significant spillage of blood or body fluids (greater than 1L).
- Where the spillage is not contained, such as when body fluids has ingressed into crevices, or where there is significant visibility of bed bugs after the conveyance of the patient, taking a vehicle off the road may be necessary; this should be discussed with EOC via PD33.
- If assessed to be appropriate:
 - Significant contamination with bodily fluid spillage – PD33 will discuss with Vehicle Resource Centre → VP Contractor Helpdesk (where the vehicle will be isolated and deep cleaned and disinfected). It is the crew's responsibility to remove as much of the body fluid contamination as possible before leaving the vehicle for the unscheduled emergency deep clean and disinfection. It is advisable to label the vehicle 'Don't not use – awaiting Deep Clean and disinfection for body fluid spillage' to ensure that it is not put back into service before being attended to.
 - Significant infestation with insects/bugs

In extremely rare cases such as conveyance of patients with bed bugs where the patient is heavily infested, (visibly crawling on patient and environment) a request for Unscheduled Deep Clean and disinfection is required. It is advisable to label the vehicle 'Don't not use – awaiting Deep Clean and disinfection – bed bug' to ensure that it is not put back into service before being processed. It should be noted that conveyance of patients with fleas, body lice and bed bugs do not generally require routine OOS, a general in between patient clean is all that is required.

- Known infection with organisms of concern - e.g. following conveyance of a patient with Avian Flu, MERS, Viral Haemorrhagic Fever, a Deep Clean and Disinfection of the vehicle is required. However, please note that highly probable and confirmed cases of VHF, MERS, etc. are usually conveyed by HART and the process by HART, therefore general crews are at a lower risk of coming into contact with such cases. (Should VP Operatives be deep cleaning and disinfecting these contaminated vehicles they must be appropriately trained in safe cleaning procedures and wear appropriate level of PPE to prevent cross-contamination. They adhere strictly to IPC precautions. They must be appropriately immunised against BBV. VP Contractors must ensure that the disinfection process and supplies have been approved by LAS Infection and Prevention Team).

5.2.2. VP Nightly Clean and Re-Stock

5.2.2.1. The nightly clean is carried out by the Vehicle Preparation (VP) Operatives. This is a methodical clean of specified areas, prior to re-stocking by VP Operatives. All Operatives should follow the Contractor Standard Operating Procedures (SOPs), using cleaning products approved by the Trust and adhere to Infection Prevention and Control (IPC) standards including hand hygiene and appropriate use of Personal Protective Equipment (PPE).

5.2.2.2. **N.B.** VP Operatives are not responsible for the routine cleaning of equipment and medical devices which remain the responsibility of the LAS staff. LAS staff are also responsible for the management and disposal of clinical waste and sharps; LAS staff **MUST** complete this task prior to hand over to VP Operatives.

5.2.2.3. The nightly clean of a vehicle will focus on the flat (horizontal) surfaces and areas which are frequently touched, but will also include the exterior of the vehicle, which helps to project a professional image to the public.

5.2.2.4. It is not anticipated that blood or body fluids will be visible during this clean as LAS staff will have cleaned any spillages, however, if they are, small spots may be cleaned using Clinell Green or Red sanitising wipes (Appendix 1, 2).

5.2.2.5. VP operatives will adhere to the contractor's standards and their SOPs, which should be aligned with national and Trust standards.

5.2.3. VP Contractor 6-Weekly Deep Clean

5.2.3.1. Vehicles are scheduled for Deep Clean every six-weeks by VP Operatives. The schedule is monitored by the LAS VP Contract Manager. All VP Operatives should follow the Contractor SOPs, using cleaning products approved by the Trust and adhere to IPC standards including hand hygiene and appropriate use of Personal Protective Equipment (PPE).

5.2.3.2. The aim of a six-weekly 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, VP Operatives will reload medical equipment and consumables.

5.2.3.3. 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.

5.2.3.4. VP operatives will adhere to the contractor's standards and standard operational procedure.

5.2.4. Unscheduled Deep Clean and disinfection (Unscheduled Emergency Deep Clean)

5.2.4.1. Vehicles that are constantly in use by emergency, and non-emergency services, transfer a myriad of patients. They are often faced with additional challenges, e.g. following transfers of patients with severe infestations such as insects/ bed bugs, large blood and bodily fluid spillages, or with infectious organism of consequence or drug resistance.

5.2.4.2. Depending on dynamic risk assessment of the situation regarding the level and risk of contamination, the vehicle may or may not need to be taken off the road for an Unscheduled Emergency Deep Cleaning and Disinfection to be undertaken, outside of the routine programme of cleaning.

5.2.4.3. In a few instances it may be necessary to undertake a more thorough clean of a vehicle, to effectively remove large body fluids spillages that could not be easily contained, and/or following conveyance of patients with potentially highly infectious microorganisms or infestations. This is termed as an unscheduled deep clean and disinfection, and is currently outsourced and provided when requested via VRC.

5.2.4.4. Where an operational crew have assessed and identified a potential need for an Unscheduled Emergency Deep Clean and Disinfection, they should discuss this with EOC via PD33 or if appropriate with an IRO/ CTL, ahead of removing the vehicle from operational duties.

5.2.4.5. It is important that vehicles are not put out of use unnecessarily by having an inappropriately complicated response to relatively low risk and common spillage incidents, LAS staff should consider whether:

- Spot cleaning of small spills can be carried out using Green Clinell sanitising wipes by LAS staff;
- Larger spillages can be easily contained by Red Clinell Sporocidal Wipes and Orange Spill Wipes are able to contain spillages up to 1 litre; before taking vehicles off road, as per Trust policies.

5.2.4.6. Examples of scenarios where an unscheduled emergency deep clean and disinfection is required:

- The vehicle has been **significantly** contaminated with vomit, faeces blood or any other body fluid >1L for example:
 - unexpected births in vehicles, uncontrolled bleeding e.g. from trauma cases, or oesophageal haemorrhage etc
 - conveyance of a patient with known or suspected viral gastro-enteritis (e.g. *Norovirus*) who has vomited or has been incontinent of faeces in the vehicle, which was not contained thereby contaminating the interior surfaces.
 - Following conveyance of patients with *C.difficile* where diarrhoea/incontinence of faeces is not contained.
- Conveyance of a MRSA patient who is widely colonised and has a skin condition such as exfoliating dermatitis, is sputum positive with positive symptoms or has open, discharging infected wounds
- Conveyance of a patient who is known to be infected with a highly/multi drug-resistant organism of consequence, that is easily transmissible e.g. Carpenamase producing enterobacteriaceae (CPE), or *Candida auris* with open, discharging wounds, body fluids
- A patient with known highly infectious disease e.g. avian flu, MERS, SARS or viral haemorrhagic fever (VHF)
- Conveyance of patient with visible significant infestations of bed bugs which **has contaminated the interiors** of the vehicle

6. Cleaning Schedules

6.1 Between Patient Clean - Responsible group: LAS staff adhere to LAS policy. The aim is to clean all surfaces and equipment which have come into direct contact with the patient and should include the immediate removal of blood and body fluid spillages.

Small spillages of blood or body fluid should be cleaned using sanitising wipes. (Appendix 1 & 2). The list of items shown in the elements list below is not exhaustive:

*Element	Action
Trolley if used ECG leads BP cuff etc. Lifepak Monitor/ defibrillator Suction machine	Patient contact surfaces and medical equipment should be cleaned immediately after use by LAS staff. Floors, wall and ceiling may require spot cleaning should there be contamination with body fluids.
Grab Rails Clinical work surfaces	

Floor, walls and ceiling	
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***N.B. All equipment which has been in contact with the patient, or which has been contaminated MUST be cleaned. Single-use only components such as disposable tubing and canisters on the suction unit should be discarded.**

6.2. VP Nightly Clean and Re-stock - Responsible Groups: VP Operatives follow the Contractor SOP

Element	Action
Sharps bin	LAS staff are responsible for the management and disposal of clinical waste and sharps. Staff MUST complete this task prior to hand over to VP Operatives (where available).
Clinical Waste bin	
Clinical Area- Ceiling	Clean as per Contractor Standard Operating Procedure using LAS approved products. <ul style="list-style-type: none"> Nightly Clean: Medical equipment should be cleaned immediately after use by LAS staff and therefore does not form part of this schedule, however, if found to be dirty, they should be cleaned where appropriate, or brought to the attention of LAS staff. (NB- Equipment left with patients at A&E are processed separately through a Fleet and Logistics outsourced service. They should be socially cleaned by A&E staff (prior to collection by Logistics Drivers) and brought back to stations to await collection for disinfection.
Clinical Area – Walls and doors	
Clinical Area – Work Surfaces	
Door handles and grab rails	
Windows sills, windows and blinds	
All equipment brackets	
Seating and upholstery (including seatbelts)	
Heating / ventilation grills	
Alcohol gel dispenser	
Paper roll dispenser	
Stretcher Trolley and Mattress	
PAT slide	
Carry chair and mountings	
Fire extinguishers	
Clinical Area- Floor	When these have been handled by VP Operatives
Orthopaedic stretcher	
Long Board, head blocks and straps	This should be cleaned with Superplus (or similar), if the vehicle exterior is visibly soiled Mop heads to be discarded at the end of the night shift and Buckets cleaned, disinfected and stored inverted New integrated microfibre mopheads
Lifepak Monitor/ defibrillator	
Suction machine	
Vehicle Exterior On some occasions (for example very poor weather conditions), the exterior may be completed first, if it is deemed essential to maintain the corporate image or for legal purposes	

	used at Hubs – refer to manufacturer instructions
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6.3 VP Six-weekly Deep Clean - Responsible Groups: VP Operatives

Element	Action
Sharps bin	LAS staff are responsible for the management and disposal of clinical waste and sharps. Staff MUST complete this task prior to hand over to VP Operatives.
Clinical Waste bin	
Clinical Area- Ceiling	All consumables and equipment should be removed prior to cleaning by VP Operatives and ensure there is no cross contamination. (Place all consumables, equipment removed from vehicles on a clean dry surface) VP Operatives should follow Contractor Standard Operating Procedure using LAS-approved products. It is likely that blood or body fluids will be present during this clean. Small spots may be cleaned using the sanitising wipes provided. Larger spills should be dealt with using the methods described in Appendix 1 & 2. Cleaning must be followed by disinfection with Steam or alternative effective method, to be approved by the LAS). Where there is any risk that consumable items may have been contaminated, they must be disposed of appropriately. Where consumable items are in sealed modules, the module must be removed prior to the vehicle clean; the external surfaces of the module must be cleaned prior to placing it back onto the vehicle. After the disinfection of the interiors with steam or alternative effective method (to be approved by the LAS), all equipment, medical equipment should be cleaned as part of re-kitting. The vehicle and consumables should be checked for date/ integrity and returned/reloaded by VP Operatives.
Clinical Area- Walls and doors	
Clinical Area- Work Surfaces	
Door handles and grab rails	
Window sills, windows and blinds	
All equipment brackets	
Cupboards and drawers	
Seating and upholstery (including seatbelts)	
Heating and ventilation grills	
Alcohol Gel dispenser	
Paper roll dispenser	
Stretcher trolley and mattress	
Pat Slide	
Carry chair and mountings	
Fire extinguishers	
Orthopaedic Stretcher	
Long board, head blocks and straps	
Lifepak	
Suction machine	
Exterior equipment lockers	
Vehicle steps and step wells	
Tail lift rails and platform	
Response bags	
Modules and containers	
Clinical Area- Floor	
Vehicle Cab- Non porous surfaces	
Vehicle Cab- Control surfaces	
Vehicle Cab- Communication equipment	
Vehicle Cab- Floor	
Vehicle Exterior	

	<p>The vehicle exterior should be cleaned with Superplus (or similar).</p> <p>Mop heads to be discarded at the end of the night shift and buckets cleaned, disinfected and stored inverted</p> <p>New integrated microfibre mopheads used at Hubs – refer to manufacturer instructions</p>
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6.4 Unscheduled Deep Clean and disinfection (Unscheduled Emergency Deep Clean and Disinfection) – refer to Scenarios Section 5.2.4.6. and Appendix 4 - Responsible groups: LAS Staff and/or sub-contractor.

Element	Action
Lifepak, Suction machine and other medical equipment	Crew to ensure initial cleaning with Clinell wipes to remove bioburden e.g. body fluids. VP Operatives to clean and disinfect as part of the whole clean and disinfection process; discarding used gloves, decontaminating their hands BEFORE replacing the clean equipment (reducing cross-contamination)
Sharps bin	LAS staff are responsible for the management and disposal of clinical waste and sharps. Staff MUST complete this task prior to hand over to VP Operators (sub-contractors).
Clinical Waste bin	
Clinical Area- Ceiling	<p>It is likely that blood or body fluids will be present during this clean. Small spots may be cleaned using the sanitising wipes provided.</p> <p>Larger spills should be dealt with using the methods described in Appendix 1 & 2</p> <p>(In rare instances such as significant, visible contamination with bed bugs, as detailed in Page 7 the vehicle may require unscheduled cleaning and disinfection of patient areas with moist heat e.g. steam)</p> <p>All consumables and equipment to be removed prior to cleaning by VP Operatives:</p> <ul style="list-style-type: none"> • Ensure all consumables that are moved from vehicles are placed on a clean dry surface whilst the vehicle is being processed; and equipment to be cleaned without cross-contamination
Clinical Area- Walls and doors	
Clinical Area- Work Surfaces	
Door handles and grab rails	
Window sills, windows and blinds	
All equipment brackets	
Cupboards and drawers	
Seating and upholstery (including seatbelts)	
Heating and ventilation grills	
Alcohol Gel dispenser	
Paper roll dispenser	
Stretcher trolley and mattress	
Pat Slide	
Carry chair and mountings	
Fire extinguishers	

Orthopaedic Stretcher	<ul style="list-style-type: none"> • Where there is any risk that consumable items may have been contaminated e.g. exposed in the vehicle interior during conveyance, they must be disposed of appropriately • Where consumable items are in sealed modules, the module must be removed prior to the vehicle clean; the external surfaces of the module must be cleaned prior to placing it back onto the vehicle. • After the cleaning and appropriate level of disinfection of the interiors, all equipment and medical equipment should be cleaned as part of re-kitting. Consumables should be checked for date/ integrity and returned/reloaded by Operational staff (if available VPOs), as appropriate. <p>The vehicle exterior should be cleaned with Superplus or alternative effective method, to be approved by the LAS.</p> <p>Mop heads should be discarded after this clean. Buckets to be cleaned, disinfected and stored inverted, taking great care not to cross-contaminate.</p> <p>New integrated microfibre mopheads used at Hubs – refer to manufacturer instructions.</p> <p>All PPE must be taken off safely and hands and the environment decontaminated (cleaning and disinfection) before re-stocking with fresh supplies</p>
Long board, head blocks and straps	
Exterior equipment lockers	
Vehicle steps and step wells	
Tail lift rails and platform	
Response bags	
Modules and containers	
Clinical Area- Floor	
Vehicle Cab- Non porous surfaces	
Vehicle Cab- Control surfaces	
Vehicle Cab- Communication equipment	
Vehicle Cab- Floor	
Vehicle Exterior	

7. Technical Methods Statements

7.1. Important points regarding disinfectants:

- Contractors and staff have a legal obligation to observe the Control of Substances Hazardous to Health Regulations (2002). VP operatives must adhere to their own contractor policy on disinfectant use (approved by the LAS), and LAS staff to LAS policies.
- It is important that cleaning products are not mixed together or with other disinfectants.

- Liquid disinfectant preparations (e.g. Antibak®) when used by LAS staff should be:
 - Correctly diluted to the required concentration
 - Correctly labelled with the date and time the solution was made
 - Discarded ~~within 24 hours of preparation~~ according to manufacturer's recommendations.
- LAS staff should use appropriate Clinell wipes as defined in Appendix 1 and VP operatives currently working in Hubs should follow the interim procedures for routine cleaning and LAS approved cleaning agents/disinfectants for specific scenarios (Section 6.4).
- Care should be taken if using moist heat (steam) for disinfection following conveyance of patients with significant bed bugs infestation; steam equipment is to be regularly serviced, maintained and PAT tested annually and tested just before use by the operator to ensure that equipment is working effectively. For effective disinfection by steam, all surfaces must be cleaned prior to being in contact with the steam.

For specific advice on cleaning medical equipment, please refer to manufacturer's instructions.

7.2. To note:

- Chlorine solution **must not be used** within vehicles in the LAS as the corrosive effect of chlorine affects the metal and may weaken the frame.
- Hazardous Area Response Team HART follows the National Ambulance Resilience Unit (NARU) guidance.

IMPLEMENTATION PLAN				
Intended Audience	All LAS operational staff utilizing LAS vehicles, Logistics VP contract Manager, and VP contractor and their team			
Dissemination	The Pulse			
Communications	Announcement in the RIB			
Training	<p>LAS provides CSR and Clinical Induction training-package contains aspects of IPC relating to vehicle and environmental cleanliness</p> <p>VP Contractor provides own training to their VP operatives</p>			
Monitoring:				
Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
Vehicle cleanliness	Selection of random vehicles to be audited monthly using vehicle audit sheet	Station managers, IPC Champions Conduct set number of audits, stored on stations Audit data to IPC team monthly	Quarterly Infection Control and Decontamination Group (ICDG) and assurance to IPCC quarterly and -with oversight from Quality Oversight Group (QOG)	Trends/Feedback to QGAMs at (ICDG) information posters, Procedure on the Pulse
Validation of quality of clean	Validation audits using ATP swaps regularly across the sector	Logistic manager reports performance to IPC Team after each sector audit, and to IPCT-ICDG	Monitored by IPC Team, QGAMs locally Monitored by Sector Quality Group, ICDG	Feedback to stations and Logistics/VP contract and stakeholder meetings Sector actively challenges performance
Vehicle 6 weekly compliance monitoring and submission of compliance data	Trust –wide monitoring by LAS VP Contract Manager re compliance with 6-weekly deep clean schedule by VP Audit data submitted to IPC Team	LAS VP Contract manager submits data to IPC Team. IPC Team monitors compliance	Audit data in Monthly scorecard presented to Sector Quality meetings, Quarterly ICDG and IPCC, QOG Audit data in Monthly scorecard presented to Sector Quality meetings, Monthly	Assurance provided to Committees and recommendations received for further improvements

<p>IPC training compliance in LAS staff</p> <p>IPC training compliance in VP staff</p>	<p>monthly to inform Monthly IPC scorecard</p> <p>Monthly monitoring LAS staff compliance with IPC Training</p> <p>Contract manager to receive assurance at regular contract meetings</p>	<p>IPC Team monitors IPC compliance</p> <p>Contract meetings Head of IPC Lead meet regularly with VP Nominated IPC Lead</p>	<p>Quality Reports, Quarterly ICDG and IPCC, to QOG</p> <p>Training compliance data shared as detailed above</p> <p>ICDG/IPCC provided with assurance that VP policies are aligned and standards maintained</p>	<p>Lessons shared</p>
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Cleaning A&E Vehicle Interiors



E-PROC code – MEDZ6CW200

Clinell Universal Wipes

- Routine cleaning of all interior surfaces within vehicle
- Cleaning of all patient contact surfaces after **each** journey, including tiny sprays of blood spots, body fluids

After cleaning the surfaces, allow to air dry

(Note: Can be used to clean visibly dirty hands prior to using hand gel in the absence of soap and water)



E-PROC code – MEDZ6CS25

Clinell Sporicidal Wipes (dry wipes activated by water)

- Cleaning of patient contact surfaces and equipment after transfer of patient suffering from diarrhoea and/or vomiting, and highly drug-resistant organisms which can persist in the environment for longer periods e.g. *CPE*, *Candida auris*, *C diff*
- Cleaning and disinfection of small body fluid spillages

After cleaning the surfaces, allow to air dry



E-PROC code – MEDZ6CW1

Clinell Spill Wipe (use in place of traditional spill kits)

- Containment and subsequent cleaning and disinfection of large body fluid spillage e.g. blood, vomit, urine, whilst en-route (soaks up to 1L of fluid)

(Use a combination of Clinell Sporicidal and Universal Wipes if Clinell Spill Wipe is unavailable)



E-PROC code – MED1633150X

Chemex AntiBak Powder (High Level Disinfectant)

- Cleaning and disinfection of larger contaminated surfaces and vehicle floors for any spillage
- Vehicle Off Road/ 6 weekly deep clean

Dilution guide: disinfect and rinse with fresh water after 10 minutes

Routine deep cleaning 1% dilution — 1x50g sachet to 5L of water

High level disinfection 1.5% dilution— 1x50g sachet to 3.3.L of water

Note: for bed bugs: Routine Clean followed by moist heat (Steam)

Updated July 2018

	RED CLEAN (DEEP CLEANS)	GREEN CLEAN (ROUTINE CLEAN)
<u>VP Operatives</u>	<p>Scheduled six-weekly deep clean</p> <ul style="list-style-type: none"> Interior surfaces & cab – Taski Sprint 200 (including external door handles) RED Clinell Sporidical Wipes when visible bodily fluid is present RED Clinell Sporidical Wipes when visible bodily fluid is present Taski Jontec 300 to clean floors. Sprint glass cleaner for windows & windscreen. Followed by disinfection of all surfaces with steam 	<p>Nightly clean and re-stock</p> <ul style="list-style-type: none"> Interior surfaces & cab – Taski Sprint 200 (including external door handles) Interim process in place for cleaning using microfiber technology; no disinfectant is being used currently Taski Jontec 300 to clean floors. Sprint glass cleaner for windows & windscreen.
	<p>Unscheduled Emergency Deep Clean and disinfection (Conduct a risk assessment)</p>	<p>Routine clean between EVERY patient conveyance</p>

	<p>Significant Bodily Fluids (>1 Litre):</p> <ul style="list-style-type: none"> • Orange Clinell Spill Wipes to soak up bodily fluids, before mopping floors with Antibak disinfectant • RED Clinell Sporidical Wipes to clean interior surfaces - <u>wet first</u> with water to activate <p>Heavily infested patients e.g. bed bugs, significant bodily fluid spillage that has ingresssed into crevices and joints of equipment/floor: see examples in 5.2.4.6</p> <ul style="list-style-type: none"> • PD 33 vehicle off road • Report to VRC to arrange • Interim Contractor arranged via VRC/VP service desk as agreed by IDM. • Unsheduled Emergency Deep clean and Disinfection process by VP Contractor • Remove all kit and dispose as per classification • Label vehicle as 'awaiting deep clean and disinfection' and cause 	<ul style="list-style-type: none"> • GREEN Clinell Universal Wipes to surfaces and equipment • In instances of MINOR contamination of body fluids, an activated RED Sporidical Wipes to be used
	<p>Examples requiring an unsheduled deep clean and disinfection of vehicle interiors:</p> <ul style="list-style-type: none"> • Significant haemorrhage, urine, amniotic fluid, vomitus and major trauma • Significant contamination of interiors with Infectious diarrhoea eg. <i>Norovirus, C. diff, drug resistant organisms eg CPE. For more scenarios refer to Section 5.2.4.6</i> <p>If in doubt: Office hours: Contact your local IPC Champion or IPC Team (020 3069 0214); IPCEnquiries@lond-amb.nhs.uk Out of hours: PD 33</p>	<p>Note: Routine clean with Green Clinell Wipe should normally be adequate for patients with any kind of infection without body fluid contamination of the environment such as <i>Influenza, Norovirus, Measles, Chicken Pox, Hep B/C, HIV, MRSA, Meningococcal, TB, CPE</i> or low level infestations</p> <p>If in doubt: Office hours: Contact your local IPC Champion or IPC Team (020 3069 0214)); IPCEnquiries@lond-amb.nhs.uk Out of hours: PD33</p>



