

All staff are responsible for cleaning the vehicle and associated equipment after each patient / treatment. This must include cleaning all surfaces / medical equipment etc. which have been in contact with/used in the treatment of patients.

Key points to remember:

- It is the responsibility of each individual staff member to decontaminate the vehicle and equipment used **after every patient**.
- Cleaning must be carried out as soon as possible after the patient has been discharged / received treatment / been conveyed / handed over.
- Staff should risk assess and wear the appropriate PPE when completing any decontamination.
- The cleaning solution which needs to be used should be risk assessed by the individual staff members.
- Waste including sharps should be disposed of in line with current waste protocols.
- All single use items which have been contaminated should be disposed of as clinical waste.
- Any waste water should be disposed of via an identified sluice in the stations or ED departments.
- Temporary closures on sharps containers should always be engaged.
- Used linen must be bagged up in line with local procedures. Clean linen must be available / stretcher must be ready for use by the next patient.

Remember the Principles of Decontamination

- ✓ Ensure clean to dirty flow of cleaning.
- ✓ Ensure the correct cleaning solution is used
- ✓ Routine cleaning with Universal wipes (Detergent and Disinfectant)
- ✓ Cleaning blood / body fluids and for certain HCAI's, a Hypochlorite Solution should be used.



For further details please see the Vehicle and Equipment Decontamination Manual.

What is Decontamination?

The terms cleaning, disinfection, decontamination and sterilisation are often used interchangeably but they are different.

Term	What does it mean?	Examples of when this is used (Not an exhaustive list)
Decontamination	Cleaning, disinfection and sterilisation are all decontamination processes. In the context of decontamination of the environment or non-critical equipment (i.e. equipment or devices that are in contact with intact skin) the term is usually applied to a combination of cleaning and or disinfection.	All equipment and environmental cleanliness.
Cleaning	<p>Cleaning involves 'fluid', usually detergent and water and 'friction' to mechanically or physically remove organic matter including dirt, debris, blood and bodily fluids. Microorganisms are removed rather than killed.</p> <p>Cleaning alone will leave a surface or equipment visibly clean if carried out effectively. Cleaning is an essential pre-requisite to effective disinfection or sterilisation. Disinfectants, some more than others, are readily deactivated in the presence of organic matter.</p>	The physical removal of dirt/debris in the back of the ambulance for eg. on the floor.
Disinfection	<p>Disinfection is the process of eliminating or reducing pathogenic or harmful microorganisms from inanimate objects and surfaces.</p> <p>Disinfection cannot occur effectively without cleaning.</p>	<p>The process used for all equipment and environmental cleanliness.</p> <p>Cleaning and disinfection can be achieved through a two-stage process i.e. the use of a separate cleaning and disinfecting agent or through the use of a '2 in 1' product that cleans and disinfects in one step. Examples of combined detergent and disinfectant products used within NIAS are Universal Disinfectant Wipes and a Hypochlorite Solution.</p>
Sterilisation	Sterilisation is the process of killing all microorganisms and is achieved through physical or chemical means and is not a process used in the context of environmental decontamination.	Sterilisation is used for critical items i.e. objects or instruments that enter or penetrate sterile tissues, cavities or the bloodstream, as there is a high risk of infection occurring if contamination of the item occurs.

Types of cleans used within NIAS:

The level of cleaning required for the vehicle and the equipment should be risk assessed each time by staff. The level of a clean required will depend on what pathogenic organism was present and whether there has been gross contamination of the vehicle with blood or body fluids. The information below outlines the main cleans carried out within NIAS.

In-Between Patient clean:

Area/Item	Method	Standard
All patient handling equipment, e.g. stretcher/trolley, carry chair, spinal board, scoop stretcher, vacuum mattress, extrication devices (KED, banana board etc.), Vacuum and box splints, spinal board head blocks, rescue board straps etc.	Approved Universal wipes / Hypochlorite solution	All parts must be visibly clean with no blood or body substances, dust, dirt, debris or spillages
All patient contact equipment, e.g. arm-loc immobiliser, peak flow meter, 3 & 12 lead ECG leads, pulse oximeter probe, stethoscope, BP cuff	Approved Universal wipes / Hypochlorite solution	All parts, must be visibly clean with no blood or body substances, dirt, dust, debris or spillages
All patient contact surfaces/points e.g. patient seats, seat belts, ceilings, floors, walls, doors, belts, door handles, grab rails etc.	Approved Universal wipes / Hypochlorite solution	All parts must be visibly clean with no blood or body substances, dust, dirt, debris or spillages
Frequently used operational staff contact points, e.g. sharps bin, clinical waste area (pay particular attention to the 'cat flap'), cupboard doors, drawers,	Approved Universal wipes / Hypochlorite solution	All parts must be visibly clean with no blood or body substances, dust, dirt, debris or spillages

Please see link for each specific pathogenic organism for further information on product to use.

End of Shift Clean

In addition to after each patient/treatment' clean, **the following must be completed at the end of shift:**

- Staff should ensure the vehicle and all equipment has been checked for visible signs of contamination.
- Staff are responsible for the management and disposal of clinical waste and sharps. Staff **MUST** complete this task prior to the end of shift in accordance with the Clinical Waste and Sharps Policy.
- Remove kit bags/personal effects.
- Linen should be bagged up in line with local procedures. Clean linen must be available/stretchers must be ready for use by the next patient.
- Restock where possible and replace consumables

Area/Item	Method	Standard
Floor	Brush and mop with Actichlor plus solution using a disposable mop head.	The complete floor including all skirting and edges must be visibly clean with no blood or body substances, dust, dirt, debris or spillages
Frequently used operational staff contact points e.g. communication equipment, MDT, defibrillator, equipment bags, Glucometer, pen torch, microvent, scissors, suction unit, steering wheel, steering column, handbrake, door handles, gear stick, seating, glove box holder, paper roll holder etc.	Approved Universal wipes / Hypochlorite solution	All parts must be visibly clean with no blood or body substances, dust, dirt, debris or spillages
Entire vehicle exterior.	Exterior cleaner	The vehicle exterior must be maintained consistently clean. If operational pressures prevent thorough cleaning of the vehicle exterior, the minimum cleaning standards required to meet with the law must be met (i.e. windscreen, windows, lights, indicators, reflectors, mirrors and number plates and chevrons).

Deep clean

Vehicle Cleaning Co-Ordinators are responsible for ensuring that a deep clean of the vehicle is carried out no less frequently than once every four weeks. The deep clean will be carried out by Vehicle Cleaning Operatives team. The aim of the deep clean is to ensure that a vehicle is comprehensively cleaned at regular intervals. This is a thorough clean of the vehicle and vehicle equipment to include all surfaces, ceilings, walls and floors and is undertaken when a vehicle has been entirely stripped of all consumable items and medical equipment. This clean should be recorded on the Trust's electronic recording system.

This is a Pro-active clean completed by EVC colleagues who have an agreed protocol that they follow.

Decontamination clean

In certain circumstances it will be necessary to undertake a clean of a vehicle to remove unexpected **gross/ large** spillages of blood, vomit, faeces or potentially infectious microorganisms. This is termed a decontamination clean. Requests for decontamination cleans must be requested through the appropriate line manager where available or through Ambulance Control. A decontamination clean will result in a vehicle being off road.

Examples of when a deep clean may be required include:

- The vehicle has been **grossly** contaminated with vomit, faeces, blood or any body fluid beyond the level that can be effectively dealt with by routine in-between patient clean processes. This may include gross contamination of all equipment within the vehicle.
- A patient has been carried with a known multi resistant organism such as multi-drug resistant TB, or a Carbapenemase Producing/ Resistant Organism;
- Other reasons for taking the vehicle off road such as environmental issues (eg. Large sand / mud contamination) should be discussed with the appropriate line manager or Ambulance Control.

*****A patient with a known HCID has been transported, e.g. avian flu, MERS, SARS or viral haemorrhagic fever. This patient should be discussed with the IPC team and the HCID protocol followed.*****



Actichlor Plus

Chlorine releasing disinfectant tablets with detergent.



INSTRUCTIONS:

- Dissolve Actichlor tablets according to the dilution instructions below.
- Cold water is required. Do not use hot water.
- If using a dilution bottle, leave the lid off until the tablets have dissolved.
- **Disinfection of the environment** – do not apply the solution directly to vomit, urine or faeces as chlorine gas may be emitted. Clear away gross contamination before cleaning the area.
- **Blood spills** – place paper towels (or similar) over the blood spill and carefully pour the solution over the towels. Leave for two minutes and dispose as clinical waste. Clean and disinfect an area larger than the spill with your solution.
- Report any concerns immediately.
- Practice good personal hygiene, i.e. wash after cleaning, before eating, drinking etc. Use soap, moisturisers, wipes, sanitisers etc. as per procedures and training.

DILUTION INSTRUCTIONS:

Actichlor Plus 1.7g Tablets	Required Amount of Available Chlorine	1 Litre Number of Tablets	Contact Time
Disinfection of the environment	1 000 ppm	1	5 minutes
Sporicidal – C.difficile	1 000 ppm	1	10 minutes
Disinfection of Wet/Dry Blood Spills	10 000 ppm	10	2 minutes

WARNINGS AND PRECAUTIONS

							
Don't take internally. Avoid eye contact i.e. wear eye protection when handling tablets or there is a spray or splash risk. Avoid direct skin contact. Gloves and apron must be worn. Coveralls for deep cleaning.	Don't use directly on urine, vomit or faeces. Don't mix with other chemicals or acids or ammonia.	Avoid prolonged contact with stainless steel or clothing.	Dispose of used materials such as PPE, alcohol wipes, detergent wipes, cloths, paper towels and used mop heads as clinical waste.	Always replace lid after use and store in a secure dry place / CoSHH cabinet. Store in suitable, labelled containers.	Always keep out of the reach of children.	Always make up a fresh solution at the correct dilution (don't keep solutions for more than 24 hours). Dispose of remaining solution into appropriate drains with running water e.g. sluice.	Irritating to respiratory system. Don't breathe dust / fume / gas / mist etc. Always ensure good ventilation when using. RPE not required.

See the IPC Area on SharePoint for Safety Data Sheets, revised SOPs and an instructional video. Further information such as CoSHH Assessments are currently pending.