

Infection Prevention and Control



**Ambulance and Equipment
Environmental Cleanliness (clinical
waste and sharps disposal
procedures)**



Environment and Equipment Cleaning

It is imperative that all staff meet their individual responsibilities in keeping their environment and equipment clean, and thus help to reduce the risks of cross infection/contamination to themselves and their colleagues. This can best be achieved by all staff participating in frequent and routine cleaning activities during the working shift.



Decontamination Definitions

Cleaning: A process that will physically remove contamination (blood, vomit, faeces, etc.) and many micro-organisms using detergent and water. Cleaning **must** precede disinfection.

Disinfection: A process to reduce the number of micro-organisms to a less harmful level, but which cannot usually kill bacterial spores. The term is applicable to the treatment of inanimate objects and materials.

Sterilisation: A process that removes or destroys all organisms including spores. Sterilisation can be achieved by purchasing pre-sterilised single use items. Single use items avoid the need for re-sterilisation and are a practical and safe method.



Vehicle Cleaning

All staff have an individual responsibility to keep the ambulance clean

To prevent cross infection to patients, yourself & colleagues

All crew members should participate in the frequent & routine cleaning activities

Cleaning is particularly important between patients



Vehicle Cleaning

Vehicle & equipment cleaning should take place after each patient journey

Clinnel Universal wipes provided for cleaning all contaminated surfaces, including stretcher handles

Used blankets, sheets, etc. must be changed between patients

Use Clinnel Spill Wipes for any blood / body fluid incidents



Process for equipment and vehicle decontamination and guidance on requests for additional support

Where a crew feel that the vehicle requires specialised cleaning/decontamination the following procedure should be adhered to:

Crew are responsible for removing all soiled/used linen and or single use equipment as per standard universal procedures. They are also responsible for raising an incident report at the earliest opportunity again providing full details of the incident.

Crew inform the Emergency Operations Centre Manager (EOCM) providing full detailed reason for the vehicle being assessed and considered unsuitable for use. If there is any disagreement between the crew and EOCM on the need for extra support in cleaning/decontamination of the vehicle then the advice should be sort from the on call Make Ready Centre Manager



Decontamination of Equipment

The aim of decontaminating equipment is to prevent potentially harmful pathogenic organisms reaching a susceptible host in sufficient numbers to cause infection

Certain items of equipment are classified as 'single-use only', do not re-use. A single-use device is used on an individual patient during a single procedure and then discarded. It is not intended to be reprocessed and used again, even on the same patient

Decontamination of Equipment

The symbol below is used on medical device packaging indicating 'do not re-use' and may replace any wording



Re-useable medical devices e.g. stretchers, splints, BP cuffs, finger probes etc., should be appropriately decontaminated between each patient. The same procedures should be applied to all detachable items removed from the vehicle



Clinical Waste Management

All members of the Trust have a legal responsibility for the safe and proper disposal of waste. It is crucial that staff recognise and understand their individual responsibilities in complying with the Trust's waste management procedures and seek advice and guidance from local managers if they are unsure



Clinical Waste Definition

Clinical Waste is any used disposable item which comprises of, or contains any human tissue, blood or other body fluid, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes and any other waste arising from any clinical intervention, which may prove to be hazardous or cause infection to any persons coming into contact with it

Clinical Waste Procedure

All clinical waste bags must be labelled and tagged with the following;

The vehicle fleet number.....i.e., 2168

The producer name.....i.e., SECAmb

The date.....i.e., 27/08/16

Instructions

Complete the label with the information above and slide on to the plastic tag.

Lock the tag tightly around the top of the clinical waste bag to close it. If you lock the tag tightly there should be no need to tie the bag. Now place the bag in a suitable, dedicated clinical waste bin.

Clinical Waste Procedure

Good practice – clinical waste bags labelled and tagged

Bad practice – open clinical waste bags throw in clinical waste bin





Sharps Procedure

In healthcare, all employers should provide a safe working environment in which safe equipment is available and where staff are appropriately trained in the hazards posed by handling sharps and body fluids

Staff must use and dispose of all sharps provided by the Trust correctly; in accordance with their training and the instruction they received to use them safely



Sharps Definition

The term 'sharps' obviously applies to a wide range of individual ambulance and hospital equipment. However, these may be more broadly classified as:

Needles

Lancets

Syringes with an integral needle

Cannulas

Drug ampoules/containers

Razors

Scalpels/blades

Bone fragments (including teeth)



Disposal procedure

Staff should familiarise themselves with the assembly instructions and locking devices on each of the sharps containers provided by the Trust.

The start date should be entered on each container as soon as it is put into use, together with its point of origin, i.e. vehicle fleet number and/or bag number, in addition to the station name.

All used needles and sharps must be disposed of immediately after use, and placed directly into a sharps container by the person who has used the item. It is vital that sharps are never disposed of into waste bins, plastic bags, blankets, drugs packs etc., or anywhere other than in a recognised sharps container.



Disposal procedure

The use of safety devices such as safety cannula and safety lancets does not alter the need to safely dispose of used sharps

The Trusts incident reporting procedures must be used for any near miss incidents such as needles incorrectly disposed of

Paper or plastic packaging must not be placed into sharps containers, as this reduces their capacity. However, should removal of the packaging present any risk of subsequent injury, then the packaging and the sharps should be disposed of together

Needles and syringes must always be disposed of as one unit. Never attempt to re-sheath, or separate a needle from its syringe

If the outside of the sharps container becomes contaminated, wipe clean using detergent and a disinfectant



Disposal procedure

The sharps container should be changed when it becomes two thirds full (up to the black full line), or when the sharps will no longer drop cleanly through the flap. This must take place as soon as practicable, after either of these events has occurred. Under no circumstances should items be forced through the flap, and fingers must be kept out of the container at all times

Staff must never attempt to transfer the contents from one container to another, e.g. from a small to a large sharps box

Sharps containers must be sealed with the date of locking and by whom shown and routinely disposed of on a two-monthly basis, even if the two thirds mark has not been reached

The openings of sharps boxes must be closed and secured, prior to placing in the clinical waste bin on station. Sharps boxes must never be placed in a clinical waste bag

ANY
QUESTIONS
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