

Infection Prevention Ready Procedure

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1 Scope

- 1.1. The Infection Prevention Ready (IP Ready) Procedure has been developed as part of South East Coast Ambulance Service NHS Foundation Trust's (the Trust) ongoing commitment to promoting optimal standards of Infection Prevention and Control within the organisation. This procedure supports the Trusts Infection Prevention and Control Policy.
- 1.2. Prevention and control of infections are essential cornerstones of clinical care for ensuring patient and staff safety in all settings. It has been recognised that the ambulance service has an important role to play in supporting our healthcare partners in reducing healthcare associated infections (HCAIs).
- 1.3. This procedure encompasses evidence based best practice and has been specifically designed to support ambulance staff in minimising the risks associated with the control of infection. It must be emphasised that every member of staff has a responsibility to reduce such risks, and adherence to the procedure will help ensure patient and staff safety.
- 1.4. The subject of Infection Prevention and Control (IPC) is broad and complex, incorporating a vast number of topics. This procedure is designed for use in the ambulance setting and environment that staff have to deliver patient care in today's modern ambulance service, and is subsequently endorsed by Department of Health documents, United Kingdom Health Security Agency (UKSHA) recommendations, National Reporting and Learning System guidance and the National Institute for Health and Care Excellence (NICE) recommendations. The procedure has been subjected to further validation by external specialists in IPC and the Trusts Infection Prevention and Control Subgroup (IPCSG) and approved by the Quality Clinical Governance Group (QCGG) on behalf of the Quality and Patient Safety Committee (QPSC).
- 1.5. This procedure provides Standard Infection Prevention and Control Precautions as the template for its structured format. This procedure is designed to deliver information relevant to each link to enable the reader to follow and appreciate the underlying principles based around treating all patients' as if there is potentially an infectious risk. This in itself minimises a large area of risk from infection and cross contamination as the status of the vast majority of patients we convey is generally unknown.
- 1.6. The procedure has been developed and applies to all clinical staff wearing a Trust uniform.

2 Procedure

- 2.1. This procedure is aligned to the Infection Prevention and Control Policy and NHS IPC Manual, which identifies the lines of accountability at policy level.
- 2.2. The IP Ready procedure uses all the elements of Standard Infection Prevention and Control Precautions along with National Department of Health and the World Health Organisation (WHO) guidance, to help support staff in understanding the need for compliance to lessen the risks of cross contamination. These include;
 - Bare Below the Elbows
 - Hand Hygiene
 - Personal protective equipment
 - Aseptic non-touch technique
 - Maintaining a safe and hygienic environment
 - The IP Ready Procedure has 6 sections
 - Process Ready
 - Make Ready
 - Person Ready
 - Protection Ready
 - Hands Ready
 - Competence Ready
- 2.2.1. To be fully compliant with the IP Ready procedure staff, must ensure they are familiar with and follow all the sections of the procedure. However, in some circumstances and due to the nature of ambulance emergency scenarios staff may not be fully compliant. These occasions are described within each element of the procedure.
- 2.3. Adherence to the procedure will be monitored by way of observational reviews, with key performance indicators set and learning outcomes reported back to staff and the Trust.

2.4. Bare Below the Elbows

- 2.4.1. The principles for Bare Below the Elbows have been incorporated into the procedure and will allow for specific ambulance / environmental setting compliance levels. This includes the removal of wrist watches, fitness trackers, charity bands, stoned rings, bracelets, non-issued Trust long sleeved garments. Staff must not have long nails, nail extensions, gel polish and nail varnish (clear or coloured).
- 2.4.2. All staff who are based at frontline operational location (Make Ready Centres, Ambulance Stations, HART bases,) must when wearing green uniform at all-times be Bare Below the Elbows.

- 2.4.3. Any clinician not based at an operational location attending site for training, meetings or operational duties whilst wearing green uniform. Examples are
 Clinical Education Team, Infection Prevention and Control Team and Community First Responders.
- 2.4.4. Anyone undertaking an observational shift, or student paramedics on placement, on a frontline Trust vehicle should also comply too Bare Below the Elbows.
- 2.4.5. The only exception to not being required to be Bare Below the Elbow ready is to EOC and 111 staff working exclusively within the control room setting.

3 In addition, staff wearing the Trusts green uniform during involvement with any social and digital media exposure must comply too Bare Below the Elbow.

- 3.1. The Trust has consulted with various cultural leads and a full Equality Impact Assessment has been completed and there are no cultural reasons for staff not to comply with Bare Below the Elbow.
- 3.2. Staff that need to wear an approved "medic-alert" should ensure these are not worn on the wrist as other options are available e.g. necklet / necklace.
- 3.3. Only jackets supplied as part of the current Trust uniform can be worn dependent on weather / temperature conditions
- 3.4. Hi-Viz jackets to be worn when there is a requirement to ensure that staff are as visible as possible both during the day and at night, as well as in adverse weather.
- 3.5. Wherever possible, and safe to do so, jackets should be removed to comply with the hand hygiene technique.
- 3.6. Staff should also adhere to guidance on spare uniform and washing guidance as described in the Trust Uniform Policy.

4 Hand Hygiene Principles

- 4.1.1. The Trust will follow the national guidance of 'The Five Moments for Hand Hygiene', but will introduce new terminology, which is line with the patient journey in the ambulance setting and the new guidance is described below.
- 4.1.2. The guidance will now be known as the **3 R**'s for hand hygiene and clinical staff are reminded that personnel hand gel and clips are available and should be carried at all times.

- 4.1.3. **Remove** We first decontaminate our hands immediately prior to patient contact using your personal issue hand gel removing pathogens and microorganisms on our skin and protecting the patient.
- 4.1.4. **Reduce** We reduce the risk of infection and introduction of pathogens through the patient's natural defence, i.e. their skin; by decontaminating our hands immediately before **and** immediately after performing procedures where exposure to patient blood or body fluid is possible and especially a clean aseptic non-touch technique this will include the donning and removal of IP Kit (gloves aprons, eyewear etc.) where appropriate.
- 4.1.5. **Re-Clean** We remove any pathogen or microorganisms from our skin when we leave the patient or their surroundings. Re-cleaning our hands to protect ourselves and the wider environment from patient specific microorganisms and any germs. This will reduce cross-contamination and protect you, your colleague and future patients.
- 4.1.6. Soap and water are the best option where and when available, if not personal issue hand gels and Clinell Wipes can be used.
- 4.1.7. All staff whose role includes performing patient facing tasks will, at all times, carry on them a personal issue hand gel to ensure they can be fully compliant with the 3R's procedure.
- 4.1.8. All staff will be measured on compliance to hand hygiene and will be seen as non-compliant when not adhering to the dress code requirements as described in 2.5 and compliance to the 3R's as described above.
- 4.1.9. Gloves are a "Task Specific piece of the IP Kit" and are used "Whilst the risk is present" of contamination / infection or exposure to blood / body fluids.
- 4.1.10. The donning of gloves should never be viewed as a substitute for appropriate hand hygiene. Never alcohol gel gloves

4.2. Personal Protective Equipment (Infection Prevention and Control Kit)

- 4.2.1. For the purposes of this procedure, Infection Prevention and Control Kit (IPCK) is defined as being all equipment that is intended to be worn or held by a person at work, which protects them against the transmission of micro-organisms.
- 4.2.2. Employees have a responsibility to wear IPCK provided by the Trust and to co-operate with management on matters of health and safety.
- 4.2.3. IPCK must be worn to lessen the risk of cross contamination from blood and / or body fluids. However, some environments that ambulance staff will

work in will also require some IPCK to be worn. The following diagram provides staff with a guide to when to wear IPCK.

5 Risk Assessment for Infection and Control Kit Prevention risk has been identified

Transmission Based Precautions Know what IPC Protection you need

5.1. **Transmission Based Precautions require the following levels of IPC Kit where a risk has been identified.**



Infection Prevention Ready Procedure – V5 February 2025 * Decisions made to use or not use the hood or FFP3 will depend on the completion of a clinical risk assessment by considering presenting symptoms, the risk of acquisition (staff vaccination status), the level of interaction and the task to be performed. *(NHS IPC Manual v2.4 2022)*

6 Aseptic Non-Touch Technique

- 6.1. Asepsis is defined as the absence of pathogenic organisms and is extremely challenging to achieve in the pre-hospital environment. Aseptic Non-Touch Technique (ANTT) is a method used by clinicians to keep wounds, other susceptible body sites and sterile instruments free of microbial contamination by adopting a non-touch technique. Adopting the precautions of ANTT plays a vital role in preventing the transmission of infection.
- 6.2. ANTT should be adhered to at all times and compliance will include adherence to the Clinically Ready and hand hygiene principles.
- 6.3. Further guidance on ANNT can be found in the Trusts Infection Prevention and Control Manual Procedure.

6.4. **Staff Uniform and Clothing Care**

- 6.4.1. The majority of bacteria and viruses will not survive away from the host and would not present a high risk of infection transmission on clothing during general wearing whilst on duty. However, visible soiling or contamination where there are a greater number of organisms might be an infection risk and is likely to affect patient confidence.
- 6.4.2. Staff should change into a clean uniform at the start of each shift. Once off duty, staff should always change into 'home' clothes as soon as possible preferably before leaving the workplace.
- 6.4.3. The uniform itself is not considered as PPE, and so PPE must be worn in any situation where there is danger or potential danger to the individual from blood/body fluid splashing etc.
- 6.4.4. In general, the responsibility for uniform laundering currently rests with the individual member of staff. Uniforms or other work clothes should be washed as soon as possible and in accordance with the care label instructions preferably on as hot a wash the fabric will tolerate. This should be a minimum of 60°c. Tumble drying and ironing are part of the heat process.

- 6.4.5. Operational uniform and clothing worn by non-uniformed responding managers should not be dry cleaned as this is generally a chemical clean, not heat clean.
- 6.4.6. Where necessary in order to avoid overloading, wash uniforms separately from other clothes. There is no evidence of cross contamination, but overloading the machine will reduce wash efficiency.
- 6.4.7. In the majority of cases, staff uniform can and should be included as part of the general domestic washing arrangements undertaken by each member of staff. All the components of the laundry process contribute to the removal or killing of micro-organisms on fabric. It is likely that dilution/flushing is the main contributor. There is no conclusive evidence of a difference in effectiveness between commercial and domestic laundering in removing micro-organisms.
- 6.4.8. On occasions, uniforms may be exposed to splashes of blood or body fluids. This should be avoided as far as possible by the use of PPE disposable aprons. For cases where extensive soiling or contamination is foreseeable, a disposable suit should be worn as an outer garment, in addition to any other PPE items necessary. After use, the apron or suit should be disposed of as clinical waste and the uniform checked to ensure it has been fully protected.
- 6.4.9. If, despite all efforts, heavy contamination of the uniform occurs with either blood or body fluids soaking through to the skin, arrangements should be made for the crew to return to base for a shower to remove any skin contamination and a uniform change. Operational staff are expected to keep at least one complete spare uniform accessible for every shift.
- 6.4.10. Heavily contaminated uniform with blood or body fluids from a known or suspected infectious patient, should be disposed of as clinical waste.

Conclusion

There is no conclusive evidence that uniforms or other work clothes pose a significant hazard in terms of spreading infection. Public perception believes there is a risk. The public do not like seeing uniformed staff away from the workplace. A ten-minute wash at 60°C is more than sufficient to remove organisms encountered by ambulance staff on a day-to-day basis. (Using detergents mean that many organisms can be removed from fabrics at lower temperatures.

6.5. Maintaining a Safe and Hygienic Environment

6.5.1. The maintenance of high standards of cleanliness on all surfaces and equipment is a crucial factor in the prevention and control of infection. All staff have an individual responsibility to keep the ambulance and

equipment clean and thus reduce the risk of cross contamination/infection to themselves, their colleagues and their patients. This can only be achieved by every staff member participating in frequent and routine cleaning activities of all re-useable equipment and ambulance surfaces.

- 6.5.2. Whilst all dust, dirt and moisture can harbour infection, the key risks are associated with contamination arising from contact with blood and body fluids, mucous membranes or damaged skin. In all cases, the surface or equipment must be thoroughly cleaned and disinfected regularly in order to destroy any pathogenic micro-organisms.
- 6.5.3. Effective management of blood and body fluid spills is a crucial factor in controlling the spread of infection. Exposure to any such fluid constitutes a risk to staff and others within the immediate environment. These risks can be minimised by dealing promptly with the spillage and by appropriate cleaning and disinfection.

6.6. Health and Wellbeing Requirements

- 6.6.1. All staff whilst on duty must ensure that they are free from any communicable diseases that they may well pass onto a vulnerable patient that they attend.
- 6.6.2. Further guidance on when and when not to attend work can be found in the Trust's 'Managing Health and Attendance Policy and Procedure'.
- 6.6.3. Advice on staff health and attendance at work should be sourced from the IPC Team and / or Occupational Health.
- 6.6.4. Staff must ensure that they are up to date with the required vaccinations as per their role (details shown in Appendix A) and Occupational Health will provide them with this information and support where required.
- 6.6.5. Staff must report all possible contamination / needlestick incidents using the Trusts DATIX reporting system and call the Occupational Health 24-hour help line.
- 6.6.6. Staff are encouraged to protect themselves, their patients, family and work colleagues by having the seasonal flu vaccination on an annual basis, which is available from the Trust.
- 6.6.7. Remember you can carry the virus without symptoms to those less immune.

6.6.8. **Immunisation**

6.6.9. All staff must be aware of the Staff Screening and Immunisation requirements and their professional obligation to ensure that they are protected against common communicable diseases, thus providing a safeguard for both themselves and their service users. Staff must ensure that they are up to date with the required vaccinations as per their role (details shown in Appendix A) and Occupational Health will provide them with this information and support where required.

6.7. Blood Borne Viruses (Hepatitis B, Hepatitis C, HIV)

6.7.1. All staff should be aware of the full guidance on screening for blood borne viruses, Hepatitis B vaccination and management of staff who have a blood borne virus. All staff who carry out duties in clinical areas should receive Hepatitis B vaccination. Mandatory for those performing exposure prone procedures. Staff with known BBVs must declare this to Occupational Health and follow policy especially the Prevention of Inoculation Injury Policy and exposure prone procedures.

6.8. **Gastrointestinal Illness**

6.8.1. All staff with gastroenteritis must remain off duty until 48 hours have elapsed from their last symptom. In certain cases, i.e. in those who have returned from foreign travel, whose symptoms are persistent or unusual, e.g. bloody diarrhoea, or where there is the need to investigate a cluster of cases, a stool specimen may be required. After certain bacterial infections, clearance specimens may be necessary before an individual can return to work.

6.8.2. Other infections / symptoms

6.8.3. Staff with confirmed or suspected infections with symptoms e.g. sore throat, rashes, fever, wounds and skin lesions etc. must report to Infection Prevention & Control Team and Occupational Health as exclusion from work for a period of time may be required. Similarly, staff with an infection or condition, which makes them more susceptible to infection, must contact Occupational Health and Infection Prevention & Control Team for risk assessment.

7 Responsibilities

7.1. All Employees

7.1.1. All staff have a responsibility to protect themselves, as well as making all reasonable efforts to safeguard the welfare of their patients and all other persons encountered in their daily duties. Adherence to the guidance and

procedures within the NHS Infection Prevention and Control Manual will significantly assist staff in achieving this goal.

7.1.2. All accidents, incidents or risks must be reported immediately and fully documented using the Trust's incident reporting systems and processes.

7.2. Chief Executive

- 7.2.1. The Chief Executive has overall accountability for ensuring that the Trust maintains adequate and appropriate controls and procedures to minimise the risks of infection to patients, members of the public and staff in accordance with the Health and Social Care Act 2008.
- 7.2.2. The Chief Executive will designate the prevention and control of HCAI as a core part of the Trust's governance and patient safety programmes.

7.3. **Trust Executive Directors and Heads of Departments**

- 7.3.1. Trust Directors are responsible for the provision, application and monitoring of IPC measures that fall within their area of responsibilities.
- 7.3.2. Responsible for including reference to IPC in annual appraisals of all managers in their teams.

7.4. **Executive Director of Quality and Nursing**

7.4.1. In accordance with Department of Health Guidance 'Winning Ways' (December 2003) and the Health and Social Care Act 2008 the Executive Director of Nursing and Quality is the designated Trust Director of Infection Prevention and Control (DIPC).

7.5. **Executive Director of Finance**

- 7.5.1. Responsible for IPC affecting premises and facilities, including vehicles, stores and procurement, waste management and cleaning services.
- 7.5.2. Responsible for ensuring that IPC is considered at all stages of planning, building and refurbishment work.

7.6. Executive Director of Human Resources

- 7.6.1. Responsible for ensuring relevant occupational health services and policies are available for the prevention and management of communicable infections in staff.
- 7.6.2. Ensuring that IPC requirements are reflected in job descriptions and forms part of the annual personal development plan/appraisals.

7.6.3. Responsible for incorporating the principles and practice of IPC in corporate induction, basic training for new staff and ongoing training programmes.

7.7. **Executive Director of Operations**

7.7.1. Responsible for incorporating the principles and practice of infection prevention and control in corporate induction, basic training for new staff and key skills training programmes.

7.8. Head of Infection Prevention and Control (HIPC)

- 7.8.1. Responsible for defining the IPC requirements of the Trust and developing appropriate measures to manage them that meet the needs of the Trust and ensure patient safety and quality of care.
- 7.8.2. To identify priorities for the delivery of clean, safe, evidence-based infection prevention and control practice based on current legislation and guidance.
- 7.8.3. They will act as an ambassador and expert for all aspects of IPC as appropriate, with the Department of Health, National Reporting and Learning System, Public Health England, NHS England, Environmental Health Services, Clinical Commissioning Groups, Acute Sector Partners, Social Services and other interested parties encouraging collaborative working to improve service performance.
- 7.8.4. Reporting to the Trust Board that the Infection Prevention and Control Manual Procedure has been implemented to reduce HCAI via the Quality and Patient Safety Committee.

7.9. Infection Prevention and Control Leads

- 7.9.1. Responsible for assisting the HIPC with providing advice, support and training as appropriate to all directly employed members of staff within SECAmb, including the management of outbreaks of infection and incidents as they occur.
- 7.9.2. Responsible for assisting the IPCL with the day-to-day management and continuing development of infection prevention practice and will work closely with the IPCL and other SECAmb managers to achieve the highest standard of infection prevention and control.
- 7.10. Responsible for carrying out risk assessments in relation to infection prevention and control including clinical practices to reduce the risk of healthcare related infection.

7.11. Senior Managers

- 7.11.1. Senior Managers are responsible for implementing and monitoring Trust policies and to provide leadership and supervision to ensure compliance.
- 7.11.2. Responsible for including reference to IPC in annual appraisals of all managers in their teams.

7.12. First Line Managers (team leaders and supervisors)

- 7.12.1. Responsible for providing leadership and promoting responsible attitudes towards IPC.
- 7.12.2. Through work-based assessment and supervision they are responsible for ensuring that all employees are competent in applying IPC procedures relevant to their job role.
- 7.12.3. Responsible for including reference to IPC in annual appraisals of all staff in their teams.

7.13. All Staff

7.13.1. All staff will ensure they carry out their duties in a manner that maintains and promotes the principles and practice of IPC in compliance with national standards, Trust policies, guidelines, procedures and in accordance with this procedure.

7.14. Infection Prevention and Control Subgroup

7.14.1. The Infection Prevention and Control Subgroup (IPCSG) is responsible for monitoring the auditing process in compliance with the procedure. The IPCSG are responsible in maintaining an ongoing review of this manual to ensure it remains current, and therefore continually reflects evidence based best practice in the field of IPC. Day to day responsibility for this manual is the responsibility of the Head of Infection Prevention and Control.

8 Audit and Review

- 8.1. This procedure will be reviewed on a three yearly basis by the Executive Director for Quality and Nursing who is responsible for Infection Prevention and Control and amended accordingly if required. The review will be led by the Head of Infection Prevention and Control in consultation with the members of the Infection Prevention and Control Subgroup.
- 8.2. This timescale will be reviewed in light of any adverse incidents or risks identified, (or in light of any new legislation or organisational change) to the Trust and / or its staff or patients.

8.3. This timescale will be reviewed in light of any significant changes to clinical practice, or guidelines as identified.

9 Associated Documentation

- Infection Prevention and Control Policy
- NHS Infection Prevention and Control Manual Procedure
- Uniform Procedure
- Health and Safety Policy
- Managing Health and Attendance Policy and Procedure

10 References

- Department of Health (2006) Standards for Better Health. London: DoH.
- Department of Health (2007) Saving Lives: a Delivery Programme to Reduce Healthcare Associated Infections including MRSA – Challenge 6 and Challenge
- Department of Health (2010) Uniforms and Workwear: an evidence base for developing local policy. London: DoH.
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- National Patient Safety Agency (2007) Colour Coding Hospital Cleaning Materials and Equipment: Safer Practice Notice 15. London: NPSA

- National Patient Safety Agency (2007) The National Specifications for Cleanliness in the NHS: a Framework for Setting and Measuring Performance Outcomes. (Revised 2014) London: NPSA
- World Health Organisation (2009) WHO guidelines on Hand Hygiene in Health Care: a Summary.
- Royal College of Nursing (2017) Essential Practice for Infection Prevention and Control. London: RCN.
- Association of Ambulance Chief Executives Bare Below the Elbow Guidance Position Statement 24/08/2022 (V2.0)

Appendix A: Immunisation Requirements

	Hepatitis B vaccination	Exposure prone p	orocedure clearanc	e	Measles, mumps and rubella	Tuberculosis / BCG	Varicella zoster/ chicken pox
		Hepatitis B surface antigen	Hepatitis C antibodies	HIV antibodies			
A & E staff including Paramedics (except critical care paramedic), Paramedic Practitioners / Nurse Practitioners / Technicians / Emergency Care Support Workers (ECSW) / Student Paramedics.	Yes	No	No	No	Yes	Yes	Yes
Hazardous area response team and critical care paramedic HART Paramedic / Technicians / HART Team Leader.	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Management/Admi n & clerical with operational skills All staff who have Direct Patient contact roles within their Job Description.	Yes	No	No	No	Yes	Yes	Yes
Medical transport Service / Logistics MTS drivers	Yes	No	No	No	No	No	No
Vehicle Maintenance Unit / Mechanics. Workshop technicians, Auto technicians, Working Chargehand	Yes	No	No	No	No	No	No
Community First Responders	Yes	No	No	No	Yes	No	Yes
Manual Workers in non-clinical areas.	No	No	No	No	No	No	No
Control Staff Emergency Medical Advisors, Dispatchers, Control Officer, Logistics, Desk Administrators (no direct patient contact)	No	No	No	No	No	No	No
Management / Admin & Clerical Office based with no clinical operational duties (no direct patient contact)	No	No	No	No	No	No	No