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# **Lifeline Community Ambulance C.I.C.**

**Infection Prevention Policy**

# **Introduction**

The World Health Organization (WHO) raised its influenza pandemic alert level to Phase 6 during June 2009, reflecting the ongoing community-level outbreaks of H1N1 swine flu in many parts of the world. The purpose of this document is to set out concise summary guidance for infection control for the ambulance services and it is intended for use during the pandemic. The guidance in this document is equally applicable to lay responders, who should adopt the same infection control and hygiene measures. This guidance document includes sections on patient management, infection control precautions, use of personal protective equipment (PPE) and environmental infection control, as well as occupational health. In the current climate, where knowledge about the new pandemic virus is limited, this guidance may need updating if emerging epidemiological and virological information on the virus indicates that it is necessary to change the approach to infection control. Readers are strongly urged to refer to the most up-to-date information on the Health Protection Agency website at www.hpa.org.uk

# **Overview**

**Emergence of a pandemic**

● Pandemics arise when new viruses or other infectious agents emerge that cause disease in humans and become capable of being easily transmitted from one person to another, spreading throughout the world.

● Predictions based on previous pandemics indicate that clinical attack rates may be high (up to 30%) and almost the entire population will potentially be at risk.

● The pandemic virus is likely to spread throughout the country.

If this happens, then ambulance trust staff, like other healthcare staff, will be equally as likely to encounter pandemic influenza in normal daily living, for example in the family home, as they will through their work.

**Clinical features of influenza**

● Influenza is a respiratory illness with a wide range of symptoms. The symptoms of pandemic influenza are similar to those of regular human seasonal influenza infection and include fever, fatigue, coughing, sore throat and lack of appetite. Some people with pandemic influenza have also reported vomiting and diarrhoea.

● People are most infectious soon after they develop symptoms, and can continue to excrete viruses for about seven days and longer in children and the immunocompromised. How influenza is spread

● Influenza is spread from person to person through close contact. For seasonal influenza, the evidence suggests that transmission by droplet and through direct and indirect contact are the most important routes. Pandemic influenza is assumed to transmit from person to person in a similar fashion to seasonal influenza.

● Aerosol transmission may occur in certain situations, eg during aerosol-generating procedures such as intubation or bronchoscopy.

**(Pandemic influenza: Summary infection control guidance for ambulance services during an influenza pandemic)**

# **Patient management**

● Patients should be assessed to determine the precautions necessary in order to reduce the risk of transmission of infection.

● Patients with suspected influenza who are scheduled for routine transport should not be conveyed and advice should be sought from control room staff, who will make an appropriate patient referral.

● The risk of infection from those who have died with influenza is low and is minimised by the careful use of standard infection control procedures.

# **Non-acute transport services (patient transport services, ambulance car services, volunteers and private ambulance services) Lifeline Community Ambulance C.I.C.**

● Volunteer Patient transport staff should be given up-to-date infection control guidance by the lead Nurse of Lifeline Community Ambulance C.I.C. if they have any concerns relating to the use of alcohol hand rub.

● Patients and clients with suspected influenza who are scheduled for routine transport should not be conveyed and advice should be sought from booking staff, who will make an appropriate patient referral.

# **Transfer arrangements**

Lifeline Community Ambulance C.I.C. should undertake a risk assessment of all inter-hospital and private movements in order to reduce the transmission of infection and communicate any potential risks of infection be highlighted to staff delivering the service provision prior to performing the service.

Appropriate Risk Assessment be undertaken prior to transfer acceptance this includes COVID-19 Lateral Flow Testing if required.

# **Infection control precautions**

● Standard infection control precautions and precautions against droplet transmission must be taken for patients with symptoms of influenza.

● Good hand hygiene and respiratory hygiene among staff and patients are vital for the protection of both parties and their families.

● The use of PPE should be proportionate to the risk of contact with respiratory secretions and other body fluids and should depend on the type of work or procedure being undertaken.

The principles of measures taken to minimise the transmission of pandemic influenza are based on the premise that pandemic influenza has similar properties to seasonal influenza. It is well established that influenza is transmitted through close contact with an infected coughing or sneezing person.

Transmission almost certainly occurs through multiple routes, including droplets and direct and indirect contact.

Aerosol transmission may also occur in certain situations. There is no evidence that establishes a clear hierarchy for modes of transmission, however, the patterns of transmission observed during outbreaks in healthcare settings often point to droplet and contact transmission as the most important and likeliest routes.

Experimental studies of survival of the influenza virus suggest that it can survive for varying periods in the environment, depending on the surface contaminated. It can then be transferred from contaminated surfaces onto hands. Aerosol transmission may also occur under certain conditions. Aerosols (very small particles that can remain suspended in the air for long periods and travel over longer distances than droplets, allowing them to be inhaled by others who may be some distance away) can be generated by some procedures involving the respiratory tract

# **Standard infection control precautions**

Standard infection control precautions must be used for all users of the service where indicated by Government (UK) . These are a set of broad principles of good practice intended to minimise exposure to and transmission of infection and should be applied to the care of all patients, all of the time. Standard infection control precautions include hand hygiene, environmental cleaning, and proper procedures concerning blood and body fluid spillages, sharps, waste, linen and PPE.

# **Hand hygiene**

Hand hygiene is the single most important practice needed to reduce the transmission of infection in healthcare settings and is an essential element of standard infection control precautions. Hand hygiene includes hand washing with soap and water and thorough drying, and the use of alcohol-based products that do not require the use of water.

● If hands are visibly dirty they should be washed with soap and water (or a detergent wipe that is suitable for use on skin) and then thoroughly dried.

● Alcohol hand rub can be used for decontaminating visibly clean hands. The process should take 15–30 seconds and must be carried out even if gloves have been worn.

● Avoid touching the face with hands that have not been cleaned, or with gloved hands.

Lifeline Community Ambulance C.I.C. Volunteers will be issued with a personal alcohol hand rub dispenser, to be viewed as part of uniform. Staff should liaise with Lead Nurse if they are concerned that they may have pre-existing conditions that would prevent use of the hand rub.

# **Hands should be cleaned before:**

● any direct patient contacts

● eating, drinking, or handling food

● taking a break/going home.

# **Gloves and plastic aprons**

Gloves should be worn in accordance with standard infection control principles and must be worn as single-use items. They should be put on immediately before an episode of patient contact and removed as soon as the activity is completed. If glove supplies become limited or pressurised, glove use should be prioritised for contact with blood and body fluids, invasive procedures and contact with sterile sites. Plastic aprons are worn to protect clothing from contamination. These are provided at all times by Lifeline Community Ambulance C.I.C. available in vehicles.

# **Droplet precautions for patients during transport**

● When transporting a patient with symptoms of influenza, the patient should be encouraged to wear a surgical mask to minimise droplet dispersal. The mask should be worn throughout the period of transport.

● If the patient cannot tolerate a mask, good respiratory hygiene should be encouraged and a tissue or similar can be offered to hold against their mouth and nose to ‘catch’ secretions from coughing, sneezing or blowing the nose.

● Patients suspected of having influenza should not be transported with other patients who do not have influenza.

# **Personal protective equipment**

If a risk assessment and patient assessment indicate the possibility of influenza, then appropriate PPE should be worn before being in close proximity to, or having contact with, the patient. The risk assessment will include information provided prior to arrival at a scene.

# **Cleaning vehicles used for patient transport**

The following advice applies to all vehicles used for conveying patients, including PTS (patient transport services), HCS (hospital car service), and others as deployed.

● Vehicles should be checked and clean at the commencement of a shift.

● Routine cleaning should be undertaken after each patient journey. A solution of detergent and warm water or detergent wipes should be used and particular attention should be paid to areas within about one metre of the patient (surfaces within this distance from the patient are more likely to have been contaminated by respiratory droplets). Stretcher cots, mattresses, manual handling equipment and horizontal surfaces in the ambulance, as well as fixtures and fittings (including the cab area) that are frequently handled should be cleaned and allowed to air dry (or paper towels can be used to accelerate drying). Appropriate PPE must be worn for cleaning, ie gloves and a plastic apron. Although sufficient supplies of PPE should be carried in vehicles, carriage of excess supplies of other equipment should be avoided in order to keep items at risk of contamination to a minimum and to reduce cleaning workload. Influenza viruses are inactivated by detergent so it is not necessary to enhance routine cleaning with chlorine-based disinfectants. Note: chlorine-based disinfectants cannot be used in cars (they are corrosive to some metals and also cannot be used on soft fabrics including carpets, seats etc).

● Surfaces contaminated by blood or other body fluid excretions or spillages, eg vomit, should be cleaned according to routine procedures for such contaminated surfaces, ie as soon as possible using water and detergent (or detergent wipes) followed by the use of chlorine-based disinfectant/spillage kits. Appropriate PPE must be worn. Contaminated disposable items should be discarded as clinical waste and equipment such as monitors and suction devices should, where possible, be removed and manufacturer’s cleaning guidelines followed.

● Fresh linen must be used for every patient in accordance with the Department of Health Ambulance guidelines (2008) (available at www.clean-safe-care.nhs.uk). If the linen appears to be visibly contaminated then it should be treated as infected and handled according to policy.

● Floors are a low risk for the transmission of influenza. They should be cleaned using warm water and detergent at least once during each shift, and more frequently if visibly contaminated. If contaminated with blood or body fluids, ambulance trust procedures for contaminated surfaces should be followed.

**Cars:** Transportation by car should only be undertaken following a thorough risk assessment. Ideally, cars should not be used for patients with respiratory symptoms because they cannot be cleaned effectively due to the presence of soft fabrics. If transport by car is unavoidable, plastic seat covers should be used to protect seats and disposed of between patients. Hard surface areas in cars within one metre of the patient (such as dashboards) should be cleaned according to routine cleaning (see above). If patients are transported in the front of cars then they should wear a surgical mask to minimise droplet spread to the driver.

Further information

If you require any further information, please contact our Clinical Lead at:

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Date of Policy: February 2022

Review Date: February 2024