CGP129

INFECTION CONTROL PROGRAMME

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1. POLICY INTRODUCTION

The company is committed to protecting its staff, clients, and the public from potentially harmful pathogenic microorganisms. This document is the National Ambulance (NA) Infection Control Programme that includes policy, procedures, forms, training materials and information to provide clear and comprehensive direction to ensure infection control throughout sites, ambulances, and patient facing employees, patients and the public. It also includes development and use of metrics and subsequent development of any necessary improvement plan to ensure continuous improvement.

This programme identifies clear standards to be followed, however there is no need to go beyond these standards; overzealous precautions are discouraged as overuse of personal protective equipment can cause a wider spread of infection than if it is not used at all.

This document has been developed in accordance with the concepts outline in Abu Dhabi Occupational Safety and Health Center (OSHAD) and to fulfil requirements of the Department of Health (DOH)/Ministry of Health (MOH) and other regulatory and accreditation requirements.

Completion of the Infection control training programme is mandatory for all NA personnel; it can be found on the National Ambulance Reference Library and Web Portal.

This programme supports the NA leadership components of risk evaluation and management and continuous improvement; it must be read in conjunction with all relevant National Ambulance procedures. Where matters directly influence direct patient care (i.e. wound or burns care), the Patient Care Protocols and Protocol Field Guide, Clinical Practice Guidelines and other relevant policies and procedures are to be followed. A measure of infection control is detected through the hazard & incident reporting system in Health and Safety and other quality and audit processes.

VISION

Healthcare without infection.

MISSION

Reduce healthcare associated infections by improving infection prevention control practices. Create a safer world through prevention of infection.

VALUES

We embrace the following values:

- Excellence through knowledge
- Evidence-based practice
- Continual improvement

2. SCOPE

This programme applies to all NA clinical staff, equipment, sites, and vehicles that will engage in direct patient care through the execution of their normal duties.

The programme includes the following elements in this document or as references to separate documents:

- Policy
- Procedures
- Forms
- Training
- Fulfillment of regulatory requirements including reporting of suspected or confirmed communicable diseases, including food borne illness (especially if two or more patients present with similar illness that may have resulted from the ingestion of common food)
- Policy and Procedure for Care of patients with suspected or confirmed Communicable Diseases Metrics

3. ROLES AND RESPONSIBILITIES

Chief Operations Officer (COO) is responsible for the implementation and monitoring of this Programme and for communicating any incidents or issues related to the Programme.

Medical Director (MD) / Medical Delegate is the named individual with overall clinical responsibility with regard to development, review and initiating revision of the programme, development of metrics, any associated procedures and training and for compliance with any regulations and laws. The position also holds overall responsibility for reviewing notifications to DOH or other relevant agencies of any suspected or confirmed communicable disease cases or exposures and circulated across the organisation. MD is also responsible to ensure the investigation of all relevant incidents.

Clinical Governance and Audit Officer works under the direction of the MD in facilitating the needs of the Infection Control Programme, assisting with the updating of the programme and ensuring implementation of it via the Infection Control Working Group

Occupational Health Nurse works under the direction of the MD in facilitating Infection control programme that is applicable in maintaining the health and safety of all National Ambulance Staff.

Operational Managers are responsible for implementing and monitoring the compliance with the programme by all clinicians and non-clinicians who are exposed to field work. Compliance must be measured using agreed metrics. Those in this category including Ambulance Communications Centre Team Leaders (ACCTL) and that are responsible for giving advice and support, with regard to use of appropriate PPE and general patient management, notification of any suspected or confirmed communicable disease to DOH and for escalation any relevant incident to the MD/delegate physician.

Supply Chain will be responsible for the Medical waste disposal and collection, ensuring all necessary contracts are in place.

All Healthcare Professionals (Clinicians and Non-Clinicians exposed to field work) are responsible for following all elements of the programme and procedures to complete any necessary training and to communicate immediately to manager if they have concerns or know of or are involved in any adverse incident, exposure to suspected or confirmed communicable diseases as detailed in the programme and CGP124 Policy and Procedure for Care of Patients with Suspected or Confirmed Communicable Diseases. Staff are also responsible for ensuring that they engage in the vaccination programme to ensure that their immunization status is satisfactory

Infection Control Coordinators is the team Lead of each shift who will be responsible for:

a. Oversee and monitor the implementation of infection control practices in the working area (e.g. Clinic).
b. Ensure all new staff are familiar with infection control practices. Update existing staff on proper infection control practices periodically
c. Maintain/monitor various records e.g. physical, chemical and biological monitoring records, accident records, staff sickness records, staff fit test record and staff infection control training record (infection control refresher training).
d. Ensure infection control audits to be conducted regularly.
e. Recommend changes needed in infection control practices.

QHSE & BC Manager is responsible for managing and delegating QHSE reports related to infection control, managing action plans and risk assessments related to these plans, participation in infection control meetings and generating infection control statistics for reporting.

4. DEFINITIONS

BODY FLUID	Fluids containing visible blood and other body fluids including seminal fluids, vaginal secretions, Cerebral Spinal Fluid (CSF), synovial, amniotic, pleural, peritoneal and pericardial fluids, urine, faeces, vomit and sputum and to which standard precautions apply.
SHARPS	An article that can cut or puncture the skin or membrane by having a fine edge or point. Sharps constitute a unique form of clinical waste that must and must be handled accordingly. For example: • Needles • Cannula • Drug Ampoules/containers • Razors • Scalpels/blades • Sharp bones
BODY FLUID EXPOSURE (BFE)	Any event in which one person is exposed to another's body fluids via non-intact skin or mucus membranes. For example, exposures caused through: • Blood splashed in eyes • Vomit sprayed into mouth • Blood dripped onto a wound Any percutaneous injury that exposes one person to another's body fluids. For example, injuries caused by: • Contaminated needles • Bone shards • Human bites • Contaminated glass
PERSONAL PROTECTIVE EQUIPMENT (PPE)	Equipment that minimises the risks of exposure to pathogenic microorganisms including but not limited to the following items: Gloves, Gown, Protective Suit, Eye Protection, Masks. Levels of PPE may vary including Universal, enhanced PPE and full body enhanced PPE.
ASEPSIS	The absence of pathogenic organisms.
ASEPTIC NON TOUCH TECHNIQUE (ANTT)	A standardized technique that is used during clinical procedures to identify and prevent microbial contamination of key areas by ensuring that they are not touched either directly or indirectly
CLINICAL WASTE	Waste contaminated with any human blood or other body fluids.
COMMUNICABLE DISEASES	An infectious disease spread from one person to another through a variety of ways that include: contact with blood and bodily fluids; breathing in an airborne virus; or by being bitten by an insect

5. INFECTION CONTROL POLICY

The ultimate goal of this programme and its policy contained herein is to protect staff and patients through:

- Minimization of the potential of staff skin and clothing becoming contaminated with pathogenic microorganisms which may subsequently be transferred to other patients in their care
- Minimization of the potential for contamination of the surrounding patient environment including equipment and vehicles
- Minimization of the potential for staff to acquire infection from a patient
- Minimization of the potential for patients to acquire infection from staff either by direct transfer through the hands of clinical practitioners or invasive devices, particularly those used for intravenous cannulation

The measures to minimize transmission of infection between staff and patient include but are not limited to:

- Standard Precautions, as taught as a part of professional EMS training, such as regular hand hygiene and use of appropriate PPE
- Provision of all relevant PPE by National Ambulance in vehicles, bases and packs as relevant to the scope of service of each individual and to the requirements of the service provided
- Provision of advice and support to NA professionals regarding appropriate use of PPE and general patient management in accordance with advice given through NA ACC
- Utilization of disposable / single-use equipment that come into contact with skin
- Use of Aseptic Non-Touch Technique (ANTT) covering existing wounds or skin lesions with impermeable waterproof dressings
- Minimize the use of sharps wherever possible
- Follow the procedures for the handling and disposal of needles and other sharps.
- The date of the first use of the new empty sharps box should be marked on it and it should be disposed within 3 months from the first use or if it is ¾ full.
- Clear up blood spills and other body fluids promptly and cleaning and disinfection of surfaces to the approved recommendations and standards
- Dispose of clinical waste and sharps in accordance with the National Ambulance OPP 120 Hazardous Material Policy and ensure that the sharps containers are not overfilled
- Provision of all necessary cleaning materials by National Ambulance and knowledge of all staff of what to do in the event of exposure to blood / bodily fluids or inoculation injury
- Ensure single-use items remain in their packaging until the point of use and appropriate disposal immediately after use. ***DO NOT REUSE ANY SINGLE USE ITEM***.
- Ensure cross-contamination is minimized by segregating cleaning equipment by relevant areas

Each patient and situation is individually assessed by the staff members involved to determine the specific precautions necessary and using the principles identified throughout this document.

The staff member's individual skills, scope of practice the facilities available, and the likelihood of coming into direct contact with body substances must form the basis of the assessment.

Infection Control Training should be provided to all staff to ensure appropriate infection prevention and control practices are followed. The training should be provided upon induction, at any time when information has been updated or revised, and repeated at regular intervals.

The content should include but not limited to

1. Infection prevention and control policy,

2. Infection control basic principles and related work practices,
3. Incident management, and
4. Role of staff in preventing the spread of infections.

5.1. Hygiene

5.1.1. Personal Hygiene

Cleanliness and high standards of personal hygiene are of paramount importance to minimize the risk of cross infection.
All staff must adhere to HRP306 Dress Code Policy as appropriate to their role. This includes the following:

- Dress in a professional manner
- Do not allow hair to be loose and must ensure it is tied up and off the collar whilst in uniform
- If rings are worn, they must be plain without stones or design
- Fingernails are to be maintained short and smooth
- Ensure uniform is clean, tidy and in good repair.

5.1.2. Hand Hygiene

Hand hygiene is widely recognized as the single most important activity for minimizing the risk of infection. If the correct techniques are not used to clean hands areas can be missed, which will leave them contaminated and will risk transmitting infection. All National Ambulance staff must have completed the QHSE module on the Learning Management System (LMS) during the Induction process. This module also covers 'Hand Hygiene' extensively and staff can revise and familiarize themselves with the content as many times as they wish (on LMS) to observe good clinical practice. Hands must be washed in accordance with the hand hygiene procedure below and when any of the following occur:

- Use of the bathroom
- Handling uncooked foods, particularly raw meat, poultry or fish
- Blowing your nose, coughing or sneezing
- Touching or handling rubbish
- After attending a sick or injured patient
- Visiting a clinical area

Soap, disinfectants, and towels/tissue are located in areas where hand-washing and hand-disinfection procedures are required
Best practice includes hand hygiene in accordance with the CGG102 'Hand Hygiene Moments' as found in the principals and the use of hand sanitizer as provided by National Ambulance as part of PPE.

5.1.3. Personal Protective Equipment

Personal protective equipment (PPE) is used to protect from contaminants and to prevent any spread of infection to patients, the wearer, other staff or members of the public. The selection of PPE must be based on an assessment of the potential transmission of pathogenic

microorganisms to the patient or staff and the risk of contamination of the staff clothing and skin by blood or body fluids. It includes but is not limited to:

- gloves - sterile and non-sterile
- face masks (Surgical, N-95/ KN95 Mask, FTTP3)
- eye protection (Eyeglasses, Eye Googles, Face Shield)
- protective suits (Coverall Suit).

You should consult **PPE Quick Reference Guide** below and refer to CGG103 – **Infection Prevention and Control Measures Guide** and also contact the NA ACC as described below if you are unsure if enhanced PPE is required.

Standard precautions must be taken at all times; the use of any enhanced PPE should be considered after taking a full patient history including symptoms such as cough and fever, any history of recent travel and any contact with suspected or confirmed infectious disease cases. All PPE should be disposed of as clinical waste.

Further advice and support can be obtained by consulting the NA ACC (02 596 8710) to ascertain which level of PPE should be used according to transmission mode and risk.

ALL RESPONDING UNITS SHALL CARRY A STOCK OF PPE FOR USE BY STAFF INCLUDING BUT NOT LIMITED TO:

5.1.3.1. GLOVES

5.1.3.1.1. Gloves should be worn:

- If there is a risk of contact with blood, body fluids, non-intact skin or mucous membranes during general care or invasive procedure
- When there is a risk of potential for transmission of pathogenic organisms
- When sharp or contaminated instruments/material are being handled or disposed of.

Gloves can also be worn to protect the wearers' hands from organic contamination but should be changed for clean gloves before any invasive technique. Consider double gloving when the quality of the gloves appears to be poor (e.g. if holes and tears occur rapidly during use).

5.1.3.1.2. Gloves should also:

- Be changed between each task
- Be changed between caring for different patients
- Be changed as soon as they are contaminated
- Be discarded as clinical waste if contaminated
- Be the heavy duty type if enhanced PPE is required

5.1.3.1.3. Gloves should not be worn:

- In a non-patient compartment
- When driving to and from a scene
- For longer than necessary without replacement and hand hygiene between use.

Hand hygiene rules should be adhered to

- before putting on gloves
- after removing them –

- washing with soap and water wherever possible
- alcohol gel if no washing facilities are available.

Staff can use a glove while using MDT, but gloves should not be heavily solid with blood, pus, body secretions. If it was soiled so glove should be changed.

All gloves used should be latex-free (because of possible allergies to latex). Non-sterile gloves are suitable for most procedures, although a supply of sterile gloves is recommended for certain invasive procedures, for example catheterization, suturing and gluing.

5.1.3.2. EYE PROTECTION AND MASKS

Eye protection and face masks shall be worn:

5.1.3.2.1. Facemasks, with or without eye shield, shall be worn when the risk of body fluid exposure to the mouth/nose is present; Each member of National Ambulance staff must have their provided personal eye protection available for use as required in accordance with this Policy and Procedures.

5.1.3.2.2. 'Surgical' type face masks are to be worn when the potential for large particle droplets, splashes, sprays or splatter that may contain germs is present;
May be worn by the patient if clinically indicated;

5.1.3.2.3. N-95/KN-95 OR FFP3 type masks should be worn when in the presence of suspected respiratory contagions where the potential for small-particulate droplets is present. Fitting and training on the use of these devices is done in accordance with the manufacturer's recommendations.

5.1.3.3. GOWN/DISPOSABLE SUIT

5.1.3.3.1. Gown/Disposable suits should always be available for NA staff to use. They should be worn:

- If there is a risk of contamination of the wearers uniform from blood or body fluids
- When transporting a known infectious patient

5.1.3.3.2. Gown/Disposable suits should be:

- Disposed of in accordance with OPP120 Hazardous Material Policy if contaminated or as clinical waste in "Yellow Bag"
- Removal of PPE (refer to CGP124 Appendix E) by:
  - unfastening or breaking ties
  - pulling gown away from the neck and shoulders touching the inside of the gown only
  - Turning the gown inside out, folding or pulling into a bundle and discarding.

The use of the protective suits is also available on the Learning Management System (LMS) / find learning/ Infection Control Program Training (Clinical)

5.1.3.4. OVERSHOES

Overshoes are for single use to protect your existing NA Footwear

5.1.3.5. RESPONSE BAGS

All bags must be cleaned when there is any biological contamination or general soiling. It should be washed and a disinfectant used. If the contamination/soiling is substantial the bag must be removed from service and replaced.

5.2. PPE QUICK REFERENCE GUIDE

Exposure	Standard Precautions	Eye Protection	Surgical Gown	FFP3 Mask or N-95 Mask	Full Suit/ Coverall	Surgical mask worn by patient
Low risk of contact with body fluids (add eye protection if there is an outbreak)***	X					
High risk of contact with body fluids especially splash/spray	X	X	X			
Patient with suspected/known highly communicable disease e.g. Rabies, Meningitis, Mumps, Influenza, Polio	X	X	X	X		X
Patient with suspected/known high risk chronic respiratory illness e.g. Tuberculosis; Chickenpox, Measles, Herpes Zoster	X		X	X		X
Patient with suspected MRSA**, COVID-19/ high risk acute respiratory illness e.g. SARS*	X	X	X	X		X
Patient with confirmed COVID-19/ high risk acute respiratory illness e.g. SARS*; specific high risk communicable disease on outbreak e.g. Ebola	X	X		X	X	X

*Severe Acute Respiratory syndrome
**Multi-resistant Staphylococcus Aureus

5.3. Infection Prevention and Control Measures

Refer to CGG103 - Infection Prevention and Control Measures

6. SERVICE SPECIFIC REQUIREMENTS

6.1. Aseptic Technique

Asepsis is defined as the absence of pathogenic organisms. Aseptic technique is used to describe clinical procedures that have been developed to prevent the contamination of wounds and other susceptible body sites by using sterile equipment and fluids during invasive medical procedures and by avoiding contamination of the equipment by adopting an aseptic non-touch technique (ANTT). This technique is designed to minimize transmission of organisms during clinical procedures in all situations as far as is reasonably practicable.

The key principles of Aseptic Technique are:

- Keep exposure of susceptible sites to a minimum
- Appropriate hand decontamination prior to the procedure
- Use of gloves (sterile or non-sterile, depending on the nature of the susceptible site)
- Ensure all fluids and materials used are sterile
- Check that all packs used are sterile and show no evidence of damage
- Ensure contaminated and non-sterile items are kept away from the sterile field
- Not reusing single use items
- Reduce staff / bystander activity (where possible) in the immediate vicinity in which the procedure is to be performed.

The principles of aseptic non-touch technique play a vital role in preventing the transmission of infection in any environment. It is the responsibility of each staff member to understand these principles and to incorporate them into everyday practice.
If aseptic technique cannot be applied, for example because of the nature of the emergency, it is suggested that the receiving hospital staff are informed at patient handover and that this is documented on a Patient Care Report(PCR).

6.2. Respiratory Tract

6.2.1. Intubation & Airway Adjuncts

- Equipment used for airway maintenance – for example endotracheal tubes and laryngeal masks – should remain in sterile packaging until the point of use.
- Bougies or other adjuncts used for intubation should be for once off use and disposable.
- Laryngoscope Blades used in the service should also be sterile and disposable.

- When Preparing to Intubate a Sterile field should be set-up next to the patient with all the necessary equipment and sundries required for the procedure to maintain an aseptic environment.
- Airway adjuncts should be removed from the sterile packaging and inserted immediately once ready.
- Other adjuncts such as Supra-glottic Devices may require to be lubricated before insertion and Only Sterile Lubricant may be applied to the device before use and the inside sterile portion of the device packaging may be used to maintain sterility if required.
- Follow Protocols for airway procedures as described in CGP134 - NA Patient Care Protocols and always try and maintain aseptic procedures where possible.
- In the event of an Emergency Tracheostomy procedure being conducted in the field, the clinician should conduct the procedure using aseptic techniques where possible. Use sterile surgical sundries required, locate your landmarks, disinfect the area, insert your trachea device and secure in place with sterile dressing.

6.2.2. MECHANICAL VENTILATORS

- Bag Valve Masks (BVM's) or Continuous Positive Airway Pressure (CPAP) devices used at National Ambulance are issued in sterile packs and are for once off use only.
- Mechanical Ventilators Circuits used are also disposable and for once-off use to prevent cross contamination and infection.
- Circuit Filters (Disposable) need also to be used to prevent contamination of the internal mechanisms of the ventilator.

Ventilators should also be wiped down and disinfected as with all other medical equipment used as per infection control policy. Disposable sundries should be discarded after use in-keeping with clinical waste procedures.

6.3. INTRAVASCULAR

The circumstances in which an intravenous cannulation is required is set out in CGP134 - Patient Care Protocols. Staff should insert the cannula aseptically whenever it is physically possible to do so.

Good practice in aseptic techniques that may be adopted in the process of cannulation are as follows:

- Apply the tourniquet (single use and disposable).
- Palpate the vein.
- Decontaminate your hands.
- Make a sterile field – for example using a sterile cannula dressing pack.
- Clean the site for vein-puncture using Alcohol Prep pads– do not re-palpate the vein.
- Leave skin to dry for 30 seconds.
- Choose a cannula, open the pack and place the cannula aseptically in the sterile field.
- Decontaminate your hands and don gloves.
- Insert the cannula, ensuring that the insertion site is not touched. If insertion attempt is not successful, the same cannula should not be used again.
- Use a sterile, semi-permeable, transparent dressing to secure the cannula.

- Dispose of any items used in the appropriate waste receptacles.
- Decontaminate hands.
- Record the date and time of insertion on a Patient Care Record (PCR). All cannulation attempts (including gauge and site) must be recorded on the PCR – management Section, whether successful or not. Successful cannulas must have the time and date of cannulation recorded, where possible on the fixing device and on the PCR.

In the event that the aseptic technique cannot be applied for cannulation due to the nature of the emergency, it must be recorded on the PCR as an emergency inserted cannula, and included in the patient handover to staff at the receiving unit so that the cannula can be replaced aseptically as soon as it is possible to do so – this should be within 24 hours.

Always ensure that the giving set and any syringes used for administering drugs through the cannula are handled aseptically. For certain procedures that may require repeated doses with access to the IV port, retain the sterile field to hold the syringe(s) between doses.

6.4. Wounds

Sterile packs, sterile gloves and gowns should be available for all staff privileged in suturing and gluing. Aseptic technique must be applied throughout these procedures. Hand hygiene must be maintained. If running water is not available, detergent wipes must be used, then alcohol gel, before putting on gloves and after removing them.

6.5. Urinary Catheter Placement

National Ambulance privileged clinical staff to use CGP134 - Patient Care Protocols as the primary guide to the urinary catheter insertion procedure. This guideline serves merely to highlight the aseptic techniques to be adopted throughout the procedure. Sterile packs, sterile gloves and gowns should be available for use by all staff privileged to insert catheters. Ensure that hand hygiene is maintained before this or any procedure is conducted. For more information on catheter insertion procedure refer to CGP134 - Patient Care Protocols Procedures Section. All staff need to be aware of the risk of infection for the patient if catheter bags are not cared for correctly when transporting patients.

Urinary catheter drainage bags:

- Should not be placed on the floor; and
- Must be kept below the bladder at all times to prevent backflow.

7. COMMUNICABLE DISEASE

Refer to CGP124 - Policy and Procedure for Care Patients with Suspected or confirmed communicable Diseases

8. USE OF CLEANING EQUIPMENT

8.1. Instructions:

USE AS PER MANUFACTURE RECOMMENDATION.

PLEASE MAKE YOUR SELF FAMILIAR WITH APPROVED DISINFECTANT BY NA.

FOLLOW THE POSTER PROVIDED "HOW TO USE DISINFECTANT AGENT"

National الإسعاف
Ambulance الوطني

How To Use The Disinfectant Agent

Dismozon

- Normal clean 0.4% (1 sachet) in 4 liters of water and leave the area to dry.
- For Deep clean 1.2% (3 sachets) in 4 liters of water and leave the area to dry

Perform

- Normal cleaning 0.5 (1 sachet) in 8 liters of water and leave area to dry
- For Deep clean 3% (6 sachets) in 8 liters of water and leave the area to dry

Note:
Ensure that the chemical are dissolve in the water completely

8.2. Cleaning Equipment Color Coding

To reduce risk of Cross contamination, it is necessary to designate distinct and separate cleaning areas. Color codes for each cleaning area are as follows:

RED

Bathroom / Water Closets / washroom, toilets, basins and bathroom floors
Cleaning equipment such as mixing buckets, mop buckets and mop handles are designated with the color red.

BLUE

Patient care areas such as the ambulances, First Aid Post
Cleaning equipment such as mixing buckets, mop buckets and mop handles shall be designated with the color blue.

General areas including offices, staff rest areas and public areas

Cleaning equipment such as mixing buckets, mop buckets and mop handles shall be designated with the color available in the market excluding (Yellow, Red, Green and Blue).

8.3 PACKING AND COLOR CODES FOR MEDICAL WASTE:

Red Bags:

Contagious Wastes:

All patient secretions if the patient suffering from contagious disease.

Yellow Bags:

Clinical / Medical Wastes:

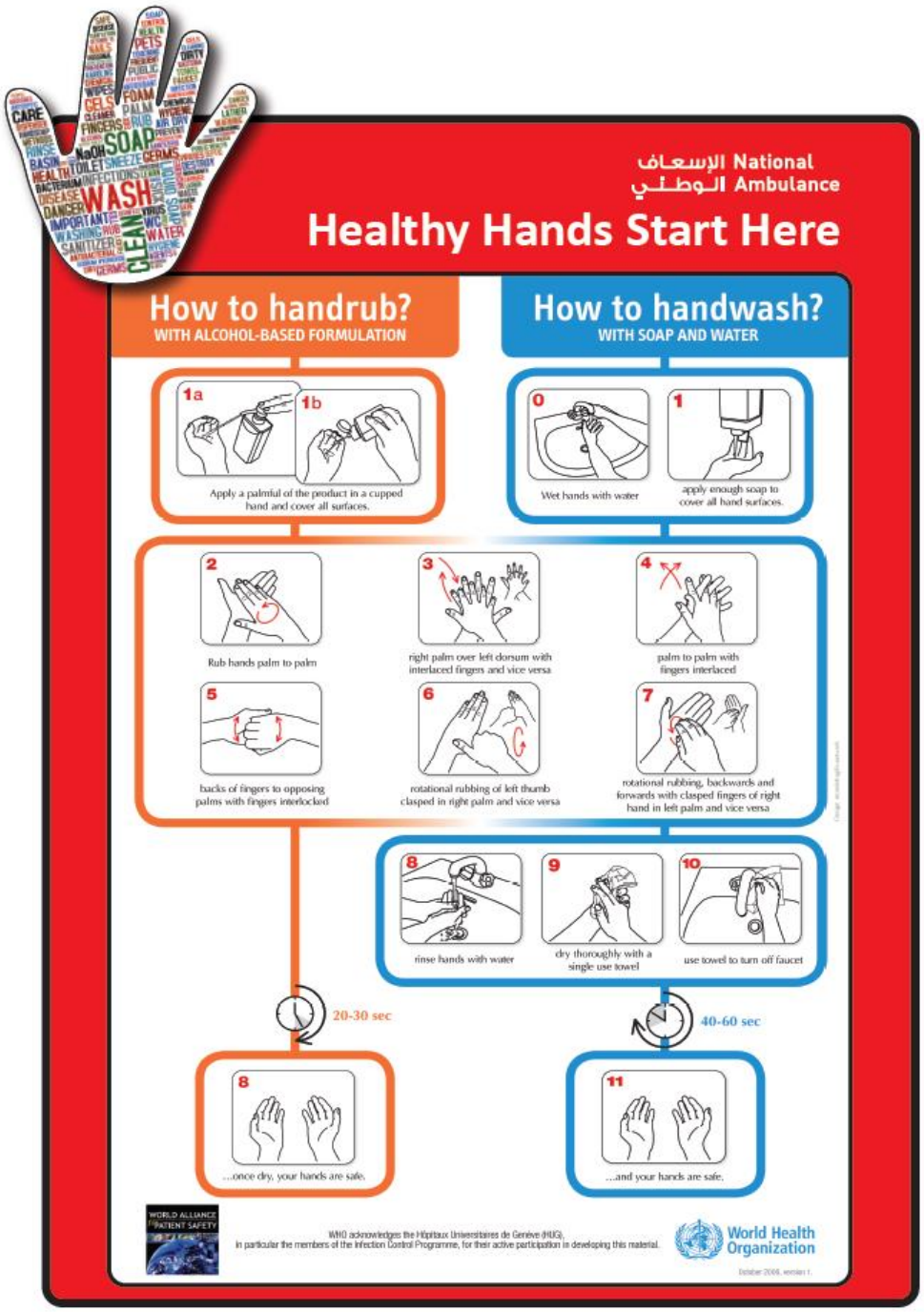
- Sharp Object Boxes,
- All Medical waste,
- Contaminated unsealed medication,
- Partially used medication,
- All chemical waste,
- All used materials receiving patient secretions, stomach waste and other patient waste

Black/White Bag

- Domestic Waste
- Non-Risk Waste

PROCEDURE 1: HAND HYGIENE

1.1. HOW TO HANDWASH?



Below are the handwashing steps that must be followed for at least 30 seconds:

- Wet hands under running warm water.
- Apply enough soap to cover all hand surfaces.
- Rub hands palm to palm.
- Rub Right palm over the back of the other hand with interlaced fingers and vice versa.
- Palm to palm with fingers interlaced.
- Backs of fingers to opposing palms with fingers interlocked.
- Rotational rubbing of left thumb clasped in right palm and vice versa.
- Rub the tips of the fingers in the opposite palm in a circular motion.
- Rinse hands with warm water.
- Dry thoroughly with paper towel or warm air hand dryer. (Cloth towels must not be used.)
- Turn off taps using a 'hands-free' technique (e.g. elbows). Where this is not possible, the paper towel used to dry the hands can be used to turn off the tap.
- Dispose of the paper towel without re-contaminating hands.
- Do not touch bin lid with hands

1.2. COUGHING AND SNEEZING

Coughing and sneezing is a major cause of infection transmission; if you cough or sneeze you should use a disposable tissue or sneeze into elbow area to minimize the risks to others.

1.3. HAND HYGIENE MOMENTS PRINCIPALS

Handwashing should be completed:

1.3.1. Before patient contact:

- When: Clean your hands before touching a patient when approaching him/her.
- Why: to protect the patient against harmful germs carried on your hands.

1.3.2. Before an aseptic task:

- When: Clean your hands immediately before any aseptic task.
- Why: to protect the patient against harmful germs, including the patient's own from entering his/her body.

1.3.3. After body fluid exposure risk:

- When: Clean your hands immediately after an exposure risk to body fluids (and after glove removal)
- Why: to protect yourself and the healthcare environment from harmful patient germs.

1.3.4. After patient contact:

- When: clean your hands after touching a patient and his/her immediate surroundings when leaving the patients side.
- Why: To protect yourself and the healthcare environment from harmful patient germs.

1.3.5. After contact with patient surroundings

- When: clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving, even if the patient hasn't been touched.
- Why: to protect yourself and the healthcare environment from harmful patient germs.

To assist in consistency of hand hygiene moments we have created a process map of the Hand Hygiene Moments. The CGG102 Hand Hygiene Moments supports the process of Dispatch, Treat and Release and Transfer to Hospital.

1.4. ALCOHOL HAND GEL

Waterless alcohol based hand gels are recommended for use in clinical settings where hand washing facilities are unavailable, or as an adjunct to hand washing to encourage staff compliance with hand hygiene. Each staff member must have their own personal hand sanitizer available for use at all times.

However, *alcohol based hand gels are not a long term substitute for proper hand hygiene*.

In the absence of proper hand washing facilities, the following procedure may be utilized using an alcohol based gel product.

Remove any visible contaminants

- Decontaminate hands with alcohol based gel by applying product to the palm of one hand and rub together.
- Ensure that sufficient product is dispersed to cover the entire hand surfaces, usually 1ml is required.
- Rub gel over all surfaces of hands (including fingernails and fingertips) until dry(15sec)
- Alcohol based hand gels may be used in all clinical situations, provided that hands are not visibly soiled.
- As soon as possible, hands should be properly washed with soap and water as described above

PROCEDURE 2: DEALING WITH SPILLS

Vehicles operated by National Ambulance shall be kept clean, without any evidence of blood or body fluid contamination; this shall be done in accordance with PUF502 - Vehicle Deep Cleaning Checklist and - CGP153 - Deep Clean and Standard Cleaning Procedure. Refer to CGW102 - Dealing with Spill workflow

1.1. SPILLS OF BODY FLUIDS

Spills should be cleared up prior to cleaning and disinfection (adding cleaning liquids to spills increases the size of the spill and should be avoided).

1.2. SPILL OF LESS THAN 10CM

Spots or drips of blood or other small spills (up to 10cms) can be easily managed by wiping the area immediately with paper towels.

- Wear PPE "surgical mask and gloves"
- Use approved disinfectant wipes to collect spill for proper cleaning
- Wipe the area with another approved disinfectant wipes for proper disinfection
- Dispose PPE and wipes used in red or yellow bag, close it properly then dispose sealed red/yellow waste bag in the medical waste bin.

The area of the spill should then be cleaned as per specified procedures for routine and deep cleaning. Refer to CGP153 - Deep Clean and Standard Cleaning Procedure.

1.3. LARGE SPILLS

Large spills (those over 10cm) should be contained and further fluid should not be added to the spill.

- Wear PPE "surgical mask, gloves, and eye goggles"
- Prepare open yellow" bag
- Sprinkle the Granules over the spill and leave for 2 Minutes.
- Meanwhile place tablets in Diluter. **(See dilution chart in the attached poster)**. Fill with water up to line place lid on top and until tablets are full dissolved. **DO NOT SHAKE.**
- Once granules have absorbed the spill, open yellow bag, collect granules using the scoop and scraper and place in the bag along with used scoop and scraper.
- Use the paper towels and solution to clean the area of the spill and remove any smears.
- Dispose of scoop and scraper, towels and protective clothing, gloves last in yellow bag. Tie bag to seal. Dispose of bag into appropriate clinical waste disposal channel. Dispose of remaining solution into sluice or drain with running water.

The area of the spill should then be cleaned as per the below specified procedures for routine and deep cleaning.

If it is not possible to clean an ambulance fully during the time it is away from the base it must be returned to a station or location with sufficient facilities for cleaning to be completed to the required standard.

1.4. IF A LARGE SPILL OCCURS ON A 'WET' SURFACE

It can be washed off carefully into the nearest drainage
Deep cleaning and disposal of PPE should be carried out as per this Policy and Procedure.

PROCEDURE 3: PREVENTION AND MANAGEMENT OF CONTAMINATED NEEDLE-STICK INJURIES AND BLOOD BORNE VIRUS EXPOSURES

3.1. PREVENTION OF NEEDLE-STICK/SHARP INJURIES:

All staff who undertake work which requires them to use sharps should:

- Always ensure the correct device has been selected for the task, and ensure that a sharp with a safety device if available is selected for use.
- Always ensure that proper lighting is available when handling sharps.
- Always ensure to handle sharps when you are in a steady position (not in a moving ambulance).
- Always ensure that sharps box is available to dispose of any sharp at the point of use or at the patient's side. Never start a procedure without having a facility available to dispose of sharps.
- Never re-sheath/ recapped needles. This practice is nationally banned.
- Never allow sharps boxes to become more than three-fourths full.
- It is the responsibility of the clinician on duty to ensure that sharps boxes are checked and changed when three-fourths full.
- Never shake the sharps box contents down. Sharps can fly out of the box causing injury.
- Always place sharps boxes well away from public access areas at a suitable height, e.g. work surface level or waist level. Never place on the bottom shelf of a trolley or on the floor.
- Always concentrate on the task in hand and do not allow yourself to be sidetracked.
- Never leave a used needle or blade unattended. Always dispose of your equipment safely, before undertaking another task.
- If you find a sharp/needle in an inappropriate place, always take extra care. Pick up the sharp with forceps, or gently scoop into a dustpan using a brush and place into the nearest Sharps box. Report the incident to your Manager.
- Ensure that needles/sharps do not adhere to gauze, cotton wool swabs, drapes etc, during aseptic/sterile procedures on the ambulance/clinic. If used sharps cannot be disposed of immediately into a sharps bin during a clinical procedure on the ambulance/clinic, use a galipot or container to keep them safe until they can be disposed of correctly.
- If handed a sharp instrument, e.g. scissors, scalpel, never take the sharp end first, use a receiver to take the instrument

3.2. POST-EXPOSURE PROCEDURES (PEP)

- Following any exposure:
  - Skin, wound or non-intact skin should be washed with soap and water, but without scrubbing. Antiseptics and skin washes should not be used.
  - Free bleeding of puncture wounds should be encouraged gently but wounds should not be sucked.
  - Exposed mucus membranes, including conjunctivae, should be irrigated copiously with water, before and after removing any contact lenses.
- Record the Source patient details (patient's name, Emirates ID number, etc.), on the Contaminated Needle stick/ Body fluid exposure Risk Assessment Form and submit it to QHSE as soon as possible
- Staff MUST report the injury/contamination to the in charge of the clinical area or their Team lead/manager and they, during normal working hours report without delay to QHSE and Occupational Health Department.
- Managers must ensure staff attend healthcare facility/ receiving hospital as soon as possible after the incident to enable appropriate follow up care is given. Managers must ensure that the incident is reported to QHSE as per QHP203 Hazard, Near Miss and Incident policy and procedure.
- QHSE will forward the incident report to Occupational Health department for staff welfare check. A risk assessment of all incidents (type of injury and donor risk factors) should be carried out by QHSE as per QHP given that Occupational health department provides the required data.

- **Source patient:**
  - All source patient should be tested for HIV, HEP B and HEP C virus if possible. Results should be shared with Occupational Health as soon as possible.
  - Source patient should sign consent for the blood test.
  - If a source patient lacks the capacity to consent (e.g. because they are unconscious), testing of an existing sample might be justifiable.
  - In the event of an unconscious / a deceased patient being the source of a needle-stick injury and whose HIV status is unknown, the taking and testing of samples requires

consent which can be obtained from a "nominated representative" (if appointed) or by a person in a "qualifying relationship" to the deceased.

- For source patients with known HIV infection, details of past and current antiretroviral therapy should be obtained and the attending doctor at the receiving hospital should be notified.

- **Staff involved:**
  - Staff should report to the receiving hospital about the needle prick/ body fluid exposure.
  - Staff should receive management and treatment as advised by the attending physician of the receiving hospital. Staff should be stood down if attending physician will advise and provide sick certificate.
  - Staff should be tested for HIV, HEP B and HEP C virus for baseline. Result should be submitted to Occupational health as soon as possible.
  - All of the treatment and management done for the staff, should be included in the incident report.

3.3. FOLLOW UP ACTION:

- All staff occupationally exposed to needle stick/ body fluid should have follow up counselling, monitoring and follow- up for 0,3, 6- month by Occupational Health. Staff must attend all follow up appointments and have post-exposure testing performed under Occupational Health Department.
- Any acute illness compatible with a diagnosis of a Blood Borne Virus infection that occurs during the follow up period should be reported to the Occupational Health Department and appropriate diagnostic tests will be performed.
- Based on the follow- up, if the staff involved got positive result of Blood borne disease from the source patient, Occupational Health should report it to DOH/ MOH and NA higher management.

3.4. TRAINING:

- All staff will receive training in:

- The risks associated with blood and body fluid exposures. Covered as part of the on-boarding training.
- The correct use of medical devices incorporating sharps protection mechanisms. Covered in the onboarding as part of the psychomotor assessments.
- The importance of Immunization against Blood Borne diseases along with the process of reporting and managing Contaminated needle stick injuries/ Body fluid exposures are included in Occupational Health Department onboarding training.

- General Precautions:
  - Blood or body fluid from any individual must be regarded as potentially hazardous.
  - Ensure that all cuts or lesions are covered with a waterproof dressing whilst on duty.
  - Hands must be washed before and after carrying out procedures.
  - Disposable gloves should be worn if exposure to blood or body fluids is anticipated, including mopping up spillages.
  - Where splashing or spraying of bodily fluids/blood or COSHH substances may occur always wear suitable Personal Protective Equipment (PPE), e.g. Full Face Visor, Goggles and Face Mask, Gloves, Protective gown Fluid Impermeable Gown as required for each individual situation.
  - Great care is required when cleaning non-disposable instruments

PROCEDURE 4: GENERAL CLEANING & DISINFECTION OF PATIENT CARE AREAS

4.1. CLEANING AND DISINFECTION OF PATIENT CARE AREAS

This should be done in accordance to CGP153 Deep Clean and Standard Cleaning Procedure

The cleanliness and disinfection of patient care areas and vehicles is also integral to infection control. These areas are cleaned and disinfected routinely as well as after contamination.

At locations that have a designated patient care area, regular cleaning should include all surfaces and all equipment and be, at a minimum, daily.

Clinic Curtains/blinds should be visibly clean with no blood or body substances, dust, dirt, debris, stains or spillages, and should be changed and dated with change date if found unclean. Curtains are required to be changed at least every six* months from last change date (*reference NHS NPSA)

All areas of NA vehicles are included in the regular cleaning and disinfection regiment, including the patient care area, driver and passenger compartments and equipment compartments. Routine cleaning is done at the end of each shift with deep cleaning, as detailed in the Deep Cleaning of Ambulances Procedure

All equipment used for patient treatment – for example monitors, carry chairs, spinal boards, scoop stretchers and all other items used for the movement of patients – should be cleaned using detergent wipes or soap and water then either air-dried or wiped with clean paper towels after every patient use.

Extra attention must be given to items soiled with blood and/or body fluids; these should also be wiped with chlorine-based fluid to decontaminate them after cleaning with detergent.

Extra attention to cleaning is required immediately after the transport of any patient with diarrhea, as the infection status of the patient may not be known. The vehicle interior, including the walls and floors and all items used to treat the patient, must first be cleaned with soap and water and then with chlorine-based fluid, to ensure that any infected matter is removed – as, for example, Clostridium difficile spores are only removed by thorough cleaning and chlorine disinfection.

4.2. AMBULANCE STRETCHERS

All items of linen must be changed after every patient, and disposed of according to local protocols. The stretcher must be wiped over with detergent wipes or soapy water and a clean cloth then air-dried or wiped dry with clean paper towels after every patient use.

If the stretcher has been soiled with blood or body fluids, it should also be wiped with chlorine-based fluid to decontaminate it after it has been cleaned with detergent.

Pillows must have a plastic cover, which can be wiped with an approved disinfectant wipes before a clean pillowcase is fitted.

Cleaning of clinical working areas are designated for the use of approved disinfectant. Approved disinfectant is designed as a stand-alone product, no mixing of other chemicals is required and may reduce its disinfectant properties.

Cleaning equipment is designated and coded for the location according to Policy and Procedures and must be used only in the vehicle or on equipment.

Routine cleaning and sanitation must be done in the following manner:
General cleaning and disinfection is done with approved disinfectant as below. Diseases, known or suspected, listed section 5.4.1 are treated with a 3% solution for the contact time as per the table.

Utilizing appropriate PPE, prepare approved disinfectant as specified in Section 5.6.1

- Remove mobile equipment (i.e. stretcher, kits, etc.) to facilitate cleaning
    - Dispose of any contaminated single use items
- Remove any visible contaminates (i.e. bodily fluids, dirt, etc.) using clean water and disposable towels (wet/sticky contaminants) or a broom (for dry, non-biological contaminates) and dispose of in accordance with the NA OPP120 Hazardous Material Policy.

- For routine disinfection of surfaces, equipment, floors, and clear acrylic plastics, mix approved disinfectant as directed above and apply with clean cloth or mop. For the rapid disinfection of surfaces or while away from base, wipe the item with approved disinfectant wipes. Wipe areas thoroughly with the impregnated cloth; ensure thorough wetting and leave to work.
- Allow surface to air dry
- Any contaminated, reusable equipment and medical devices need to be cleaned according to the manufacturer's instructions and by:
    - Remove any visible contaminates (i.e. bodily fluids, dirt, etc.) using clean water and disposable towels (wet/sticky contaminants) or a broom (for dry, non-biological contaminates); dispose of in accordance with the NA OPP120 Hazardous Material Policy
    - Mix approved disinfectant as directed above and apply with clean cloth. Allow to stay on the equipment for 5 minutes.
    - For the rapid disinfection of surfaces or while away from base, wipe the item with approved disinfectant wipes. Wipe areas thoroughly with the impregnated cloth; ensure thorough wetting and leave to work.
    - Rinse the item with clean water using a clean, damp cloth.
    - Allow surface to air dry
- Return equipment and put the site/vehicle back in service
- Care should be taken to ensure cleaned items are not stored with used items or waste materials.
- Empty buckets after use, wash, and rinse any buckets and store to dry

PROCEDURE 5: DEEP CLEANING OF AMBULANCE

This is required to be undertaken every month as per CGP153 Deep Clean and Standard Cleaning Procedure. It is also required to be undertaken when there has been exposure to suspected communicable diseases or major spill/spray/body tissue trauma. In relation to deep cleaning of ambulance equipment lockers following transport of patients with communicable disease; this is only required if the locker has been opened during the period of patient care / contact. For monthly scheduled deep cleaning of ambulances, all lockers must be opened and cleaned thoroughly.

Vehicles operated by National Ambulance shall be kept clean, without any evidence of blood or body fluid contamination, excess dirt, or rubbish at all times. Monthly, each vehicle undergoes a deep cleaning following the steps in CGP153

This process ensures all patient care equipment is also cleaned on a regular basis. Where manufactures have provided specific cleaning recommendations those instructions supersede this procedure.

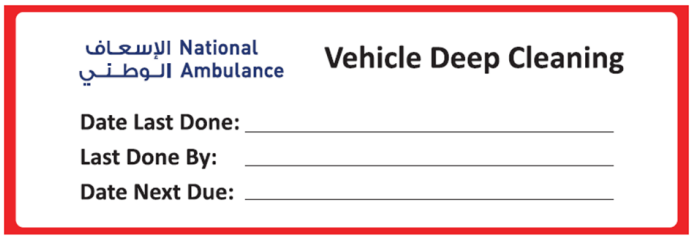
This procedure is documented on the CGP153 Deep Cleaning and Standard Cleaning Procedure and is logged in OpIQ for reporting and audit trail

Once the cleaning is completed, ensure all equipment is returned to its proper place and the vehicle

DEEP CLEANING STICKER

Upon completion of this cleaning, the deep cleaning sticker has to be affixed to the wall division between the driver cabin and patient area, by the door entrance within eye line of the staff member to document that the procedure has been completed

Where the vehicle is utilized by NA yet owned by a partner or client (i.e. helicopters), this label may be placed in the Station Journal or log.



PROCEDURE 6: CLEANING OF STAFF REST AREAS

This is required to be undertaken minimum of once per week as per CGP153 Deep Clean and Standard Cleaning Procedure.

PROCEDURE 7: AMBULANCE VOS (VEHICLE OUT OF SERVICE) DURING TIME OF TRANSPORTING PATIENT WITH SUSPECTED / CONFIRMED COMMUNICABLE DISEASE:

If in case a vehicle becomes out of service during patient transportation with suspected/ confirmed communicable disease, Clinicians/ staff must not allow the workmen/ mechanic to enter in the ambulance until patient is hand over to the back-up ambulance and deep cleaning/ disinfection was doneAn ambulance in which is transporting a patient with a suspected or confirmed communicable disease as outlined in section 7 – Communicable Disease (also refer to CGP 124 - Policy and Procedure for Care Patients with Suspected or confirmed communicable Diseases) which has become VOR; crew must inform ACC at the earliest opportunity. No workmen / mechanic / recovery truck should be permitted to enter the ambulance whilst patient is still on board.

ACC must dispatch back up unit to the VOR ambulance and advise crew that this ambulance is occupied with a patient of suspect / confirmed communicable disease.

Back up crew must don appropriate PPE depending on level required, retrieve patient and take to back up ambulance for continuation in transport to appropriate facility.

If enhanced level of PPE is used by crew, proper doffing of this PPE must be observed.

Ambulance in which is VOR, must be transported (using whatever means necessary) to main National Ambulance base for cleaning (including cleaning of equipment and appropriate disposal of waste as necessary) prior to going to workshop (if required).

PROCEDURE 8: CLEANING OF FIRST AID POST:

This is required to be undertaken minimum monthly, or heavily soiled, or suspected communicable diseases every month as per CGP153 Deep Clean and Standard Cleaning Procedure.

PROCEDURE 9: RAPID SPRAY DISINFECTION:

Rapid spray disinfecting process should be used to disinfect the ambulance after conveying confirmed communicable disease patient as per CGP206 – Rapid Spray Disinfecting Process.

9. KEY POINTS

KEY POINTS

- Good General and Hand hygiene is expected by your patient
- Limit risk of transmission and cross contamination including use of PPE
- Use the Hand Hygiene Moments
- Consider extra precautions in travelers recently returned from overseas or with history or symptoms of risk features
- Carry out vehicle and equipment cleaning in line with NA Procedure
- Follow reporting processes for QHSE reporting and reporting to the Regulator

10.APPENDICES:

- Appendix A: Blood Spill Procedure Poster.
- Appendix B: Guidance following Needle-Stick Injury

11.LEGAL LEGILSTATION

DOH Standard - Policy for Infection Control in the Health Care Facilities - PPR/HCP/P0010/07	May-07
JCI Accreditation Standards for Medical Transport Organization, 2nd Edition	July 2015

12.RELATED POLICIES AND FORMS

Policy & Procedure /Form
CGP124 Policy and Procedure for Care of Patients with Suspected or Confirmed Communicable Disease and those who are Immunocompromised
CGP134 Patient Care Protocols
CGP153 Deep Clean and Standard Cleaning Procedure
CGG102 Hand Hygiene Moments Process Chart
CGG103 Infection Prevention and Control Measures
OPP120 Hazardous Material Policy
PUP301 Dress Code Policy
CGF181 Consent for Blood test against Blood Transmitted Communicable Diseases Following needle stick injury
CGF182 Needle stick injury Risk Assessment Form
CGP215 Medical Equipment Cleaning/ Disinfection Guideline
OPF262 Spill Clean Up Logging Card

13.FEEDBACK

Any feedback or suggestions for improvement to this Policy, Processes or Procedures can be submitted to qhse@nationalambulance.ae

14.DOCUMENT CONTROL AND OWNERSHIP

Change Brief

Version No.	Date	Change
3	25 August 2013	New Policy number from OPP108 to CGP129 Now compliant with HAAD communicable diseases reporting requirements and infection control policy requirements Hand hygiene guidelines and diagrams added Introduced deep cleaning schedule for ambulance, coding for cleaning equipment and instructions on use of cleaning fluid

		Cross references to other applicable policies and procedures
4	09 February 2014	Review and revision following JCIA recommendations including; Defining Infection control programme Review of principles of infection control Reference to training and Patient care policy as part of the programme Availability of aprons and suits for all staff Specific instruction on laundering linen Change of Document Ownership from Operations to Clinical Governance
5	14 August-2014	Inclusion of new Helicopter deep cleaning checklist form. Specific directions for management of large spills Revision of minimum contact time of Perform cleaning fluid Specific details regarding use of PPE and seeking advice from senior staff to ensure safety and revision of Appendix E
6	13 January 2016	Added Reference to Primary Health Screening Questionnaire form CGF133 to ensure that risks of infectious disease outbreak are managed at Airport locations or other routes of entry Clarity on internal reporting for QHSE and Occupational Health management and external reporting to Regulator Changed old code to the new code
7	November 2016	CMA / MD / Physician Delegate references Policy updated to ensure compliance to JCI waste management requirements and HAAD infection control and house-keeping standards. Food Poisoning notification (HAAD Circular CEO 57/10) dated 3 October 2010 Deep cleaning sticker sample Correcting timescale in the list of communicable disease chart Enhancing aseptic technique guidance Removing communicable disease procedure (as in CGP124) Enhancing Hand Hygiene Moments Adding general and deep cleaning procedure
8	Aug 2017	Stating that the policy covers clinicians and non-clinicians who are exposed to field work. Role of the Clinical Governance Manager Removing communicable disease procedure (as in CGP124) Removing the requirement to call ACC before using enhanced PPE's Including information about clinical curtains Information about use and disposal of sharp boxes Enhancing Hand Hygiene Moments Putting new handwashing poster in Adding general and deep cleaning procedure Cleaning of response bags

		Indexing and numbering
9	Aug 2018	Packing and colour codes for medical waste. Updating large spill procedure. Prevention and Management of Needle-Stick Injury and Blood Borne Virus Exposures added to the policy. Including: • Prevention of Needle-Stick/Sharp Injuries. • Reporting and Management of Needle-Stick Injuries. • Post Exposure Procedures. • Testing and Counselling. • Follow up Action. • Training. Appendices added Updating Review and Approval to "Medical Director/Delegate" Appendix A: Blood Spill Procedure Poster Appendix B: Spill Clean-up Logging Card. Appendix C: Guidance following Needle-Stick Injury. Appendix D: Source Consent. Appendix E: Risk Assessment Form.
10	April 2019	Packing and colour codes for medical waste Update large spill procedures Prevention and Management of Needle stick injury and Blood borne virus exposures added to the policy include: • Prevention of Needle –stick /sharp injuries • Reporting management of needle stick injuries • Testing and counselling • Follow up action • Training Appendices added Updating review and approval "Medical Director /Delegate Appendix A: Blood Spill procedures poster Appendix B: Spill Clean – up logging card Appendix C Guidance for Needle Stick injury Appendix D Source Content Appendix E Risk Assessment Form Appendix F: Medical Equipment cleaning/ disinfection Add Mission, Vision and Value Terminology (replace HAAD with DOH) and MD Add Infection Control Coordinator and the responsibilities Infection Control Training Update the cleaning equipment colour coding according to DOH requirements Add Arabic version of the Source Consent. Rename Appendix E to "Needle Stick Injury Risk Assessment" Replace perfom in all the document with "approved disinfectant" How to use dismoson Replace yellow with blue bucket and mop

11	September 2019	Remove Directors and supervisor from roles and responsibilities CMA/SMO replaced by MD Delete 1st line in "Infection Control Policy" Add in section 1.4 Gloves "Staff can use a glove while using MDT but gloves should be not heavily solid with blood, pus, body secretions. If it was soiled so glove should be changed" Update CGG103 "Infection Prevention and Control Measures" Update "4.2 Cleaning Equipment Color Coding for general areas. Replace "Alcohol based wipes" with "approved disinfectant wipes" Add to "Ambulance Standard Clean (post Patient)" – the mop designated for general areas Add to "Ambulance Deep Clean" – • Clean and disinfect front CAB of ambulance • Mop the ambulance floor with the mop designated for general area. Add Procedure 6: Cleaning of first aid post Update Appendix E title Add to Appendix F – Medical Equipment Cleaning / Disinfection 8 "Guide for MDT cleaning / disinfection"
12	November 2019	Update section "1.2 Hand hygiene" to meet JCI standard IPSG.5 (ME3), PCI.3.1, PCI.4, AOP.1.2 Delete all the tables in Procedure 4 – 7 Delete Appendix B, D, E, F Rename the procedure 4, 5, 6 & 7 - Delete "Infection Prevention and control Measures" from the Policy and became a controlled document "CGG103 - Infection Prevention and Control Measures" - Delete all the tables in Procedure 4 – 7 (All these tables are in to "CGP153 Deep Clean and Standard Cleaning Procedure" - Delete Appendix B from the policy and it is already controlled document "OPF262 – Spill Clean Up Logging Card" - Delete Appendix D from the policy and it given a controlled number "CGF181 – Consent for Blood Tests against Blood Transmitted Communicable Diseases following needle stick injury" - Delete Appendix E from the policy and it given a controlled number "CGF182 – Needle Stick Injury Risk Assessment Form" - Delete Appendix F from the policy and it given a controlled number "CGP215– Medical Equipment Cleaning / Disinfection Guideline" - Rename the procedure 4, 5, 6 & 7 - Change the two thirds to three-fourths full - Added the 2 workflow CGW102 Dealing with Spill Workflow and CGW103 Needle Stick Injury / Body Fluid Exposure Workflow

		- Change the PUP502 to PUF502
13	January 2021	• *Delete one sentence in Policy introduction* • *Add Occupational Health Nurse rules & responsibilities* • *Add definition of communicable disease* • *Delete two sentences in section 5* • *Change the PUP301 to HRP306* • *Add one sentence to section 5.1.1.* • *Modify 5.1.3.* • *Remove word "Apron" from the policy and replace it with "Gown"* • *Edit and modify section 5.2. (table)* • *Delete one sentence from section 6.2.1* • *Delete the details in section 7 and refer to CGP124* • *Delete the direction of use for Dismozon* • *Add poster "How to use the disinfectant agent"* • *Update "procedure 2"* • *Update "procedure 3" as per OH* • *Update procedure 5* • *Add new procedure "Ambulance VOR* • *Change wording at 5.INFECTION CONTROL POLICY* ○ -Remove the (Opening) and change to ○ -The sate of the first use of the new empty sharp box

15.REVIEW AND APPROVAL

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

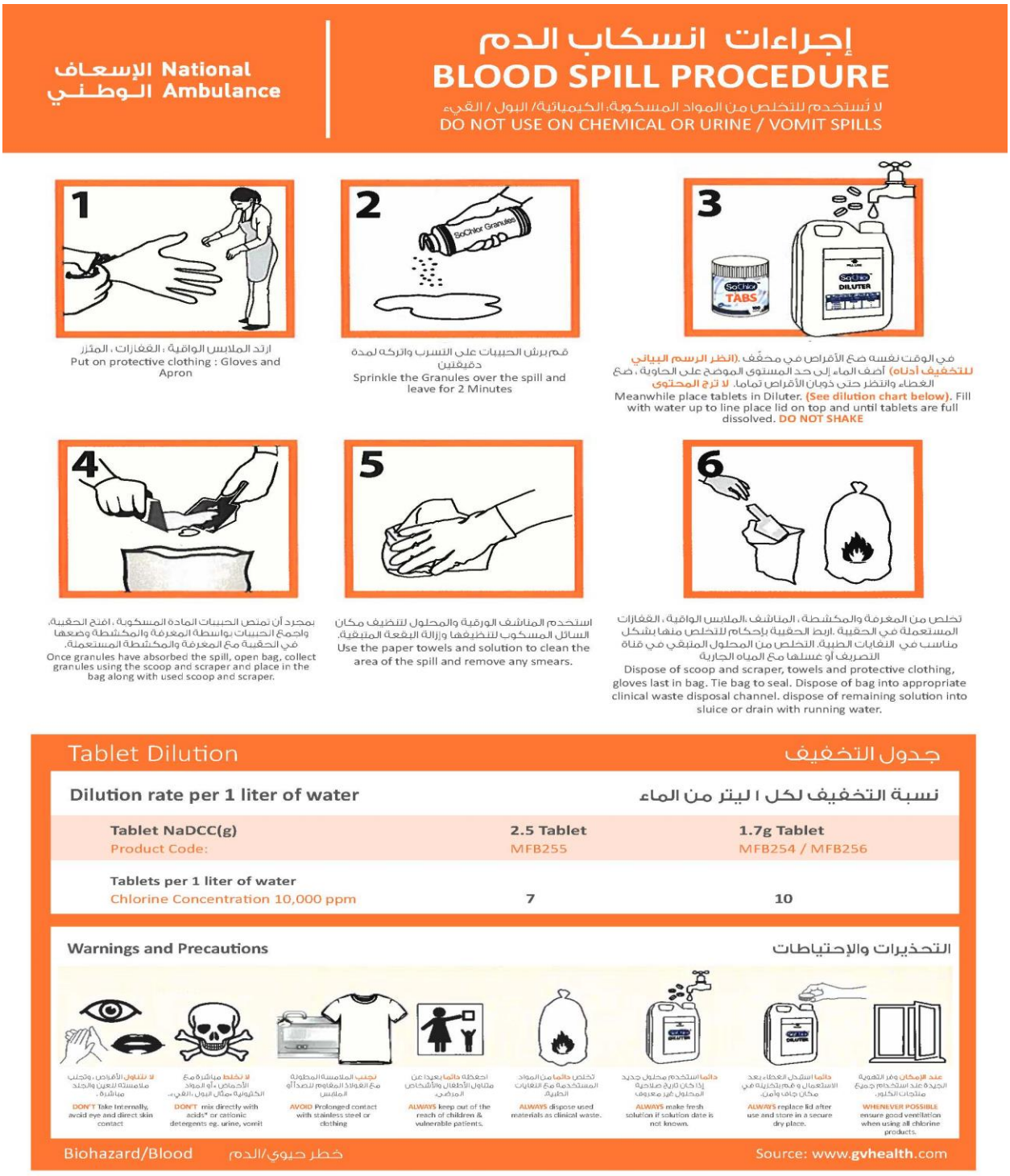
Medical Director / Delegate

Medical Director / Delegate Name: …….

Medical Director / Delegate Signature: ……..

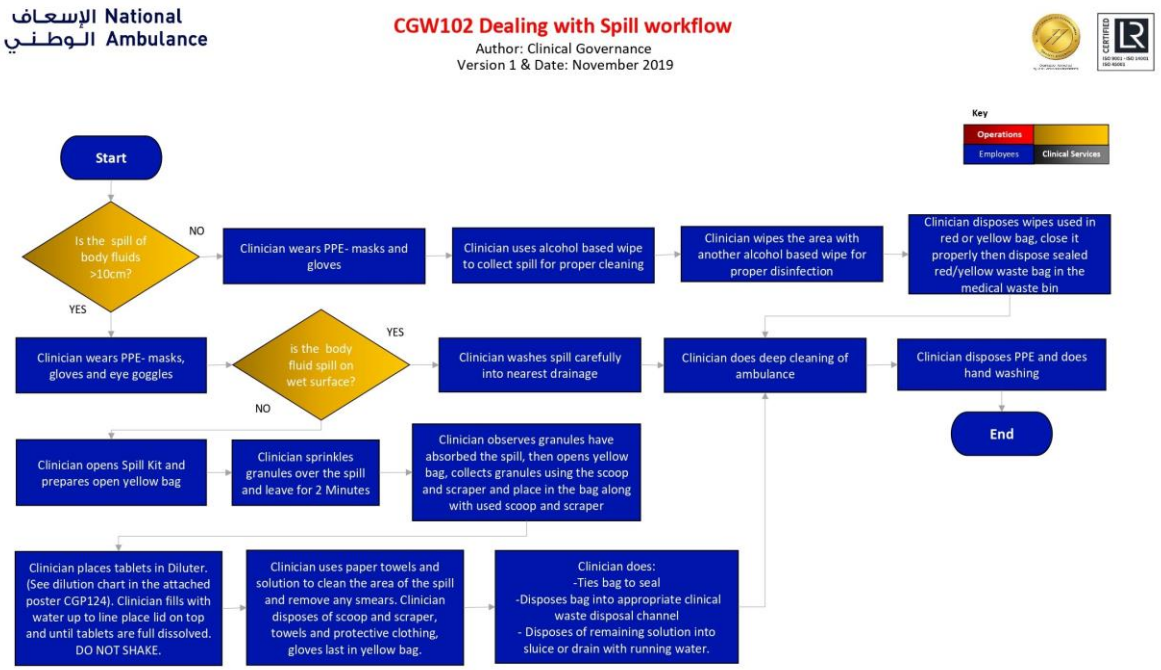
Date …… License Stamp:

Appendix A: Blood Spill Procedure Poster.



Appendix B: Guidance following Needle-Stick Injury

Appendix C: CGW102 Dealing with Spill Workflow



Appendix D: CGW103 Needle Stick Injury / Body Fluid Exposure Workflow