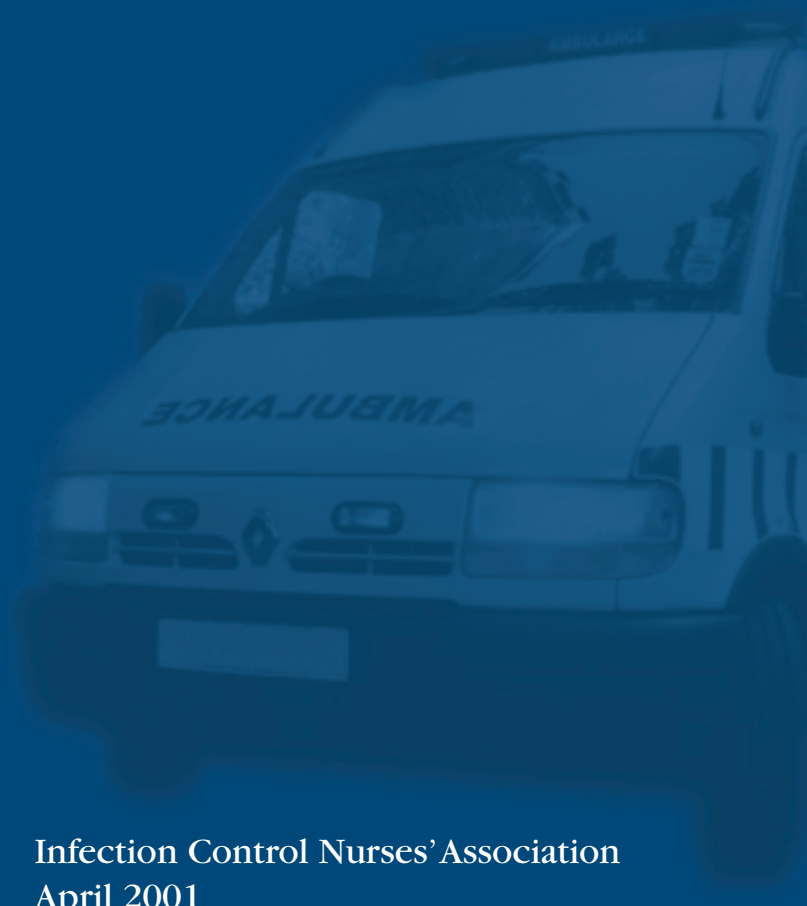




Infection Control Practices for Ambulance Services



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Preface

This guidance is produced by a working party of the Infection Control Nurses' Association (I.C.N.A.) in consultation with IHCD Health and Care Limited and an Expert Advisory Panel.

Detailed information and further reading is available from the Bibliography (page 27) and additional specific guidance for Ambulance Services is provided in Section 17.3 – 17.5 of the IHCD Ambulance Service Basic Training Manual (revised April 1999).

Aims of the Document

- i) To describe a model of best practice for infection control, and
- ii) To assist those responsible for developing local guidance, particularly in writing policies which are based upon, and responding to local risk assessment

Scope of the Document

This guidance represents what is considered to be best practice for infection control requirements at the time of publication and should be reviewed in the light of new legislation and research. These Recommendations, although not compulsory, will be in the best interest of the provision of a quality and safe service for the employer, employee and individual(s) in their care.

Health and Safety law stipulates a number of requirements by employers and employees; these are specific and dependent upon an assessment of risk in all areas of work and should be reflected in local policies.

Introduction

Infection control is a fundamental requirement for safe practice where exposure to potential pathogenic micro-organisms can occur, affecting either the healthcare worker(s) or individual(s) in their care.

The Recommendations included in this document acknowledge that there is a potential for micro-organisms to be transferred from one individual to another, directly or indirectly at any time. Therefore, these Recommendations should be incorporated into routine practice.

Management Responsibilities

Managers must ensure that there are sufficient personnel and other resources to enable the development of and compliance with infection control practice.

Managers' responsibilities should include the identification of individual(s) whose duties would encompass:

- I.1 The development and regular review of written infection control policies and procedures.
N.B. Reference must be made to appropriate legislation or published professional guidance.
- I.2 Access to an occupational health service for all employees.
- I.3 The identification and implementation of continuing relevant education and training programmes.
- I.4 The implementation and auditing of policies and procedures (see Specimen Audit Tool for Ambulance Services, page 22).
- I.5 Counselling and management of staff in relation to infection control incidents.

Recommendation Two

Occupational Health

All employment health assessments must be undertaken by a qualified occupational health practitioner, with referral, if appropriate, to an occupational health physician.

The pre-employment assessment should include:

1. Completion of a confidential health questionnaire.
2. Occupational history with details of previous exposure to known hazards.
3. Skin examination – note condition, history.
4. Check for allergy – particularly latex.
5. Obtain previous occupational health records.
6. Vaccination and immunisation history:
 - check for evidence of BCG or undertake Heaf test
 - check immunity to rubella and varicella
 - polio booster if > than 10 years since last booster
 - document date of last tetanus booster
 - Hepatitis B immunisation should be discussed and offered, where appropriate, according to local policy

Recommendation Three

Training and Education

All ambulance personnel, including support services, should receive appropriate continuing education and training.

Training and education should be an integral part of the ambulance service. It should reflect the ongoing commitment by ambulance personnel to promote optimal standards of infection control within the organisation.

The aim of training and education in infection control is to increase awareness of the prevention and control of infection. Documentation should substantiate this.

Ambulance personnel should receive training on:

1. Basic microbiology and routes of transmission
 - “The Chain of Infection”
 - communicable diseases
 - category III diseases and their control
1. Relevant staff immunisation
2. Universal precautions
 - hand disinfection
 - personal protective equipment
 - prevention and management of inoculation injury including exposure to blood and body fluids
 - decontamination procedures
 - waste management
 - linen and uniform

Recommendation Four

Universal Infection Control Precautions

Universal infection control precautions aim to prevent the spread of micro-organisms by direct or indirect contact. (see Introduction, paragraph 3).

The general principles of these precautions are divided into the following categories:

- 4.1 Hand Disinfection
- 4.2 Personal Protective Clothing
- 4.3 Prevention and Management of Inoculation Injury Including Exposure to Blood and Body Fluids
- 4.4 Decontamination Procedures
- 4.5 Waste Management
- 4.6 Linen and Uniform

Recommendation 4.1

Hand Disinfection

Hand hygiene is the single, most effective method of preventing cross-infection.

There should be written guidelines for the correct hand washing technique.

These should include:-

1. Advice from local protocols
2. Frequency
3. Type and use of appropriate hand cleaning lotions
4. Correct hand drying techniques

Frequency

- To render hands socially clean and to remove transient micro-organisms.
- Before and after any contact with a susceptible site on a patient (e.g. wound, intravenous site).
- After any activity when hands may have become contaminated.

Type and Use of Appropriate Hand Washing Solutions

● **Soap**

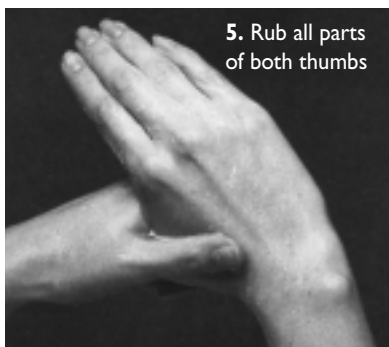
Liquid soap and water is adequate in most care settings for routine hand washing.

● **Antiseptic Solutions**

Aqueous antiseptic solutions are recommended prior to invasive procedures where a greater level of disinfection is required and after contact with blood or body fluids.

How to Wash Hands Correctly and Reduce Infection

Wet hands, apply soap and use the following procedure



7. Rinse hands under running water and dry thoroughly on a clean towel

A six step hand washing technique devised by Ayliffe et al (1978) using soap or an antiseptic solution and running water. Each step consists of five strokes forward and five backward and should take approximately 10-15 seconds

Hand Drying

Wet hands transfer micro-organisms more effectively than dry ones. Disposable paper towels are quicker and more thorough; they remove transient organisms and old dead skin cells loosely attached to the surface of the hands.

There is conflicting evidence regarding the efficiency of warm air hand dryers and roller towels. Advice should be sought regarding local policy where necessary.

Alcohol Rub, Gels and Wipes

Alcohol is an effective alternative when water and disposable towel are not readily available or when rapid hand disinfection is required. 70% alcohol based solution is the optimum concentration for hand disinfection. Regardless of which alcoholic based agent is used, it should contain an emollient.

- Alcohol alone has little or no residual effect; some hand rubs include an antiseptic to increase residual activity.
- Alcohol is not a cleaning agent therefore hand washing is ALWAYS needed for physically soiled hands.
- Alcohol based solutions may not be effective against some viruses e.g. enteroviruses.

Application of Alcohol Hand Rub

- Dispense required amount of solution onto hands.
- Ensure solution covers all hand surfaces.
- Rub vigorously, using hand washing technique until dry (page 8).

Hand Care

Bacterial counts increase when skin is damaged. Therefore hands should be protected by wetting them prior to washing, particularly when using antiseptic solutions. Thorough rinsing and drying are necessary too. Drying is especially important during the winter months when hands can become chapped.

Further hand protection is enhanced by the application of a good quality hand cream with a non-ionic base so that the residual antibacterial effect of chlorhexidine is not reduced. The use of communal pots of hand cream should be discouraged as the contents can become contaminated.

Healthcare personnel with dermatitis may be at increased risk of exposure to blood-borne viruses during skin contact with blood or body fluids due to loss of skin integrity. Therefore any damaged skin should be protected with an impermeable, waterproof dressing and gloves must be worn for any activity where body fluids may contaminate the hands (Recommendation 4.2).

Personal Protective Equipment

Written protocols should be available for the appropriate use of personal protective clothing which should also include a risk assessment of its relevant use.

Protective clothing must always be available for use by ambulance personnel on all vehicles. It is the responsibility of both the employers to provide and employees to wear, appropriate protective clothing whilst on duty.

Gloves

Gloves are not always a complete impermeable barrier, however, they reduce the transfer of micro-organisms and, in addition to hand washing, are an added protection between individuals and the environment.

- Latex or vinyl gloves must be used when there is risk of contamination from blood or body fluids. When using latex gloves - the use of low protein, non-powdered latex gloves is recommended.
- Gloves must be worn if invasive procedures are intended.
- Gloves must be discarded after individual patient care.
- The same gloves should not be worn between clean and dirty procedures.
- Gloved hands should not be washed or cleaned with alcohol based hand rubs between patient care.
- Hands must be thoroughly washed and dried, or alcohol based rub applied, after removal of gloves.
- Used gloves must be disposed of as clinical waste (Recommendation 4.5).
- If there is a risk of laceration occurring to hands at the scene of an accident additional hand protection may be required.

Some staff may develop sensitivity to latex. If health problems occur referral should be made to Occupational Health Department for assessment and advice.

Aprons

Plastic aprons should be worn to protect uniforms when there is risk of contamination from blood or body fluids; when cleaning up spillages; or if clothing is likely to become soiled and to reduce the risk of patient contamination with micro-organisms.

Aprons should be disposed of correctly after single patient use (Recommendation 4.5).

Eye/Mouth Protection

Eye/mouth protection should be worn for any activity where there is a risk of blood or body fluid splashing onto the face or mucosal tissue.

The use of masks is not routinely advised, however there may be circumstances when masks will be required. Local policies should be followed.

For a Category III transfer additional personal protective clothing may be required (Refer to Section 17.5 Ambulance Service Basic Training Manual)

Prevention and Management of Inoculation Injury including Exposure to Blood and Body Fluids

Written policies must be available for the prevention and management of inoculation injury including exposure to blood and body fluids.

At all times staff should ensure that their infection control practice minimises the risk of exposure to blood/body fluids

The policy should include:-

1. Correct handling, storage and disposal of sharps.
2. First aid.
3. Reporting mechanism to the line manager/Duty Officer who must ensure relevant action under the policy for reporting accidents – RIDDOR.
4. Risk assessment and post-exposure prophylaxis against HIV and Hepatitis B Virus (HBV).

Sharps must always be handled with care. Sharps boxes must be correctly assembled and stored safely at **ALL** times to avoid the risk of sharps injury. Extreme care must be taken during the use and disposal of sharps. **Needles must not be resheathed.** Ensure that sharps containers are of an appropriate size, kept at an appropriate height and are not overfilled (3/4 full). Apertures should be kept closed when not in use and securely locked prior to disposal.

In the event of an accident occurring:

- Dispose of sharp safely.
- Encourage bleeding. **DO NOT SUCK.**
- Gently wash the affected site and cover with waterproof, occlusive dressing.
- If splash of mouth and eye occurs, irrigate with copious amounts of clean/sterile water/saline.
- Seek medical advice immediately according to local policy and complete the necessary service documentation.

- Report the incident to Line Manager/Duty Officer (as per local policy) who must ensure that prompt follow-up measures are taken with regard to staff welfare including occupational health action and A&E and that relevant action under the policy for reporting accidents at work – RIDDOR is followed.
- Be aware of personal Hepatitis B and tetanus vaccine history.

Post Exposure Prophylaxis (PEP)

Following an incident where an employee may have been put “at risk” local policy must be followed.

If the source patient is known to be infected with HIV or is considered to be “at risk” but has not been tested, the UK Health Department’s advice in “*Guidelines on post-exposure prophylaxis for healthcare workers occupationally exposed to HIV*” should be followed.

These guidelines developed by the Expert Advisory Group on AIDS offer advice on occupational exposure; when PEP should be recommended; the choice of anti-retroviral drugs; how to ensure that all healthcare workers have immediate 24 hours access on advice to PEP; drugs and appropriate support; the setting up of local PEP policies and protocols. Decisions about prescribing PEP should follow a risk assessment of the circumstances of the exposure and the source patient.

Decontamination Procedures

Written policies should be available for the cleaning, disinfection and sterilisation of equipment, including the vehicle.

N.B. Items labelled as “single-use only” **MUST NOT** be reprocessed or used a second time.

Decontamination includes the following:-

Cleaning A process which physically removes contamination but does not necessarily destroy micro-organisms. The reduction of microbial contamination cannot be identified and will depend on many factors including the efficiency of the cleaning process and the initial bioburden. Cleaning is an essential prerequisite of equipment decontamination to ensure effective disinfection and sterilisation.

Disinfection A process used to reduce the number of viable micro-organisms, which may not necessarily inactivate some viruses and bacterial spores. Disinfection may not necessarily achieve the same reduction in microbial contamination levels as sterilisation.

Sterilisation A process used to render the object free from viable micro-organisms, including bacterial spores and viruses.

The choice of method depends on a number of factors but chiefly the potential risk to patients. Thus, items can be classified as:-

High risk Items in close contact with a break in the skin or mucous membrane or introduced into a sterile body cavity. Sterilisation is required.

Intermediate risk Items in contact with intact skin, mucous membranes or body fluids, particularly after use on infected patients or prior to use on immuno-compromised patients. Sterilisation or disinfection is required.

Low risk Items in contact with healthy skin. Cleaning is required.

Decontamination of the Vehicle

- The interior of all ambulances must be thoroughly cleaned when soiled or when visibly dirty according to local policy.
- Disinfection of the vehicle should be carried out following transportation of a known or suspected Category III patient. The practice of “fogging” should be discontinued and a chlorine based disinfectant introduced for disinfecting the ambulance.
- Routine cleaning should include the wiping of all interior surfaces with detergent and hot water using disposable cloths. The floor of the ambulance should be mopped clean. The ambulance should be left to air dry.
- Equipment requiring repair or servicing must have the outer surface cleaned of all organic material. If the possibility of internal contamination exists it must be stated on the decontamination certificate, which the manufacturers/servicing agents are required to complete and send with the item – see flow chart overleaf.

Spillages

Local policies must offer guidance to ensure safe practice. Spillage may include substances such as blood, urine, faeces, vomit, sputum, chemicals and drugs.

- Appropriate education and training must be given to all staff (Recommendation 3).
- Appropriate personal protective clothing and hand washing facilities must be available at all times (Recommendations 4.1 and 4.2 respectively).

Gloves and disposable aprons must be worn for all spillages of blood and body fluids visibly contaminated with blood.

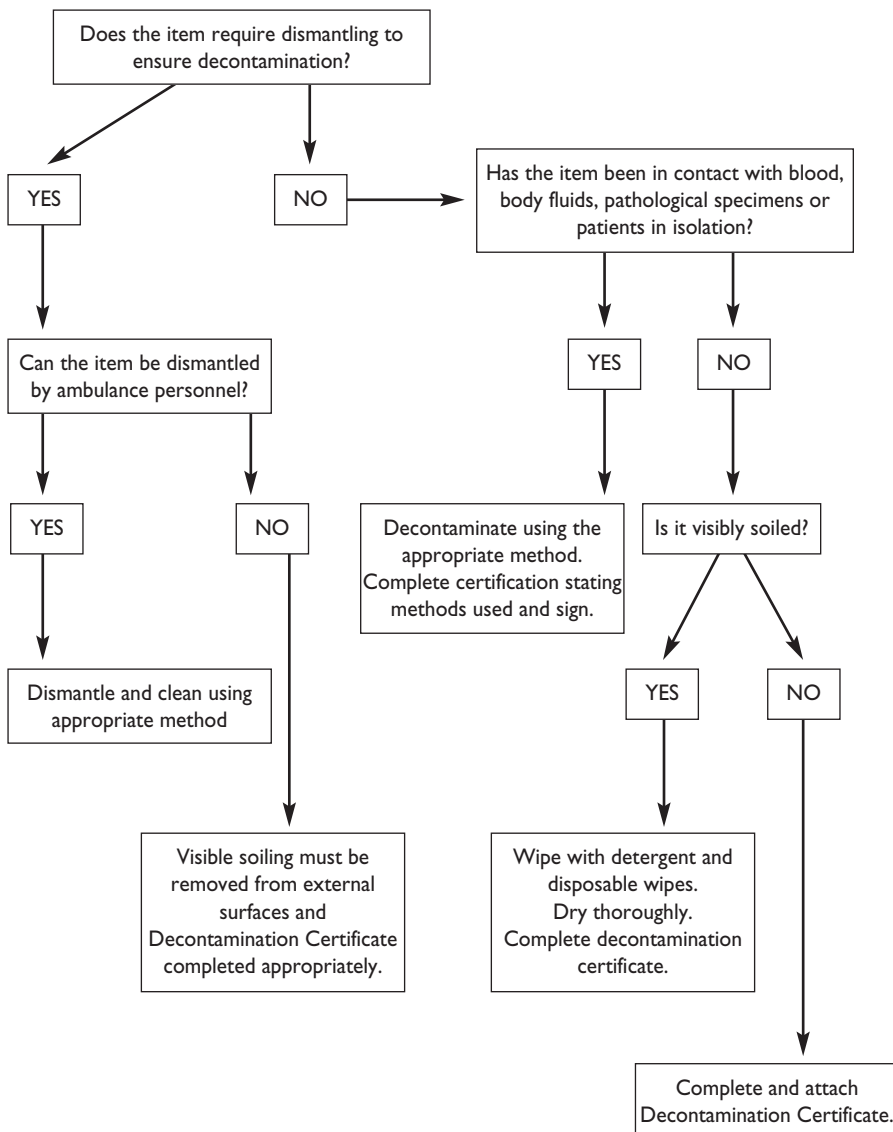
- Do not pick up broken glass even with gloved hands. Use two pieces of rigid card and place broken glass into a sharps container. Cover and wipe up spills with disposable paper towels which should be treated as clinical waste (Recommendation 4.5)
- The method of disinfecting a spillage of blood or body fluids visibly contaminated with blood will depend on the type of surface and the nature of the material involved. With reference to the manufacturers’ instructions, a solution of 10,000 parts per million (1%) of available chlorine should be used to clean impermeable surfaces.

The treated area should then be wiped with hand hot water and detergent and dried thoroughly.

Used gloves and disposable aprons should be placed in clinical waste bag and disposed of according to local policy. Operators hands must then be washed (Recommendation 4.1)

NB: chlorine should not be used to treat large urine spills. Instead a hand hot water and detergent solution should be used.

Flow Chart for Decontamination of Equipment Prior to Inspection or Repair



Recommendation 4.5

Waste Management

A written policy must be available for disposing of all waste arising from ambulance services.

Clinical waste is defined as any item contaminated with blood or body fluids, human tissue, all sharps and unwanted pharmaceutical products. All waste arising from all ambulance service activity defined as “clinical waste” under the Controlled Waste Regulations must be disposed of according to local policy and current environmental protection legislation.

Duty of Care

Ambulance Trusts must carry out a risk assessment as defined by the Health Services Advisory Committee to ensure that correct disposal is taking place.

Levels of Responsibility

Ambulance Trusts must have a local waste management policy to ensure safe disposal in accordance with current legislation. The policy must set out the responsibilities of management and staff in this process and will define the role of the nominated Clinical Waste Officer.

Generation/Segregation

All vehicles producing clinical waste must be equipped with clinical/domestic waste sacks and sharps boxes conforming to BS 7320 and UN 3291. All clinical waste must be segregated into yellow clinical waste sacks, secured and labelled according to current legislation. NB: knotting to secure clinical waste bags is NOT recommended. All domestic waste must be placed into black plastic sacks.

Sharps

All ambulance personnel must ensure that sharps are used and disposed of in a safe manner. They must also know the correct procedure for managing a sharps injury (Recommendation 4.3).

Storage

Clinical waste returned to ambulance stations must be stored in a locked container and placed in a secure designated area. There should be safe and minimal handling of clinical waste and staff must ensure that the outside of sacks/containers are not contaminated.

Disposal

1. **Hospital:** clinical waste deposited at a hospital accident and emergency department by ambulance staff must be handled in accordance with hospital policy. Hospitals may wish to provide a designated receptacle for ambulance service clinical waste.
2. **Ambulance Stations:** all clinical waste sacks and sharps boxes must be securely sealed and labelled with their station of origin before disposal.

Where clinical waste is transported between stations, e.g. for “bulking up” at larger stations prior to final disposal by a registered carrier, the advice of the Environment Agency should be sought regarding the correct procedure.

Accidents

All accidents involving clinical waste must be reported immediately to the nominated Clinical Waste Officer for investigation.

Pharmaceutical Waste

The preferred method of disposal of solid-dose medicines, liquid medicines, injections and products for external use such as ointments and liquids is by incineration, except where the manufacturer’s advice differs.

All “prescription only” and some “over the counter” pharmaceuticals are designated as “special waste” and must be disposed of in accordance with the regulations governing this category. The regulations governing the disposal of “controlled drugs” must also be observed.

Under no circumstances must pharmaceuticals be disposed of via the sewerage system.

Linen and Uniform

A written policy should be available for the management and use of linen.

Linen should be stored in a clean and dry designated area.

Used linen must be appropriately bagged according to local policy to prevent contamination whilst on the vehicle. Double bagging and colour coding should meet the requirements of laundries handling ambulance station linen.

Contaminated linen left at a hospital must be bagged in accordance with local Trust policies.

Each ambulance service must have a laundry system that allows used and contaminated linen to be stored safely at stations. Large quantities should not be allowed to accumulate.

Uniforms

Uniforms should be capable of meeting the decontamination standards laid down by the Advisory Committee on Dangerous Pathogens:

- Wash with detergent using the hot wash cycle of a washing machine which reaches thermal disinfection temperature.
- Dry cleaning at elevated temperatures.
- Guidance should be freely and regularly available to staff on the uniform cleaning requirements.

Recommendation Five

Catering Arrangements

A written policy must be available to illustrate basic standards of food hygiene.

Basic standards of food hygiene should be observed at all times by ambulance personnel wherever they prepare and consume food and drink.

Ambulance Stations

- Kitchens should be kept clean and in good repair. Inappropriate items, such as linen or general supplies should not be stored in kitchens and all cleaning materials should be kept separately away from food in a dedicated area.
- All kitchens must have separate hand washing and drying facilities with liquid soap available. **Communal nailbrushes should not be used.**
- Conventional and microwave ovens should be kept clean and maintained in good working order.
- Refrigerators should be kept clean. Fridge temperatures should be maintained 0°C-4°C and recorded regularly. Any faults should be reported promptly.
- Freezers should be cleaned and defrosted on a regular basis. Freezer temperatures should be maintained between -18°C and -22°C and recorded regularly. Any faults should be reported promptly.
- Animals must not enter the kitchens and any signs of infestation must be dealt with promptly.

In Vehicles

It may be necessary for ambulance personnel to take meal breaks on vehicles. Where this occurs, staff must be aware of the need for good hand washing/disinfection prior to eating.

Where food is carried on vehicles it should be stored in a cool box/bag which is fit for the purpose, easily cleaned and stored away from the clinical area.

Audit

Ambulance services should audit the implementation of agreed infection control policies within their organisation, to facilitate corrective action as necessary.

The audit of practice to ensure quality standards are maintained is the cornerstone of clinical governance and clinical effectiveness within the NHS. It is important that ambulance services are able to demonstrate the effectiveness of their infection control programmes through audit.

A systematic audit programme should be in operation to ensure that infection control practice agrees with written policies and procedures. Audits should be conducted at regular intervals. A feedback mechanism should be established to allow the analysis, critical appraisal and distribution of audit findings to all interested parties.

There should be a planned system of re-audit to ensure that recommended practice changes are made.

A specimen audit tool is included overleaf.

Specimen Audit Tool for Ambulance Services

Please tick the appropriate boxes “yes” or “no”, indicate urgency of action and add a comment if required.

1. HAND WASHING/DISINFECTION All staff must appreciate the need for good hygiene to prevent the transmission of infection. They will have access to hand washing/disinfection materials.			
	YES	NO	ACTION (please tick)
1.1 Liquid soap is available at all sinks in the station.			Immediate In 2 weeks In 1 month Comment:
1.2 Access to wash hand basins is clear of obstructions.			Immediate In 2 weeks In 1 month Comment:
1.3 Wash hand basins are clean, with no communal nailbrushes. Disposable paper towels are available for hand drying, and the appropriate disposal bin is present.			Immediate In 2 weeks In 1 month Comment:
1.4 All personnel have access to 70% alcohol based hand rub with which to decontaminate their hands while in the ambulance.			Immediate In 2 weeks In 1 month Comment:
2. THE AMBULANCE The ambulance will be maintained in a clean and safe state in accordance with the Trust infection control policies.			
	YES	NO	ACTION (please tick)
2.1 The ambulance is clean at the end of each shift. Mop heads will be sent for laundering routinely.			Immediate In 2 weeks In 1 month Comment:
2.2 Personnel have access to the recommended cleaning materials.			Immediate In 2 weeks In 1 month Comment:
2.3 Personnel have access to protective clothing as required.			Immediate In 2 weeks In 1 month Comment:

3. CLINICAL WASTE Clinical waste must be managed in accordance with Trust infection control policies to prevent the contamination of staff, patients and ambulance.			
	YES	NO	ACTION (please tick)
3.1 Clinical waste is placed in a yellow plastic sack for incineration.			Immediate In 2 weeks In 1 month Comment:
3.2 All yellow sacks are labelled as to their station of origin and closed with a tag, not knotted.			Immediate In 2 weeks In 1 month Comment:
3.3 All yellow sacks are stored securely at the station while awaiting collection.			Immediate In 2 weeks In 1 month Comment:
3.4 Sacks are not filled more than two thirds full.			Immediate In 2 weeks In 1 month Comment:
4. SHARPS All staff will ensure that sharps are used and disposed of in a safe manner. They will also know the correct procedure for managing a sharps injury.			
	YES	NO	ACTION (please tick)
4.1 Sharps boxes are assembled correctly.			Immediate In 2 weeks In 1 month Comment:
4.2 Sharps boxes are less than three quarters full, with no sharps protruding.			Immediate In 2 weeks In 1 month Comment:
4.3 Full sharps boxes are correctly locked, labelled as to station of origin and stored securely awaiting collection.			Immediate In 2 weeks In 1 month Comment:
4.4 Staff are able to demonstrate knowledge of the sharps injury procedure.			Immediate In 2 weeks In 1 month Comments:

5. LINEN Soiled, fouled and infected linen must be managed in accordance with Trust infection control policies to prevent the contamination of staff, patients and ambulance.			
	YES	NO	ACTION (please tick)
5.1 Soiled and foul/infected linen is segregated correctly in ambulance. Bags are not filled more than two thirds full.			Immediate In 2 weeks In 1 month Comment:
6. PROTECTIVE CLOTHING Appropriate protective clothing will be used as required, and will be kept in good order and sufficient quantity on the vehicle.			
	YES	NO	ACTION (please tick)
6.1 Non-sterile latex, vinyl and rubber household gloves are available on the ambulance.			Immediate In 2 weeks In 1 month Comment:
6.2 Eye/mouth protection and disposable plastic aprons are available on the ambulance.			Immediate In 2 weeks In 1 month Comment:
6.3 Face masks for personal protective equipment are used only on instruction.			Immediate In 2 weeks In 1 month Comment:
7. SPILLAGE MANAGEMENT Spillages of blood and body fluid will be dealt with safely, in accordance with the guidance contained in Trust infection control policies.			
	YES	NO	ACTION (please tick)
7.1 Spillages of blood/body fluids are cleaned up appropriately. Mop heads are laundered after each incident and buckets stored dry and inverted.			Immediate In 2 weeks In 1 month Comment:
7.2 The disinfectant agents specified in the Trust infection control policy are available on the ambulance.			Immediate In 2 weeks In 1 month Comment:

8. DECONTAMINATION OF EQUIPMENT All equipment will be decontaminated correctly and in accordance with instructions laid down in the Trust Infection control policy, and other health and safety guidance.			
	YES	NO	ACTION (please tick)
8.1 Personnel have access to the decontamination instructions laid down by the Trust			Immediate In 2 weeks In 1 month Comment:
8.2 Equipment sent for maintenance or repair has a completed decontamination certificate accompanying it.			Immediate In 2 weeks In 1 month Comment:
9. KITCHENS Ambulance station kitchens must be kept clean and in good order to prevent cross contamination incidents.			
	YES	NO	ACTION (please tick)
9.1 Refrigerator is clean, the temperature is between 0°C – 4°C and recorded data is available.			Immediate In 2 weeks In 1 month Comment:
9.2 The refrigerator requires defrosting.			Immediate In 2 weeks Comment:
9.3 Microwave oven is clean and in good order.			Immediate In 2 weeks In 1 month Comment:
9.4 There is no evidence of infestation or animals in the kitchen.			Immediate In 2 weeks In 1 month Comment:
9.5 Kitchen surfaces and floor are clean and in good repair.			Immediate In 2 weeks In 1 month Comment:
9.6 There are no inappropriate or unnecessary items in the kitchen.			Immediate In 2 weeks In 1 month Comment:

	YES	NO	ACTION (please tick)
9.7 Cleaning materials are stored away from food.			Immediate In 2 weeks In 1 month Comment:
10. POLICIES AND PROCEDURES All ambulance personnel will have knowledge of and easy access to Trust policies relating to Infection Control.			
	YES	NO	ACTION (please tick)
10.1 The Infection Control Code of Safe Practice is available at all stations in its current edition.			Immediate 2 weeks In 1 month Comment:

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