



## National Ambulance Service (NAS)

### Procedure

#### Vehicle Cleanliness Procedure

<b>Document reference number</b>	<b><i>NASOF004</i></b>	<b>Document developed by</b>	<b>Fleet Logistics &amp; Support Manager</b>
<b>Revision number</b>	<b>6</b>	<b>Document approved by</b>	<b>Director of the National Ambulance Service</b>
<b>Approval date</b>	<b>16<sup>th</sup> August 2011</b>	<b>Responsibility for implementation</b>	<b>Each Area CAO/AOM</b>
<b>Revision Date</b>	<b>31<sup>st</sup> December 2020</b>	<b>Responsibility for review and audit</b>	<b>Operational Support &amp; Resilience Manager</b>

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## **1.0 POLICY**

- 1.1 The National Ambulance Service (NAS) is committed to ensuring effective procedures are in place so as to ensure hygiene standards are adhered to at all times.

## **2.0 PURPOSE**

- 2.1 To ensure that both the patient care and staff working environment is as safe and as free from the dangers of cross contamination and infection as possible by:
- A. Ensuring all surfaces are cleaned and disinfected on a regular and scheduled basis
  - B. Ensuring that the appropriate materials are used to clean all surfaces
  - C. Ensuring all patient contact points are cleaned regularly

## **3.0 SCOPE**

- 3.1 This Procedure applies to all National Ambulance Service staff while operating any National Ambulance Service vehicle.

## **4.0 LEGISLATION/OTHER RELATED POLICIES**

- A. Procedure – NASOF003 - Fleet Management and Maintenance
- B. Policy – NASP005 – Control of Infection and Communicable Diseases
- C. National Ambulance Service Site Specific Safety Statements
- D. Guideline - Transport of Patients with Infectious Diseases

## **5.0 GLOSSARY OF TERMS AND DEFINITIONS**

- 5.1 None applicable

## **6.0 ROLES AND RESPONSIBILITIES**

- 6.1 Line Supervisors/Line Managers must ensure that the regular and scheduled cleaning of all vehicles is carried out and appropriate products are readily available.
- 6.2 Line Managers should ensure cleaning schedules are focussed on low activity periods to maximise the time available
- 6.3 Staff should deep clean vehicles not in operational use to facilitate availability of on duty vehicle to respond
- 6.4 Control Managers are responsible for any vehicle(s) allocated to Control Centres and for bringing any concerns expressed directly or indirectly to them to the staff member concerned immediately.

## **7.0 PROCEDURE**

### **7.1 EXTERNAL – Every day or at last 3 times a week**

Apply the following during vehicle cleaning:

- 7.1.1 **Always wear protective goggles and gloves as supplied**
- 7.1.2 Use **traffic film remover** or a recommended garage washer
- 7.1.3 Ensure all windows, doors and skylights are closed
- 7.1.4 Take care not to damage external stripping
- 7.1.5 Wash in an upward motion and rinse in a downward motion
- 7.1.6 Ensure that all cleaning agents are washed off

## 7.2 INTERNAL – Deep cleansing at least once a week

Apply the following during vehicle cleaning:

- 7.2.1 **Always wear protective goggles and gloves as supplied**
- 7.2.2 Remove all equipment from the saloon of the vehicle
- 7.2.3 Wash all vertical surfaces in a downward motion with **nonbleaching Disinfectant**
- 7.2.4 Clean all glass surfaces including windscreen and side windows with glass cleaner
- 7.2.5 Wash any floor with a **non-bleaching Disinfectant** liquid
- 7.2.6 All body fluid stains should be removed with **suitable substance** as supplied
- 7.2.7 All equipment should be cleaned with **non-bleaching Disinfectant** before replacement in the vehicle
- 7.2.8 The interior of the cab should be cleaned with **non-bleaching Disinfectant**
- 7.2.9 Ensure that all cleaning agents are washed off

## 7.3 INFECTIOUS CASES

- 7.3.1 Patient compartments should be disinfected in line with HSE Infection Control Guidelines after the transportation of any confirmed infectious case.

## 8.0 IMPLEMENTATION PLAN

- 8.1 On approval, this Procedure will be circulated electronically to all Area Operations Managers (AOM)
- 8.2 This Procedure will be circulated electronically to all Managers, Supervisors and Staff
- 8.3 This Procedure will be available electronically in each Ambulance Station for ease of retrieval and reference
- 8.4 Each Operational Support and Resilience Manager will ensure that the Manager/Supervisor responsible for updating Policies and Procedures will return the Confirmation Form to NAS Headquarters to confirm document circulation to all staff.

## 9.0 REFERENCES

- 9.1 This Procedure will remain under constant review and may be subject to change to facilitate any changes/developments in service requirements.
- 9.2 It is in the interests of all staff members to ensure that this Procedure is adhered to as the best interests of both staff and patients alike will be best served by ensuring a safe and infection free environment. This can only be achieved through a professional co-operative teamwork approach.
- 9.3 Supervisors will monitor compliance via visual inspections
- 9.4 Where available, compliance may be monitored through electronic swabbing of key points in each vehicle by Supervisors.
- 9.5 Quality, Safety and Risk Managers will also undertake regular review of Station records and visual checks of vehicles.
- 9.6 Associated records will be submitted to Operational Support and Resilience Managers for review.

9.7 Operational Support and Resilience Managers will review the effectiveness of this Procedure and propose amendments where deemed necessary.

**10.0 Appendices:**

- I. Acknowledgement Form for Policy/Procedure ( Group information below)
- II. Review Form for Policy & Procedure Approval Group
- III. Review Form for Leadership Team

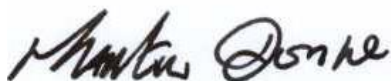
**(All forms attached to Master Document**

**Policy & Procedure Approval Group:**

<b>NAME:</b>	<b>Title:</b>
Martin Dunne	Director National Ambulance Service
Dr. Cathal O' Donnell	Medical Director National Ambulance Service
Macartan Hughes	Education & Competency Assurance Manager (NASC)
Pat McCreanor	Control & Performance Manager
Sean Brady	National Emergency Operations Control Manager (NEOC)
William Merriman	Chief Ambulance Officer/Area Operations Manager – North Leinster
Paudie O' Riordan	Chief Ambulance Officer/Area Operations Manager – West
Paul Gallen	Chief Ambulance Officer/Area Operations Manager - South

**12.0 Signatures of Approval**

**All persons must sign and date this page after they have read and understood the Standard Operation Procedure/Policy.**



\_\_\_\_\_  
National Ambulance Service Director  
On Behalf of the National Ambulance Service

Date 3<sup>rd</sup> January 2017



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

### National Ambulance Service Acknowledgement of Receipt of SOP/Policy

Please print & return this acknowledgement sheet to the National Ambulance Service Headquarters (Author of the Policy) within 10 working days of receiving the document

**SOP/Policy Name:**

**Author:**

**SOP/Policy Number:**

**Revision number:**

**Approval Date:**

**Please tick box as appropriate:**

- A.  I have received a copy of the **new** SOP/Policy as named above; I have informed all relevant staff of this document.

**Or**

- B.  Note: Tick as appropriate within B  
I have received a new version of the Policy above, I **have attached the previous version of this SOP/Policy to this acknowledgement sheet** and I have informed all relevant staff of the new version of this Policy.

**Or**

- I have **destroyed the previous version of this SOP/Policy** and I have informed all relevant staff of the new version of this Policy.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_

**Please return to:** Niamh Murphy  
Policy & Procedure Administrator  
1<sup>st</sup> Floor Rivers Building  
Tallaght  
Dublin 24  
D24 XNP2  
[niamhf.murphy1@hse.ie](mailto:niamhf.murphy1@hse.ie)



National Ambulance Service



### Review Form for Policies & Procedures

<b>Policy &amp; Procedure Administrator to insert name of document for review</b>	<b>Document Number:</b>	
	<b>Effective Date:</b>	
	<b>Revision Number:</b>	<b>Draft</b>
	<b>Authorised by:</b>	

**Notes:**

1. Policy & Procedure Administrator to submit draft document for approval to Policy & Procedures Approval Group with this review form.
2. Policy & Procedure Administrator records the date the draft document is included on the Policy & Procedures Approval Group agenda.
3. Amendments are incorporated into the draft document by the Manager.
4. All review forms with draft document are to be given to Policy & Procedure Administrator.
5. If there are no amendments within the time limit the policy is deemed approved.

<b>1</b>	<b>Name and location of the Manager submitting document:</b>	
<b>2</b>	Brief summary of draft document and subject matter.	
<b>3</b>	Time limit for any amendments and returning the draft document is 2 weeks from the date the document is included on the Policy & Procedures Approval Group agenda. Policy & Procedures Approval Group to advise Policy & Procedure Administrator of this date.	
	Date document included on Policy & Procedures Approval Group agenda:	
	Amendment deadline date (2 weeks):	



<b>4</b>	Request for one of the four questions to be answered: <b>(Please tick √ as appropriate)</b>	
	<b>A</b>	<b>The draft seems fine with no further comments.</b>
	<b>B</b>	In general the draft seems fine with a few minor exceptions.
	<b>C</b>	The draft policy is unacceptable and needs significant changes to be effective.
	<b>D</b>	No Opinion.
<b>5</b>	Please enter any comments you have in relation to the draft document. This is only applicable if B or C is ticked above. <i>(Only comments submitted on this form will be accepted).</i>	
<b>6</b>	Signature of Policy & Procedures Approval Group Member :	
<b>7</b>	Date:	



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	<b>Effective Date:</b>	
	<b>Revision Number:</b>	<b>Draft</b>
	<b>Authorised by:</b>	

**Notes:**

1. Policy & Procedure Administrator to submit draft document for approval to Leadership team with this review form.
2. Policy & Procedure Administrator records the date the draft document is included on the Leadership Teams agenda.
3. Amendments are incorporated into the draft document by the Manager.
4. All review forms with draft document are to be given to Policy & Procedure Administrator.
5. If there are no amendments within the time limit the policy is deemed approved.

<b>1</b>	<b>Name and location of the Manager submitting document:</b>	
<b>2</b>	Brief summary of draft document and subject matter.	
<b>3</b>	Time limit for any amendments and returning the draft document is 2 weeks from the date the document is included on the Leadership Teams agenda. Leadership Team to advise Policy & Procedure Administrator of this date.	
	Date document included on Leadership Teams agenda:	
	Amendment deadline date (2 weeks):	

<b>4</b>	Request for one of the four questions to be answered: <b>(Please tick √ as appropriate)</b>	
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<b>6</b>	Signature of Leadership Team Member :	
<b>7</b>	Date:	