

Creating an IPC App for Ambulance staff to access at the point of patient care.



South East Coast
Ambulance Service
NHS Foundation Trust



Theme:

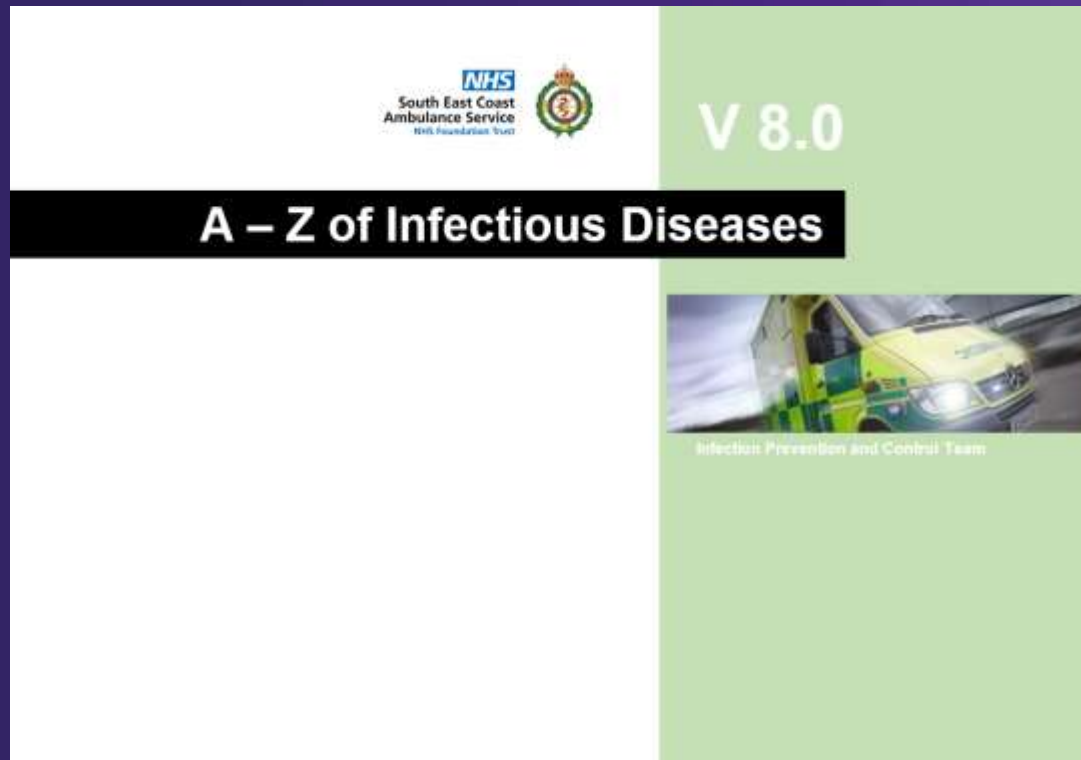
Use of digital solutions for
enhanced IPC

Rachael Skates

IPC Lead

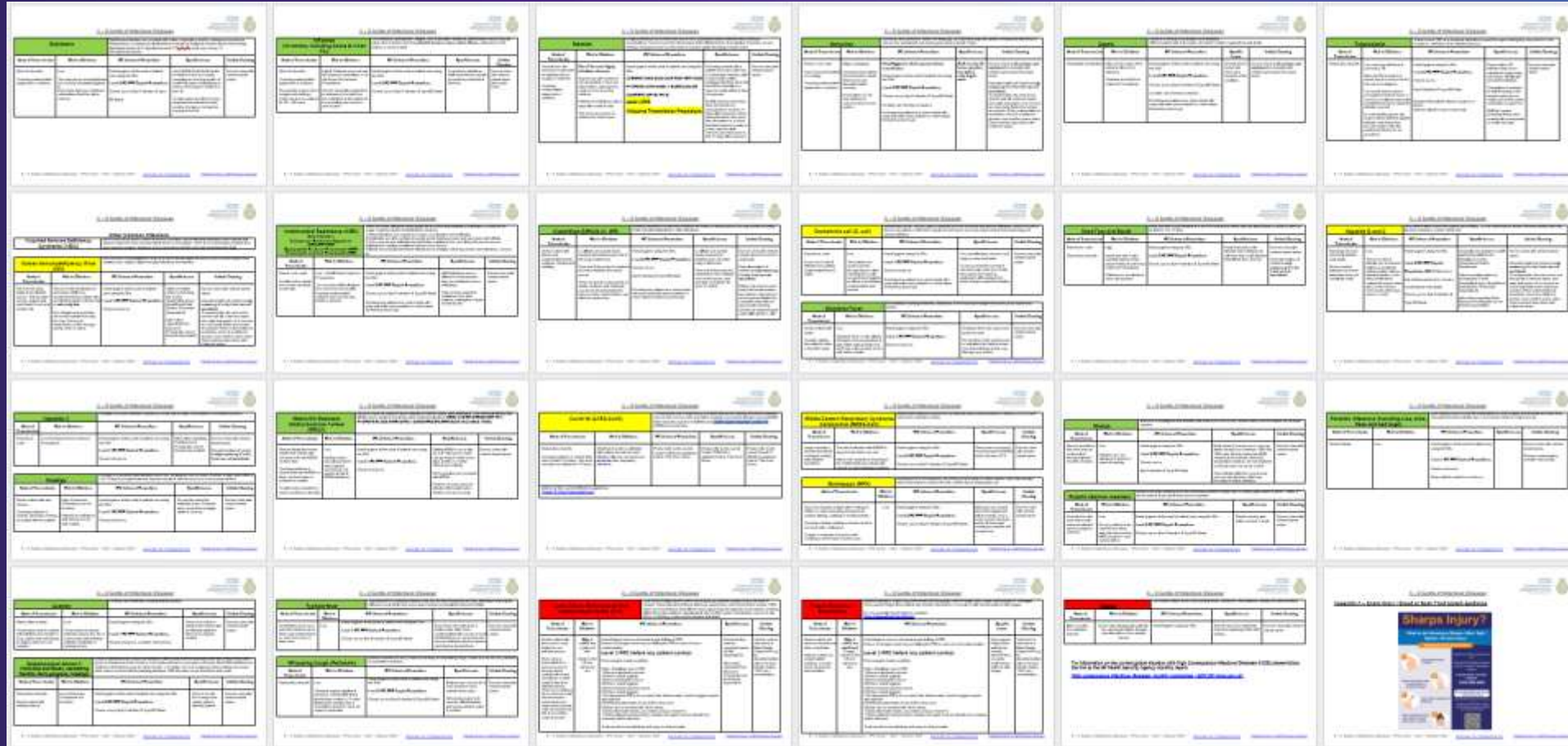


What we used to have.

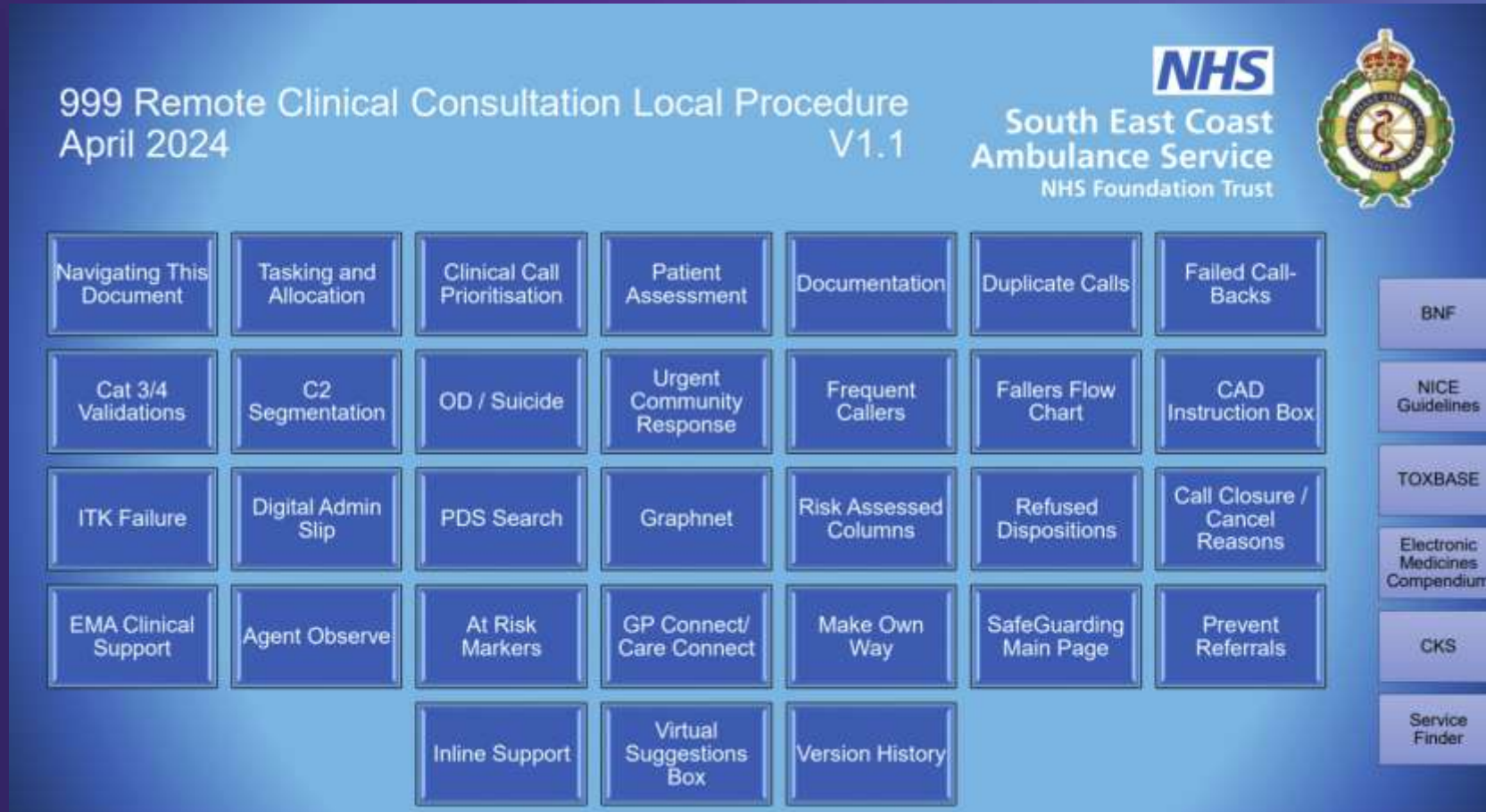


A – Z Guide of Infectious Diseases				
Diarrhoea and Vomiting (General Guidance)				
Mode of Transmission	Risk to Clinicians	IPC Universal Precautions	Specific Issues	Vehicle Cleaning
Faecal / oral route. Can be airborne if patient is projectile vomiting. Touching contaminated equipment or surfaces.	High if Clinicians do not follow the Universal Precautions.	Hand Hygiene is vital to prevent further transmission. Hand hygiene at the point of patient care using the 3Rs. Level 2 IPC PPE Droplet Precautions Gloves, apron, Eye Protection & Type IIR Mask Consider use of sleeve protectors. Following any patient care, clean hands with soap and water when available or clirell wipes followed by alcohol gel.	It is difficult to know exactly what the cause is but treat the main causes of diarrhoea and vomiting in the same way. The most common causes are: 1) Stomach bug (gastroenteritis). 2) Norovirus – also called the “vomiting bug”. 1) Food poisoning. Staff should be 48-hours clear from last episode before returning to work.	Normal clean with vehicle-based wipes then paper towel Decontamination of vehicle is only necessary if bodily fluids are not contained . To achieve this, the crew are to use the spill kit, Universal wipes, inco pads and paper roll to remove as much body fluid in the vehicle as possible. If the contamination is excessive, return to a station to access mops and the power wash. Once cleaned, wipe down with Universal wipes.

What we used to have.



This is where the idea came from.



What we have now





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IPC A-Z Guide

High Consequence Infectious Diseases HCIDs

Adenovirus	Fleas	HIV	Norovirus	Ticks	Avian Flu (H5)
Bed Bugs	Flu	Impetigo	Pneumonia	Tuberculosis	Ebola
Candida Auris	Glandular Fever	Malaria	RSV <small>Resp Syncytial Virus</small>	Typhoid Fever	Lassa Fever
CRO & CRE	GRE	Measles	Ringworm	VRE	Marburg
Chickenpox	Group A Strep (GAS)	Meningitis	Rubella	West Nile Virus	MERS
C. Difficile	Invasive GAS (iGAS)	MRSA	Scabies	Whooping Cough	Plague
Covid-19	Hand Foot and Mouth	Mpox <small>(Clade I is no longer a HCID)</small>	Scarlet Fever	Zika Virus	Rabies
Diarrhoea and Vomiting	Hepatitis A		Sepsis		
Diphtheria	Hepatitis B & C	Mumps	Shingles		
E. Coli					

Dedicated information




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Diarrhoea and Vomiting
General Guidance

[NHS Information](#)

[Link to Norovirus](#)

Transmission
Faecal / oral route.
Can be airborne if patient is projectile vomiting.
Touching contaminated equipment or surfaces.
Incubation Period
Typically, between 12 to 48 hours
Infectious Period
As a rule, whilst symptomatic and 48 hours after cessation of symptoms.


Level 2 PPE

Orange / Infectious waste bag for all waste



Diarrhoea and vomiting are common in adults, children and babies. The most common cause is a stomach bug or food poisoning and should stop in a few days. The advice is the same if you have diarrhoea and vomiting together or separately.

IPC Standard Precautions
Hand hygiene using the 3Rs.
Level 2 IPC PPE Droplet Precautions
Gloves, Apron, Eye Protection & Type IIR Mask.
IF YOU ARE WEARING A GREEN SHELL OR HI-VIZ JACKET YOU DO NOT NEED AN APRON AS WELL.

Risk to Clinicians
HIGH - if Clinicians do not follow the Standard Precautions
Staff should be 48-hours clear from last episode before returning to work

Specific Issues
Thorough vehicle decontamination is only necessary if **bodily fluids are not contained.**
Crews should clean up as much as possible, **then return to station as the Make Ready Team have the necessary decontamination products.**

Vehicle & Equipment Cleaning
Normal clean between every patient with Clinell wipes



We can update as the seasons change



User friendly



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Diphtheria

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Enterobacteriaceae (E. coli)

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Giardiasis

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Diarrhoea and Vomiting

General Guidance

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Click to add notes

Topical



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UKHSA Report an increase in Norovirus Cases

Confirmed Norovirus cases in the 2 weeks from 3 to 16 February 2025 were **29.4%** higher than the previous fortnight and more than double the 5-season average (168.0%) for the same 2-week period

Wash it Wash it real good!
Washing your hands regularly can help stop norovirus spreading

You only need 10-100 viral particles to make you ill.

Which is why hand hygiene and vehicle and equipment cleaning is vital in keeping patients and you safe.

Level 2 PPE

[Link to Norovirus Tab](#)

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5th of May

Remember your 3Rs
Click on the image above for more information

World Hand Hygiene Day

our hands are clean, but... you touched today?

Remember: germs are everywhere, so it's important to clean your hands regularly

of the year to undertake Umrah pilgrimage.

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Meningitis cases in pilgrims returning from the Hajj

HAJJ 2025

Level 2 PPE
For suspected Meningitis

Level 3 PPE
For suspected MERS

In the past 16 months, there have been 54 cases of invasive Meningitis. Twelve cases were known to have recently travelled to KSA of whom six were identified as Umrah pilgrims.

[Link to Meningitis Tab](#)

[Link to MERS Tab](#)

Guidance at your finger tips.



Donning & Doffing procedure
Level 3 PPE Airborne Precautions
FFP3 DISPOSABLE MASK

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AMBULANCE SECTOR LEVEL 3 PPE FFP3 / EYE PROTECTION - DONNING	
DONNING LEVEL 3 PPE FFP3 / EYE PROTECTION	
DONNING ORDER	
Step 1 - don fluid resistant cap <ul style="list-style-type: none"> • Step 1 - don fluid resistant cap • Pull cap over head • Pull cap over head • Pull cap over head • Pull cap over head 	
Step 2 - don FFP3 face mask <ul style="list-style-type: none"> • Ensure straps clear in middle of head and ears • Fit mask over nose and mouth • Fit mask over nose and mouth • Fit mask over nose and mouth 	
Step 3 - don eye protection <ul style="list-style-type: none"> • Place over face ensuring strap is fit • Place over face ensuring strap is fit • Place over face ensuring strap is fit 	
Step 4 - don disposable gloves <ul style="list-style-type: none"> • Perform hand hygiene • Rubbed according to time • Rubbed according to time • Rubbed according to time 	

AMBULANCE SECTOR LEVEL 3 PPE FFP3 / EYE PROTECTION - DOFFING	
DOFFING LEVEL 3 PPE FFP3 / EYE PROTECTION	
DOFFING ORDER	
Step 1 - Remove disposable gloves <ul style="list-style-type: none"> 1. Grasp the wrist of the glove with the gloved hand and peel it off. 2. Hold the glove by the wrist and discard it into the waste bin. 3. Repeat steps for the other hand and discard it into the waste bin. 	
Step 2 - Remove fluid resistant cap <ul style="list-style-type: none"> 1. To the front and slightly downwards and the cap should fall away from the face. 2. To the front and slightly downwards and the cap should fall away from the face. 3. To the front and slightly downwards and the cap should fall away from the face. 	
Step 3 - Remove eye protection <ul style="list-style-type: none"> 1. Grasp the strap of the eye protection and lift it off the face. 2. Grasp the strap of the eye protection and lift it off the face. 3. Grasp the strap of the eye protection and lift it off the face. 	
Step 4 - Remove FFP3 face mask <ul style="list-style-type: none"> 1. Grasp the strap of the mask and lift it off the face. 2. Grasp the strap of the mask and lift it off the face. 3. Grasp the strap of the mask and lift it off the face. 	

Flowchart to determine Operational Case Definition of MPox

YES

Patient presents with unexplained lesions (for example, vesicles, pustules or ulcers) compatible with MPox anywhere on the body.
(Link below to further guidance)

NO

[Guidance on Suspected Mpox Cases](#)

Sharps Injury?

What to do following a Sharps / Bite / Spit / Splash / Scratch Injury

IMMEDIATE FIRST AID ACTIONS

1. Encourage wound to bleed
2. Wash with soap under running water or alcohol hand gel
3. Cover with a waterproof dressing
4. Rinse splashes to the eyes, face or mouth with water or saline. (Remove contact lenses first, if wearing them)

Present to an ED as soon as you can

Please complete a Data form as soon as you can.

Following ED attendance please contact the Optima Needlestick Helpline
0330 008 5969

This is a 24-hour service.

If further advice is needed, please use the QR code below or contact your Duty Team leader.

[Link to the Letter to EDs reminding them of their responsibility to our staff following a sharps injury or blood/body fluid exposure](#)

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Communication aide for new projects

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Infection Prevention and Control App

Projects the IPC Team are working on

The New Tiger-Striped Waste Bags




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What happens to our waste?

WASTE TYPE	DISPOSAL PROCESS	COST	ENVIRONMENTAL IMPACT
SHARPS	INCINERATED	£££££	5 footprints
INFECTIOUS	STEAM TREATED TO KILL THE BUGS	££££	4 footprints
OFFENSIVE	PULPED AND TO ENERGY PLANT	£££	3 footprints
DOMESTIC	TO ENERGY PLANT	££	2 footprints
RECYCLING	RECYCLED	£	1 footprint

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[FAQs for tiger-striped \(offensive\) waste bags](#)

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All healthcare providers produce waste and it is a legal requirement that it is segregated and disposed of properly. Both by SECAmb and the clinician who creates it.

While there are many different healthcare waste streams, we in the Ambulance Service have the difficulty of restricted space in our vehicles. Traditionally, we have used the Orange (infectious) waste bags as we would not know the infectious status of the patient.

This has been reviewed and only waste from confirmed infectious patients or where there is a high suspicion should be put into orange bags.

All other healthcare waste should be put into tiger-striped (offensive) waste bags, which will soon be part of the standard load list for vehicles.

[Click here for further information and FAQs](#)

As 85% of healthcare waste is not hazardous or infectious (WHO, 2014), we need to use the right waste stream.

This is Tiger-striped (offensive) waste bags.

In 2020-2021, the amount of CO₂ produced to treat our waste was equivalent to a car driving to the moon!




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So, what improvements have we seen?



We only had 10 views on average per week.

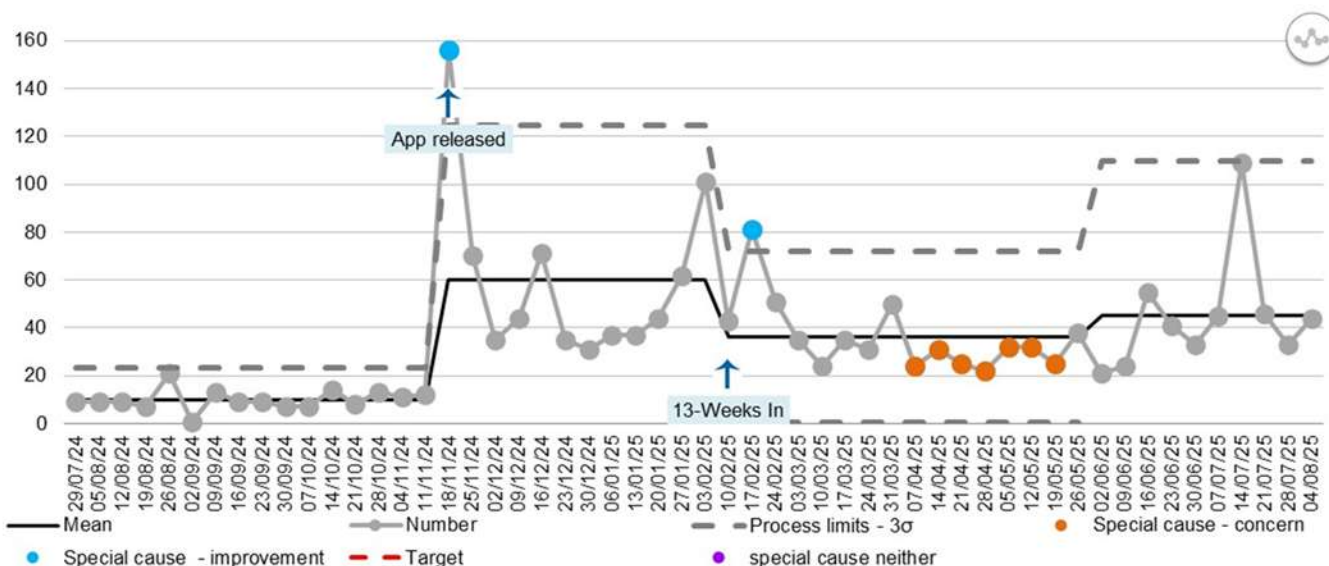
On release, there was an average of

60 viewers per week

13 weeks after publication, we are seeing

45 viewers per week

IPC App - Viewers Per Week- starting 29/07/24



Award winning



- + IPS award for Excellence and Innovation. 2025
- + Association of Ambulance Chief Executives (AACE) Award for 'Outstanding Champion of Innovation or Change' which we will receive in March 2026



Next adventures



- + Currently developing a glow video with Gama.
- + Statutory and Mandatory training using the App
- + HCID training.



HCID Assessment PPE Courses at SECAmb



- ✚ All acute hospitals in England now have a unified HCID PPE, in place in the event of a patient walking into their hospital with a suspected HCID.
- ✚ Staff responsible for assessing that patient are required to be trained in the PPE ahead of that event. NHS England set a target of March 2025 for staff to be qualified.
- ✚ This has been hindered by only having one training venue in the UK (run by HCID Training UK in Sheffield).



Local HCID training for the SE



- SECAmb can now offer a HCID PPE Trainer course in West Sussex.

This course is a result of guidance and governance of HCID Training UK.

They are open for bookings, with courses running from January 2025.

HCID A PPE Trainer Course cost: £850

HCID A PPE Wearer Course cost: £550

To book visit: hcid-training.co.uk

Or contact Matt.Hopkins@SECAmb.NHS.UK for more information.



Thank you

Any Questions?

