

NATIONAL AMBULANCE SERVICE
INFECTION PREVENTION & CONTROL GROUP (NASIPCG)

Knitted Products in the Pre-Hospital Setting

POSITION STATEMENT – 20/12/2022 (V1.0)

Knitted Products in the Pre-Hospital Setting:

Confirmation of National Ambulance Service Infection Prevention and Control Consensus Position

Following recent requests for national ambulance service IPC leads to review the suitability of knitted products within the ambulance sector, the following national consensus statement has been jointly produced with IPC specialists across all four nations, Independent Islands, and devolved administrations to provide clarity of the IPC position in relation to knitted products and their suitability within the pre-hospital sector.

Background

Ambulance services, by nature of their profession are precarious and challenging environments for effective infection prevention and control to be achieved. The overwhelming response to COVID-19 and learning that ensued, has highlighted the need for ambulance vehicles to maintain an environment that is free of extraneous items. This will facilitate cleaning and decontamination of all surfaces, compartments, equipment, medical devices, and patient touch items, in an effective and timely manner.

It is important to note, that healthcare-associated infections (HCAIs) can develop in all healthcare settings. The term HCAI covers a wide range of infections. HCAIs pose a serious risk to patients and staff, as a result infection prevention and control is a key priority for the NHS. The transmission of micro-organisms that may cause infection can occur directly via hands, or indirectly from the environment and equipment used (e.g., medical device or any other items handled by a patient). As the UK learns to live in the backdrop of the COVID-19 pandemic, IPC measures and guidance that reviews procurement and necessity of products in the pre-hospital setting has an essential role in HCAI prevention.

As we envisage the challenges posed by winter pressures and future increases in disease prevalence, ambulance services must take action to do all that they can to reduce and prevent the risks associated with infection and follow best practice specialist IPC advice.

Ambulance service IPC leads have met on numerous occasions to give strong consideration to the request of introducing donated knitted products into the service, the following discussion points were raised:

Discussion points

- Twiddle muffs are predominantly produced by volunteers, staff members friends and families and therefore, the production environment cannot be assured. It is plausible that items introduced into the storage compartments of an ambulance may become inadvertently contaminated.

- The uncontrolled environment in which knitted products are produced lends itself to exposure to pet hair, nut contents, faecal matter, dust, other pathogens, scabies, lice, and bed bugs. Unfortunately, there is no assurance process that can mitigate this.
- The specialist group also discussed the matter of legacy items, such as cuddle pockets and neonate hats (within maternity packs) and have been deemed acceptable in the pre-hospital sector if such items are sourced through official supplies and conform to official charity standards for use in health and social care settings. Additionally, such products must conform to local IPCT requirements for storage, packaging, handling, and decontamination. Local midwifery, IPCT and H&S teams must also consult on and risk assess HTA guidance relating to pockets.
- Learning from the pandemic highlighted the need for all products deemed as equipment to have UKCA/CE markings, to ensure their purpose and reduce risk to the intended recipient of the product.
- It is not reasonable to expect local quality assurance processes to be undertaken on large receipt of such items, nor is it acceptable to store large bulky items, as donated within garage and make ready areas, over already challenged space for clinical consumables.
- All items stored in the saloon of an ambulance should form part of the overarching cleaning schedule, with an effective process to decontaminate all items against gross, direct, or inadvertent contamination, as denoted within the methodology section. Such items cannot be decontaminated.
- For single patient use items, original approved manufacturers sealed packaging must be used and clearly denote "single patient use item" with the correct symbol identified, in line with regulatory standards for single use items.
- Assurances of the manufacturing and packaging process must be captured within the supporting risk assessment.
- Instructions for ongoing care, cleaning, decontamination and washing machine instructions must be provided to patients.

Consensus

The primary consensus of the national Ambulance IPC group does not support the use of unofficial merchandise in the form of knitted products/equipment, where cleaning/decontamination cannot be achieved effectively or appropriately. Moreover, the national ambulance IPC group do not support the introduction of products that have not been subject to appropriate manufacturing processes and may pose unnecessary risk to the patient and environment in which staff operate within.

It is acknowledged that there are specific settings within the NHS who do accept donated items however, these settings have the capacity and capability to wash at high temperatures, with a robust framework in place to support the reuse of donated items, including quality assurance processes. This does not apply to the ambulance sector.

As with the autonomy of every organisation, a local risk assessment may be undertaken specific to the items that are requested for use, however, must involve all key stakeholders prior to approval processes and implementation.

The NASIPCG are empathetic to the request of such items and acknowledge that there is always a requirement to balance benefit versus risk on all interventions however, when introducing any new item, equipment, consumable and/or medical device, this method must continue to follow local

assurance processes and agreed through all governance mechanisms, including consultation with respective health and safety specialists.