Infection control, isolation, PPE and waste in transit

Standard operating procedure (SOP) | PTR-SOP-008

Document type	Standard operating procedure (SOP)
Title	Infection control, isolation, PPE and waste in transit
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Replaces	None (new document)
Standards and criteria supported	System S6 (Patient transfers and referrals), criterion S6.37, S6.38, S6.39
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. PPE is carried in every vehicle and used at every patient contact.
2. Patients with a known or suspected transmission risk are isolated under the written protocol.
3. Sharps and clinical waste go through the written route, with containers on each vehicle.
4. Record each isolation and each waste disposal.

Stop and get help straight away if: a patient with a known transmission risk is moved with no isolation, or PPE is not carried.

1. Purpose

To stop the spread of infection between patients, crew and the public during transfer (S6.37, S6.38, S6.39).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

Sharps and clinical waste that are not disposed of correctly injure crew and cleaners. A written disposal route and containers on the vehicle keep the risk low.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Crew lead	Applies isolation and checks PPE	Trained crew
Infection control lead	Owns the protocol and the waste route	Clinician

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Check PPE.	• Check the PPE is in the vehicle at the start of each shift. • Use PPE at every patient contact.	PPE is used, not just carried.
2	Isolate.	• Identify the transmission risk at the assessment. • Apply the isolation protocol set for that risk and tell the receiver.	The receiver is told.
3	Dispose.	• Put sharps in the container on the vehicle. • Take the waste through the written route to the receiving facility or the contracted disposal.	No sharps in the bin.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Vehicles with PPE in place at shift start	100%	Monthly	Crew lead	Escalate to clinical lead
Known-risk patients isolated in transit	100%	Monthly	Infection control lead	Escalate to chief executive

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
PTR-FRM-005	Vehicle cleaning and disinfection checklist	Checklist
HOS-SOP-014	Healthcare-associated infection surveillance and response	Surveillance

16. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval