Livewell Southwest

Decontamination Guidelines and Procedures. (Cleaning and Disinfection of medical devices and patient care equipment).

Version No 1.5

Review: December 2018

Notice to staff using a paper copy of this guidance

The policies and procedures page of Healthnet holds the most recent version of this guidance.
Staff must ensure they are using the most recent guidance.

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Document review history

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0.1	New document	December 2010	Infection Prevention and Control Nurse	New Document
1	Ratified	January 2011	Policy Ratification group	Minor amends.
1.1	Extended	March 2013	Director of Infection Prevention & Control	Extended no changes.
1.2	Updated	July 2013	Infection Control Liaison Practitioner	Minor changes to decontamination / cleaning guidance
1.3	Reviewed	September 2015	Infection Prevention and Control Manager	Comparing Torbay's policy against ours and minor amendments made throughout.
1.4	Amendment	April 2016	Infection Prevention and Control Manager	Minor amendment to page 29 Food Preparation Surfaces. Updated to Livewell.
1.5	Amendment	November 2016	Infection Prevention and Control Manager	Page 32. Toys section amended

Decontamination Guidelines and Procedures. (Cleaning and Disinfection of medical devices and patient equipment).

1. Introduction

1.1 Decontamination describes a range of processes, including cleaning, disinfection and sterilisation, which remove or destroy contamination and thereby prevent infectious agents or other contaminants reaching a susceptible site in sufficient quantities to cause infection or any other harmful response.

1.2 The choice of decontamination process is dependent on the nature of the object to be treated and how and on whom it is to be used.

1.3 Cleaning with detergent and water or a detergent wipe is the preferred method of decontamination for the vast majority of items such as furniture, fittings and general equipment (e.g. mattresses, bed frames, washing bowls).

1.4 Thermal sterilisation in SDU is the preferred method for processing all invasive instruments that are not degraded by heat. Heat sensitive equipment can be disinfected (or in certain circumstances sterilised) using liquid reagents. Again, the preferred process should be performed in the SDU when possible.

1.5 The appropriate Material Safety Data Sheets and Control of Substances Hazardous to Health (COSHH) assessments should be performed before employing cleaning and disinfection chemicals.

1.6 Appropriate Personal Protective Equipment should be used according to the risk of transmission of infection and the method of cleaning or decontamination selected.

1.7 Items marketed for single use should not be re-used.

2. Purpose

2.1 The purpose of this document is to provide direction regarding the decontamination of medical devices and other patient care equipment, in accordance with relevant national standards and guidance.

2.2 The document is relevant within all patient care settings. All staff are required to be compliant, this includes those directly involved in reprocessing equipment as well as those involved in procurement, management, storage and transportation.

2.3 Decontamination is a term used to describe a range of processes, including cleaning, disinfection and sterilisation, which remove or destroy contamination and thereby prevent infectious agents or other contaminants reaching a susceptible site in sufficient quantities to cause infection or any other harmful response (NHS Estates, 2003).

2.4 Reusable medical devices should be decontaminated in accordance with manufacturers' instructions and current national or local best practice guidance. This must ensure that the device is clean and, where appropriate, sterilised at the end of the decontamination process and maintained in a clinically satisfactory condition up to the point of use.

2.5 It is important that a distinction between cleaning, disinfection and sterilisation is made and that the correct process is chosen:

- **Cleaning.** Physically removing soiling along with most pathogens using detergents (enzymatic and soap), water and friction. This is a pre-requisite to successful disinfection and sterilisation, which will generally be ineffective on surfaces that have not already been physically cleaned.

- **Disinfection.** A chemical or physical process that kills pathogens and reduces them to a level that does not pose a risk to human health. When applied to the skin this is often referred to as antisepsis. This process does not guarantee the removal of all bacterial spores or Mycobacteria.

- **Sterilisation.** A chemical or physical process that removes or kills all pathogens (with the exception of prions). This usually involves steam, oxygen super radicals or irradiation.

2.6 The choice of decontamination process is dependent on the nature of the object to be treated and how and on whom it is to be used. The modified Spaulding classification is dependent on the level of contamination and the extent of contact with susceptible sites on the patient and defines four categories:

- **Minimal Risk.** Surfaces that will not come into direct contact with patients, (e.g. floors and fittings). **Cleaning and drying adequate.**

- **Low Risk.** Surfaces and equipment that come into contact with intact skin, (e.g. wash bowls, blood pressure cuffs, toilets, commodes, mattresses). **Cleaning and drying adequate.**

- **Intermediate Risk.** Items in contact with intact mucous membranes (e.g. endoscopes, speculae) or diseased or damaged skin, or items that are heavily contaminated with virulent or readily transmissible pathogens or substance (e.g. Salmonella stool, blood, bed pans) or items to be used on highly susceptible or immunocompromised patients. **High-level disinfection usually required.**

- **High Risk.** Equipment that enters sterile cavities or vascular systems, or is contact with a break in the skin or mucous membrane. **Sterilisation usually required.**

2.7 The algorithm in Appendix A guides users through the selection process for items of medical equipment of low, intermediate and high risk. If high-level disinfection or sterilization is required, methods involving heat are always preferable to chemical methods, on the basis of efficacy, safety, cost and ease of monitoring of process. In most situations reusable equipment that is of the intermediate or high risk must be returned to the Sterilisation and Disinfection Unit (SDU) for processing. For specialist equipment (e.g. flexible endoscopes and dental equipment), (there should be) local written protocols which have been agreed with the Decontamination Lead and IPCT are required.

2.8 Under current legislation, manufacturers of reusable equipment are obliged to provide advice about appropriate methods of decontamination. The Decontamination Lead and Infection Prevention and Control Team (IPCT) must always be contacted prior to the purchase of new equipment to ensure that the manufacturer's recommended decontamination procedures are adequate and feasible and that single use alternatives have been considered.

2.9 Bed space cleaning recommendations for known infected patients are given in Appendix B.

2.10 Recommendations for the decontamination of individual items of equipment are given in Appendix C. This guidance is not exhaustive and is designed to complement local policies. The guidance should not replace the manufacturer's guidance. Where doubt exists, the IPCT should be contacted.

3. Training

3.1 Education in infection control is offered to all healthcare staff, including those employed in support services in order to create a well-informed workforce that possesses the knowledge to prevent and reduce Health Care Associated Infection (HCAI).

- A corporate induction programme for all staff will include basic decontamination procedures.
- Decontamination must be considered part of the professional development for all staff. It should also be included in appraisal and Mandatory update training for all staff.
- Arrangements will be provided for the delivery of further decontamination training and the effectiveness of the delivery of training will be monitored through clinical audit.

4. Responsibilities

4.1 These are as outlined in Health Technical Memorandum (HTM) 01:01: Decontamination of reusable medical instruments (Part A): This was archived in 2013 and Choice Framework for local Policy and Procedures 01-01 – Management and decontamination of surgical instruments (medical devices) used in acute care. Part A: The formulation of local policy and choices March

2013 https://www.gov.uk/government/publications/management-and-decontamination-of-surgical-instruments-used-in-acute-care Guidance

- **Chief Executive (CE).** The CE is ultimately accountable for the operation of the premises and the decontamination process.

- **Nominated Lead for Decontamination.** The Nominated Decontamination Lead is the Estates Manager, Livewell Southwest. The Decontamination Lead ensures that decontamination is undertaken in accordance with national standards and local policy and reports issues and risks to the CE and the LSW Board

- **User.** The User is defined as the person designated by management to be responsible for the management of the sterilisation process. The user is also responsible for the Operators. In a setting undertaking local decontamination this person could be a Manager, GP, Dentist or other health professional. Detailed responsibilities of the User are stated in HTM 01:01 Part A CFPP 01-01 and include, ensuring that equipment is subject to periodic testing and maintenance and that operators are appointed and adequately trained.

- **Operator.** This is any person with the authority to operate a washer disinfector or a sterilizer, including noting instrument readings and simple housekeeping duties.

- **Authorising Engineer (Decontamination (AE(D)).** This role has developed from the Authorised Person (Sterilisers). This person is designated by management to provide independent auditing and advice on washer disinfectors, sterilizers and sterilization and to review and witness documentation on validation. Detailed role, responsibilities and qualifications are stated in HTM 01:01 Part A.

- **Authorised Person (Decontamination (AP(D)).** This person is responsible for the practical implementation and day to day operational management responsibility for the safety of the system. The detailed role, responsibilities and qualifications are stated in HTM 01:01 Part A and this role is undertaken by the LSW's Compliance and Safety Manager, Estates Department.

- **Competent Person (Decontamination) (CP(D)).** This person is designated by Management to carry out maintenance, validation and periodic testing of washer disinfectors and sterilizers. Detailed role, responsibilities and qualifications are stated in HTM 01:01 Part A.

- **Competent Person (Pressure Systems).** This role is defined in the Pressure Systems Safety Regulations and is a chartered engineer responsible for drawing up a written scheme or examination for the system. It is a different role to the CP (Decontamination).

4.2 Infection Prevention and Control Team. The IPCT are responsible for:

- producing, reviewing and updating this document
- providing advice prior to the purchase of new equipment to ensure it can be decontaminated within the organisation
- approving decontamination procedures in specialist areas for specialist equipment
- providing specialist advice prior to the purchase of decontamination equipment
- providing generic decontamination training as part of induction and infection prevention and control updates

4.3 Microbiologist (Decontamination). Responsible for advising on the microbiological aspects of decontamination and to audit documentation from all decontamination equipment that has been tested by microbiological methods.

4.4 Director of Infection Prevention and Control. Reports directly to the CE and the Provider Board. They are responsible for infection control aspects of decontamination. If this person has a degree in Microbiology they may also be the Microbiologist (Decontamination).

5. Local processing of instruments, including flexible endoscopes CFPP 01-06 - Choice Framework for local Policy and Procedures 01-06 – Decontamination of flexible endoscopes: Policy and management March 2013 Guidance

5.1 Thermal sterilisation in SDU is the preferred method for processing all instruments that are not degraded by heat. Heat sensitive equipment can be disinfected (or in certain circumstances sterilised) using liquid reagents. Again, the preferred process should be performed in the SDU when possible.

5.2 Local reprocessing is defined in HTM01:01 Part A as the reprocessing of medical devices at the point of use rather than in the SDU. The standards for decontamination are the same regardless of setting, be it in a clinical setting or in the SDU. The facilities in which medical devices are to be sterilised must have appropriately segregated processes with appropriate environmental conditions to prevent contamination. Any local reprocessing should be supported by an appropriate risk assessment to support their continuation and a Standard Operating Procedure (SOP) should be produced. The SOP should be approved by the Decontamination Lead and the IPCT, updated on a regular basis and audited by the local user. It is the responsibility of the local user to arrange appropriate training in the use of local reprocessing SOPs and to that ensure evidence of training is available at all times.

5.3 For the local reprocessing of heat labile flexible endoscopes, it is essential that instruments, including all lumens, be cleaned thoroughly with an enzyme-based detergent before disinfection or sterilisation. Ideally, all instruments should be returned to SDU for processing except where clinical demand means local reprocessing is required. Local reprocessing should be performed in a suitable automated endoscope reprocessor (AER) by a suitably

qualified operator after an appropriate validated and documented risk assessment. Local (Standard Operating Procedures) SOPs should be followed and the usual requirements of instrument validation and maintenance should be followed. Staff performing local reprocessing of endoscopes should be appropriately trained for each aspect of this process.

5.4 Please Refer to local policies for specific details of local reprocessing.

HTM 01-05 March 2013 Decontamination Health Technical Memorandum 01-05: Decontamination in primary care dental practices

6. Reporting of incidents of failure of decontamination and in relation to sterilisers or washer disinfectors

6.1 The LSW will report incidents of failure of decontamination and in relation to sterilisers or washer disinfectors in a timely fashion to the appropriate regulatory body(ies).

6.2 The User is responsible for the reporting of incidents that result in decontamination failure. Operators and others concerned with the operation of decontamination equipment should know what action to take in the event of an incident or failure. HTM 01-01: Part A provides examples of the types of defects to report.

7. Cleaning

Cleaning removes organic material and many, but not all, micro-organisms.

7.1. General purpose detergent and water or detergent wipes

This is the preferred method of decontamination for the vast majority of items such as furniture, fittings and general equipment (e.g. mattresses, bed frames, washing bowls). The general principles of use are:

- Where possible immerse the item in a designated bowl or sink of warm water and detergent. If immersion is not possible surface clean with detergent wipes.
- If using detergent wipes, use one at a time, opened out to provide surface contact with item being cleaned).
- Do not use wash-hand basins in ward areas for cleaning equipment. Use a designated sink or bowl.
- Dry thoroughly.
- Store items dry.
- When cleaning equipment check for signs of damage (e.g. covers on mattresses, pillows and cushions). If there are signs of damage report this to the department manager who can initiate replacement or repair. Also refer to the Medical Devices and Equipment Management Policy.

7.2. Cleaning of invasive instruments before sterilisation

7.2.1 Effective cleaning to remove all organic material is an essential pre-requisite for high-level disinfection or sterilisation. Although automated cleaning in a washer disinfector is the preferred option, some instruments cannot be processed in a washer disinfector or may need manual cleaning prior to processing in a washer disinfector.

7.2.2 Manual cleaning should be performed according to an appropriate local SOP using the following principles:

- To minimise the contamination risk to personnel, splashing and the creation of aerosols should be avoided.
- Wear appropriate protective clothing when cleaning contaminated equipment (e.g. gloves, apron and eye protection).
- Fill the clean sink or container (not hand wash basin) with the appropriate amount of water and enzymatic detergent (refer to manufacturer's instructions).
- Dismantle or open instrument.
- With the exception of power tools*, fully immerse the instrument in the solution for a minimum of 2 minutes.
- Drain any excess detergent prior to rinsing with clean water.
- Drain the item before drying with non-linting clean cloth or paper towels.
- Visually check to ensure organic material has been removed.
- Complete any relevant documentation.
- If cleaning solution or rinse water is obviously soiled or contaminated, replace immediately.
- * Power tools must not be immersed but should be surface cleaned only using a non-linting cloth impregnated with an enzymatic detergent solution. This should be followed by a non-linting cloth dampened with clean water and then dried using a dry non-linting cloth. Alcohol-impregnated wipes can be used following the manual cleaning procedure.

7.3. Disinfection

7.3.1 Disinfection reduces the number of micro-organisms to a safe level for a defined procedure but does not kill bacterial spores and does not necessarily inactivate all viruses.

7.3.2 Chemical disinfection methods and products are used locally. Chemical disinfectants are often irritant when allowed contact with skin and mucous membranes or when inhaled as vapour. They can also be corrosive and flammable. A risk assessment, under the Control of Substances Hazardous to Health (COSHH) Regulations, must be undertaken before chemical disinfectants can be introduced.

7.3.3 There is a potential fire hazard associated with some chemical disinfectant products. These products should be stored in appropriate sealed containers or cupboards.

7.3.4 Chemical disinfectants may also be damaging to equipment. It is important that equipment manufacturers' advice regarding compatibility is followed. This should be clarified prior to purchase of new equipment and a decontamination procedure should be written by the users and approved by the Decontamination Lead and IPCT.

7.3.5 The following chemical disinfectants are used in the LSW and should be handled in accordance with manufacturers' recommendations and local COSHH assessments.

7.4 Chlorine-releasing agents (hypochlorite/'bleach')

7.4.1 Chlorine-releasing agents include sodium hypochlorite and di-isochlorocyanurate (NaDcc). These have a wide range of bactericidal, virucidal and fungicidal activity, but are corrosive to some metals. They are inactivated by organic matter, particularly in low concentration, therefore pre-cleaning is essential. However some chlorine-releasing products, such as Chlor-Clean and Actichlor-plus, combine a non-anionic surfactant and NaDCC and therefore pre-cleaning is unnecessary making them a practical product to use for terminal decontamination of the environment and equipment within isolation rooms.

7.4.2 It is important to prepare and use chlorine-releasing products in a well-ventilated environment, not to use hot water and not to apply directly to an acidic fluid such as urine.

7.4.3 Hypochlorite/'bleach' is available as 500mg tablets for dilution in water according to the manufacturer's instructions:

- Strong bleach: 10,000 available parts per million (ppm) of chlorine
- Standard bleach: 1000 ppm
- Weak bleach: 140 ppm

7.4.4 Bleach granules are concentrated bleach that can be used directly on to high-risk blood spills.

7.4.5 After the application of strong or standard bleach to surfaces, perform a terminal wipe with water to remove any bleach residue. This is particularly important on surfaces that may come directly into contact with the patient.

7.5 Alcohol hand rub and impregnated wipes

7.5.1 Alcohol is usually in the form of ethyl or isopropyl alcohol and is most active at a concentration of 60-90%. It has good bactericidal and fungicidal activity but whilst ethyl alcohol is effective against most viruses, isopropyl alcohol is not. Alcohol is available as a bottled solution or, more commonly, as wipes, in tubs or individually wrapped sachets (e.g. Cliniwipes, Sanicloth 70).

7.5.2 Alcohol is useful for surface disinfection of instruments such as power tools, prior to sterilization. It does not penetrate well into organic matter and must only be used on visibly clean surfaces. If an item is obviously contaminated with organic matter it must be cleaned before disinfection. Alcohol-impregnated wipes should **not** be used for formal skin preparation, as, for example, prior to insertion of a central line or lumbar puncture.

7.5.3 Alcohol hand rub is available ready for use. It is designed to be used as a hand disinfectant and should not be used for other purposes. The rub should be applied to the hands and rubbed into the skin until evaporation has occurred (please see Hand Hygiene Policy).

7.5.4 Disinfectant wipes should be made available for when it is not appropriate or practical to use the Actichlor/ hypochlorite.

7.6 Chlorhexidine

7.6.1 Chlorhexidine is a disinfectant that is usually used as a skin antiseptic and is used for surgical skin preparation, formal skin preparation prior to insertion of medical devices such as central lines, as well as certain other specialist wound toileting. Chlorhexidine is also used as a component of topical eradication of Meticillin-Resistant *Staphylococcus* aureus. It should not be used for routine hand hygiene.

7.7 Povidone Iodine

7.7.1 This is a disinfectant that is usually used as a skin antiseptic and is used for surgical skin preparation, as well as certain other specialist wound toileting. This should not be used for routine hand hygiene.

7.8 Phenolic

7.8.1 This is a narrow spectrum disinfectant agent that will only be available in certain circumstances on the recommendation of the IPCT (e.g. for decontamination following suspected or confirmed smallpox).

8. Sterilisation

Sterilisation removes or destroys all conventional infectious agents, including spores**.**

8.1 Sterilisation and Disinfection Unit (SDU)

8.1.1 In accordance with the Medical Device Regulations, the Dental Decontamination Unit is registered with a notified body (the MHRA website identifies appropriate notified bodies in the UK). This ensures that instruments are received, cleaned, packed and sterilized in a controlled environment with validated procedures.

8.1.2 Within the SDU, porous load steam sterilisers, compliant with HTM2010 and HTM 2031, are used to sterilize at 134°C for 3 minutes. Porous load steam sterilisers can sterilise wrapped porous, lumened and hollow instruments. Instruments wrapped before sterilisation remain sterile until the pack is opened and can therefore be stored in an appropriate facility whilst awaiting use. An appropriate record-keeping system is in place to ensure decontamination processes are fit for purpose and use the required quality systems.

8.2. Tracking and traceability

8.2.1 It is important to be able to track surgical instruments through the decontamination process to which they have been subjected to ensure that processes have been carried out correctly. In the event of a sterilisation cycle failure, products can then be recalled. Records should be maintained for all sets identifying:

- The decontamination method used
- The name of the person undertaking decontamination
- Details of the item/set being processed.

8.2.2 Records should be kept by the organisation for a minimum of 21 years. A computerised system is used for this purpose within the SDU. The same system allows full traceability to each patient. Single instruments and sets of instruments are issued with a barcode label which are scanned into the patient's electronic theatre record.

8.2.3 Where this system is not available the removable bar code sticker must be inserted in the patients' operating notes and, if possible, into the theatre register. This identifies which set was used for the patient and the decontamination process it has undergone.

8.2.4 Tracking systems are also available for endoscopes processed through AERs where the same principles of tracking and traceability apply.

8.3. NICE Interventional Procedure Guidance 196

8.3.1 In November 2006, the National Institute for Health and Clinical Excellence (NICE), issued Interventional Procedure 196: 'Patient safety and reduction of risk of transmission of Creutzfeldt-Jakob disease (CJD) via interventional procedures'. The recommendations of this guidance were as follows:

8.3.2 For high-risk surgical procedures (intradural operations on the brain and operations on the retina or optic nerve – 'high-risk tissues'):

- Steps should be taken to ensure that instruments that come into contact with high-risk tissues do not move from one set to another. Practice should be audited and systems put in place to allow surgical instruments to be tracked, reference is archived as required by Health Service Circular 2000/032:

'Decontamination of medical devices' and described in the NHS Decontamination Strategy Archived.

- Supplementary instruments that come into contact with high-risk tissues should either be single use or should remain with the set to which they have been introduced.

9. Decontamination of equipment prior to service or repair

9.1 Anyone who inspects, services, repairs or transports medical, dental or laboratory equipment, either on hospital premises or elsewhere, has a right to expect that medical devices and other equipment have been appropriately decontaminated; appropriate documentation must be provided to indicate the decontamination status of the item (HSG (93)26). http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Executiveletters/DH_4088385

9.2 If items are despatched to suppliers, or presented for service or inspection on hospital premises without a declaration of contamination status (by a Decontamination Certificate) and without prior agreement, suppliers and other users may refuse to handle such items until they have been decontaminated and a declaration (i.e. a Decontamination Certificate) provided.

9.3 In particular situations, for example when the condition of an item which is the subject of complaint or investigation may be altered or influenced by a decontamination process, the investigator may wish the item not to be decontaminated. In such situations, the advice of the investigating body should be sought and, if the item is to be dispatched from the hospital premises:

- prior warning should be given to the intended recipient.
- the condition of the item should be clearly labelled so that it can be determined prior to opening of the inner packaging.
- the packaging should be sufficiently robust to withstand transport.
- the packaging should ensure that the content of the inner pack cannot contaminate the outer one.

9.4 Ensure that decontamination guidance is included with newly purchased or loan equipment (refer to Management of Medical Devices Policy).

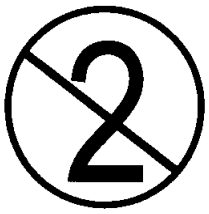
10. Single use and single patient use medical devices

10.1 Single-use medical devices

10.1.1 The expression single use on the packaging of medical devices means that the manufacturer:

- Intends the device to be used once and then discarded.
- Considers the device is not suitable for use on more than one occasion.
- Has evidence to confirm that reuse would be unsafe.

- DO NOT REUSE
  Synonyms for this are:
  - Single-use
  - Use only once



10.1.2 The above symbol is used on medical device packaging indicating '**DO NOT RE-USE'** and may replace any wording. Single-use medical devices should be used once and disposed of safely.

10.2 Single patient use devices

10.2.1 Single patient use devices should be used for a named patient/client only, i.e. scissors used for non sterile activity, can be cleaned with a detergent wipe and dried with a paper towel, disposed of if appropriate.

10.2.2 Hoist slings should be for a named single patient use, disposable or sent to the hospital launderette at Mount Gould Hospital.

10.3 Dangers of reusing and/or reprocessing devices intended for single use

The re-use and re-processing of medical devices intended for single use involves a number of potential hazards including:

- Inadequate cleaning and decontamination
- Material alteration
- Mechanical failure
- Potential for cross infection
- Reactions to endotoxins remaining following sterilization
- Residues from chemical decontamination agents absorbed by some materials

10.3.1 Anyone reprocessing or reusing a device intended by the manufacturer for use on a single occasion, bears full responsibility for its safety and effectiveness. All legal obligations that would have fallen to the original manufacturer under Medical Devices Regulations fall to whoever has chosen to reprocess the device. Therefore, reuse of such devices should be avoided and if thought to be necessary must be approved by the LSW Board following a formal risk assessment and must be identified on the LSW Risk register.

11. Spillage of Blood or High Risk Body Fluids

APPENDIX C and D

11.1 The spill must be dealt with as soon as possible. The removal of blood and body fluid spills in clinical areas is the responsibility of the clinical staff in that department. Domestic supervisors are responsible for spillage in non-clinical

areas within the building. However, some common sense and flexibility must be adopted with the priority being to remove the spill as soon as possible. Estates staff are responsible for spillage in the grounds of the hospital.

- Wear gloves and plastic aprons as well as eye protection if there is the potential for splashing (face masks should be available if required).
- Where the spillage may contain sharp material, forceps should be used to remove the sharp material, placing it in to a sharps bin.
- If the spillage is large, soak up the excess fluid using paper towels and carefully place these in a clinical waste bag.
- Clean surface with warm water and detergent using a disposable cloth or mop, then bleach (0.1% (1000 parts per million) sodium hypochlorite (to surfaces that will tolerate it). Sodium hypochlorite should be diluted with tepid, not hot, water. Wipe surfaces with a damp cloth to remove any residue.
- If the spill is on a carpeted area this should be cleaned using a wet extract carpet shampooer. Major spills, especially if of a known infected secretion, will still require treatment with hypochlorite, which may lead to damage of the carpets unless local risk assessment can identify a less damaging and equally effective alternative. Curtains or loose fabric covers should be laundered or dry cleaned.
- Remove personal protective equipment and wash hands thoroughly.

11.2 Status of Plymouth Community Health CIC staff in patients' home

11.2.1 As a general note, staff entering patients' homes in the context of this policy do not do so for cleaning purposes. However, the possibility exists that whilst carrying out healthcare tasks spillages of possibly infected substances may occur. As guests in the patient's home, any cleaning must be done with the patient's consent, and, because there are many variables it may not be possible to follow the policy exactly.

11.2.2 However, precautions can be taken to minimise the risk of infection spread by spillage in the patient's home.

11.2.3 These include:~

- Check with the patient before the procedure to see if the environment is suitable.
- Check if the patient has appropriate cleaning materials and is happy for them to be used if a spillage occurs.
- Carrying out procedures where there is a risk of spillage over a non-absorbent surface.
- Offering their services in a more suitable environment such as a local healthcare setting (e.g. GP practice).
- Refer to COSHH Regulations for any chemotherapy or drugs spillages.

11.2.4 If however the healthcare worker feels strongly that to carry out their duties in an unsatisfactory environment would be exposing the patient or themselves to unacceptable risk, there are two options:

One :~ to recommend the appropriate cleaning regime is undertaken by the Patient or Carer.

Two :~ to offer their clinical services in a more suitable environment such as a clinic.

12. Monitoring

12.1 Compliance with this policy will be monitored by the Director of Infection Prevention and Control, the Infection Prevention and Control Team, Hotel Services and the Modern Matrons.

12.2 Incident reporting in relation to decontamination failures will be monitored by the Risk Management Team and reported to the Provider/Governance Board.

12.3 Standards of cleanliness of low and intermediate risk patient equipment and the environment will be monitored through weekly cleaning checklists, environmental audits, PLACE and reported to the Infection Prevention and Control Sub Committee and Provider Board. Poor compliance will be brought to the attention of the CEO and the LSW Board through these routes.

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Livewell Southwest Medical Devices and Equipment Management Policy: This can be found on the intranet

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

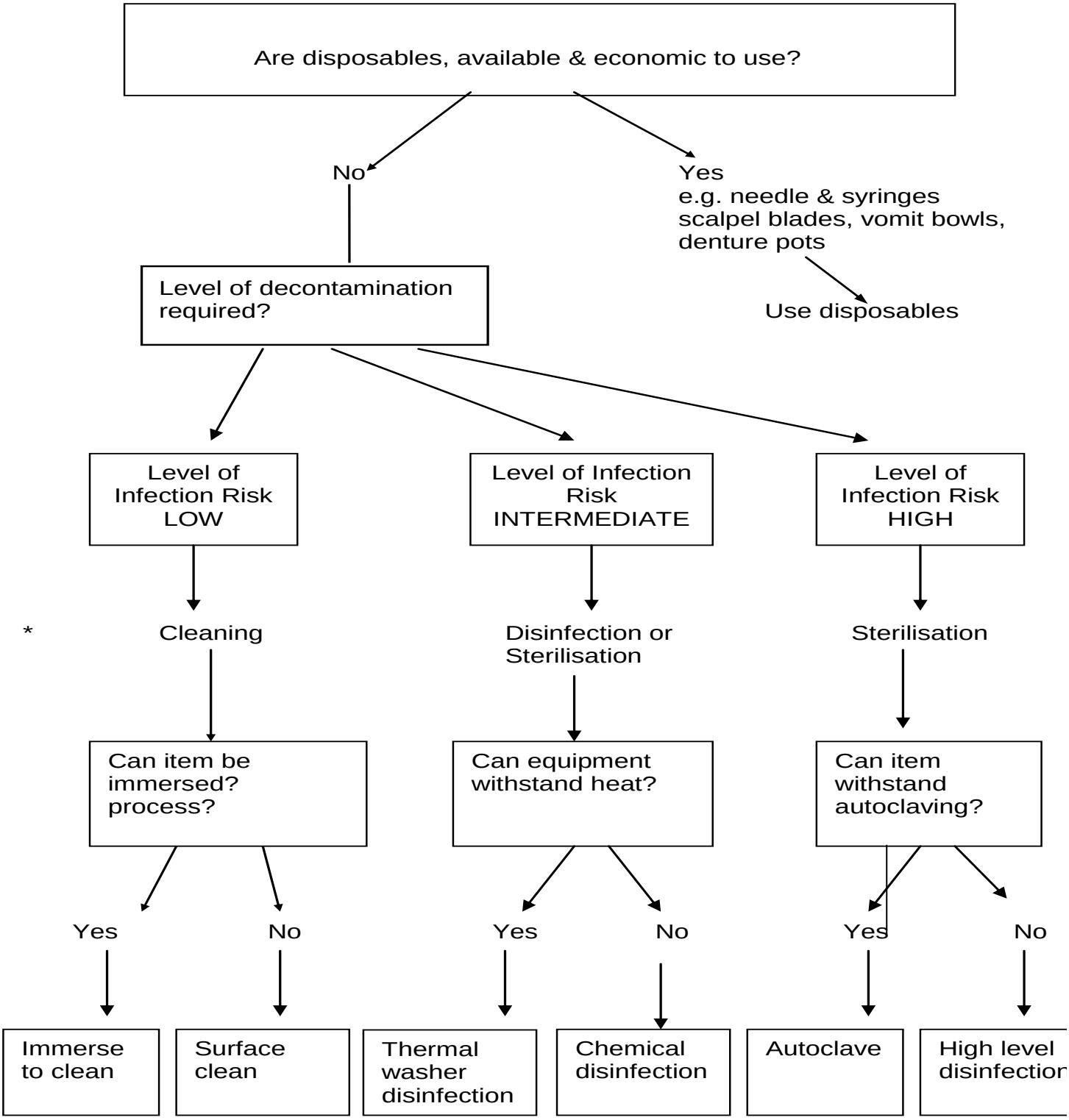
The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Infection Prevention and Control

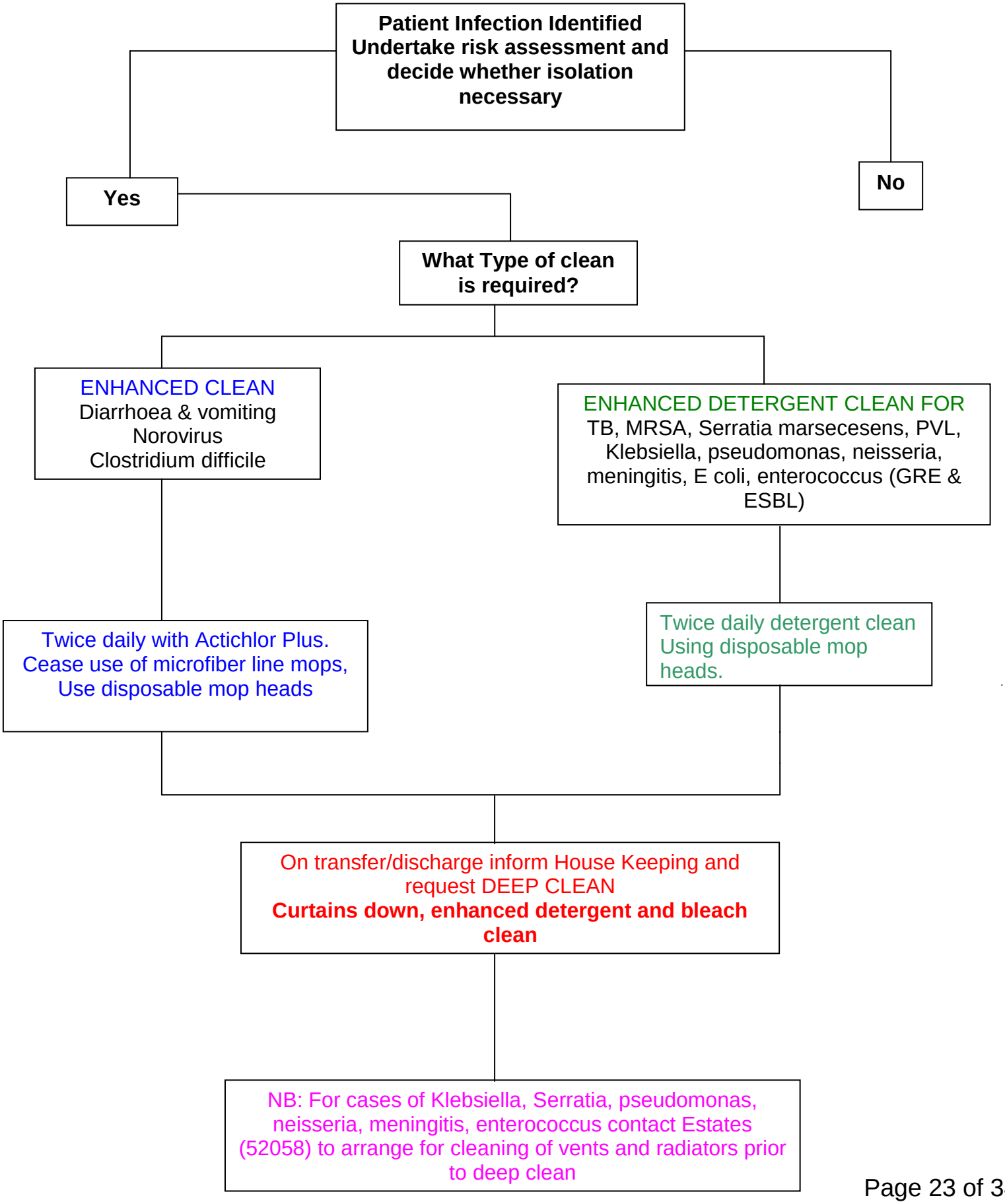
Date: 11th December 2015

Appendix A: Selection of appropriate decontamination process.



Appendix B

Infection Prevention and Control Bed Space Cleaning



Appendix C A Quick Guide to cleaning and decontamination.

	PPE	Cleaning Product	Rationale
If equipment is not visibly soiled/ or the client does not have a known infection a general clean in-between client use is sufficient. Mattresses/Bed frames/Examination couches, Lockers, Chairs/Wheelchairs, Commodes, Hoists/Stand aids/Walking frames, BM machines, Gym/OT equipment, Eye protection if not single use.	Disposable apron and gloves should be worn.	Detergent and water or a detergent wipe. Equipment should be dried thoroughly once decontamination is complete.	A general clean physically removes soil along with most pathogens.
If equipment is visibly soiled or a client has a known infection, equipment should have a double clean. A detergent clean followed by disinfectant clean. Client equipment as above.	Disposable apron and gloves should be worn. Eye protection should also be worn if there is any risk of bodily fluid splashes.	Detergent and water or a detergent wipe followed by standard bleach clean. Equipment should be dried thoroughly once decontamination is complete, to prevent equipment corrosion. (Ensure that products are diluted to the correct strength/dilution before using).	A disinfectant clean involves a chemical or physical process that kills pathogens and reduces them to a level that does not pose a risk to human health.
Urine spillage.	As above	Clean area with detergent and warm water followed by standard bleach clean. Do not apply bleach directly to large urine spills or vomit.	As above.
Blood spillage.	As above	Actichlor granules can be used directly on blood spills to help solidify the spillage, before starting the decontamination process. If the spillage is large, soak up the excess fluid using disposable cloths and carefully place them into an orange waste bag. Clean surface with detergent and warm water followed by a bleach clean. Wipe surfaces with a damp cloth to remove any residue.	

Appendix D

A Quick Guide to Preparing cleaning Products.

This is based on using 0.5g disinfectant tablets.

Solution	How to prepare.	How to use it.	Shelf life.	What it can be used for.
Actichlor Disinfectant Tablets	Dissolve 4 tablets in 1L of cold water.	Use with a disposable cloth.	Dispose of after use.	General clinical environment.
Actichlor Disinfectant Tablets	Dissolve 1 tablet in 500ml of cold water.	Immerse for 30 minutes.	Dispose of after use.	Stainless steel instruments.
Actichlor Disinfectant Tablets	Dissolve 1 tablet in 2L of cold water, immerse for 30 minutes.	Immerse for 30 minutes.	Dispose of after use.	Babies bottles, teats and equipment, catering utensils and crockery.
Actichlor Disinfectant Granules.	Apply granules liberally over spillage to completely cover it.	Leave for at least 2 minutes and remove using a disposable cloth. Place into orange clinical waste bag. DO NOT apply directly to urine and vomit spills.	Dispose of after use.	Body fluid spillages.
Detergent Multi-surface Wipes.	No preparation required.	Change cloths in-between equipment/areas.	Dispose of after use.	General cleaning and damp dusting, mattresses in-between bed change, bed frames.
Detergent.	Use as directed on manufactures instructions.	Change cloths in-between equipment/areas.	Dispose of after use.	General cleaning and damp dusting, mattresses in-between bed change, bed frames.

Appendix E

Recommendations for decontamination of individual Items of patient equipment.

If the item you need to decontaminate is not listed, seek advice from the Infection Prevention and Control Team.

Livewell Southwest CIC

Where possible, attach a green sticky label to the cleaned item of equipment that states:~
the **date** when an item has been cleaned, and, the **signature of the person responsible for cleaning it.**

Item	Decontamination method	Frequency
Airways and endotracheal tubes	Single use.	Single use.
Alcohol hand rub holder	Clean with detergent wipe.	Daily and on discharge.
Ambu bags/bag and valve for resus	Single use	Single use
Art/ therapy Equipment	Where appropriate, all therapy equipment and hard surfaces should be cleaned with detergent and water or a detergent wipe and dried with a paper towel	
Auroscope specula	?Single use disposable. Thoroughly clean with warm soapy water. Wipe over with alcohol wipe and then spray and wipe with alcohol wipe.	After each use.
Baby changing mat	Clean with detergent and water or detergent wipe.	After each use.
Baths, washbasins and showers	Clean with detergent and water cleanser according to local domestic service guidelines, then rinsed and dry. After use by a patient with open wounds or a transmissible infection, wipe with standard bleach after cleaning and rinse.	As per National Specifications of Cleanliness. After each use.
Bedpans	Disposable bedpans should be disposed of in an automated macerator according to the manufacturers' recommendations. Bedpan-holder. Clean after each use with detergent. Use standard bleach (1000 ppm available chlorine) if contaminated with bodily fluids.	After each use.
Beds, Examination Couches and Trolleys	Beds should be washed down with detergent and water and dried between patients. This includes the mattress, pillows, bed head and cot sides. It is important to ensure the mattress and pillows are dried to prevent material deterioration. The legs and bed framework should also be cleaned daily and in-between patients. The floor beneath the bed should be cleaned daily and in-between patients.	As per National Specifications of Cleanliness.

Item	Decontamination method	Frequency
	Examination couches should be should be cleaned with detergent and water or a detergent wipe, and fresh paper towelling provided for each patient. Trolleys should be cleaned with detergent and water and dried after use. Linen (canvas or sheet) covering trolleys should be washed weekly. If a bed, examination couch or trolley becomes grossly soiled, then wash with water and detergent and wipe down with standard bleach (or a universal cleaning cloth) Dental chairs cleaned in-between patients with universal cleaning cloths. If occupied by a patient with certain virulent hospital-acquired pathogens, e.g. Norovirus, then the bed and the fittings should be wiped down with bleach after thorough washings as above.	As per National Specifications of Cleanliness. As per National Specifications of Cleanliness (dressing trolleys should be cleaned after each use).
Blood Glucose Monitoring Equipment	Ensure there are no sharps left in the tray (if present remove safely with forceps). Clean tray and monitor with a detergent wipe and dry with a paper towel.	After each use.
Blood pressure equipment	Wash down with a detergent wipe and dry. Cuffs must be of wipeable fabric, cleaned with detergent wipe and dried with a paper towel. Use a dedicated cuff for known infectious service users.	After each use
Brushes (hair)	Individual patient use.	
Buckets	Clean with detergent and water, rinse and dry. Store buckets inverted to drain	After use.
Buckets for leg ulcer washing	Clean and disinfect in-between patients and at the end of the session. Store buckets inverted to drain	In-between patients
Children's toys (non-absorbent)	Clean with detergent and water or detergent wipe, rinse and dry.	Weekly and as required.
Children's toys (absorbent)	Dispose of if heavily soiled or contaminated. Certain toys may be cleaned in a washing machine using a hot cycle. Please contact the IPCT for further advice.	As required.
Clip boards (end of bed)	Clean with detergent and water or detergent wipe. Note holders – daily with detergent.	On discharge.
Commodes	Clean with detergent and water or a detergent wipe.(Attention should be given underneath the seat) followed by standard bleach if the patient has a known infection or the commode is visible soiled. (1000 ppm available chlorine). Dry with a paper towel. Attach 'cleaned' label. Service users with an infectious organism should	0

Item	Decontamination method	Frequency
	have a designated commode for their own use. Attach a green label when cleaned.	
Computer Monitor and Keyboard	Clean weekly with a computer cleaning kit or a detergent wipe (ensuring the cloth is just damp not wet).	Weekly
Cots	Clean with detergent and water.	As required
Crockery and Cutlery	Machine-wash in an automated dishwasher.	After each use.
Community Equipment Bag	Wipe the bag with a damp cloth containing detergent or a detergent wipe.	Daily.
CPAP	Patient's own / hospital CPAP face mask, nasal pillows should be cleaned daily in between use with fragrance free soap and water, invert and allow to air dry. CPAP machines should be cleaned between use with a detergent wipe and stored with the mask and circuit in the patient's own CPAP case.	After each use. Between each use.
Dental equipment treatment sets **Endodontic files** **Reamers** **Aspirator tips** **Dental chairs**	 Sterilise Single use Single use Single Use Clean with universal cleaning cloths.	After each use in-between patients
Dressing trolleys or surface identified to be used for aseptic procedures	Cleaned after each use with detergent and water or a detergent wipe. Ensure surface is dry before placing sterile equipment on top. If used for an infected person this procedure should be followed by a disinfectant clean (or a universal wipe) and dried. Specific attention to wheels and wheel posts. Attach a green label when cleaned.	Before and after each use as per National Specifications of Cleanliness .
Drip stands and Linen skips.	Clean with detergent and water or detergent wipe Specific attention to wheels and wheel posts. Attach a green label when cleaned	Daily, after each use and when visibly dirty.
Drug and notes trolley	Clean with detergent and water or detergent wipe.	As per National Specifications of Cleanliness.
ECG machine and cardiac monitors	Monitor– damp dust with detergent and water or detergent wipe, dry afterwards Leads – damp dust with detergent and water or detergent wipe. Electrodes – disposable.	Daily and when visibly dirty. After each use. Single patient use.
Emergency Trolley and Suction Unit	The suction unit attached to the emergency trolley should have suction tubing and yankeur connected ready for emergency use. This should be stored in its original packaging. Most equipment on the emergency trolley is single patient use only and is disposed of in the clinical waste after use, any re-usable items	After each use

Item	Decontamination method	Frequency
	e.g.: laryngoscope handle, should be cleaned with a detergent wipe after use and replaced on the trolley. laryngoscope blades are single use only. The trolley should be cleaned with a detergent wipe.	Single use. Daily.
Eye protection	Single use. If not single use, clean with detergent and water or detergent wipe. If contaminated with bodily fluids dispose of and replace.	As required.
Endotracheal Tubes	Change ETT ties and dressing when soiled. Tracheostomy tubes to be disposed of in clinical waste following decanulation.	Single use only
Food Preparation Surfaces	As meals are no longer prepared in ward areas, there should be few ward food preparation surfaces. Such surfaces, be they fixed or chopping boards, should not come into contact with raw meats and should not be used to prepare both cooked and raw foods. **Food surfaces should be cleaned with a chemical which conforms to BS EN1276 for example D10 which is a Detergent disinfectant.**	After each use.
Hard surfaces	Damp dust after use with detergent and water or detergent wipe and wipe dry. In general, disconnect electrical equipment before cleaning and allow to dry before use.	As per National Specifications of Cleanliness.
Gym equipment	Clean with detergent and warm water or detergent wipes and dry with paper towel.	After each use
General furniture chairs, tables	Clean with detergent and warm water or a detergent wipe. If contaminated with bodily fluids a 1000ppm solution of chlorine should be used following the detergent wash. Dry with paper towels.	After patient use
Hairdressing equipment	Wipe down with detergent and warm water and dry	After each use
Hoists	Cleaned with detergent and warm water or a detergent wipe and stored dry. Clean with disinfectant if contaminated with blood or body fluid. Attention should be given to the base and wheels.	After each use
OT Equipment	Clean with detergent and warm water or detergent wipes and dry with a paper towel.	After each use.
Laryngoscopes	Use disposable blades.	Single use
Lenovos	Moisten a sponge or a lint-free soft cloth with a mixture of purified water and up to 14.85% Isopropyl alcohol. (Isopropyl Alcohol is flammable; do not use this cleaner near any exposed flames or when the system is on). Wring out as much of the liquid as you can. Gently wipe the display; do not let any liquid drop onto your keyboard.	In-between patients or after use.
Mattress	To be cleaned between patients using a detergent	When required

Item	Decontamination method	Frequency
	and warm water or a detergent wipe. If disinfection is required a solution of a chlorine re-leasing agent 1 000ppm should be used following a detergent wash and dry. Specialist mattresses should be cleaned according to manufacturer's instructions.	
Medical gas flow meters and cylinders.	Clean with a detergent wipe.	Daily.
Mops	**Dry**: Use disposable head. **Wet**: Mop heads should be laundered daily. Disposable of single use mop heads used in infected areas. Mop heads to be changed between cases in Minor Surgery units Mop heads should be colour-coded as per local policy.	Daily Single use After each case
Nebulisers, oxygen masks and other respiratory equipment **Nebuliser compressor unit**	Change daily Clean mask/mouth piece with a detergent wipe if soiled in-between use. Clean the chamber and acorns with a detergent wipe after use. Once cleaned reassemble chamber and run nebuliser compressor units for a minute after cleaning to dry thoroughly ensuring tubing is clear of any moisture. Dispose of in clinical waste if irretrievably soiled or on patient discharge. Single use disposable chambers are used within critical care settings. Change the filter after every patient use. Clean with a detergent wipe**.**	When required
Oxygen tubing and masks	Single patient use	Single patient use
Patient hoist	Clean with detergent and water. If contaminated with blood or body fluid, clean with hypochlorite solution 1000ppm.	After each use.
Peak Expiratory Flow Meters	Clean with a detergent wipe after use. When not in use store the device in a clean dry environment in a plastic case and label with the patients name.	Single patient use.
Physio Equipment	Clean with detergent and warm water or detergent wipe, dry with a paper towel.	After each use.
Pillows and mattresses	All pillows, mattresses and duvets should have plastic covers. Check cover is intact and if damaged, check condition of pillow, duvets or mattress. If visibly clean, apply new cover. If soiled, dispose of according to Waste Policy. Clean intact covers with detergent and hot water or detergent wipe and dry well.	Between patients and when soiled.
Pocket Masks	Single use only.	
Portable oxygen cylinders	Clean with detergent and water, dry well	Between patients and

Item	Decontamination method	Frequency
		weekly when not in use
Pulse Oximeter	Clean with a detergent wipe. Follow manufactures guidance if a thorough clean is required	Between patient use
Raised toilet seat	Monitor the condition of all raised seats if any cracks are seen they should be condemned and replaced. Wash with detergent and warm water or detergent wipe. If visibly soiled a disinfectant clean is also required (achtichlor made to the correct solution or a disinfectant wipe).	Between patient use
Razors	Do not allow sharing of electric or wet razors. Wet razor blades should be single use to avoid inadvertent sharing and to be disposed of immediately into a sharps box. Periodically clean electric razor heads with dry cloth.	Single use
Staff Room	Clean with detergent and hot water Fridge need to be visibly clean with no unlabelled / out of date food. Crockery and cutlery washed and dried using paper towel after each use.	Clean weekly (rota) Clean fridge monthly or as required. Clean up spillages as required.
Skin for venepuncture/ Cannulation	Disinfect skin with 2% chlorhexidine when taking blood cultures, performing an invasive procedure such as inserting an intravascular device or performing a lumbar puncture. **For general venepuncture, disinfection is not necessary providing the skin is visibly clean.**	
Slings	Disposable. Single patient use and washed (sent to the laundry for cleaning) between service users.	Disposable or single patient use
Sphygmomanometer	Clean with detergent and water or detergent wipe dry well Cuffs should be wipe able , cleaned with detergent wipe and dried with a paper towel	After each use After each use. .
Spillage of Faeces or Urine	Clean up gross soiling with detergent and hot water then wipe down with standard bleach. Do not apply bleach directly to large urine spills.	As required.
Spirometers (Micro medical)	Disposable mouth pieces to be used to perform the reading for every use. Wipe down equipment using a detergent wipe. Turbo mouthpieces to be washed weekly with detergent and warm water and left to air dry	Single use After each use Weekly
Standard patient face mask	Single use only. Change every 24 hours or replace if soiled	Single use
Stethoscope	Clean the bell with a detergent wipe after use. Remove the ear pieces, clean in detergent and hot water, dry.	After each use.
Suction equipment	Refer to manufacturer's guidance for cleaning. Disposable liners must be used and disposed of in	After each use.

Item	Decontamination method	Frequency
	clinical waste after use. Suction catheters, yankeur's and tubing are single use only and must be discarded in the clinical waste after use. The suction circuit should be changed daily when in use. The suction tubing should be cleaned internally with sterile water placed into a disposable beaker and suctioned through the tubing after each use. The suction machine should be cleaned with a detergent wipe after each use and weekly if not used. Check that the filter is clean and changed when the colour changes. Ensure that the suction unit is working correctly following the cleaning process. **NB: Sterile water bottles should be disposed of 24hrs after opening.**	
Syringe driver and infusion pumps	Switch off and disconnect from electricity supply. Clean with detergent wipe. Dry. Complete decontamination certificate before returning to equipment store. Attach a green label when cleaned.	When visibly soiled and between patients.
Telephone	Detergent wipe. Refer to LSW Infection Prevention and Control Top Tips for office areas.	Daily.
Toilet Seats	Wash with detergent and dry with paper towel. After use by patient with diarrhoea or confirmed faecal pathogen and after soiling, wash with a universal wipe.	As per National Specifications of Cleanliness. After each use.
Tourniquet	Single use or single patient use. Disposable tourniquets are recommended in trauma situations and in isolation rooms.	Single use. After each use
Toys/OT, Physio equipment **Hard Toys** **Soft toys**	Wash with detergent and warm water or a detergent wipe. All hard toys must be made of suitable material to withstand disinfection. Are not generally suitable for Healthcare facilities. However some specialist teams may require using them, for specific assessments. **But** before soft toys can used by specialist teams, consultation and completion of a risk assessment must be undertaken with guidance from the IPCT.	In-between patients.
Tracheostomy tubes (Ensure patient has spare sealed tubes at bedside)(same size and size smaller, with trache dilators and sterile scissors)	Spare tracheostomy inner tubes should be cleaned with sterile water and stored in a dry sealed container clearly identified with the patient's name. Tubes to be disposed of in clinical waste.	Inner Tubes: Single Patient use Tracheostomy tubes: Single use only.

Item	Decontamination method	Frequency
Check sealed tracheostomy tubes are in date and undamaged during storage		
Speaking valves **Check that sealed speaking tubes are in date and undamaged during storage**	After use clean with sterile water, dry and store in a dry sealed container clearly marked with the patient's name.	Single patient use.
Urinals/urine jugs	Use disposable equipment (dispose of in automated macerator) or wash in machine with a heat disinfection cycle. Urine jugs (typically available from supermarkets) /urinals used in patient own homes / community, can be washed in warm soapy water, rinsed and dried with paper towels. Jugs should be clearly identified for urine drainage and used for no other purpose.	After each use After each use.
Vases	Clean with detergent and water and dry well.	Weekly and as required.
Ventilators	Refer to manufacturer's cleaning guidance. Clean daily with a detergent wipe, check rear filters weekly and change if heavily soiled, if not heavily soiled, change rear filters monthly. When not in use store in a clean, dry environment and clean once a week with a detergent wipe. Ensure a green label is attached to evidence when the item has been cleaned, attach an orange decontamination certificate if being returned for service or repair. The ventilator circuit and bacterial filters are single use only, these must be changed every 24hrs. The flow block must be changed after every patient use.(send to SDU). Any water rainout into heated humidification circuits to be emptied into disposable beakers. Dispose of circuits and bacterial filter into clinical waste. Check that there is no damage to the equipment.	Daily Weekly Single use. After each patient use.
Walking frames, sticks, crutches	Clean with detergent and warm water or detergent wipe between patients. If visibly soiled, they should be cleaned with a universal wipe. Those issued by Allied Heath Professionals go with the patient to the community, are taken by the community equipment store and are checked and cleaned before return to the hospital	As required Check supply and collection
Wash Bowls	Use disposable wash bowls and dispose of directly after use in the macerator	Single use

Item	Decontamination method	Frequency
Weighing scales	Clean with detergent wipes and dry.	After each use.
Wheelchairs	Cleaned with a detergent and warm water or detergent wipe dry well. If visibly soiled, they should be cleaned with detergent and water, followed by chorine solution, (refer to manufactures instructions)	After each patient.
Work surfaces	General clean with detergent and warm water or a detergent wipe. If contaminated this should be followed with a universal wipe	Daily and as required
X-ray machines	Damp dust with detergent and water or detergent wipes.	Daily and as required.
X-ray wedges	Clean with detergent wipes.	After each use.