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Tees, Esk and Wear Valleys
NHS Foundation Trust

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Decontamination of Equipment

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1 Introduction

To co-create a great experience for our patients, carers and families, so you will experience:
- **Outstanding** and compassionate care, all of the time.
- **Access** to the care that is right for you.
- **Support** to achieve your goals.
- **Choice** and control.

To co-create a great experience for our colleagues, so you will be:
- **Proud**, because your work is meaningful.
- **Involved** in decisions that affect you.
- **Well led** and managed.
- That your workplace is **fit for purpose**.

To be a great partner, so we will:
- Have a **shared understanding** of the needs and the strengths of our communities
- Be **working innovatively** across organisational boundaries to improve services.
- Be **widely recognised** for what we have achieved together.

Medical devices and patient equipment can be a source of transmission of infection to patients and healthcare workers. Therefore, all equipment used of a patient must be decontaminated to make a re-usable medical device safe for further use on patients and handling by staff. Manufacturer's guidance must be followed at all times.

2 Purpose

This procedure will support the trust to ensure that all medical devices and equipment are cleaned and decontaminated effectively to reduce any transmission of infectious agents. This is achieved by using a combination of processes including cleaning, disinfection and sterilisation

3 Who this policy applies to:-

This policy applies to all staff working in the trust.

4 Related documents

This procedure describes what you need to do to implement the Decontamination of Equipment section of the Infection Prevention and Control Policy

The Standard (Universal) Precautions for Infection Prevention and Control defines the universal standards for IPC which you **must** read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:-

- ✓ Medical Devices Policy
- ✓ Hand Hygiene

5 Medical Device

5.1 Definition of a Medical Devices

According to the Medical Devices Regulations 2002 (SI 2002 No 618, as amended) (UK MDR 2002), a medical device is described as any instrument, apparatus, appliance, software, material or other article, whether used alone or in combination, together with any accessories, including the software intended by its manufacturer to be used specifically for diagnosis or therapeutic purposes or both and necessary for its proper application, which is intended by the manufacturer to be used for human beings for the purpose of:

- diagnosis, prevention, monitoring, treatment or alleviation of disease
- diagnosis, monitoring, treatment, alleviation of or compensation for an injury or handicap
- investigation, replacement or modification of the anatomy or of a physiological process, or
- control of conception

A medical device does not achieve its main intended action by pharmacological, immunological or metabolic means although it can be assisted by these.

A medical device includes devices intended to administer a medicinal product or which incorporate as an integral part a substance which, if used separately, would be a medicinal product and which is liable to act upon the body with action ancillary to that of the device.

Re-usable medical devices should have the manufacturer's instructions on how this is decontaminated and by which process.

Some items may be single use or single patient use therefore please ensure that the product packaging instructions are followed.

SINGLE USE ONLY

A device designated as 'single-use' must not be reused. It should only be used on an individual patient during a single procedure and then discarded. It is not intended to be reprocessed and used again, even on the same patient.

SINGLE PATIENT USE ONLY EQUIPMENT

Certain devices may be used a number of times on the same patient according to the manufacturer's guidance. This equipment/device must not be re-used on other patients.

5.2 Declaration of decontamination status

All equipment requiring inspection, service, repair or transportation should be accompanied by information that identifies the potential microbiological hazards e.g. blood/body fluids/infection, biohazard, substances hazardous to health and any other hazard. (MHRA 2021 Managing Medical Devices) Reference link below:-

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/982127/Managing_medical_devices.pdf

A copy of the declaration of decontamination status is attached (Appendix 1)

5.3 Purchasing new equipment

Before purchasing re-usable equipment, consider the cleaning/decontamination methods required to make it safe for re-use.

An approved list of medical devices has been created and approved by the Medical Devices Committee. These are located on Cardea Approved Medical Device templates.

Teams who wish to purchase medical devices not identified within the standardised approved list must follow the procedure outlined in the Medical Devices Policy

All new medical device equipment purchased must be reported to the Estates Department, who will arrange the necessary checks prior to use and set up where appropriate. Once complete the trust inventory database will be updated and the equipment free to use.

5.4 Methods and levels of decontamination

Term	Definition
Cleaning	• Cleaning is the physical removal of contamination (blood, faeces, sputum, urine etc. and must be a pre-requisite to any further process of disinfection or sterilisation. • Many microorganisms are removed with warm water and detergent; however, the product must be dried. • This is the most important part of the decontamination process and must be carried out to a high standard. • Can be used as a process for low risk items. • A trust recommended wipe can be used for this purpose on many pieces of equipment and left to air dry as per manufacturers guidance • Currently the trust uses a combined detergent and disinfectant wipe which contains detergent for removal of organic material and a disinfectant the equipment.
Disinfection	• Disinfection is the use of chemicals to reduce the number of pathogenic microorganisms on an intermediate risk items. Spores

	are not usually destroyed. These methods need to be used in combination with cleaning as they have limited ability to penetrate organic material (Loveday et al. 2014). • The use of a washer/disinfector is preferred (if available); • All chemical disinfectants **must** be correctly selected and COSHH regulations be adhered to at all times; • When diluting disinfectants, they **must** always be measured accurately, according to manufactures guidelines. Chlorine is the choice of disinfectant in the trust (Chlorclean) which should be made up to a concentration of 1:000ppm (Appendix 4) • Always wear disposable gloves, apron and eye protection, if indicated, when using disinfectants; • Ensure equipment is fully dry before it comes into contact with the next patient. • Discard used disinfectant solution after each use or every 24hours, clean the container and dry before storage
Sterilisation	• Sterilisation is a process that kills or removes all types of microorganisms, including spores. • Autoclaving is the most common method of sterilisation used in hospital

5.5 Infection risks and categories

Risk	Application	Examples	Recommendation
High	For invasive items, those in contact with a break in the skin or mucous membrane or introduced into a body area	Surgical instruments, dressings, catheters, prosthetic devices	Sterilisation
Intermediate	For items in contact with intact mucous membranes, body fluids, or contaminated with particularly virulent or readily transmissible organisms, or items to be used on highly susceptible/immunocompromised patients or sites.	Gastrointestinal endoscopes, respiratory equipment, reusable bedpans, cutlery, reusable face masks, bed linen, auriscope ear pieces	Disinfection
Low	For items in contact with normal and intact skin, or not in contact with the patient at all	Drip stands, monitors, blood pressure cuffs, wash bowls, bath hoists, disposable bedpan holders, commodes, furniture floors,	Cleaning and Drying

5.6 Multiple Use Patient Equipment

- Equipment that is used on more than one patient can act as a vehicle, allowing the transfer of microorganisms between patients which may cause infection. Items of equipment such as commodes, ECG machine, blood pressure monitors, clinic couches etc. must be adequately decontamination between each use (Loveday et al, 2014);
- Routine cleaning using water and detergent or detergent wipes to remove visible contamination is essential after each use. (RCN, 2017);
- Patients with a known or suspected infection should wherever possible use single-use disposable patient care equipment or patient equipment should be dedicated to the identified patient to reduce the transmission risk of infection. Following use, all equipment must be thoroughly decontaminated prior to re-use with another patients (HPS, 2015). If dedicated equipment is not possible the use of disinfectants or chlorine-releasing agents must be considered in-between patient use to reduce the spread of infection (Loveday et al, 2014) Further advice can be sought from the Infection Prevention and Control Team;
- If you have a patient with *clostridium difficile* infection please contacted the IPC team to ensure correct product is used to decontaminate multiple patient equipment;
- Staff should ensure that each piece of multiple use patient equipment is decontaminated appropriately and is labelled after cleaning as recommended through best practice guidance (Weston, 2013). Any equipment that is not in regular use must be cleaned weekly. The use of green indicator tape (appendix 3) supports this practice and allows both the user and patient to have assurance that the piece of equipment to be used is clean;
- There is a list of the specific list of cleaning frequencies and product located in appendix 2.

6 Cleaning spillages of blood or body fluids

6.1 Cleaning of a spillage on a ward/department

- It is the responsibility of the clinical staff within the clinical environment to clean up spillages of blood, vomit, faeces and other body fluids using the appropriate product for the spillage.
- Staff must routinely wear disposable apron and gloves when dealing with any body fluids.

6.2 Cleaning of a spillage in a public area within trust facilities

In the public areas of the trust the responsibility will fall to the member of staff who has identified the spillage. It may be that there is domestic staff or clinical staff available to call on however the spillage must be dealt with immediately. In staff only areas responsibility lies with the member of staff who has created the spillage.

On discovering a spillage please follow the following steps:

- Ensure the area is made safe
  - Restrict access to the area until the spillage has been cleaned
  - Display a wet floor sign

- Collect either a “urine and vomit” or “blood and blood stained body fluids” spill kit, and disinfectant wipes from the locations identified below
- Wash your hands
- Open spill kit and apply gloves and apron
- Follow the instruction card located within the spill kit, if an alcohol wipe is included in the urine and vomit kit please discard this and use universal (green clinell) wipes at this point instead.
- Dispose of equipment in a clinical waste bag
- Wash your hands
- Ensure a replacement spill kit is ordered via hotel services to replenish the kit used.

Spill kits are readily available within all trust areas, for all sites who have in patient units, spill kits are available on the clinical wards. There is also spill kits available at reception areas where there is no clinical staff.

If the spillage is major, widespread or a full terminal clean is required, the hotel services team responsible for the site should be contacted during office hours for further advice.

In areas of the trust where hotel services staff are on site and a spillage occurs in non-clinical area for example; public toilets, corridors, cafes, reception areas within office hours please report spillage to the hotel services team or reception desk to request cleaning. Please ensure that the area is made safe eg. If toilets close the facility, if corridor please sign.

6.3 Cleaning of a spillage in the community

- Community staff working in the patient’s home **must** respect the wishes of the family and environment.

6.4 Method for cleaning spillages of blood

All blood spillages and other body fluids if blood stained **must** be regarded as infectious.

- You must wash and dry hands and apply disposable gloves and apron;
- Super absorbent peracetic acid pads for blood and body fluid spills can be used for minor blood spillages;
- Alternatively blood spillages can be covered with disposable paper towel or cloths soaked with chlorine release solution 10,000ppm eg, Haz-Tabs (See Appendix 5 – How to make up) and then left for 2 minutes before cleaning, rinsing and drying. Use more solution on disposable cloths/paper roll to wipe the area and remove drips or splashes. Inform the housekeeper/domestic who will then clean the area.
- Disposable materials e.g. paper towels, aprons and gloves must be discarded into a clinical waste bag, secured, labelled and placed into the disposal for clinical waste. Community staff involved in spillages should dispose of waste following a risk assessment.

- Care must be taken if the spillage is onto a carpet – contact Hotel Service staff who will advise.

Please follow manufacturer's dilution rates as these can vary, depending on which chlorine release agent is used.

6.5 Cleaning of Major Blood Spillages

For all major blood spillages:

The Hotel Services Team have a specialist contract with an external company to manager decontamination of major blood spillages. Please contact:

Tel No: 01642 529773 or 01642 529772

6.6 Method for cleaning spillages of other body fluids

- Examples include urine, faeces, vomit and sputum;
- Wash and dry your hands before applying gloves and apron.
- Collect required equipment including; wet floor sign, clinical waste bag, disposable paper roll / paper towels and appropriately coloured mop and bucket following the NPSA national colour coding system (Appendix 10).
- Soak up excess fluid with disposable absorbent paper roll / paper towels and then dispose as clinical waste.
- Prepare a solution of hot water and detergent.
- Use mop and bucket to wash the area.
- Erect wet floor sign and leave in place until the area is fully dry.
- Ensure bucket is washed with detergent and dried before returning to storage room.
- Remove PPE, wash and dry hands.
- Inform domestic services and request a final clean of the area.
- **Alternatively** super absorbent peracetic acid pads for blood and body fluid spills can be used for minor spillages;
- Following a spillage from a known infectious patient e.g. Clostridium difficile, Hepatitis B etc, disinfect the area with Chlorine release agents 10,000ppm.
- Specific cleaning guidance for commodes can be found in Appendix 6.

7 Mattresses, covers, pillows and duvets

7.1 Inspection of mattresses, covers, pillows and duvets

Damaged mattresses and cover can lead to the growth of micro-organisms, which are a potential cause of cross infection. Cleaning and inspection of mattresses and covers is essential.

Mattresses, are classified as a medical device therefore clinical staff **must**:

- Inspect foam mattresses and covers every month and weekly if the patient has urinary or faecal incontinence;
- Completely strip the mattress of sheets;
- Inspect the cover for staining and splitting/tears;
- Unzip the cover and check the internal foam for staining and wetness (both sides)
- The mattresses that do not have removable covers should be checked monthly for tears/holes or damage that could affect the internal foam. If damaged the mattress should be reported and replaced;
- General weekly cleaning of the mattresses by housekeeping staff will be recorded in the weekly work schedule.
- Responsibility for general cleaning of the mattresses is with the housekeeping staff however in the event of blood or bodily fluid contact (including urine and faeces) the clinical staff are responsible for the decontamination of the mattresses.
- Mattress checks should be documented on the Clinical Work Schedule and stored within the ward. See Appendix 7.
- Mattresses should also be checked to establish if there are fit for purpose from a pressure relieving perspective. Appendix 8

Pillows and duvets are also subject to the same cleaning and inspection regime as mattresses, and must be checked for cleanliness and signs of damage at the same time as mattresses:

- Inspect plastic covered duvet inserts and pillows every month and weekly if the patient has urinary or faecal incontinence.
- Remove pillowcases and duvet cover.
- Inspect pillows and duvet for staining and splitting/tears.
- If damaged the pillows and duvets should be reported and replaced immediately.
- General weekly cleaning of the mattresses by nursing or housekeeping staff will be recorded on the weekly work schedule.

7.2 How to clean mattresses, covers, pillows and duvets

How	Why
Disposable plastic apron and gloves should be worn to prevent contamination. Clean the mattress, pillows and duvet weekly and on patient discharge with a combined product of detergent and disinfectant (currently available in wipes) and allowed to air dry. **Do not** use any other antiseptic solutions or alcohol based solutions.	Micro organisms **will not** survive in a clean dry environment. Use of antiseptics and/or alcohol can damage the integrity of the mattress cover.
If leaving to air dry following the use of universal wipes, ensure the mattress is positioned to allow	To prevent mould growth.

air flow and is not placed back onto the bed base whilst wet.	
Mattresses, covers, pillows and duvets **must** be decontaminated with a with a chlorine based solution when: • Contaminated with blood or body fluids; • After use by a patient with an infection. For cleaning please see section 11.5 and Appendix 4 and 5	Repeated unnecessary use of chlorine products on mattresses can damage the integrity of the mattress cover.
There are specific guidelines for a variety of mattresses • Procedure for cleaning bed base and mattress. • Procedure for specialised bed • Procedure for cleaning bed base and mattress against wall. • Procedure for specialist bed with mesh base.	To ensure correct decontamination occurs for individualized mattresses.

These procedures have been developed by Hotel Services and IPC and area available in the Hotel Services Cleaning Schedules.

7.3 Action to be taken

Mattresses, mattress covers, pillows or duvets showing signs of damage or staining should be disposed of safely. Please contact the estates department to remove this equipment following the appropriate measures required. Mattresses must be decontaminated and placed into a mattress sack ready for disposal (mattress sacks can be ordered via cardea order code MVN003)

7.4 Specialist Equipment

- Guidelines for decontamination of flat lifting equipment can be found in Appendix 9.

7.5 Cleaning toys

All clinical staff **must** take responsibility for cleaning toys and be aware of cleaning requirements.

A local cleaning schedule **must** be devised and kept in an accessible place.

7.5.1 Decontamination of Toys

- Toys are used in many settings for distraction, or act as therapeutic or educational stimuli. They may be used by staff to assist them to monitor children's skills.
- It is important that all staff take responsibility for cleaning toys and that they are aware of the cleaning requirements. Careful consideration must be given to how toys will be kept clean before they are purchased.
- Toys should be kept to a manageable minimum so that appropriate cleaning can be undertaken.
- Toys for general use should be able to be cleaned and decontaminated easily.
- Soft fabric toys should be discouraged unless these are for individual patients as it is difficult to clean them.

7.5.2 Inpatient Wards

- All toys should be able to withstand cleaning using a combined detergent/disinfectant wipe. Toys should be inspected regularly for breakages and damage and discarded if not intact.
- Soft fabric toys should be discouraged unless these are for individual patients as it is difficult to clean them
- Toys should be cleaned when visibly soiled and regularly at weekly intervals.

7.5.3 Outpatient Clinics / Departments

- All therapeutic toys including soft bodied toys must be made of wipeable material.
- Where a soft bodied toy must be used the toy should be visibly clean before use.
- Visibly soiled soft bodied toys that cannot be cleaned must be replaced.

7.5.4 Visiting Areas

- Only toys with hard surfaces which can be thoroughly cleaned should be used in visiting areas.

7.5.5 All Areas

- All areas should ensure toys are cleaned after each use and when visibly soiled and at weekly intervals.
- All play equipment used in communal play activities should be checked weekly and replaced as necessary.
- Toys must be stored in a designated cupboard or storage container that can be washed and dried thoroughly.

- Children should be encouraged to wash their hands before playing and skin lesions covered with a water proof dressing.

7.5.6 Sensory Equipment

Sensory equipment should only be purchased following agreement/discussion with the Infection Prevention and Control team and approved by the Water Safety Group

Clinical Staff are responsible for cleaning all sensory equipment in line with individual manufacturer's instructions.

All equipment should be maintained and serviced as per manufacturer's instructions. Monitoring of play/toy equipment will form part of the IPC audit tool.

8 Definitions

Not required

9 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

9.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All Staff	Mand and Stat	Included in IPC training	Annually

10 How the implementation of this procedure will be monitored

Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and

			monitored; (this will usually be via the relevant Governance Group).
1	IPC audit includes decontamination of equipment	IPC nurses annually	IPCC meeting
2			
3			

11 References

Medicines & Healthcare products Regulatory Agency (2021) *Managing Medical Devices- Guidance for health and social care organisations* MHRA

Medicines & Healthcare products Regulatory Agency (2021) – *Single-use medical devices: implications and consequences of reuse* MHRA

Royal College of Nursing 2017 *Essential Practice for Infection Prevention & Control Guidance for Nursing staff.* RCN

12 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval:	22 October 2021	
Next review date:	22 October 2024	
This document replaces:	IPC-0001-005-v2.2 Decontamination of Equipment	
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	IPCC	22 October 2021
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	n/a	
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Change record

Version	Date	Amendment details	Status
3	22 Oct 2021	Full review of document. Minor clarifications throughout document and amended to new template.	Approved

Appendix 1 Declaration of Contamination Status

Prior to the Inspection, Servicing, Repair or Return of Medical Equipment

Model and Description of Equipment	**Manufacturer**
Model / Serial / Batch Number	**Ward / Department**

Tick box A if applicable. Otherwise complete all parts of B, providing further information as requested or appropriate.

A	This equipment / item has not been used in any invasive procedure or been in contact with blood, other body fluid, respired gases pathological specimens. It has been cleaned in preparation for inspection, servicing, repair or transportation.
B 1	Has this equipment / item been exposed internally or externally to hazardous materials as indicated below? Yes / No Blood, body fluids, respired gases, pathological specimens. Yes / No Other biohazards. Yes / No Chemicals or substances hazardous to health. Yes / No Other Hazards.
B 2	Has this equipment / item been cleaned and decontaminated? Yes / No Indicate the methods and materials used. If the equipment **could not** be decontaminated please indicate why: Such equipment **must not** be returned / presented without prior agreement of the recipient.
B3	Has the equipment / item been suitably prepared to ensure safe handling / transportation? Yes / No

I declare that I have taken all reasonable steps to ensure the accuracy of the above information in accordance with Managing medical devices, MHRA 2021

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/965010/Managing_medical_devices022021.pdf .

Name: **Position:**

Authorised Signature: **Ward / Unit:**

Tel No: **Date:**

Appendix 2 Specific Items and Method to Decontaminate

Item	Method to Decontaminate	Frequency of decontamination required	Staff responsible for decontamination	Apply green tape
Airways/Nasal and oropharyngeal	Single use	Single use	Clinical / nursing	No
Auroscope	Use disinfectant wipes and allow to air dry	After each use / every 7 days if not used regularly	Clinical / nursing	No
Baby Bottles	Use pre-sterilised feeds where possible or clean with detergent and water followed by immersion into 125ppm available hypochlorite for 1 hour. Please contact IP&C to discuss logistics.	After each use	Nursing	No
Bag valve mask & reservoir bag	Single use	Single use	Clinical / nursing	No
Baths	Clean using detergent & water / or disinfectant wipes. If the patient has a suspected or confirmed infection, or if the bath becomes contaminated with body fluids use a solution of hypochlorite 1000ppm available chlorine such as Chlorclean.	After each use Daily	Nursing or patient with supervision Hotel services	No
Bed Pans	Pulp bed pans - dispose of into macerator or clinical waste if no macerator Multi patient use bed pans - washer/disinfector	Single use Washer/disinfector after each use	Nursing Nursing	Only if multi patient use
Bed Pan Holders	Clean using disinfectant wipes. Store dry.	After each use or weekly if not used regularly	Nursing	Yes

Item	Method to Decontaminate	Frequency of decontamination required	Staff responsible for decontamination	Apply green tape
Bed pan washer/macerator	Clean outer area using disinfectant wipes	Full clean after each use including touch points and remove visible soiling Full clean weekly if not in use	Nursing	No
Bedrails	Clean using detergent & water or detergent wipes and dry.	Weekly unless soiled then clean as required	Hotel services weekly Hotel services / nursing as required	No
Bowls (patient wash bowls)	Disposable	Single use	Nursing	No
Blood glucose monitors & storage box	Clean with disinfectant wipes and dry before storing.	After each use or weekly if not used regularly	Nursing	Yes
Buckets (cleaning)	Wash with detergent & store dry.	After each use	Hotel services / nursing	No
Commodes	Decontaminate with a chlorine releasing agent such as Chlorclean if visibly soiled. If not visibly soiled use disinfectant wipes and leave to air dry.	After each patient use or weekly if not used regularly	Nursing	Yes
Cot side bumpers	Disinfectant wipes and allow to air dry.	Weekly unless soiled then clean as required & if returned to storage	Hotel services weekly Hotel services / nursing as required	No
Curtains	Launder or dry clean	6 monthly, change when visibly soiled, following discharge of a patient with a suspected or known infection and following an outbreak of infection	Hotel services	No
Dental Equipment	Dental equipment reprocessed as per contracted dental service.	After each patient use	Dental service	

Item	Method to Decontaminate	Frequency of decontamination required	Staff responsible for decontamination	Apply green tape
Duvet (PVC type)	Disinfectant wipes and leave to air dry. If contaminated use a chlorine releasing agent (chlor-clean).	After each patient use and when visibly contaminated	Hotel services on discharge. Nursing if contaminated whilst in use	No
ECG machine	Disinfectant wipes and allow to air dry	After each use and weekly if not in regular use	Clinical	Yes
Fridges and freezers clinical (including but not limiting blood fridges, medicine fridges, ice freezers for physio departments)	Disinfectant wipes and allow to air dry	One spot clean daily including touch points (handles) Full clean weekly Defrost according to manufacturer instructions	Nursing	No
Intravenous drip stands	Clean with disinfectant wipes & store dry.	After each use and weekly if not used regularly	Nursing	Yes
Jugs for clinical use	Single use - pulp jugs dispose of into macerator or clinical waste if no macerator	Single use	Nursing	No
Keyboards and telephones Electrical items in multi-use areas specifically computers and phones eg nurse station, computers on wheels (COWs) and work stations on wheels (WSOWs)	Disinfectant wipes and allow to air dry	Full clean daily and touch points before and after each use – **refer to ''Cleaning your Workstation'' notice**	Clinical	No

Item	Method to Decontaminate	Frequency of decontamination required	Staff responsible for decontamination	Apply green tape
Laryngoscope (blade)	Disposable/single use.	Single use	Nursing	No
Laryngoscope (handle)	Clean using disinfectant wipes and allow to air dry.	After each use	Nursing	No
Medical gases	Clean using disinfectant wipes and allow to air dry	After each use or weekly if not in regular use	Nursing	No
Medicine pots	Single use disposable	Single use	Nursing	No
Mops (Disposable mop head)	Mops - Dry, dust attracting Wet	Vacuum head, wash or reprocess (do not overload). Change as per manufacturer's instructions. Rinse after use and store dry inverted launder on a weekly basis.	Nursing Hotel services	No
Moving & handling equipment	**Slings** – as per manufacturers guidelines **Hoists (general and bath)** – disinfectant wipes and allow to air dry. **Transfer board** – disinfectant wipes and allow to air dry.	Single patient use – clean/change if visibly dirty. After each use and weekly if not used regularly. After each use and weekly if not used regularly	Clinical	No Yes Yes
Nebuliser masks	Single patient use	Change every 24hours and if visibly dirty	Nursing	No
Physiological observations equipment including: Sphygmomanometer (BP machine) BP cuff stethoscope Thermometer O2 sats machine	Disinfectant wipes and allow to air dry	After each use	Nursing / Clinical	Yes

Item	Method to Decontaminate	Frequency of decontamination required	Staff responsible for decontamination	Apply green tape
Pillows	Clean with disinfectant wipes and leave to air dry. If contaminated clean with a chlorine releasing agent (chlor-clean) Damaged pillows or pillow covers **must** be replaced.	After each patient use / if visibly dirty	Hotel services / clinical teams	No
Patients TV's and bedside entertainment system and headpieces and other equipment	Clean with disinfectant wipes and allow to air dry	Personal patient belongings are the responsibility of the patient under supervision and assistance of clinical team	Clinical	No
Patient trolleys and treatment couches	Clean with disinfectant wipes and allow to air dry	After each patient use	Nursing	Yes
Showers and shower Stools/chairs	Decontaminate with disinfectant wipes and allow to air dry	After each patient use or weekly if not used regularly	Nursing	Yes, to be used on communal chair/stool
Speculae (vaginal)	Disposable/single use.	Single use	Clinical	No
Spirometer	See manufacturers guidelines	After each use and change mouthpiece after each patient.	Clinical	No
Suction bottles	See manufacturers instructions eg	After each use	Clinical	No
Suction bottle liners	Single patient use.	Single use	Clinical	No
Suction Tubing	Single patient use.	Single use	Clinical	No

Item	Method to Decontaminate	Frequency of decontamination required	Staff responsible for decontamination	Apply green tape
Toilets bidets, Urinals, and toilet brushes	Detergent & water and dry unless visibly contaminated then use chlorine releasing agent (chlor-clean. At time of review chlor clean is used as standard	Daily **Communal toilets** Full clean **+** one spot clean daily including touch points (flush handles/grab rails) During outbreaks Full clean/ wipe down of sanitary ware after each patient use including touch points (flush handles / grab rails)	Housekeeper Housekeeper Nursing	No
Toys	Plastic toys wash using disinfectant wipes and allow to air dry.	If used therapeutically decontaminate after each use. Toys in waiting areas must be cleaned weekly and as required if visibly contaminated	Department staff	No
Trolley (Notes and drug and patient clipboard including dressing trolley)	Clean with disinfectant wipes and allow to air dry.	Before & After each use and weekly if not used regularly	Clinical	No
Urinals	Pulp bed pans - dispose of into macerator or clinical waste if no macerator Multi patient use bed pans - washer/disinfector	Single use Washer/disinfector after each use	Nursing Nursing	Only if multi patient use

Weighing scales	Decontaminate with disinfectant wipes and allow to air dry.	Seated scales - after each patient use or weekly if not used regularly. Standing scales weekly or if visibly soiled	Nursing	Yes

Appendix 3 Green Indicator Tape

Roll it

When it's green its clean

Tick it

Clean Indicator Tape is for use on a range of equipment

Inadequate decontamination is frequently associated with outbreaks of infection. Using indicator tape offers reassurance to both patients and staff.

Use it on all multiple patient equipment:

Commodes
Hoists
Shower chairs
Clinic couches
Enteral feeding pumps

Wrap it

Stick it

Order via Cardea - NHSSC Code: FSE119

making a difference together

Appendix 4 Instructions How to Make Up Chlorclean

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

HOW TO MAKE UP A DISINFECTANT SOLUTION

BEFORE YOU START

Always wear protective gloves and an apron.

Wherever possible improve ventilation in area of use.

Be aware of the safety notes on the product label and always check the expiry date.

For Terminal Cleans, Isolation Cleans, Outbreak Cleans, etc.

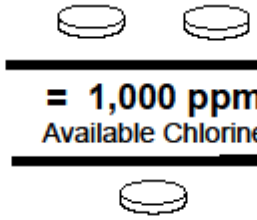
NOT SUITABLE FOR USE ON BLOOD SPILLS – SEE INFECTION CONTROL POLICY

NOTE: Make sure that the cold tap is RUNNING COLD first.

Then fill to the 1 or 2 litre line: Only add one tablet for each litre of COLD water.

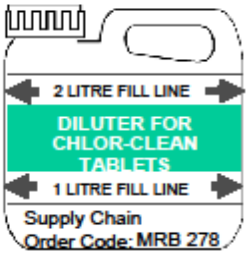
Supply Chain
Order Code: MRB 751

Use 2 tablets for 2 litres of water.



= 1,000 ppm
Available Chlorine

Use 1 tablet for 1 litre of water.



Supply Chain
Order Code: MRB 278

Use yellow disposable cloths and mops to clean and disinfect surfaces and floors.

Discard solution after use.

Flush sluice well both *before* and *after* discarding.

Always

- ✓ **Make a fresh solution each day or shift.**
- ✓ Always use in a well ventilated area.
- ✓ Store in accordance with safety notes.
- ✓ Change solution after each room.
- ✓ **Use water from the cold tap.**

If in doubt about when to use this product contact your Supervisor or your Infection Control Nurse

Never

- ✗ Never shake the container to mix.
- ✗ Never mix with any other cleaning agent or any other chemical.
- ✗ **Never use in a spray bottle.**
- ✗ Never make up with hot water.

Issue date : November 2017

*CHLOR-CLEAN is manufactured by Guest Medical Limited of Aylesford, Kent. 01622 791895

Appendix 5 Instructions on How To Make Up Haz-Tabs

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

USE OF CHLORINE DISINFECTANTS

BEFORE YOU START

Always wear protective gloves & an apron.

(Use eye protection if required)

Wherever possible ensure good ventilation when using all chlorine products.

Always make up a fresh solution for each use.

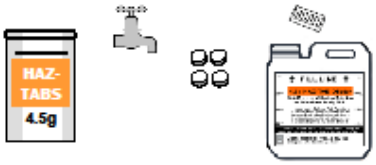
Refer to safety notes on product label.

Check product expiry date.

FOR BLOOD & BLOOD-STAINED BODY FLUID SPILLS

Make a 10,000 ppm available chlorine solution.

Add four Haz-Tab tablets to the 1 litre diluter and fill to the line with tepid water.



When the tablets have dissolved, screw down the white diluter cap and gently mix by inversion.
DO NOT SHAKE THE DILUTER!

Pour sufficient solution over the spill to double it's size.

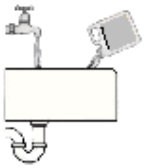
Leave for a few minutes.

Mop up using paper towels and ....

.....discard in a clinical waste bag.

Use more solution on disposable towels or cloths to wipe the area and remove drips or splashes on vertical surfaces:

discard as before



FINALLY

Discard all remaining solutions by flushing down the sink or sluice with plenty of cold water. Always flush both before and after discarding.
Keep the diluter for next use.

Place all used materials, gloves last, in a yellow clinical waste disposal bag.

NOW WASH YOUR HANDS!

IMPORTANT POINTS

- Never use on chemical spills or mix with any other cleaning chemicals.
- The solution and granules may bleach fabrics. If using on soft furnishings rinse off afterwards.
- For body fluids other than blood, see the Infection Control Manual or Chlor-Clean Poster
- If in doubt about the use of these products, contact your Infection Control team.

Date of issue: November 2017

***HAZ-TAB & CHLOR-CLEAN** products are manufactured by **Guest Medical** of Aylesford, Kent. **01622 791895**

Appendix 6 Standard Commode Cleaning Guidelines for Clinical Staff

- Wash and dry your hands and apply gloves and an apron.
- Commode cleaning must be undertaken using combined detergent and disinfectant solution eg Chlor-clean or combined detergent and disinfectant wipes eg Clinell universal wipes.
- A new wipe/cloth must be used for each new surface or if the wipe/cloth becomes visibly contaminated.
- Allow each surface to fully air dry.
- Following use wipes/cloths must be disposed of as clinical waste.
- If using liquid solution, empty the solution into the sluice or sluice hopper (not down a hand wash sink). Clean the container and store inverted.

Clean the commode using the following 5 step sequence

1

Using a new wipe clean all surfaces of the seat back rest.

2

Remove seat cover and clean all surfaces with a clean wipe.

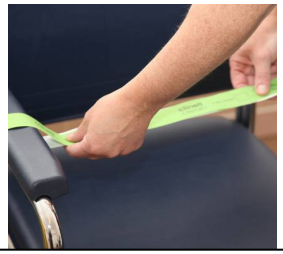
3

Using new wipes, clean all remaining parts of frame. Allow to fully air dry before replacing seat cover and completing step 5

4

Remove seat (if possible) and clean all surfaces with a clean wipe.

5



Remove PPE, wash hands and fix indicator tape across arms of commode, ensure to sign and date tape.

- Ensure that the commode is turned over to make sure all surfaces (top and bottom) are cleaned thoroughly
- If the commode is used with a patient who has a known or suspected infection **always** use a combined detergent/disinfection solution such as chlor-clean (see Appendix 4)
- If the commode is blood stained, clean with detergent followed by a 10,000 ppm chlorine releasing agent such as Haz tabs (see Appendix 5).

Appendix 7 Mattress, Pillows and Duvet Checklist

Frequency – all mattresses, pillows and duvets should be checked internally by nursing/clinical staff on a monthly basis and on patient discharge. Where bodily fluid contact occurs (such as if a patient is incontinent) the frequency should increase to weekly checks.

Process for checking zipped mattresses- please check the mattress cover is intact and free from stains, rips tears & damage. Unzip the mattress cover to inspect the foam and the inside of the cover- both must be free from stains, rips, tears or damage.

Process for checking sealed mattresses- please check the mattress cover is intact and free from stains, rips tears & damage.

Process for checking pillows and duvets- please remove pillow cases and duvet covers and visually inspect equipment for signs of damage or staining

Answer yes/no or N/A to each question.
Please insert RA if a risk assessment has deemed that a zipped mattress is unsuitable for the patient and a suitable alternative mattress is been used.

Ward: …… Completed by:…… Date:…… Is this a weekly or monthly check:……..

Mattresses & Bed Base:	**Bed 1**	**Bed 2**	**Bed 3**	**Bed 4**	**Bed 5**	**Bed 6**	**Bed 7**	**Bed 8**	**Bed 9**	**Bed 10**	**Bed 11**	**Bed 12**	**Bed 13**	**Bed 14**	**Bed 15**
Is the outside of the mattress cover free of stains & tears?															
If the cover can be un zipped, is the inside cover free from stains & tears?															
Is the mattress wearing thin at pressure points?															
Are the welded seams of the mattress intact?															
Is the mattress cover removable?															
Are the zip fasteners in a good state of repair?															

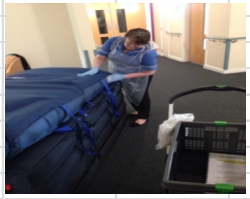
Is the mattress soiled or stained?															
Does the mattress have an offensive odour?															
Is the bed base solid?															
Is the bed base mesh?															
Is the bed frame and bed base free of contamination with blood, other body fluids, hair and debris?															
If the bed has wheels- are they free from visible debris?															
Pillows:															
Is the pillow clean and free from stains?															
Is the pillow intact and free from rips/tears?															
Duvets:															
Is the duvet clean and free from stains?															
Is the duvet intact and free from rips/tears?															
This document should be completed during every check period and is to be stored within the ward office/electronically in a shared file for a minimum 12 months. For further information please contact the IPC team on 0191 333 3584 or email tewv.ipc@nhs.net															

Supporting Documents- Decontamination of Equipment, Hand Hygiene, Standard (Universal) Precautions in Infection Prevention & Control

Appendix 9 Procedure for Decontaminating Flat Lifting Equipment

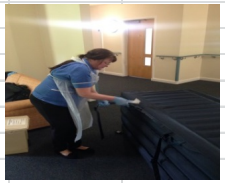
Flat Lifting Equipment must be cleaned by clinical staff following each use and weekly if not in regular use.
Wash and dry hands before and after decontaminating this equipment and wear gloves and apron.
A new wipe must be used for each new surface or when the wipe becomes visibly soiled.
Clean using an 's' shaped pattern; work from clean to dirty. Take care not to go over the same area twice

If the equipment is used with a patient who has a known or suspected infection, please use a chlorine releasing agent as per section 7.3



1. While the flat lifting equipment is still inflated and hose connected use a detergent wipe to clean the top of the transfer mattress using an 'S' shaped motion. Use further wipes to clean each of the sides and the bottom.

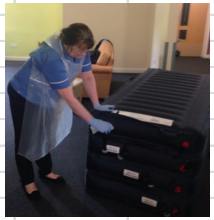
2. With a new wipe clean each of the straps, and the blower unit
Ensure the transfer mattress is dry before folding and storing.



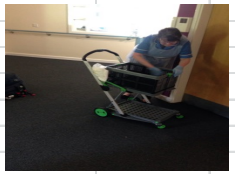
3.Whilst still inflated clean the top of the Flat Lifting Equipment with a new detergent wipe using an 'S' shape motion starting at the head end, repeat this process using a clean detergent wipe for each of the long sides and foot end including the air vents.

S' Shape Cleaning

4. Tip the Flat Lifting equipment onto the unclean top side and clean the base with a new detergent wipe – leave to air dry.



5. Once dry tip the Flat Lifting Equipment back onto its base and use a clean wipe to clean the remaining head end.



6. Ensure the flat Lifting Equipment is fully dry before deflating and folding for storage, Ensure the Flat lifting equipment storage trolley is also cleaned with detergent wipes on a weekly basis.

Appendix 10 National Colour Coding Scheme

National Colour Coding Scheme

Appendix 8 Foam mattress check protocol

Foam Mattress Check Protocol

This document should be read alongside the Decontamination of Equipment Procedure and the Assessment, Prevention and Management of Pressure Ulcers Procedure

WHY

When exposed to long term pressure foam can become damaged, increasing risk of pressure damage.

Damaged mattresses and covers can lead to the growth of micro-organisms, which are a potential cause of cross infection.

Inspection of mattresses and covers is essential.

WHEN

Weekly if the patient has urinary or faecal incontinence

Monthly and on discharge/transfer for all others

HOW

1) Cover condition

Mattress cover should be examined both internally and externally for visible evidence of wear and tear which may include:

- **Visible damage e.g. tears, splits, punctures**
- **Broken seams**
- **Staining of zip lines, interior cover or exterior cover**

2) Foam condition

Fully unzip mattress cover and inspect the inner foam on both sides for any evidence of the following:

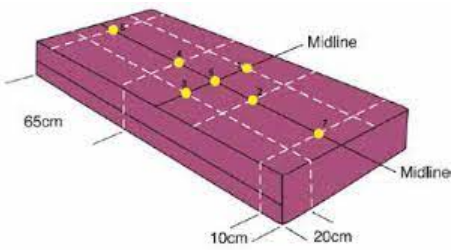
- **Dampness or moisture**
- **Staining**
- **Visible damage**

Please note mattresses that do not have removable covers should be checked monthly for tears/holes or damage that could affect the internal foam.

3) Bottoming out

This refers to the base of the bed being felt through the mattress. This is checked via the 'fist test':

1) **Keep top of mattress level with hip bone of auditor**
2) **Ensure mattress cover is in place**
3) **Stand at the side of the bed**
4) **Link both hands to form a fist, keeping elbows straight**
5) **Lean forward with body weight over multiple points as displayed below**



If the base of the base of the bed can be felt through the mattress at ANY point then the mattress is bottomed out.

DOCUMENT ON MATTRESS CHECKLIST (SEE DECONTAMINATION OF EQUIPMENT PROCEDURE)

STORE DOCUMENTATION WITHIN WARD FOR HOTEL SUPERVISOR, IPC AND TISSUE VIABILITY AUDITS

Failed cover check | **Bottomed out** | **Failed foam check** | **Passed all checks**

Withdraw from service and replace
Contact estates for removal

Can remain in service
Continue monthly/weekly checks

Appendix 11 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	IPC					
Policy (document/service) name	Decontamination of Equipment procedure					
Is the area being assessed a…	Policy/Strategy		Service/Business plan		Project	
	Procedure/Guidance			x	Code of practice	
	Other – Please state					
Geographical area covered	Trust wide					
Aims and objectives	This procedure will support the trust to ensure that all medical devices and equipment are cleaned and decontaminated effectively to reduce any transmission of infectious agents. This is achieved by using a combination of processes including cleaning, disinfection and sterilisation					
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	Oct 2021					
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	Oct 2021					

You must contact the EDHR team if you identify a negative impact - email tewv.eandd@nhs.net

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
Staff, patients and visitors					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	No	**Disability** (includes physical, learning, mental health, sensory and medical disabilities)	No	**Sex** (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	**Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	**Age** (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	**Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	**Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners)	No
Yes – Please describe anticipated negative impact/s **No** – Please describe any positive impacts/s Reduces any transmission of infectious agents					

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? **If 'No', why not?**	**Yes**			

Sources of Information may include: • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports	• Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below)

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

Yes – Please describe the engagement and involvement that has taken place

Yes, feedback from IPC incidents and audit results has informed this procedure. And includes input from staff and patients of all protected characteristics.

No – Please describe future plans that you may have to engage and involve people from different groups

5. As part of this equality analysis have any training needs/service needs been identified?					
/No	Please describe the identified training needs/service needs below				
A training need has been identified for;					
Trust staff	No	Service users	No	Contractors or other outside agencies	No
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					

Appendix 12 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	**Rationale**		
	Are reasons for development of the document stated?	Y	
3.	**Development Process**		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
	Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4.	**Content**		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
6.	**Training**		
	Have training needs been considered?	Y	
	Are training needs included in the document?	Y	

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?	Y	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	y	
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Y	
10.	**Publication**		
	Has the document been reviewed for harm?	Y	
	Does the document identify whether it is private or public?	y	public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	