

# Decontamination of Equipment

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## 1 Purpose

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Following this procedure will help the Trust to:-

- Decontaminate equipment effectively to reduce the risk of infection.

## 2 Related documents

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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

## 3 Declaration of decontamination status

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All equipment requiring inspection, service, repair or transportation (DoH HSG (93) 26) 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 (Appendix 1).

## 4 Purchasing new equipment

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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 Method of decontamination

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All equipment must be decontaminated in between use by staff or patients. The method recommended will depend on a risk assessment of the procedure and the item being used.

### 5.1 Cleaning

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- The term 'cleaning' is used to describe the physical removal of soil, dirt or dust including blood and bodily substances from surfaces (Loveday et al. 2014).
- Single use cloths with neutral detergent in water are recommended, but a detergent wipe may also be used.
- Cleaning is essential before disinfection or sterilisation is carried out;
- All cleaned equipment **must** be dried thoroughly before storage.

### 5.2 Disinfection

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- Disinfection is the use of chemical or physical methods to reduce the number of pathogenic microorganisms on surfaces. 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. Universal wipes could be used as an alternative for most infections.
- Always wear disposable gloves, apron and eye protection, if indicated, when using disinfectants;
- Rinse equipment with water after disinfection if the equipment comes into contact with the patients skin or otherwise leave to air dry.
- Discard used disinfectant solution after each use or every 24hours, clean the container and dry before storage.

### 5.3 Sterilisation

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- Autoclaving (Central Sterile Supply Department, CSSD) is the preferred method of sterilisation; however some equipment may be damaged by heating. Single-use sterile items may be more practical;
- Instruments used in high risk procedures **must** be sterile at the point of use;
- Following autoclaving, equipment **must** be stored correctly i.e. dust free environment.

## 5.4 Cleaning guidelines

- The day to day practice of decontamination of medical equipment in clinical areas will be carried out by healthcare staff.
- Medical devices must be decontaminated starting with the cleanest section and finishing with the most heavily contaminated
- Clean wipes must be used for each new surface
- Wipes must be changed if they become visibly dirty
- Please see Appendix 2 for the correct methods to decontaminate specific Items

## 6 Infection risks and categories

### 6.1 Minimal risk

Category	Treatment	Method
Items not in close contact with the patient or their immediate surroundings	Cleaning	Manual or automated cleaning Damp dusting Wet mopping Vacuum cleaners

### 6.2 Low risk

Category	Treatment	Method
Items in contact with intact skin	Cleaning usually adequate (disinfection if infection risk is present)	Manual cleaning using detergent and water or detergent wipe Automated cleaning/disinfection Disinfectants

### 6.3 Intermediate risk

Category	Treatment	Method
Items in contact with intact mucous membranes, body fluids or contaminated by microbes that are easily transmitted, or items to be used on highly susceptible patients or sites	Cleaning And Disinfection and/or sterilisation	Autoclave Single use item Low temperature steam washer/disinfectors Combined chlorine releasing agent.

## 6.4 High risk

Category	Treatment	Method
Items in contact with a break in the skin or mucous membrane or introduce into a sterile body area	Cleaning And Sterilisation	Autoclave Single use item

**NB.** Risks and categories based on risk assessment from Medical Devices Agency / Microbiology Advisory Committee (1996)

## 7 The control of hazardous substances

- The Control of Substances Hazardous to Health Regulations 1994 (COSHH) affects the way that disinfectants are selected and used in the UK.



All employers are required to evaluate the risks to health for all their employees from exposure to hazardous substances and the pathogenic organisms which they are supposed to eliminate.

- Safety data sheets regarding the disinfectants used on the ward/department/community are available in the COSHH assessment data files.

**NB.** Further advice is available from the Health, Safety and Security Team.

### 7.1 Disinfectants

- Most disinfectants are effective against a limited range of micro-organisms and very few are sporicidal;
- There is little advantage in the routine use of chemical disinfectants as micro-organisms can be removed through cleaning with a detergent solution;
- For disinfectants to be effective they **must** be used at the right concentration, stored in appropriate conditions and used safely.

**NB.** Please follow the manufacturer's instructions.

### 7.2 Requirements for using disinfectants

- Many disinfectants are corrosive and highly irritant;
- Disposable gloves and aprons **must** be worn when handling all disinfectants;
- Disinfectants **must** always be used at the correct dilution;
- Adhere to the COSHH regulations at all time;
- Cleaning with detergent solution followed by drying must occur prior to disinfectant, (including drying) unless combined solution (eg Chlor-clean) is used. Equipment cleaned with disinfectant or combined products should be left to air dry (unless they are going to be used again immediately). Leave to air dry.
- Follow manufacturers guidance (see Appendix 4) however consideration must be given

to:

- 1) Use one or more wipes to initially clean the surface of gross debris/heavy soil.
- 2) To disinfect, use enough wipes to ensure that the surface remains visibly wet for the allocated contact time.
- 3) Allow the surface to air-dry or rinse if this is a specific requirement for the cleaned surface/ equipment (HPS, 2015)

### 7.3 Types of disinfectant

Disinfectant	Action / Information						
70% Alcohol (Isopropyl alcohol)	Rapidly <b>destroys</b> bacteria and fungi but has <b>no effect</b> on spores.  <b>Limited</b> activity against some viruses.  Skin disinfection and some items, as listed in the A – Z of equipment.						
Chlorhexidine	Used as a skin disinfectant combined with detergent for hand washing.  <b>Not</b> suitable for cleaning of equipment.						
Hypochlorites and Chlorine Releasing Agents (e.g. Chlor-clean, Haz-Tabs and Milton)	Active against most micro-organisms including human immunodeficiency virus and Hepatitis B.  They can be corrosive to some metals and inactivated by organic material.  This inactivation highlights the need for thorough cleaning prior to disinfection.  Available chlorine parts per million: <table style="margin-left: 20px; border: none;"> <tr> <td>125 ppm</td> <td>Infant feeding bottles</td> </tr> <tr> <td>1000 ppm</td> <td>Contaminated surfaces</td> </tr> <tr> <td>10,000 ppm</td> <td>Body fluid/blood spills</td> </tr> </table>	125 ppm	Infant feeding bottles	1000 ppm	Contaminated surfaces	10,000 ppm	Body fluid/blood spills
125 ppm	Infant feeding bottles						
1000 ppm	Contaminated surfaces						
10,000 ppm	Body fluid/blood spills						

## 8 Environmental cleaning

- Levels of cleaning should be increased in cases of infection and/or colonisation when a suspected or known pathogen can survive in the environment, and environmental contamination may contribute to the spread of infection (Loveday et al. 2014).
- A chlorine releasing agent (chlor-clean) should be used to clean rooms of infectious patients and during and after an outbreak of infection;
- Thorough cleaning will control the microbial population; prevent unpleasant odours and the transfer of potentially infectious material;
- Cleaning alone is often sufficient for items and surfaces not in contact with patients.
- Cleaning **must** be carried out to avoid redistribution of micro-organisms;
- Vacuum cleaners **must** contain a bacteria retaining filter or bag and the exhaust directed away from the floor;
- Sweeping brushes **must not** be used in clinical/ward areas as they disperse bacteria into



the air in large numbers;

- Detergent cleaning solutions can become contaminated quickly in cleaning buckets, therefore, fresh solutions **must** be made up for each separate task;
- Cleaning materials such as cloths and mops **must not** be kept moist they act as an ideal growth medium for bacteria which will multiply rapidly;
- It is important that disposable materials are used for specific single tasks (e.g. cloths and mop heads).
- A clean cloth / paper roll must be used for each new surface or if the cloth is visibly dirty. The cloth once used must not be dipped into the cleaning solution again.

## 9 Hotel/domestic services cleaning in Trust buildings

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- Cleaning to a high standard will minimise the risk of transfer of infection. This will require care and attention to detail;
- Housekeeping staff will need to complete an the annual infection prevention and control mandatory training;
- Cleaning of rooms used for infectious patients will require the use of Hypochlorites or Chlorine Releasing Agents; please follow agreed hotel services procedure. For further advice contact Hotel Services Supervisors;
- Guidance for Terminal cleaning of rooms is available from Hotel Services Supervisors;
- Curtains **must** be changed immediately if visibly soiled and after the discharge or transfer of a patient with an infection such as; MRSA (Meticillin Resistant Staphylococcus aureus), TB (Tuberculosis), C-diff (Clostridium difficile) and following an outbreak of infection or terminal clean. Otherwise, curtains should be routinely change at least six monthly in accordance with national standards;
- Specialised beds with a mesh base- manufacturer's instructions would not advocate the use of Chlorine Releasing Agents. Due to the level of risk associated with infection and the exposure of blood or bodily fluids the trust directive is to decontaminate with these products when necessary. Any discolouration to the mesh caused through the use of Chlorine Releasing Agents should be reported to the ward manager and the Infection Prevention and Control/ Medical Devices Team;
- Following cleaning, windows **must** be opened to air the room;
- Walls and ceilings in patient care areas **must** be cleaned immediately when visibly dirty or contaminated with body fluids and at least once a year to prevent the accumulation of visible dirt.

## 10 Single use medical devices (MDA DB2000 (04))

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### 10.1 Single patient use

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A device can that be used **more than once for one patient only.**  
**The device should be decontaminated between each use.**

## 10.2 Single Use

The term 'single use' or use 'once only' on the packaging means the manufacturer states:

- The device **must** be used once then discarded;
- The device **is not** suitable for use on more than one occasion;
- There is evidence to confirm that re-use would be unsafe (even if re-used on the same patient);
- Examples of devices **not** to be re-used are needles and syringes.



Items for single use are packaged and printed with the symbol .



Staff are to be aware they may be exposed to legal action if they are involved in the re-use of single use devices. Single use items **must not** be re-used in any circumstance.

## 10.3 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, 2011);
- 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 supports this practice and allows both the user and patient to have assurance that the piece of equipment to be used is clean;
- Use of Green Indicator tape can be located in Appendix 3;

## 11 Cleaning spillages of blood or body fluids

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### 11.1 Cleaning of blood

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

### 11.2 Cleaning of a spillage on a ward/department

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

### 11.3 Cleaning of a spillage in a public area in Trust facilities

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- In areas eg toilets, corridors where the public may be responsible for the spillage and Hotel Services staff are not located on site, the responsibility for cleaning up spillages lies with the clinical teams who run clinics / services from that site. Spill kits must be readily available and stored in an agreed staff only access area on each site (regardless of hotel services staff presence or not). If the spillage is a major blood spill, or a full terminal clean is required contact the Hotel Services, Performance and Contracting team on Tel 01642 529773 for further advice.

### 11.4 Cleaning of a spillage in the community

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

### 11.5 Method for cleaning spillages of blood

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- 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.

## 11.6 Cleaning of Major Blood Spillages



For all major blood spillages:

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

Tel No: 01642 529773 or 01642 529772

Mobile No: 07747532403.

## 11.7 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 9).
- 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.



Chlorine releasing agents **must not** be used on urine spillages as large amounts of fumes are released which could entail evacuating patients from patient care areas.

## 12 Mattresses and covers

### 12.1 Inspection of mattresses and covers



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.
- As part of the bi-monthly Technical Audit's the Hotel Supervisors will check the documented evidence of decontamination and inspection of the mattresses. If there is evidence that the cleaning and inspection of the mattresses is not being completed by the clinical teams, this will be escalated to the Ward Manager and Modern Matron within the Technical Audit report.

### 12.2 How to clean mattresses and covers

How	Why
<p>Disposable plastic apron and gloves should be worn to prevent contamination. Clean the mattress weekly and on patient discharge with detergent and hot water / detergent wipes.</p> <p><b>Do not</b> use antiseptic solutions or alcohol based solutions.</p>	<p>Micro organisms <b>will not</b> survive in a clean dry environment.</p> <p>Use of antiseptics and/or alcohol can damage the integrity of the mattress cover.</p>
<p>Dry thoroughly using disposable paper towels.</p>	<p>To prevent mould growth.</p>
<p>Mattress covers <b>must</b> be disinfected when:</p> <ul style="list-style-type: none"> <li>• Contaminated with blood or body fluids;</li> <li>• After use by a patient with an infection.</li> </ul> <p>For cleaning please see section 11.5 and</p>	<p>Repeated unnecessary use of disinfectants on mattresses can damage the integrity of the mattress cover.</p>

Appendix 4 and 5	
<p>There are specific guidelines for a variety of mattresses</p> <ul style="list-style-type: none"> <li>• Procedure for cleaning bed base and mattress.</li> <li>• Procedure for specialised bed</li> <li>• Procedure for cleaning bed base and mattress against wall.</li> <li>• Procedure for specialist bed with mesh base.</li> </ul>	To ensure correct decontamination occurs for individualized mattresses.


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

### 12.3 Action to be taken

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Mattresses showing signs of damage or staining should be disposed of safely. Please contact the estates department or hotel services at PFI sites to remove the mattress following the appropriate measures required.


### 12.4 Specialist Equipment

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- Guidelines for decontamination of flat lifting equipment can be found in Appendix 8.

### 12.5 Cleaning toys

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 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.

### 12.6 Decontamination of toys

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- 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 as it is difficult to clean them.

## 12.7 Inpatient wards

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- All toys should be able to withstand cleaning using detergent and water or detergent wipes. Toys should be inspected regularly for breakages and damage and discarded if not intact.
- Toys should be cleaned when visibly soiled and regularly at weekly intervals.

## 12.8 Outpatients clinics/departments

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- 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.
- Dressing up clothes should only be used over the child's own clothing and inspected regularly. If visibly soiled and cannot be cleaned they must be replaced.

## 12.9 Visiting areas

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

## 12.10 All areas

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- All areas should ensure toys are cleaned when visibly soiled and at weekly intervals.
- In the absence of detergent and water, detergent wipes may be used to clean toys.
- 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.

## 12.11 Sand/water/play dough

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- Sand pits must be covered when not in use.
- Sand should be changed on a monthly basis and the container washed and dried before filling with fresh sand.
- Clinical staff should contact Estates to arrange for old sand to be correctly disposed of.
- Water tanks must be drained after each session, the tank washed and dried.
- Toys used in water play must also be washed and dried after each session.
- Play Dough should be discarded when contaminated or visibly soiled.
- Play Dough must be replaced monthly.



## 12.12 Sensory equipment



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.

## 13 Definitions

Term	Definition
Cleaning	A process that will physically remove contaminating micro-organisms and organic material. Essential prior to disinfection and sterilization.
CSSD	Central Sterile Supply Department.
Decontamination	A combination of processes which removes or destroys contamination so that infectious agents or other contaminants cannot reach a susceptible site, in sufficient quantities to initiate infection or other harmful response.
Disinfection	A process to reduce the number of viable micro-organisms to low levels. This may not inactivate some bacterial spores.
Single Patient Use	A device can be used more than once on one patient only.
Single Use	A device to be used once and discarded off.
Sterilisation	A process that removes or destroys all living micro-organisms including bacterial spores.

## 14 References and further reading

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Decontamination of equipment prior to inspection service or repair

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## Appendix 1 Declaration of Contamination Status

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

<b>Model and Description of Equipment</b>	<b>Manufacturer</b>
<b>Model / Serial / Batch Number</b>	<b>Ward / Department</b>
Tick box A if applicable. Otherwise complete all parts of B, providing further information as requested or appropriate.	
<b>A</b>	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>B 1</b>	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>B 2</b>	Has this equipment / item been cleaned and decontaminated? Yes / No    Indicate the methods and materials used.  If the equipment <b>could not</b> be decontaminated please indicate why:  Such equipment <b>must not</b> be returned / presented without prior agreement of the recipient.
<b>3</b>	Has the equipment / item been suitably prepared to ensure safe handling / transportation?  Yes / No
 <b>I declare that I have taken all reasonable steps to ensure the accuracy of the above information in accordance with HSG (93) 26.</b>	

**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	Clean with detergent & water solution or detergent wipes and 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.	After each use	Nursing	No
Bag valve mask & reservoir bag	Single use	Single use	Clinical / nursing	No
Baths	Clean using detergent & water / detergent 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 detergent & water or detergent 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
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 detergent 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 universal detergent/disinfectant wipes and leave to air dry.	After each patient use or weekly if not used regularly	Nursing	Yes
Cot side bumpers	Detergent & water solution / detergent wipes and 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 cleaned as per contracted dental service.	After each patient use	Dental service	
Duvet (PVC type)	Detergent & water solution or detergent wipes and 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

Item	Method to Decontaminate	Frequency of decontamination required	Staff responsible for decontamination	Apply green tape
ECG machine	Detergent wipes and dry before storing.	After each use and weekly if not in regular use	Clinical	Yes
Intravenous drip stands	Clean with detergent 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
Laryngoscope (blade)	Disposable/single use.	Single use	Nursing	No
Laryngoscope (handle)	Clean using detergent & water solution or detergent wipes and dry.	After each use	Nursing	No
Lavatory including: Seat Flush handle Grab rails Soap, toilet roll & paper towel dispensers	Detergent & water or detergent wipes and dry unless visibly contaminated then use chlorine releasing agent (chlor-clean) or universal detergent and disinfectant wipes and leave to air dry.	Twice daily As required	Hotel services Nursing	No
Medical gases	Clean using detergent & water solution or detergent wipes and 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.		

Item	Method to Decontaminate	Frequency of decontamination required	Staff responsible for decontamination	Apply green tape
Moving & handling equipment	<p><b>Slings</b> – as per manufacturers guidelines</p> <p><b>Hoists (general and bath)</b> – detergent and water solution / detergent wipes, store dry.</p> <p><b>Transfer board</b> – detergent and water solution / detergent wipes store dry.</p>	<p>Single patient use – clean/change if visibly dirty.</p> <p>After each use and weekly if not used regularly.</p> <p>After each use and weekly if not used regularly</p>	Clinical	<p>No</p> <p>Yes</p> <p>Yes</p>
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	Detergent wipes and dry	After each use	Nursing / Clinical	Yes
Pillows	<p>Clean with detergent &amp; water solution / detergent wipes and dry.</p> <p>If contaminated clean with a chlorine releasing agent (chlor-clean) or combined detergent and disinfectant wipes and leave to air dry.</p> <p>Damaged pillows or pillow covers <b>must</b> be replaced.</p>	After each patient use / if visibly dirty	Hotel services / clinical teams	No
Shower Stools & chairs	Decontaminate with detergent and water solution / detergent wipes and dry.	After each patient use or weekly if not used regularly	Nursing	Yes

Item	Method to Decontaminate	Frequency of decontamination required	Staff responsible for decontamination	Apply green tape
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	Detergent and water solution / detergent wipes & store dry.	After each use	Clinical	No
Suction bottle liners	Single patient use.	Single use	Clinical	No
Suction Tubing	Single patient use.	Single use	Clinical	No
Toys	Plastic toys wash using detergent and water solution / detergent wipes and dry. If contaminated clean with combined detergent & disinfectant wipes and leave 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 (including dressing trolley)	Clean with detergent and water solution and dry, or detergent wipes and 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	Single use	Nursing	Only if multi patient use
	Multi patient use bed pans - washer/disinfector	Washer/disinfector after each use	Nursing	
Weighing scales	Decontaminate with detergent and water solution / detergent wipes and 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

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**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 on how to make up Chlor-Clean

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.

2 LITRE FILL LINE  
DILUTER FOR CHLOR-CLEAN TABLETS  
1 LITRE FILL LINE  
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.

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.

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

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




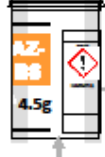
Tees, Esk and Wear Valleys  
NHS Foundation Trust

# 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

### 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 Checklist

Frequency – all mattresses 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.

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:.....

	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
Is it fitted with a mattress cover?													
Is the outside of the 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, bed base and mattress free of contamination with blood and other body fluids?													
If the bed has wheels- are they free from visible debris?													
<p>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.</p> <p>For further information please contact the IPC team on 0191 333 3584 or email <a href="mailto:TEWV.ipcchampions@nhs.net">TEWV.ipcchampions@nhs.net</a>.</p>													

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

## Appendix 8 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.



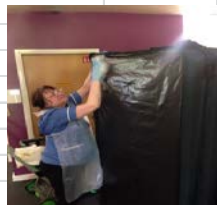
2. With a new wipe clean each of the straps, and the blower unit. Ensure the transfer mattress is dry before folding and storing.



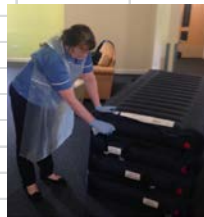
3. Whilst still inflated clean the top of the Flat Lifting Equipment with a new detergent wipe using an 'S' shape motion starting at the head end, repeat this process using a clean detergent wipe for each of the long sides and foot end including the air vents.



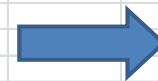
S' Shape Cleaning



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 9 NPSA National Colour Coding System

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### National Colour Coding Scheme

 <p><b>Red</b></p> <p>Bathrooms, washrooms, showers, toilets, basins and bathroom floors</p>	 <p><b>Blue</b></p> <p>General areas including wards, departments, offices and basins in public areas</p>
 <p><b>Green</b></p> <p>Catering departments, ward kitchen areas and patient food service at ward level</p>	 <p><b>Yellow</b></p> <p>Isolation areas</p>



## 15 Document control

Next review date:	1 September 2021	
This document replaces:	IPC-0001-005 v2.1 Decontamination of Equipment	
Lead:	Name	Title
	Angela Ridley	Head of IPC and Physical Health and Back Care (Nursing)
Members of working party:	Name	Title
	Angela Ridley	Head of IPC and Physical Health and Back Care (Nursing)
	Emma Rolfe	Lead Nurse IPC, Medical Devices and Physical Healthcare
	Claire Foster and Joanne Dunmore	IPC, Medical Devices and PHC Nurses
	Andrea Brodie	Information Mapping and Policy Development Manager
	Sandra Walker	Senior Administrator
This document has been agreed and accepted by: (Director)	Name	Title
	Elizabeth Moody	Director of Nursing and Governance
This document was approved by:	Name of committee/group	Date
	IPC committee	April 2018
An equality analysis was completed on this document on:	January 2017	

### Change record

Version	Date	Amendment details	Status
1	03 Apr 2013	New procedure	Withdrawn
2	07 Feb 2017	Pages 20-24 added re mattress cleaning	Withdrawn
2.1	23 Jan 2018	Minor amendments	Withdrawn
2.2	Apr 2018	Full review	Published
	Jul 2020	Review date extended 6 months	



**Equality Analysis Screening Form**

**Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page**

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Nursing and Governance/IPC and Physical Healthcare			
Name of responsible person and job title	Elizabeth Moody, Director of Infection Prevention and Congtrol/Nursing & Governance			
Name of working party, to include any other individuals, agencies or groups involved in this analysis	Elizabeth Moody, Dr R Bellamy, Angela Ridley, Emma Rolfe and the Infection Prevention and Control Committee			
Policy (document/service) name				
Is the area being assessed a;	Policy/Strategy		Service/Business plan	Project
	Procedure/Guidance		√	Code of practice
	Other – Please state			
Geographical area	Trustwide			
Aims and objectives	To set standards in practice to ensure the delivery of patient care is carried out safely and effectively by the trust staff. To comply with the HCAI Code of Practice of the Health and Social Care Act 2008.			
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	11 <sup>th</sup> January 2017			
End date of Equality Analysis Screening (This is when you have completed the analysis and it is ready to go to EMT to be approved)	11 <sup>th</sup> January 2017			

**You must contact the EDHR team as soon as possible where you identify a negative impact.** Please ring Sarah Jay on 0191 3336267/3542

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
Trust staff and patients					
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?					
<b>Race</b> (including Gypsy and Traveller)	Yes/No No	<b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities)	Yes/No No	<b>Gender</b> (Men, women and gender neutral etc.)	Yes/No No
<b>Gender reassignment</b> (Transgender and gender identity)	Yes/No No	<b>Sexual Orientation</b> (Lesbian, Gay, Bisexual and Heterosexual etc.)	Yes/No No	<b>Age</b> (includes, young people, older people – people of all ages)	Yes/No No
<b>Religion or Belief</b> (includes faith groups, atheism and philosophical belief's)	Yes/No No	<b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave)	Yes/No No	<b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners)	Yes/No No
<b>Yes</b> – Please describe anticipated negative impact/s <b>No</b> – Please describe positive impacts/s - <span style="float: right;">No barriers to access or implementing this policy</span>					

<b>3.</b> Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? <b>If 'No', why not?</b>	<b>Yes</b>		<b>No</b>	√
<b>Sources of Information may include:</b> <ul style="list-style-type: none"> <li>• Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc.</li> <li>• Investigation findings</li> <li>• Trust Strategic Direction</li> <li>• Data collection/analysis</li> <li>• National Guidance/Reports</li> </ul>	<ul style="list-style-type: none"> <li>• Staff grievances</li> <li>• Media</li> <li>• Community Consultation/Consultation Groups</li> <li>• Internal Consultation</li> <li>• Research</li> <li>• Other (Please state below)</li> </ul>			
<b>4.</b> Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership				
<b>Yes</b> – Please describe the engagement and involvement that has taken place				
<b>No</b> – Please describe future plans that you may have to engage and involve people from different groups Not relevant to this procedure				
<b>5.</b> As part of this equality analysis have any training needs/service needs been identified? Not relevant to this procedure				

### Appendix 2 – 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/ Unsure	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?		
<b>3.</b>	<b>Development Process</b>		
	Are people involved in the development identified?		
	Has relevant expertise has been sought/used?		
	Is there evidence of consultation with stakeholders and users?		
	Have any related documents or documents that are impacted by this change been identified and updated?		
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?		
	Is the target population clear and unambiguous?		
	Are the intended outcomes described?		
	Are the statements clear and unambiguous?		
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?		
	Are key references cited?		
	Are supporting documents referenced?		
<b>6.</b>	<b>Training</b>		
	Have training needs been considered?		
	Are training needs included in the document?		
<b>7.</b>	<b>Implementation and monitoring</b>		
	Does the document identify how it will be		

	<b>Title of document being reviewed:</b>	<b>Yes/No/ Unsure</b>	<b>Comments</b>
	implemented and monitored?		
<b>8.</b>	<b>Equality analysis</b>		
	Has an equality analysis been completed for the document?		
	Have Equality and Diversity reviewed and approved the equality analysis?		
<b>9.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?		
Signature:			