Document Title:	**DECONTAMINATION AND DISINFECTION OF EQUIPMENT AND ENVIRONMENT**		
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Issuing Division/Directorate:	Corporate Nursing		
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	Infection Prevention & Control Group	7th March 2019
Wendy Matthews	Director of Nursing	23rd May 2019
Ruth Byford	Warner Library	10th May 2019

Related Trust Policies (to be read in conjunction with)	09033 Cleaning policy 09157 Strategic cleaning plan 10003 Mattress maintenance and cleaning policy 04088 Waste management policy 10004 Safe handling and disposal of sharps policy 08021 Linen and curtain policy 09047 Cleaning commodes and bedpans 05105 Exposure to blood borne viruses 04078 Creutzfeld Jacob Disease or Variant Creutzfeld Jacob Disease 12040 Endoscopy Decontamination Unit (EDU) operational policy 04072 Hand hygiene policy

Document Review History:			
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2.0	Decontamination Group		10/02/2010
2.1	Jo Mitchell		16/03/2010
3.0	Dr Louise Teare	Review	25/03/2010
3.1	Leigh Booth	Change to Section 5	29/09/2010
4.0	Dr Louise Teare	Review	22/05/2010
4.1	Katheryn Hobbs	Change to appendix 3	01/12/2014
4.2	John Swanson	Extension agreed to May 2018	28th November 2017
5.0	Judith Holdsworth	Full Review	17th June 2019

Contents

1 Introduction

1.1 The purpose of this policy is to ensure a system is in place for effective decontamination of all equipment used before and between each patient and that risks associated with decontamination facilities and processes are properly managed across the Trust.

1.2 To ensure that appropriate national guidelines are followed and that the Trust has effective systems for ensuring that all individuals involved in decontamination have effective information, training and supervision.

2 Scope

2.1 This policy will cover all aspects of decontamination required to protect staff, service users and visitors (including contracted staff).

3 Definitions

TERM	DEFINITION
CJD	Creutzfeldt Jakob Disease
Cleaning	A process that removes dirt, dust, large numbers of micro-organisms and the organic matter; such as blood or faeces that protects them. Cleaning is a pre requisite to disinfection or sterilisation.
Cleaning	Physical removal of organic contamination (blood, faeces, etc.), soilage and significant number of micro-organisms by use of hot water and detergent.
COSHH	Control of Substances Hazardous to Health COSHH stands for the Control of Substances Hazardous to Health Regulations. These Regulations require employers to control exposure to hazardous substances to prevent ill health.
Decontamination	A general term used to describe the destruction or removal of microbial contamination to render an item or the environment safe. The term decontamination includes sterilisation, disinfection and cleaning.
DIPC	Director of Infection Prevention and Control
Disinfection	This is a process of removing or killing most, but not all viable organisms. The aim of disinfection is to reduce the number of micro-organisms to a level at which they are not harmful. Spores are not destroyed.
Disinfection	Disinfection is used as part of the decontamination process for moderate risk items.

HCAI	Healthcare Associated Infection
HII	High Impact Intervention
HPM	Hydrogen Peroxide Mist, also known as 'fogging' or 'hydrogen peroxide vapour'
SSD	Sterile Services Department
Sterilisation	This is a process of removing or killing all viable organisms including spores. Dead microorganisms and toxins (pyrogens) may remain. Prions will not be effectively destroyed by this process.

4 Roles and Responsibilities

4.1 **The Infection Prevention and Control Committee (IPCC)** is responsible for the review of this policy at least every two years, but more frequently if there are changes to Infection Prevention and Control Legislation or guidance.

4.2 **The Chief Executive** is responsible for:

- Ensuring that the Trust has an effective decontamination policy;
- Ensuring sufficient resources to comply with this policy.

4.3 **Director of Infection Prevention and Control (DIPC)**

- Delegated executive responsible for working strategically to deliver the Trust's infection control agenda and maintain compliance with the Health and Social Care Act 2008 – Code of Practice for the prevention and control of infections;
- Strengthening the prevention and control of communicable disease and monitoring the effectiveness of existing infection control processes across the Trust.

4.4 **Decontamination Lead** is responsible for:

- Operational responsibility for decontamination in the Trust;
- Leading on investigation of serious incidents involving decontamination issues;
- Developing and maintaining the Trust decontamination policy;
- Providing accurate and updated guidance on decontamination for the Trust;
- Providing guidance on government legislation and policies for the executive lead
- Monitoring compliance through decontamination legislation for the Trust;
- Advising on matters related to decontamination for new buildings and service changes;
- In conjunction with the Director of Specialist Services agree any purchasing decisions or changes in practice that have decontamination implications;
- Working with the Trust infection prevention team on specific infection prevention policies guidelines and campaigns related to decontamination.

4.5 **Director of Specialist Services** is responsible for:

- Ensuring hospital cleanliness is high on the corporate agenda;
- Providing plans for year on year improvements in hospital cleanliness;
- Ensuring robust systems, processes and adequate resources are identified in order to achieve high standards of cleanliness;

- In conjunction with the DIPC agree any purchasing decisions or changes in practice that have decontamination implications providing monthly cleaning reports to the Chief Executive and quarterly cleaning reports to the Board of Directors.

4.6 **Director of Nursing** is responsible for:

- Ensuring that nursing practice is in line with Trust policies and those objectives, job descriptions and appraisals are in place and reflect the importance of decontamination;
- Ensuring that nurses and midwives are trained effectively in key techniques.

4.7 **Associate Directors of Nursing** are responsible and accountable for

- Effective decontamination processes in their area of responsibility. This includes any item which passes from one patient to another e.g. surgical instruments, endoscopes, mattresses and frequently used items such as drip stands and commodes;
- Ensuring that all decontamination processes are in keeping with current national guidance;
- Ensuring that anyone involved in a decontamination process has been adequately trained, has adequate information and has adequate supervision;
- Providing the decontamination group with evidence of decontamination compliance in their directorate on a regular basis and at least annually;
- Ensuring monitoring of planned preventative maintenance contracts and programmes relating to decontamination including operating theatres;
- Ensuring reporting of all decontamination issues to the Infection Prevention and Control team and the Decontamination Lead;
- Ensuring adequate decontamination processes and procedures are being used for equipment;
- Ensuring monitoring of any inter hospital transfer of equipment and its decontamination.

4.8 **Matrons/Leads of Departments** are responsible for:

- Reporting directly to the Heads of Nursing and/or Clinical Directors on all issues regarding decontamination, including endoscopy;
- Maintaining up-to-date records on decontamination of their unit;
- Ensuring risk analysis and COSHH assessments for decontamination in their directorate as appropriate;
- Ensuring maintenance of training records for staff involved in decontamination;
- Ensuring maintenance and monitoring of traceability system as appropriate;
- keeping registers of agreed reusable single items;
- Ensuring that no new piece of equipment is introduced into their directorate without formal approval of the decontamination group regarding decontamination arrangements;
- Ensuring that all items which pass from one patient to another are adequately decontaminated.

4.9 **Surgical Services Lead** is responsible for:

- Ensuring that all national guidance and accreditation processes are in place and evidenced;
- Providing annual assurance of full compliance with national theatre guidelines including air quality.

4.10 **Sterile Services Manager** is responsible for:

- Ensuring that all national guidance and accreditation processes are in place and evidenced.

4.11 **Ward Manager** is responsible for:

- Delivering a safe and clean care environment with direct responsibility for ensuring that cleanliness standards are maintained ;
- Ensuring that all patient equipment is cleaned between patient use to standards as outlined within the National Specification for Cleanliness, April 2007;
- Ensuring that correct documentation is completed to evidence that cleaning has been undertaken as seen in appendix 6.

4.12 **All Staff** are responsible for:

- Ensuring they comply with the Health and Social Care Act 2008 – Code of Practice for the prevention and control of infections;
- Ensuring all equipment used for patient care is adequately decontaminated prior to use and between each patient and is fit for purpose.

4.13 **All areas should have:**

- COSHH assessments and documentation for cleaning and disinfection products;
- Copy of a planned preventative maintenance programme for decontamination of all equipment;
- Training record of all staff involved in decontamination;
- A dedicated cupboard for disinfection products with secure storage;
- Instructions for using disinfection products;
- The record of all repairs and maintenance of decontamination equipment;
- A means of escalating and prioritising requests for maintenance and repair to the Facilities department within the Trust;
- Evidence of compliance with relevant national guidelines (e.g. Decontamination Standards for Flexible Endoscopes);
- A means of formally recording all incidents through Datix.

4.14 A flow chart of accountability and responsibility within Directorates can be seen in appendix 1.

5 Levels of Decontamination

5.1 The level of decontamination required is dependent on a variety of factors as outlined in Appendix 5.

5.2 The choice of decontamination method should be related to the infection risk associated with the intended use of the equipment (Appendix 5). Other factors to be taken into consideration when choosing a method of decontamination include the nature of the contamination, the time required for processing, the heat, pressure, moisture and chemical tolerance of the object, the availability of the processing equipment and the quality and risks associated with the decontamination method

6 Cleaning

6.1 **General Principles of cleaning:**

- Use automated cleaning methods where possible;
- Use a designated sink for cleaning (not a hand wash basin);
- Wear protective clothing as appropriate (refer to 'Policy for standard infection prevention precautions; register number 04071 and Cleaning policy; register number 09033);
- Use disposable cloths and discard after use;
- Use neutral detergent and warm water (maximum 42-43C) for general cleaning;
- Rinse thoroughly to remove detergent residue;
- Dry thoroughly after cleaning (using disposable towels where appropriate);
- Decontaminate cleaning equipment after use and change cleaning brushes at least daily;
- Store cleaning equipment clean and dry.

6.2 **Domestic Cleaning:**

- The aim of environmental cleaning is to remove visible dirt, dust and organic matter;
- Equipment for domestic cleaning is colour coded in accordance with national guidance as outlined in the revised NHS Healthcare Cleaning Manual;
- Domestic cleaning equipment must be stored clean and dry;
- Cleaning equipment such as cloths and mop heads must be changed at least daily;
- Domestic cleaning agents or detergent should be used;
- Always work from clean areas to dirty.

6.3 **High Cleaning:**

- Do not attempt to clean above a height that you can comfortably reach while standing on the floor;
- High cleaning should be arranged with the Estates and Facilities Department.

6.4 **Terminal Cleaning:**

- Terminal cleaning involves very thorough cleaning and disinfection of an area, and will include changing of curtains;
- Terminal cleaning is carried out after discharge of a patient who has been identified, or is strongly suspected of being infected / colonised with certain infectious organisms (e.g. Meticillin resistant staphylococcus aureus or Clostridium difficile). This may be applied to a bed area in a bay, a whole bay or a side room;
- Terminal cleaning is also carried out throughout a whole ward / department at the end of an outbreak of infection. In some circumstances hydrogen peroxide mist may be used in conjunction with terminal cleaning.

6.5 **Deep Cleaning:**

- Periodic thorough cleaning of an environment, including fixed and loose equipment using a combination of hydrogen peroxide mist , steam cleaning and domestic cleaning practices;
- It is recommended that proactive deep cleaning takes place annually;
- Under certain circumstances, deep cleaning may also be advised by the infection prevention team reactively (e.g. following identification of a number of patients with C. difficile linked by a particular clinical area.

6.6 **HPM Decontamination Technology:**

- Ideally suited for use in healthcare facilities due to its rapid, flexible and 'residue-free' nature;
- HPM has extensive, proven biological efficacy against a wide range of environmentally associated pathogens. This procedure must only be carried out by trained domestic staff;
- HPM decontamination can be applied safely even where expensive electronic equipment is situated ;
- HPM decontamination has proven material compatibility so all equipment can be safely decontaminated in situ with no detrimental effect on performance or aesthetics. This is critical during the "deep clean" process where these areas have traditionally been hard to reach or where the decontaminants are incompatible with sensitive electronics, particularly chlorine-based products (including bleach);
- This process is also used following discharge of patients identified as being C. difficile positive.

6.7 **Specialist Equipment/Instruments:**

- Surgical instruments should not be cleaned manually, they should be returned to sterile services for decontamination. Where manual cleaning is unavoidable NHS Estates Protocol for the Local Decontamination of Surgical Instruments (March 2001) should be used;
  (Refer to Appendix 2)

- Specialist equipment must be cleaned in accordance with the manufacturer's instructions and be compatible with the Sterile Services Department's decontamination processes;
- Where written instructions are not available the Unit / Department Manager (or designated person) should contact the manufacturer for advice;
- Where necessary local guidelines should be developed by the Unit / Department Manager and approved by the Infection Prevention and Control Group;
- Where guidelines for decontamination have been required, or where the equipment decontamination process is complicated, the Unit / Department Manager must ensure that all staff undertaking the decontamination process have been trained, either by a competent member of staff, or by a representative from the manufacturing company. A record of training must be kept in the department;
- Ensure that cleaning agents used are compatible with the equipment [MDA SN2001(28)] Failure to follow the manufacturer's instructions may invalidate any warranty or service agreement.

7 Disinfection

7.1 Disinfection methods include thermal and chemical processes. Moist heat may be used for items such as crockery, linen and bedpans. Specific chemical disinfectants can be used to decontaminate heat sensitive equipment and the environment. Disinfectants are not cleaning agents as they are generally inactivated by organic material, therefore all items must be cleaned thoroughly prior to disinfection.

7.2 Chemical disinfectants are toxic substances, and the user must comply with the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Misuse and overuse of chemical disinfectants may result in damage to the user, service user or equipment and may also result in the development of antimicrobial resistance.

7.3 **General principles:**

- Do not use disinfection as a substitute for sterilisation;
- Only use chemical disinfectants if absolutely necessary;
- Choose an appropriate disinfectant, compatible with the surface being disinfected;
- Read the relevant COSHH assessment sheet before using any chemical disinfectant;
- Wear protective clothing (and respirators if required);
- Ensure adequate ventilation;
- Check the expiry date of the disinfectant;
- Ensure that the correct dilution is used (check manufacturer's instructions);
- Never dilute a disinfectant by guesswork;
- Never use two disinfectants together;
- Do not add anything to a disinfectant (including detergent) as this may result in a dangerous chemical reaction;

- Clean equipment / surfaces thoroughly before disinfection;
- Ensure sufficient contact time between disinfectant and equipment being decontaminated;
- Rinse thoroughly after disinfection (if alcohol is used to disinfect then rinsing is not required);
- Discard disinfectant solution after use;
- Do not 'top up' solutions of disinfectant;
- Ensure that containers used for disinfection are stored clean, dry and inverted between uses.

7.4 **Environment:**

- In order to minimise HCAI disinfectant solutions are used daily for environmental cleanliness;
- Surfaces that are clean and dry will not support the growth of most bacteria (Wilson, 1995);
- Disinfection of the environment, especially frequently touched surfaces may be required more frequently in outbreak situations;
- Blood and body fluid spills should be dealt with as outlined in Section 16 of this policy.

7.5 **Specialist Equipment:**

- Ensure the decontamination procedure complies with national guidance Health Technical Memorandum HTM 01-01/HTM 01-06 and that the disinfection process is compatible with the equipment [MDA SN2001(28)];
- If written instructions are not available, contact the manufacturer for advice and a list of compatible disinfectants;
- Where necessary local guidelines should be written and approved by the Infection Prevention and Control Group;
- Failure to use the correct disinfection process may result in damage to the equipment and invalidate any service agreement or warranty, therefore equipment supplied without manufacturer's instructions will not be processed.

7.6 **Tracking**

In order to comply with HTM 01-01 and HTM01-06 all instruments and endoscopes disinfected or sterilized with the intent that they be used for invasive procedures, must be traceable (Please refer to local policy).

7.7 **Antiseptics:**

- Antiseptics are disinfectants that are suitable for use on skin and tissues e.g. Chlorhexidine, Povidone Iodine and alcohol
- Antiseptics are used to clean wounds and to reduce skin flora prior to surgery or insertion of an invasive medical device
- Antiseptics generally have a significantly weaker action than disinfectants used in the decontamination of instruments and equipment.

- Do not use antiseptic hand washing solutions such as 'Hibiscrub' or 'Betadine' for environmental cleaning or the cleaning of instruments. Use neutral detergent or Clinell wipes

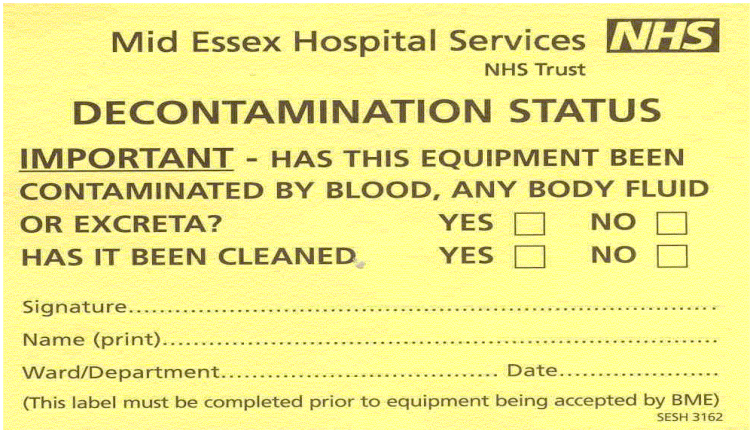
8 Equipment for Maintenance, Repair, Loan or Disposal

8.1 All re-usable medical devices and equipment to be inspected, serviced, repaired, returned to the lending organisation or equipment library, or to be disposed of, should undergo decontamination. This is necessary to ensure that they are in a condition that makes them safe to be handled by all personnel who may come into contact with them during transit and subsequent handling

8.2 Processes to ensure that equipment and medical devices are safe to handle can include cleaning, cleaning followed by disinfection and cleaning followed by sterilisation

8.3 Decontamination should always be carried out in accordance with the equipment manufacturer's instructions

8.4 Equipment that is deemed safe to handle must be accompanied by a decontamination label or a Decontamination certificate to highlight its clean status (see below). The labels can be obtained from the Bio Medical Engineering (BME) department or the Medical Equipment Library. And decontamination certificate can be obtained from the Sterile Services department


Mid Essex Hospital Services NHS
NHS Trust

DECONTAMINATION STATUS

IMPORTANT - HAS THIS EQUIPMENT BEEN CONTAMINATED BY BLOOD, ANY BODY FLUID OR EXCRETA? YES ☐ NO ☐

HAS IT BEEN CLEANED YES ☐ NO ☐

Signature.....

Name (print).....

Ward/Department..... Date.....

(This label must be completed prior to equipment being accepted by BME)

SESH 3162

9 Sterilisation

9.1 All instruments that penetrate skin or mucous membranes or are used in sterile body cavities must be sterilised prior to use. Sterilisation of reusable items of equipment must be carried out in the HSSD. Local processing of instruments must be avoided.

9.2 **Return of used instruments to Sterile Services:**

- Remove all sharps;
- It is not necessary to clean items before return to Sterile Services, however containers should be emptied of blood or body fluids;
- Place used instruments in Sterile Services bag;
- Do not overfill the bag;
- Store in a dirty area such as the dirty utility room whilst awaiting collection.
- Ensure that the public do not have access to this area;
- High-risk labels are not required;
- Sterile Services must be informed in advance if instruments are to be used, on a patient who is known, suspected or at risk of having CJD. Please, refer to the CJD policy and contact a member of the Infection Prevention and Control Team if advice is required.

10 Storage of Sterile Equipment

10.1 Any sterile equipment (including that returned from Sterile Services) must be stored in a secure location away from public access in a clean dry area, (i.e. where risk of contamination with dust is minimal and there is no risk of contamination with moisture and /or body fluids) and above floor level.

11 Decontamination Methods

11.1 Appendix 3 shows an A-Z list of items of equipment and appropriate decontamination methods. This is intended as additional information, and is not a comprehensive list. Please read the cleaning, disinfection and sterilization section in this policy before using this list. Items that require sterilisation by autoclaving should be returned to Sterile Services for processing.

12 Single use items

12.1 **Single use items may be divided into two groups:**

- Single-use : Single-use items should be used once only and discarded;
- Single patient use: Single patient use items may be reused for the same service user after appropriate decontamination.

12.2 **Standards for use for single use items:**

- Devices designated for single-use must not be reused under any circumstances;
- The reuse of single-use devices can affect their safety, performance and effectiveness, exposing patients and staff to unnecessary risk;
- Reprocessing single use devices may affect the capabilities and/or the materials from which the device is made;

- Single-use devices are not designed to allow thorough decontamination and, re sterilisation processes;
- Once a single use device is open and is not used it cannot be reprocessed.

12.3 **Single patient use items:**

- Devices designated single patient use should be used for one patient only;
- The device may be used for the duration or number of times specified by the manufacturer;
- Single patient use items must be decontaminated after each use according to manufacturer's instructions.

12.4 **Legal Issues**

12.4.1 Under the Health Care Act, 2008 Trusts are legally required to appropriately decontaminate any item that passes from one individual to another.

12.4.2 The organisation would be liable under criminal law (Provision and Use of Work Equipment 1998) and civil law under the Tort of Negligence if damage or injury is caused by the reuse of single-use items.

13 Instructions on Packaging of Equipment

13.1 Appendix 4 illustrates the symbols used on medical devices and their packaging. Staff must be aware of the meaning of the symbols.

14 Management of Blood, Bodily Fluids and Other Spillage

12.5 It is the responsibility of department/ward/unit staff to ensure that blood and body fluid spillage in their area is cleaned up promptly, safely and appropriately. It is the responsibility of the member of staff reporting the spillage to ensure that the health and safety of others is maintained until the spillage is removed, i.e. place wet floor/spillage sign at the site of the spillage.

12.6 All blood and blood stained body fluids must be considered a potential infection hazard. Treatment of blood and body fluid spills with a chlorine releasing disinfectant prior to removal does not render the spillage 'safe' as the disinfectant is inactivated by organic matter and the disinfectant may not penetrate the spillage fully. Furthermore, the disinfectant itself can be hazardous to health and its use should be controlled. The main hazard of a spillage is to the individual clearing it up. Therefore, it is more important that the individual dealing with the spillage has received the appropriate education and training in this area.

12.7 Appropriate protective clothing must be worn whenever dealing with blood or body fluid spills e.g. disposable gloves and apron, and that the spillage is removed as soon as possible rather than relying on the nebulous activity of a disinfectant.

12.8 **Minor blood splashes on floors, walls and other surfaces**

Clean immediately with hot water and detergent, using a disposable cloth or mop as appropriate.

12.9 **Moderate or large blood and other body fluid spillage on floors and other surfaces**

The spillage can be absorbed with paper towels or similar material. Dispose of paper towels into the orange bag waste stream clinical waste bag/bin. Continue with cleaning in line with Trust Cleaning Policy (09033).

12.10 **Carpets and soft furnishings**

Carpets and soft furnishings are not recommended in clinical areas. Where they are present, steam cleaning is recommended immediately following spills.

13 Decontamination Evidence Trail

13.1 Following decontamination of reusable medical equipment, staff must ensure that the correct tracking system is used to enable anyone reviewing the process to confirm the correct system has been used.

14 Cleaning Folder

14.1 A cleaning folder has been developed and implemented whereby all cleaning information and records relating to a ward/department are centrally located, clearly identifying cleaning responsibilities for domestic, nursing and estates.

14.2 The cleaning folder should be easily accessible to all staff working in a ward/department e.g. nurse's station.

14.3 Results from cleaning audits and subsequent action plans are recorded in the cleaning folder to monitor progress and highlight any outstanding issues. This is the responsibility of the nursing teams.

14.4 The checklists used the cleaning folder are those developed from the cleaning and decontamination policies which are also included in the folder.

15 Training Requirements

15.1 All staff will attend appropriate decontamination training as part of induction and mandatory review while employed by the Trust.

15.2 An individual's responsibility relating to decontamination will be outlined in their job description and discussed at appraisal.

15.3 In Sterile Services an initial 3 months intensive training programme is undertaken and continues 'on the job' for a further 9 months - in total 12 months training, then ongoing as necessary.

15.4 Sterile Services also offer any member of staff the opportunity to spend time in the department to increase their knowledge of decontamination of equipment.

No specific training requirements.

16 Monitoring and Audit

16.1 The following audits are undertaken to monitor compliance with this policy.

16.2 HII (No. 8)

16.3 HII (No. 8) is a care bundle to improve the cleaning and decontamination of clinical equipment. The aim is to:

- Improve the decontamination of near-patient equipment;
- Help reduce the risk of HCAI;
- Embed the importance of cleaning into the everyday work routine of the ward;
- Improve patient confidence.

16.4 This HII will help trusts to achieve compliance under criterion 2 of the Code of Practice by providing a focus for activity and a method for measuring the implementation of policies and procedures for reducing reservoirs of infection. As such, it complements the auditing framework set out in the 2007 National Specifications for Cleanliness and provides nurses with an easy-to-use protocol for assessing cleanliness, as outlined in standard 3 of the Royal College of Nursing's Infection prevention and control: Minimum standards.

16.5 The results from these audits are presented in the monthly DIPC report and scrutinised at Directorate Clinical Governance meetings and by the Infection Prevention and Control Group.

16.6 Executive Director Audits: Environmental audits of each ward are undertaken by Executive Directors, Clinical Directors and Heads of Nursing. These audits include a wide range of cleanliness issues within the ward premises including patient equipment. Results of the audits are presented in the DIPC report and scrutinised at Infection Prevention and Control Group.

16.7 Infection Prevention Annual Audit Programme: This is presented in the Annual Infection Prevention Programme. 0HS Specification for Cleanliness Audits, April 2007 (49 elements): The Trust operates a robust monitoring system based on the National Standards of Cleanliness. All areas are monitored by Domestic Team Leaders and Ward Sisters/Departmental Managers in accordance with the national auditing tool and an action plan is produced to correct any areas falling below the required standard of cleanliness. Below is a table explaining the targets and Trust thresholds. If an area falls below the threshold then this will be re-audited as required until it reaches the threshold target.

Functional Areas	NCS Frequency of Audit	NCS Target	Trust Threshold for Re-audit	Frequency of Re-audit
Very High (i.e. Theatres, A&E)	Weekly	98%	90%	Daily
High (i.e. Wards)	Monthly	95%	85%	Weekly
Significant (i.e. Clinics)	Quarterly	85%	75%	Weekly
Low (i.e. Offices)	Bi-Annual	75%	70%	Fortnightly

16.8 The Facilities Monitoring Team continually overseeing the monitoring process of the domestic cleaning service. The cleaning audit results are presented within the Monthly Chief Executive Cleaning report and Quarterly Trust Board Cleaning report which is scrutinised by the Infection Prevention and Control Group.

17 Breaches in Decontamination Procedures

17.1 Breaches in decontamination of medical devices will be incident reported via Datix.

17.2 Where a breach involves an invasive medical device that has been used on a second patient without appropriate decontamination, this will be regarded as a serious untoward incident.

18 Equality Impact Assessment

20.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.
(Refer to Appendix 7)

19 References

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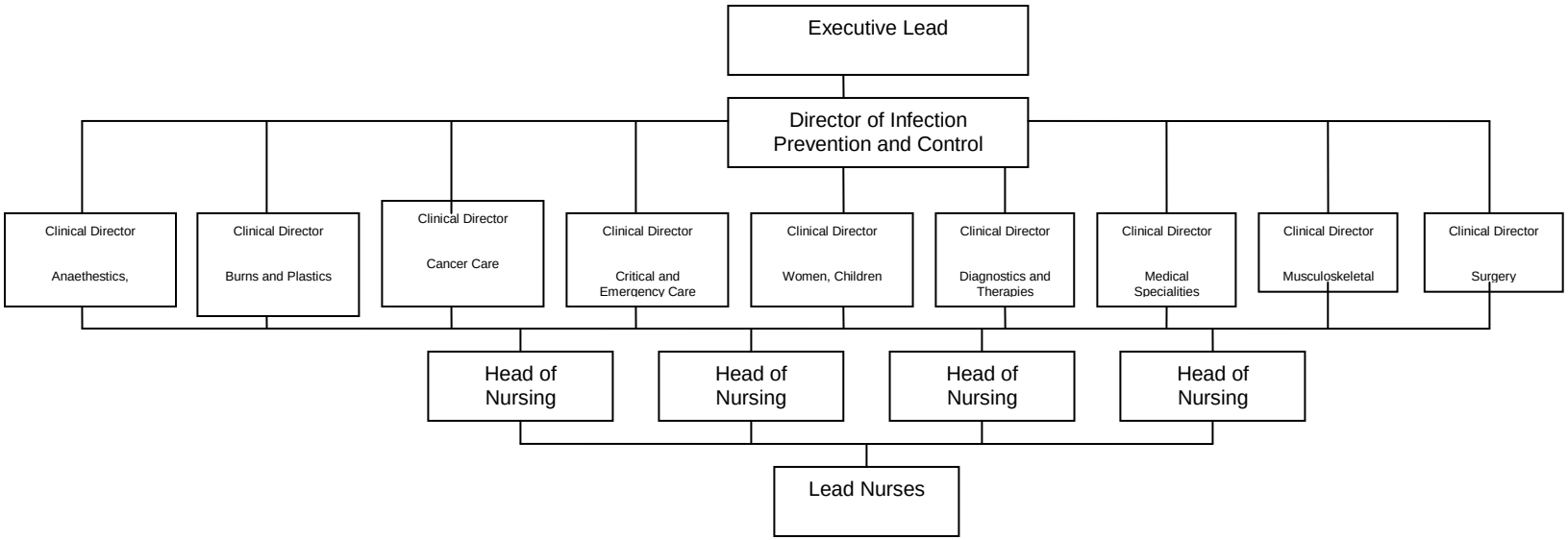
Appendix 1

Accountability and Responsibility for Decontamination within Directorates



Appendix 2

NHS Estates Summary of Protocol for the Decontamination of Surgical Instruments where Undertaken Locally

Immersion Method - Procedure for Manual Cleaning

To minimise the risk to personnel undertaking manual cleaning splashing and the creation of aerosols must be avoided at all times.

- Wear protective clothing.
- Fill the clean sink (not hand wash basin) with the appropriate amount of water an detergent.
- Dismantle or open the instrument.
- Fully immerse the instrument in the solution and keep under water during the cleaning process to prevent aerosols.
- Brush, wipe, agitate, irrigate, jet wash or hand spray the item to clean.
- Drain any excess detergent prior to rinsing in a second sink with clean water. (Jet guns may be used under the water surface but should only be connected to the **cold** water supply).
- Drain the item before drying using the preferred method.
- Complete any relevant documentation.

N.B.

- Dispose of cleaning materials safely in accordance with local policy.
- Replace obviously soiled or contaminated cleaning solution or the rinse water.

Non-immersion method - manual cleaning methods are required for certain equipment where items will become compromised by immersion in aqueous solutions, e.g. electrical/electronic equipment. In such cases clean items in accordance with manufacturer's instructions.

The complete version of this protocol can be found on:
www.decontamination.nhsestates.gov.uk

Appendix 3

A-Z OF EQUIPMENT AND DECONTAMINATION METHODS

This is intended as additional information; it is not a comprehensive list.

Please read the cleaning, Purchaser and sterilization section in this policy before using this list. Items that require autoclaving should be returned to Sterile Services for processing.

Item	Decontamination Method	Frequency
Airways and Endotracheal tubes	Disposable.	Single use only
Airway Suctioning	Yankeur suckers are single use only. If the packet is opened to attach to the suction tube in preparation for emergency use the Yankeur sucker must be left covered.	Single use only
Ambu bag & face mask	Disposable.	Single use only
Auroscope	Clean handle with 70% alcohol wipe	After each use
Baby bottles and teats	Use pre-sterilised feeds if possible. Single use, disposable teats and bottles Single patient use bottles are disinfected in Milton between feeds. Both the bottle and the Milton tank must be designated for individual patient use. Immerse in Sodium Hypochlorite 1% (Milton) 125ppm (0.0125%) available chlorine for 30 minutes. Discard the solution and make up a fresh solution every 24 hours	Single use only After each use.
Baby weighing scales	Clean with DiffX	After each use
Baths	Clean with DiffX or a domestic cream cleanser.	After each use. It is the responsibility of staff to ensure that the bath is cleaned.
Bath mats (non - slip)	Single use only	Discard after use
Bed frames and wheels	Clean with DiffX	As per ward cleaning schedule
Bedpans and urinals	Disinfect in washer-disinfector. If this is out of action, then use disposable and discard	After each use

	in orange bag waste stream	
Birthing pool	Rinse to wash away most of organic matter and then wipe with DiffX with a disposable mop.	After each use
Blinds	Refer to manufacturer's instructions.	At least every six months and in between If visibly soiled/contaminated
Bottles - Suction	Use disposable bottles/ liners. Reusable bottles should be cleaned and sent to HSDU.	After each use.
Bowls DO NOT put wash bowls in the bedpan washer / disinfector	Each patient to have their own wash bowl for the duration of their stay. Wash with detergent and water. Store dry and inverted Clean with DiffX. Store dry and inverted.	Dispose of bowl if visibly scratched. After each use (by same patient) In between patients
Brushes: Hair Nail Cleaning (instrument or endoscope) Lavatory	Individual patient use only. Disposable, use only for surgical scrubbing or if nails are heavily soiled. Disposable preferred. If reusable clean and autoclave. Rinse in flushing water Between patients wipe toilet seat with a Clinell wipes.	Dispose of after use. Single use only After each use. Daily.
Carpets (Carpets should not be used in clinical areas).	Vacuum. Steam clean. Clean with detergent and hot water preferably using a carpet shampooer.	Daily. Periodically. Following spillage.
Commodes	Thoroughly clean with DiffX. Steam clean	After each use. Put green tape round commodes when cleaned. Weekly (or monthly in

		areas where commodes infrequently used).
Cots/ bed warmer billibeds	Clean with DiffX After cleaning Billibeds, store in a plastic bag	Between patients
CTG Monitors.	Clean the outside of the monitors with a damp cloth moistened with DiffX The transducer heads should be cleaned with disinfectant wipes. Do not use alcohol wipes because it will damage the transducer. Frame of the trolley should be steam cleaned regularly.	Between patient use.
Curtains	Follow the curtain policy.	Routine change at least every six months and in between if visibly soiled/contaminated.
Delivery Beds	Clean bed fame, attachments and mattresses with DiffX	Put signed, dated green tape round bed when cleaned according to policy (10003)
Dressing trolleys	Clinell wipes Before use disinfect with 2% Chlorhexidine in 70% alcohol wipe (Sani-Cloth CHG 2%)	Daily and if contaminated with blood or body fluids. Before use.
Dynamap	Machine – wipe with Clinell wipes Cuffs –single patient use cuffs Non disposable, wipe with 2% Chlorhexidine in 70% alcohol wipe (Sani-Cloth CHG 2%)	Daily Discard when patient discharged After each use
Enteral feeding pumps	Clean with Clinell wipes	After each use and if soiled
Face Masks (oxygen)	Disposable. Clean with Clinell wipes whilst in use as	Single patient use.

	required. Cover when not in use (in plastic bag)	
Furniture and fittings	Follow manufacturer's instructions	As per ward cleaning schedule
Headphones (radio)	Change single use foam ear pieces and clean headphone set with Clinell wipes	After each patient use
Hoists	Clean with DiffX	Daily and if visibly soiled/contaminated. Clean bath hoists after each use.
Hoist slings	Where possible use disposable slings or keep sling for individual service user use. Send to laundry in a purple bag or wash in ward/unit washing machine if available, following manufacturer's instructions. Store in a plastic bag when not in use.	In between use on different patients or if soiled.
Instruments Surgical	Disposable. If reusable return to Sterile Services for cleaning and autoclaving. Delivery instruments (maternity) should be sprayed with enzyme spray prior to placing in red striped bag.	Dispose of after use After each use. After each use.
Intravenous injection trays	Clean with Clinell wipes (if soiled) then disinfect with 2% Chlorhexidine in 70% alcohol wipe (Sani-Cloth CHG 2%)	Before *and* after each use
Intravenous device ports and hubs	Chlorhexidine 2.0% in 70% alcohol (Sani-Cloth CHG 2%)	Each time IV device is accessed
IV pumps	Clean with Clinell wipes	After each use and if soiled
IV stands	Clean with Clinell wipes Steam clean	After each use and if soiled Periodically
Jugs Urine	Use sterile jugs supplied by supplies or disinfect in washer disinfector. Maternity, urine measuring jugs, cleaned in the bed pan washer, inspect that it is clean and store upside down in designated area.	After each use
Laryngoscopes: Blades	Use disposable blades. Disposable	Discard after use Discard after use

Handles	Non- disposable - return to Sterile services for cleaning and autoclaving	After each use
Mattresses	Refer to mattress policy (10003)	
Medicine pots/cups	Disposable or wash in hot water and detergent and dry. Do not soak.	Single use or after each patient
Mops	Change mop head and launder. Clean handle with DiffX	Daily
Nebuliser machines Machine; Mask / tubing; Nebuliser chamber;	Wipe with Clinell wipes Disposable Single patient use wipe with Clinell wipes Disposable Single patient use wash in warm water and detergent, rinse and leave to dry in a clean area	After use Discard after use As required Discard after use After use
Razors	Disposable	After use
Resusitaires/ portable Incubator	Clean using DiffX	Clean between each patient use.
Stethoscope	Clean with detergent and water or Clinell wipes if soiled. Use 70% alcohol wipes (if visibly clean) between use.	Between each patient
Suction Equipment Machines: Catheters (suction) Tubing (suction) Filters (suction)	Clean outside of machine with DiffX Single use disposable. Do not leave open catheters attached to tubing. Single use disposable Change in accordance with manufacturer's instructions and if soiled/contaminated.	If in use: daily and if visibly soiled. If not in use: weekly. Dispose of after each use Dispose of after each use As required
Thermometers	Use disposable thermometers or thermometers with disposable sleeves or covers.	Dispose of sleeves or covers after use.
Ultra sound portable	Wipe outside of machine with Clinell wipes	Between patient use

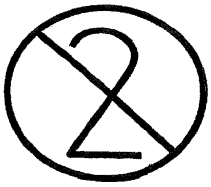
unit in Maternity	Transducer head cleaned with DiffX	
Urethral catheter bag tap	Chlorhexidine 2.0% in 70% alcohol (Sani-Cloth CHG 2%)	Before and after emptying urine bag
Ventouse machine	Clean the outside of the machine with damp cloth moistened with DiffX	Between patient use
Vomit bowls	Disposable or clean in washer disinfector	After each use
Weighing scales	Clean with DiffX	After each use
Wheelchairs	Clinell wipes	See wheelchair policy

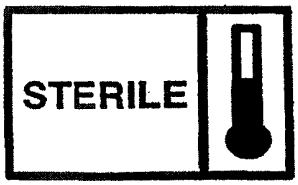
Appendix 4

Symbols used on Medical Devices and their packages

The Medical Devices Directives define the information that manufacturers are required to provide to users. Some of this information may be presented as symbols.

A number of the most commonly used symbols are reproduced below, together with an explanation as to their meaning.

Symbol	Meaning
	Single use only
	This item complies with the requirements of the directive/s relevant to that device. No additional controls needed to be marketed in the European Union.
 1996-06	Date of manufacture e.g. June 1996.
	Attention. See instructions for use.
SN-ABC123	Serial number.

	Batch code.
	Use by date; E.g. use by 30th June 1998.
	Sterile.
• 	Sterilised by radiation.
• 	Sterilised by heat.
	Sterilised by ethylene oxide.

Appendix 5

Definitions of levels of decontamination and risk

Table 1: Categories of risk relating to decontamination of equipment

Category	Indication	Examples	Level of Decontamination	Method
High Risk	Items that penetrate skin or mucous membranes, or t enter sterile body areas	Surgical instruments, needles, *Vaginal speculum.	Sterilise	Autoclave and use sterile Single use - disposable
Medium Risk	Items that have contact with mucous membranes or are contaminated with microbes that are easily transmitted	Bedpans. Endo-scopes	Disinfect or sterilise	Autoclave or disinfect by heat (80°C – 1min) Chemical disinfection may be appropriate for certain heat labile items, e.g. endoscopes.
Low Risk	Items used on intact skin	Washbowls mattresses	Clean	Wash with warm water and detergent and dry thoroughly or use Clinell wipes

*Vaginal speculae must be sterilised after use but do not need to be sterile at point of use, unless used during a sterile procedure

Appendix 6

Ward Equipment Cleaning Checklist

This is a generic checklist which can be adapted to meet the needs of the clinical area

Details of instrument cleaning method is in the decontamination policy or by contacting Infection Prevention.

Ward ……..
Week Beginning ……

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Name							
Resus Trolley							
Bedside Monitors							
Suction Apparatus							
Oxygen Cyclinders & Stands							
Sphygmomanometers and P Oximeters (or Dynamap)							
Scales							
Thermometers							
IV Pumps							
Enteral Feeding Pumps							
Near Patient Testing Equipment							
Ventilators							
Drip Stands & Supports							
ECG Machines							
Dressing Trolleys							
Drug Fridge							
Linen Skip							
Zimmer Frames							
Store Cupboards							
Drug Trolley							
Notes Trolley							
Patient Wash Bowls							
Lockers on Discharge							
Hoists							
Raised Toilet Seats							
Commodes							
Bedpans							
Mattresses on Discharge							
Dani-Centre (gloves etc)							
Babies Cribs							
Babies Highchairs							
Prams							
Signed (signatory can be any member of the ward staff on duty							

Sister's Signature …….

Date ……

Ward Cleaning Expectations

Ward Area	Expectations
Sluice	A generally clean and tidy sluice. No sterile items stored. All bedpans and bowls clean and stored inverted. Spillage pack available. Bedpan washer working effectively.
Clean Utility/Treatment	Generally clean and tidy. No contaminated or unnecessary items stored. Items that could be contaminated during treatments covered. Sterile items off the floor.
Ward Areas	Generally clean and tidy. No dust on horizontal surfaces. Curtains clean. No extraneous item out of the bed area. Floors clean and dust free. Good supply of liquid soap, alcohol hand rub and paper towels.
Toilets	Generally clean and tidy. No extraneous items. Good supply of liquid soap and paper towels. No sterile items in the room.
Bathrooms	Generally clean and tidy. No extraneous items. Good supply of liquid soap and paper towels. No sterile items in the room.
Bed Areas	Bed clean and dust free. Under the bed dust free. Catheter bags, wound drains etc kept off the floor. Good supply of alcohol hand rub. Bedside cabinets and table clean and dust free. Patientline equipment dust free.
Corridors	Clean and tidy. No unnecessary equipment or items in the corridors.
Nurses Station	Generally clean and tidy. All surfaces dust free. Telephone and computer keyboards and monitor clean and dust free. Notes trolley clean and dust free.
Kitchen	Generally clean and tidy. All food and kitchen items put away after use. No drying of tea towels. Refrigerator clean and not containing unlabelled or out of date food. Refrigerator seals clean. Refrigerator temperature between 3-8 degrees

Appendix 7: Preliminary Equality Analysis

This assessment relates to: Decontamination and Infection of Equipment and Environment (04070)

A change in a service to patients		A change to an existing policy	**X**	A change to the way staff work	
A new policy		Something else (please give details)			

Questions	Answers
1. What are you proposing to change?	Full Review
2. Why are you making this change? (What will the change achieve?)	3 year review
3. Who benefits from this change and how?	Patients and clinicians
4. **Is anyone likely to suffer any negative impact as a result of this change?** If **no**, please record reasons here and sign and date this assessment. If **yes**, please complete a full EIA.	No
5. a) Will you be undertaking any consultation as part of this change? **b) If so, with whom?**	Refer to pages 1 and 2

Preliminary analysis completed by:

Name	Judith Holdsworth	**Job Title**	Infection prevention & Control Interim Matron	**Date**	May 2019