



# Cleaning and Disinfection of Ward-based Equipment

**This procedural document supersedes:** PAT/IC 24 v.6 – Cleaning and disinfection of ward-based equipment.



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### Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
7	20 August 2019	<ul style="list-style-type: none"> <li>• Substantial Changes made throughout the policy <b>PLEASE READ IN FULL</b></li> </ul>	B Bacon IPC
6	31 October 2016	<ul style="list-style-type: none"> <li>• Policy written in new Trust format.</li> <li>• Added reference to “The Medical Devices Management Policy (CORP/PROC 4).</li> <li>• Revised section 4.5 on HPV fogging and removed Appendix 4- Standard Operating Procedure for HPV fogging with Draeger Pac111.</li> <li>• Revised Appendix 3-Summary of Methods for Decontamination.</li> <li>• Revised List of Associated Trust Procedural Documents &amp; References.</li> </ul>	P Johnson IPC
5	14 January 2014	<ul style="list-style-type: none"> <li>• Policy written in new Trust format</li> <li>• Section added on Hydrogen Peroxide – 6.3</li> <li>• Policy name change</li> </ul>	M Madeo IPC

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## 1 INTRODUCTION

*The Health and Social Care Act (2012); Code of Practice for the Prevention and Control of Healthcare Associated Infection* requires NHS organisations to have systems in place to minimise the risk of healthcare associated infection. Any equipment used in the treatment, diagnosis and care of patients, or any device which comes into contact with patients and their bodily fluids may be contaminated by micro-organisms, therefore posing a risk of cross infection.

**Effective decontamination of medical devices is essential in reducing the risk of cross infection.** To ensure that this responsibility is exercised in a responsible and effective way the whole process of decontamination must be considered before purchasing and acquisition of health care equipment; decontamination, transport, storage, disposal. This requires effective management systems covering a range of disciplines and locations across the Trust. It is essential to establish methods of decontamination at the earliest stage of acquisition. Please refer to the 'Selection and Procurement of Medical Devices Policy' (CORP/PROC 3) and the 'Medical Devices Management Policy' (CORP/PROC 4) for guidance, prior to purchasing medical equipment and compliance with manufactures decontamination guidance.

## 2 PURPOSE

This policy gives guidance on:

- Local decontamination of reusable medical equipment
- Handling and use of disinfectant agents
- Standard operating procedures for decontamination

**The guidance in this policy applies to decontamination of low risk reusable medical equipment in ward based clinical areas.** It does not include guidance on those measures which are specific to specialist areas e.g. urology, endoscopy, pathology or the Sterile Services.

## 3 DUTIES

Many cleaning chemicals used in healthcare premises are covered by The Control of Substances Hazardous to Health Regulations (COSHH, 2002). Employers and organisations must ensure all cleaning chemicals are stored and used safely and that all staff receives training appropriate to their job role. Staff should be particularly mindful of vulnerable patients who may access cleaning chemicals left unattended or unsecured.

This policy covers infection prevention and control management issues for Trust staff this includes:

- Employees
- Agency/Locum/Bank Staff/Students
- Visiting/honorary consultant/clinicians
- Contractors whilst working on the Trust premises

All staff working on Trust premises, outreach clinics and community settings, including Trust employed staff, contractors, agency and locum staff, are responsible for adhering to this policy. They need to be aware of their personal responsibilities in preventing the spread of infection and for reporting breaches of this policy to the person in charge and to their line manager.

## 4 INDIVIDUAL RESPONSIBILITIES

**Divisions:** are responsible for ensuring the policy is adhered to and for ensuring action is taken if staff fails to comply with the policy.

**Matrons:** Policy implementation assurance will be checked by reviewing audit results undertaken by the Infection Prevention and Control Team (IPC) and Ward Staff.

**Ward and Department Managers:** are responsible for ensuring all staff have read the policy and implement this within their area. Ward and Department managers will ensure the required number of assurance audits are undertaken as part of the IPC accreditation scheme.

**Housekeeping staff:** Routinely maintain a clean environment to reduce level of environmental contamination. Undertake environmental cleaning audits as per national cleaning specifications and liaise with ward managers if audits score fall below required levels.

**The Infection Prevention and Control Team:** is responsible for providing expert advice in accordance with this policy, for supporting staff in its implementation, and assisting with risk assessment where complex decisions are required.

**Director of Infection Prevention and Control:** Is responsible for implementing infection and prevention and control strategies throughout the Trust for embedding best practice.

**Board of Directors:** is responsible for ensuring the implementation of a Board to Ward culture and to support a Zero Tolerance approach to Health Care Associated Infections.

### PATIENTS LACKING CAPACITY

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest\* see definitions.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the intranet.

## 5 PROCEDURE

The day to day practice of decontamination of medical equipment in clinical areas will be carried out by healthcare staff.

Thorough physical cleaning **must** be the first step in any decontamination process.

Failure to achieve this reduces the efficacy of subsequent decontamination measures.

Any item of equipment that may have become contaminated must be decontaminated in accordance with the manufacturer's recommendations. Suppliers have a duty of care to provide information on safe decontamination methods and chemical compatibility.

### 5.1 Infection Risks to Patients from Equipment, Materials and the Environment

All medical equipment must be decontaminated in accordance with the Trust decontamination risk matrix (Table 1). This matrix provides a guide for the level of decontamination required according to the type of procedure and must be used in line with the manufacturer's instructions. If in doubt please seek further guidance from the Infection Prevention and Control Team (IPCT).

**Table 1 - CATEGORIES FOR DECONTAMINATION**

RISK	USE OF ITEM	MINIMUM DECONTAMINATION REQUIRED
HIGH	<ul style="list-style-type: none"> <li>In close contact with a break in the skin or mucous membrane</li> <li>For introduction into sterile body areas</li> </ul>	STERILIZATION e.g. laparoscopic equipment
MEDIUM	<ul style="list-style-type: none"> <li>In contact with intact mucous membrane</li> <li>Contaminated with particularly virulent or readily transmissible organisms</li> <li>Prior to use on immunocompromised patients</li> </ul>	DISINFECTION e.g. trans-vaginal probe
LOW	<ul style="list-style-type: none"> <li>In contact with intact skin, <b>or</b></li> <li>Not in direct contact with patient</li> </ul>	CLEANING e.g. patients lockers

### 5.2 Single Use/Single Patient Use

A distinction should be drawn between literally '**single use**' items and those items which are disposable but may be used repeatedly during care of a single patient so called '**single patient use**' items. Even for these latter items there is a defined duration of use and they must be discarded at regular, frequent intervals, in line with manufacturer's instructions.

Reprocessing disposable items can affect their safety, performance and effectiveness. Reuse of strictly single use items has legal and ethical implications and Trust policy dictates that disposable items should **never** be reprocessed for further patient use.



Symbol denoting single use item.

### 5.3 Ward / Department disinfectants used within the Trust

Only those disinfectants approved by the Trust are to be utilised. (See sections' 5.5 and 5.6) A Control of Substances Hazardous to Health (COSHH) assessment must be undertaken for all products used;

A summary of methods for cleaning and decontamination of equipment or environment can be seen in Appendix 3.

Decontamination of medical devices must be carried out with a product compatible with manufacturer's recommendations, at the correct concentration. There have been concerns identified in the UK with inappropriate chemicals utilised to disinfect / clean medical devices resulting in premature failure of device. As a result the Medicine and Healthcare products Regulatory Agency (MHRA) alert (MDA/2013/019) advises that disinfectant can damage plastic surfaces of medical devices, if they are not compatible with the surface material. Damaged surfaces may compromise the ability to decontaminate medical devices adequately and / or may interfere with device function.

### 5.4 General Principles of Use

Some bacteria can grow in disinfectants. To prevent this from happening the following should always be observed:

- Make up a fresh solution daily;
- Replace container caps securely after use;
- Water must never be left standing in cleaning buckets, even if it contains a disinfectant, these must be stored clean and dry;
- Partially full bottles of disinfectant should never be 'topped up'.

When diluting a disinfectant, remember:

- They work best at the right dilution, follow the manufacturer's instructions;
- Always mix them in a clean separate vessel with fresh tap water;
- Always use personal protective equipment as appropriate;

**Cleaning cloths** should be of a disposable nature and dependent on the level of likely contamination present, should be discarded after single use (e.g commodes) or at least daily.

## 5.5 Peracetic Acid Agent (e.g. Peracide)

Peracide is an agent that contains 'Peracetic acid' as the active chemical and is rapidly effective against viruses, fungi, bacteria and spores. The receptacle nozzle should remain closed, when not in use. Peracide must not be mixed with other chemicals.

Peracide is used for routine environmental/equipment cleaning on wards, and high-risk areas such as Accident and Emergency.

Peracide may be used on blood spillages refer to Spillage of Blood and other Body Fluids policy PAT/IC 18

(See Appendix 1 on how to reconstitute Peracide).

## 5.6 Chlorine Releasing Agents (e.g. Haztab, Chlor-clean)

Chlorine releasing agents are cost-effective disinfectants, which act by releasing available chlorine. Chlorclean must not be mixed with other chemicals.

When using a chlorine releasing agent, care is necessary with metals as chlorine is corrosive.

Chlorine powders or granules (Haztabs) may be applied directly to small spillages of blood or body fluids. Refer to Spillage of Blood and other Body Fluids policy PAT/IC 18

(See Appendix 2 on how to reconstitute Chlor-clean).

The concentration of hypochlorite solutions is expressed as parts per million (ppm) of available chlorine ([table 2](#)).

**Table 2: IN-USE CONCENTRATIONS OF CHLORINE RELEASING AGENTS**

USES	Available chlorine (parts per million (ppm))
Blood spillages	10,000
General environmental disinfection	1,000
Infant feeding bottles and teats	125

## 5.7 Deep Clean and Hydrogen Peroxide Vaporisation ("HPV FOGGING")

The deep clean team are involved in more thorough deep cleaning of shared equipment as part of the rolling ward 'Deep Clean Programme'. This involves the environment and equipment undergoing the deep clean process; using detergent, steam cleaning, and Hydrogen Peroxide into the environment.

HPV is a method of chemical disinfection used within the hospital when the environment has been potentially contaminated with a virulent pathogen or as part of a proactive deep cleaning programme. In order to adopt this level of decontamination the area and



equipment to be 'fogged' will require a thorough deep clean. All the equipment and items within the vicinity to be 'fogged' will need to be placed in such a manner to allow for maximum exposure of its surface area to the HPV process. HPV needs to be undertaken by trained and competent staff that will be familiar with potential health and safety hazards associated with this procedure. Refer to service department for further guidance.

## 5.8 Colour Coding for Cleaning Equipment

All cleaning equipment i.e. cloths, mops, buckets and gloves must be colour coded appropriately to ensure that they are only used in designated areas.

**BLUE** wards, dayrooms and general areas

**RED** sanitary areas

**GREEN** kitchens

**YELLOW** isolation rooms

## 6 DECLARATION OF CONTAMINATION STATUS

Those who inspect, service and repair or transport medical equipment have a right to expect this equipment has been appropriately decontaminated in order to remove or minimise the risk of infection.

All re-usable medical devices and equipment to be inspected, serviced or repaired must be decontaminated beforehand. Further information is available in the operator's manual for each device. General information and guidance can be found in the Medicines and Healthcare products Regulatory Agency's (MHRA) document : [Managing Medical Devices \(2015\)](#).

Should there still be concerns on how to decontaminate a specific medical device please seek advice from Medical Technical Services, Infection control or direct from the manufacturer.

## 7 TRAINING/ SUPPORT

The training requirements of all staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead or nominated person.

It is recommended that Infection Prevention and Control should be included in individual Annual Development Appraisal and any training needs for IPC addressed.

## 8 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

Monitoring	Who	Frequency	How Reviewed
Compliance with policy to negate cross-infection	Ward Managers are responsible for ensuring implementation within their area of best practice by undertaking regular ward rounds.	According to risk category for each ward / department	Any deficits identified will be addressed immediately to facilitate compliance with policy.
Environmental cleanliness	Service department. Clinical Teams. IPC Team.	According to risk category for each ward/ department	Deficits identified will be addressed via agree action plan to comply with policy.
Clinical equipment cleaning	Cleaning checklist completed by ward or department staff	Daily	Via IPC system (Ward Accreditation Dashboard). or Cleaning Folder kept on in the area.

In addition to the above the Infection Prevention and Control Team will review this policy in the following circumstances:

- When new national or international guidance are received.
- When newly published evidence demonstrates need for change to current practice.
- Every three years routinely.

## 9 DEFINITIONS

### Cleaning

A process which physically removes contamination but does not necessarily destroy micro-organisms. Cleaning is an essential pre-requisite for effective disinfection or sterilisation.

Routine domestic cleaning should be carried out daily to maintain a clean environment. This reduces the number of microbes present and removes substances that will support their growth.

It is essential to keep equipment clean whilst in use and it is equally important that equipment is cleaned before being put away or used for other patients.

**Contamination**

Inanimate objects soiled with potentially infectious substances.

**Decontamination**

A process that removes or destroys all or most contaminating organisms, depending on the process used. Cleaning is always the first step in this process and is often followed by disinfection or sterilisation, depending on the circumstances.

**Disinfectant**

A chemical agent which under defined conditions is capable of disinfection. Rather loosely, some agents with sterilising properties are also classified as disinfectants.

A variety of chemicals are used for disinfecting equipment and the environment.

**Disinfection**

A process used to destroy all or most viable organisms. This is a selective process and, depending on the chosen method, may not inactivate some viruses and bacterial spores.

**Hydrogen Peroxide Vaporisation**

HPV significantly reduces environmental contamination. This method of disinfection is used within the Hospital Deep Cleaning Programme.

**Sterilisation**

A process used to render the object completely free from viable microorganisms, including viruses.

**Best Interest Assessment – A** Best Interest assessment is determined on an individual patient basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision must be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.

## 10 EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 4)

## 11 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

This policy should be read in conjunction with other Trust Policies and protocols for the prevention and control of HCAI in line with the Health and Social Care Act 2014

- Control of Substances Hazardous to Health (COSHH) Guidance - CORP HSFS 7
- Glove Use Policy - CORP/HSFS 13
- Hand Hygiene - PAT/IC 5
- Health and Safety at Work - Medical Surveillance - CORP/HSFS 2
- Isolation Policy - PAT/IC 16
- Medical Devices Management Policy - CORP/PROC 4
- Medical Equipment Training Policy - CORP/RISK 2
- Mental Capacity Act 2005 - Policy and Guidance including Deprivation of Liberty Safeguards (DOLS) - PAT/PA 19
- Selection and Procurement of Medical Devices Policy - CORP/PROC 3
- Spillage of Blood and other Body Fluids PAT/IC 18
- Standard Infection Prevention and Control Precautions Policy - PAT/IC 19
- Waste Management Policy - CORP/HSFS 17 (A)
- Waste Management Manual – CORP/HSFS 17 (B)
- Mobile Communications Policy – CORP/HSFS 16
- Fair Treatment For All Policy - CORP/EMP 4
- Equality Analysis Policy - CORP/EMP 27.

## 12 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under ‘Current data protection legislation’ as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/uk-data-protection-legislation-eu-general-data-protection-regulation-gdpr/>

## 13 REFERENCES

1. Department of Constitutional Affairs Mental Capacity Act (2005)- Code of Practice,2017 [www.dca.gov.uk](http://www.dca.gov.uk)
2. Department of Health (2012). The Health and Social Care Act; Code of Practice for the Prevention and Control of Health Care Associated Infections. Department of Health. London
3. H.P. Loveday\*, J.A. Wilson, R.J. Pratt et al (2014). Epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Journal of Hospital Infection 86S1 (2014) S1–S70
4. Managing Medical Devices (2015) Guidance for healthcare and social services organisations. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/421028/Managing\\_medical\\_devices\\_-\\_Apr\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/421028/Managing_medical_devices_-_Apr_2015.pdf)





5. Medical Devices Agency (2014) Sterilization, disinfection and cleaning of medical equipment.  
<http://www.mhra.gov.uk/Publications/Safetyguidance/Otherdevicesafetyguidance/CON007438>
6. The Control of Substances Hazardous to Health Regulations (1994). Last updated 30 Jun 2016  
<http://www.hse.gov.uk/coshh/>
7. The Health and Safety at Work Act (1974) Last updated 30 June 2016  
<http://www.hse.gov.uk/legislation/hswa.htm>
8. The Management of Health and Safety at Work Regulations (1999)  
<http://www.legislation.gov.uk/uksi/1999/3242/contents/made>

**APPENDIX 1 – HOW TO PREPARE PERACIDE**



# How to Prepare Peracide

Do not use damaged equipment, check mop buckets and bottles before use for damage and ensure the items are clean before use.

Mop Bucket 	Handheld Bottle 
 <p>Add 2 Litres of clean warm (40°C) water to a clean mop bucket. Add two 6-gram (large) tablets.</p>	 <p>Ensuring the bottle is clean, fill with clean warm (40°C) water. Add two 3-gram (small) tablets.</p>
 <p>Stir the solution until the colour changes from purple to pink.</p>	 <p>Gently shake the solution until the colour changes from purple to pink.</p>
 <p>Saturate the mop in the solution and squeeze out the excess.</p>	 <p>Saturate the cloth in the solution and squeeze out the excess.</p>
 <p>Use mop ensuring the surface is visibly wet. Follow internal guidelines on use.</p>	 <p>Use cloth ensuring the surface is visibly wet. Follow internal guidelines on use.</p>
 <p>Dispose after use, when visibly soiled or after 24 hours.</p>	 <p>Dispose after use, when visibly soiled or after 24 hours.</p>

**ALWAYS DISPOSE AFTER 24 HOURS**



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In collaboration with GOJO Industries-Europe Ltd.



APPENDIX 2 – HOW TO PREPARE CHOR-CLEAN

Policy  
PAT/IC 24

Doncaster and Bassetlaw Hospitals **NHS**  
NHS Foundation Trust

**HOW TO MAKE UP A DISINFECTANT SOLUTION**

**BEFORE YOU START**



Always wear protective gloves and an apron.



Ensure good ventilation



Refer to CoSHH note on product label and check expiry date.


**For All Cleaning**

NOT SUITABLE FOR USE ON BLOOD SPILLS – SEE HAZ-TAB POSTER



**CHLOR-CLEAN TABLETS**  
Use one tablet for every litre of water from the cold tap


Use 2 tablets for 2 litres of water.




→

**= 1,000 p.p.m.**  
Available Chlorine

→



Use 1 tablet for 1 litre of water.



← 2 LITRE FILL LINE →  
**DILUTER FOR CHLOR-CLEAN TABLETS**  
← 1 LITRE FILL LINE →  
Order Code: H8804

Use with disposable towels to wipe over surfaces.  
Discard any remaining solution.



**DO....**

- ✓ Wear protective clothing.
- ✓ Make a fresh solution every shift.
- ✓ Store in accordance with COSHH regulation
- ✓ Always use in a ventilated area.
- ✓ Make up to the correct solution
- ✓ Use cold tap water

**DON'T....**

- ✗ Shake the container
- ✗ Use directly on urine or vomit
- ✗ Mix with hot water
- ✗ **Never** mix with any other cleaning agent or any chemical.
- ✗ **Never** use in a spray bottle

Issue Date: July 2008

\***CHLOR-CLEAN** is manufactured by **Guest Medical Limited** of Edenbridge, Kent. **01732 867466**



## APPENDIX 3 – SUMMARY OF METHODS FOR DECONTAMINATION OF EQUIPMENT OR ENVIRONMENT

<b>Summary of Methods for Decontamination of Equipment or Environment</b>			
ITEM OR SITE	METHOD	FREQUENCY	COMMENTS
Ampoules	Swab neck with 70% v/v Isopropyl alcohol & 2%w/v Chlorhexidine gluconate e.g. PDI Sani-Cloth wipe	Before use	
Anaesthetic equipment	Send to HSDU or use single use/disposable	After use	
Auroscope	Send to HSDU	After use	
Baby scale	Depending on clinical area decontaminate using Peracide, on ward areas. In clinics/ outpatients clean using neutral detergent and warm water.	After use	
Baths, hand basins and showers	Depending on clinical area decontaminate using either Peracide, or neutral detergent and warm water	After use or at least daily	If within an infected patient area, such as MRSA or in an outbreak situation these areas need to be cleaned after each use or at least daily (twice daily for sinks)
Bed frame	Decontaminate using Peracide.	Weekly and after patients discharge	If within an infected patient area, such as MRSA or in an outbreak situation these need to be cleaned twice daily.
Bed tables and lockers	Clean using Peracide and a disposable cloth.	Daily and after patients discharge	If within an infected patient area, such as MRSA or in an outbreak situation these need to be cleaned twice daily.
Bedpans and urinals	Use disposable and macerate. Disinfect the holder with Peracide.	After each use	If macerator is not working contact the engineers as a matter of urgency, use disposable equipment and discard contents into clinical waste sacks
Blood pressure cuffs	Single patient use or clean reusable cuff with a disposable cloth wipe using Peracide or detergent wipe in lower risk areas e.g. outpatients	After each use	If used on an infected patient , such as MRSA allocate single patient use or use disposable,
Bottles (feeding) and teats	Clean using neutral detergent and warm water and rinse, then totally immerse in a 125ppm available chlorine for at least 30 minutes, removing any bubbles from the bottle or teat	After use	Where available use disposable
Bowls (washing)	Depending on clinical area decontaminate using either Peracide or neutral detergent and warm water. Use Peracide on discharge. Store inverted	After use	Always empty used water into sluice hopper <b>NOT</b> into hand washing sink  Never use for soaking patients clothing or slippers in bowls



Breast pumps	Clean machine using Peracide or chlorclean. Use single use disposable tubing and bottles.	Daily (Machine)	
Carpets	Vacuum. Shampoo.	Daily When soiled	Carpets are not suitable for use in clinical areas
Catheter Stands	Clean using Peracide	Daily and on patients discharge	If within an infected patient area, such as MRSA or in an outbreak situation these need to be cleaned twice daily.
Commode	Clean using Peracide and a disposable cloth.	After use	
Couches	In high risk areas clean using Peracide In low risk areas clean using, neutral detergent and warm water/soapy wipes.	In between patients	It is advised at the end of each day all couches in outpatients are cleaned with Chlor-clean, especially where there is risk of body fluid exposure, unless this is against manufacturers guidance- please seek IPC advice in that instance.
Crockery and cutlery	Use Dishwasher with rinse temperature above 80°C, air dry. <b>Or</b> hand wash in hot water, using neutral detergent. Rinse and dry with a disposable paper towel	After every use	
Curtain rails	High dusting cleaning to be undertaken daily using Peracide or neutral detergent depending on clinical area.	Daily	Care must be taken not to scatter the dust.
Curtains (Textile)	Send to laundry.	When physically soiled or at least 6 monthly.	Send to laundry once isolation precautions, if in use, have been discontinued.
Disposable Curtains	Disposable Curtains – dispose of in the household waste system . If from an isolation room or physically soiled with body fluids, dispose of as clinical waste.	Disposable curtains can be left insitu for a maximum of six months before replacement, unless visibly contaminated or exposed to <i>C.difficile</i> .	Contact IPC for further advice where needed.
Cushions (including pressure relieving) and foam wedges	Clean using either Peracide or Chlor-clean	Between patients and when soiled	The outer cover must be totally intact. It is not appropriate to cover foam wedges with polythene and tape
Drip stands	Clean using Peracide or Chlor-clean	After use or at least daily	If within an infected patient area, such as MRSA or in an outbreak situation these need to be cleaned twice daily.

Dynamic Pressure Relieving Mattress	Mattress and Pump and tube: Clean using Peracide	Daily	Following any of the following the mattress must be laundered off site. <ul style="list-style-type: none"> <li>evidence of strike through to the air cells,</li> <li>After used by a patient in isolation</li> <li>Following an outbreak situation</li> </ul> This can be arranged through the Equipment Library.
Feeding pump	Clean using Peracide or follow manufactures guidance	Daily	If within an infected patient area, such as MRSA or in an outbreak situation these need to be cleaned twice daily.
Flower vases	Hand wash in hot water, using neutral detergent.	After use	
Hoists	Clean using Peracide	Daily and after use	Slings should be single patient use and discarded after patient discharge or when soiled.
Incubators and cots	Clean using Peracide	Daily and after use	If within an infected patient area, such as MRSA or in an outbreak situation these need to be cleaned twice daily.
Infusion pumps	Clean using Peracide	Daily and after use	If within an infected patient area, such as MRSA or in an outbreak situation these need to be cleaned twice daily.
Mattresses	Clean using Peracide	Weekly and following patients discharge.	If soiled decontaminate immediately.
Mobile IT devices	Clean using Peracide	Daily (and between patients where these devices are used by patients)	Refer to CORP/HSFS 16 – Mobile Communications Policy for cleaning and disinfection purposes.
Nebulizers	Clean machine, tubing and mask using Peracide	Tubing and masks should be cleaned after each use. Machine: Cleaned at least daily.	
Peak flow	Clean device with Peracide in ward areas.	Device: Single patient use. Mouth piece: Single use.	Advise patients to bring peak flow devise with them, whenever they attend hospital.
Toys	Hand wash in warm water, using neutral detergent.	Daily	It is essential that all toys can be correctly decontaminated after being played with in isolation rooms. Clean using Peracide
Trolley - dressing	Clean using Peracide in ward areas. Detergent wipe in OPD	Before and after use	

## APPENDIX 4 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Cleaning and disinfection of Ward- based equipment	Corporate Nursing. Infection Prevention and Control	Beverley Bacon IPCP	Existing	August 2019
<b>1) Who is responsible for this policy?</b> Corporate Nursing. Infection Prevention and Control				
<b>2) Describe the purpose of the service / function / policy / project/ strategy?</b> To facilitate a standard approach to decontamination of ward based equipment which staff guides staff and may help reduce the risk of healthcare associated infections				
<b>3) Are there any associated objectives?</b> <i>The Health and Social Care Act (2008); Code of Practice for the Prevention and Control of Healthcare Associated Infections.</i>				
<b>4) What factors contribute or detract from achieving intended outcomes?</b> – None				
<b>5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> No				
<ul style="list-style-type: none"> <li>If yes, please describe current or planned activities to address the impact</li> </ul>				
<b>6) Is there any scope for new measures which would promote equality?</b> N/A				
<b>7) Are any of the following groups adversely affected by the policy?</b>				
<b>Protected Characteristics</b>	<b>Affected?</b>	<b>Impact</b>		
a) Age	None	Neutral		
b) Disability	None	Neutral		
c) Gender	None	Neutral		
d) Gender Reassignment	None	Neutral		
e) Marriage/Civil Partnership	None	Neutral		
f) Maternity/Pregnancy	None	Neutral		
g) Race	None	Neutral		
h) Religion/Belief	None	Neutral		
i) Sexual Orientation	None	Neutral		
<b>8) Provide the Equality Rating of the service / function / policy / project / strategy – tick (✓) outcome box</b>				
<b>Outcome 1</b> ✓	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4</i>				
<b>Date for next review:</b> August 2022				
<b>Checked by:</b> Carol Scholey Lead Nurse Infection Prevention and Control			<b>Date:</b> August 2019	