Doncaster and Bassetlaw Hospitals NHS
NHS Foundation Trust

Cleaning and Disinfection of Ward-based Equipment

This procedural document supersedes: PAT/IC 24 v.5 – Cleaning and disinfection of ward based equipment.

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Approved by:	Infection Prevention & Control Committee
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Target audience:	Trust wide

Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
6	31 October 2016	• Policy written in new Trust format. • Added reference to "The Medical Devices Management Policy (CORP/PROC 4). • Revised section 4.5 on HPV fogging and removed Appendix 4- Standard Operating Procedure for HPV fogging with Draeger Pac111. • Revised Appendix 3-Summary of Methods for Decontamination. • Revised List of Associated Trust Procedural Documents & References.	P Johnson
5	14 January 2014	• Policy written in new Trust format • Section added on Hydrogen Peroxide – 6.3 • Policy name change	M Madeo
4	November 2010	• Removal of poster – Are you decontaminating your equipment correctly? • Updated specific reference to products used within the Trust • Include section on 'methods for decontamination of equipment or environment' Appendix 3	B Bacon
3	March 2009	• Amendment form added • New sections added: - Duties - Individual and Group Responsibilities - Education and Training - Audit of Compliance - Colour Coding for Cleaning Equipment • Removal of the nominal list of items and how to clean them • Specific reference to products used within the Trust • References Updated • Appendix 1 - Are you decontaminating your equipment correctly? has been added • Appendix 2 - How to Make up a Disinfectant Solution has been added	Infection Prevention and Control Team
2	August 2006	• Pages 6-13 - Changes made to comments column of table.	IP&CT

Contents

1. INTRODUCTION

The Health and Social Care Act (2008); 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. The Regulating Medicines and Medical Devices (MHRA) agency https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency and Department of Health https://www.gov.uk/search?q=DECONTAMINATION+OF+MEDICAL+DEVICES&show_organisations_filter=true have produced specific guidance on decontamination pertaining to medical devices, which must be viewed to ensure conformity with best practice.

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 and Surgical Products" 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 Department.

3. DUTIES AND RESPONSIBILITIES

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.

It is the responsibility of Directors and Managers to ensure compliance with this standard.

Individual responsibilities:

Clinical Care Groups: are responsible for ensuring the policy is adhered to and for ensuring action is taken if staff fails to comply with the policy.

Consultant Medical Staff: are responsible for ensuring their team read and understand this policy, and adhere to the principles contained in it at all times.

Matrons: are responsible for ensuring dissemination of policy within their allocated areas of responsibility. Policy implementation assurance will be checked by reviewing audit results undertaken by IPC and ward staff, in addition Matron will incorporate within their ward round checks.

Ward and Department Managers: are responsible for ensuring all staff have read the policy and implement this within their area. Ward 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 and matrons if audits score fall below required levels.

On call Managers: are responsible for providing senior and executive leadership to ensure implementation of this policy, and for ensuring infection risks are fully considered and documented when complex decisions need to be made regarding capacity and patient flow.

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.

4. 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; any deviations from this must be approved by the decontamination group. Suppliers have a duty of care to provide information on safe decontamination methods and chemical compatibility.

4.1 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 IPC team.

Table 1 - CATEGORIES FOR DECONTAMINATION

RISK	USE OF ITEM	MINIMUM DECONTAMINATION REQUIRED
HIGH	• In close contact with a break in the skin or mucous membrane • For introduction into sterile body areas	STERILIZATION e.g. laparoscopic equipment
MEDIUM	• In contact with intact mucous membrane • Contaminated with particularly virulent or readily transmissible organisms • Prior to use on immunocompromised patients	DISINFECTION e.g. trans-vaginal probe
LOW	• In contact with intact skin, **or** • Not in direct contact with patient	CLEANING e.g. commode

4.2 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.

4.3 Chemicals Used within the Trust

Only those disinfectants approved by the Infection Prevention and Control Department, the Pharmacy Department and the trust Decontamination Group are to be utilised.

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

There have been recent concerns identified in the UK with inappropriate chemicals utilised to disinfect / clean medical devices resulting in premature failure of device. As a result the MHRA alert (MDA/2013/019) https://www.gov.uk/drug-device-alerts/medical-device-alert-detergent-and-disinfectant-wipes-used-on-reusable-medical-devices-with-plastic-surfaces-risk-of-degrading-plastic-surfaces advises detergent and disinfectant wipes 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.

Decontamination of medical devices must be carried out with a product compatible with manufacturer's recommendations, at the correct concentration.

4.4 General Principles of Use

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

- Replace container caps securely after use;
- A sterile solution, once opened, should be regarded as non-sterile;
- The expiry date on each solution should be checked before 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;
- A COSHH assessment must be undertaken for all products used and disinfectants must not be mixed;

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.

4.5 Chlorine Dioxide Agent (e.g. Difficil-S)

Difficil–S in an agent which contains chlorine dioxide as the active chemical and is rapidly effective against viruses, fungi, bacteria and spores. The receptacle nozzle should remain closed, when not in use to reduce the risk of evaporation of the active agent.

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

(See Appendix 2 on how to reconstitute).

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

Chlorine releasing agents are cost-effective disinfectants, which act by releasing available chlorine.

When using a chlorine releasing agent, care is necessary with metals as chlorine is corrosive. Chlorine powders or granules may be applied directly to small spillages of blood or body fluids. Chlorclean must not be mixed with other chemicals.

See Appendix 2 on how to reconstitute Chlorclean.

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

4.7 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 decant 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.

4.8 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

5. 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)*.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/421028/Managing_medical_devices_-_Apr_2015.pdf

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.

6. TRAINING/CARE

Staff will receive instructions and direction regarding infection prevention and control practice and information from a number of sources:

- Trust Induction
- Trust Policies and Procedures available on the intranet
- Ward/departmental/line managers
- As part of the mandatory infection prevention and control education update sessions which can be delivered by a number of formats e.g. face to face and e learning
- Infection Prevention and Control Educational displays/ posters
- Trust Infection Prevention and Control Team
- Infection Prevention and Control Link Practitioners will be provided with education sessions about the policy at their meetings which will facilitate local training and supervision to take place.
- Advice is also available from the Doncaster & Bassetlaw Hospitals intranet sites.

Infection prevention and control must be included in individual Annual Professional Development Appraisal and any training needs for infection prevention and control addressed.

It will be an expectation for all clinical staff to attend IPC training as per local Training Needs Analysis, which will be captured by the Training and Education Department via OLM system.

7. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

Monitoring	Who	Frequency	How Reviewed
Compliance with policy to negate cross-infection	Matrons are responsible for ensuring implementation within their area of best practice by undertaking regular audits and unannounced 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. By auditing and use of ATP monitoring.	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 staff	Daily	Via IPC system (Ward Accreditation Dashboard).

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.

8. DEFINITIONS

Decontamination

A process which 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.

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

The soiling of inanimate objects with potentially infectious substances.

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.

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.

Hydrogen Peroxide Vaporisation

HPV significantly reduces environmental contamination. This method of disinfection is used within the Hospital Deep Cleaning Programme and following a patient with Clostridium difficile, once the patient has been symptom free for forty-eight hours the room must be terminally cleaned and then HPV undertaken wherever possible.

Sterilisation

A process used to render the object completely free from viable microorganisms, including viruses; it is an absolute process.

9. 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)

10. 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 Action 2008.

- Standard Infection Prevention and Control Precautions Policy - PAT/IC 19
- Hand Hygiene - PAT/IC 5
- Glove Use Policy - CORP/HSFS 13
- Isolation Policy - PAT/IC 16
- Medical Devices Management Policy - CORP/PROC 4
- Control of Substances Hazardous to Health (COSHH) Guidance - CORP HSFS 7
- Selection and Procurement of Medical and Surgical Products Policy - CORP/PROC 3
- Waste Management Policy - CORP/HSFS 17 (A) and (B)
- Medical Equipment Training for Trust Staff - CORP/RISK 2

11. REFERENCES

Dancer S (2009) The role of environmental cleaning in the control of hospital-acquired infection.

Journal of Hospital Infection **73** 378-385

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
https://www.his.org.uk/files/3113/8693/4808/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf

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

Medical Devices Agency (2014) Sterilization, disinfection and cleaning of medical equipment. *http://www.mhra.gov.uk/Publications/Safetyguidance/Otherdevicesafetyguidance/CON007438*

Medical Device Alert - Detergent and disinfectant wipes used on reusable medical devices with plastic surfaces (MDA/2013/019)

https://www.gov.uk/drug-device-alerts/medical-device-alert-detergent-and-disinfectant-wipes-used-on-reusable-medical-devices-with-plastic-surfaces-risk-of-degrading-plastic-surfaces

The Health and Social Care Act (2008) Code of Practice for the Prevention and Control of Healthcare Associated Infection. DoH. Last updated 24 July 2015

https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance

The Health and Safety at Work Act (1974) Last updated 30 June 2016

http://www.hse.gov.uk/legislation/hswa.htm

The Control of Substances Hazardous to Health Regulations (1994). Last updated 30 Jun 2016 *http://www.hse.gov.uk/coshh/*

The Management of Health and Safety at Work Regulations (1999) *http://www.legislation.gov.uk/uksi/1999/3242/contents/made*

APPENDIX 1 – HOW TO PERPARE DIFFICIL-S

CLEANKILL

HOW TO PREPARE DIFFICIL-S®

ALWAYS USE COLD WATER


1
Fill to line with COLD water
2
Assemble pump (if using kit for first time)
3
Cut Part A sachet using scissors or tear carefully
4
Empty Part A sachet into mixing container at arm's length
5
Cut Part B sachet using scissors or tear carefully
6
Empty Part B sachet into mixing container at arm's length
7
Stir solution for 10 seconds (some surfactant will remain on the surface)
8
Affix pump to mixing container
9
Dispense into 500ml bottles OR see instructions below for 20% dilution
10
500ml bottle filled and ready for use
11
After 14 days, empty mixing container into the sink with cold tap running
12
Leave mixing container upside down in sink for 5 minutes before re-filling container

INSTRUCTIONS FOR PREPARING DIFFICIL-S® AT 20% DILUTION (eg. for floors & walls)

1. Prepare Difficil-S® solution in the 10 litre mixing container as shown above
2. Add 200mls (2 pumps from the 10 litre mixing container) to each litre of cold water in the bucket as shown below:-

1 litre cold water	add 2 pumps (200mls)	6 litres cold water	Add 12 pumps (1200mls)
2 litres cold water	Add 4 pumps (400mls)	7 litres cold water	Add 14 pumps (1400mls)
3 litres cold water	Add 6 pumps (600mls)	8 litres cold water	Add 16 pumps (1600mls)
4 litres cold water	Add 8 pumps (800mls)	9 litres cold water	Add 18 pumps (1800mls)
5 litres cold water	Add 10 pumps (1000mls)	10 litres cold water	Add 20 pumps (2000mls)

TO RE-ORDER THIS INSTRUCTION LEAFLET, PLEASE CONTACT CLINIMAX LTD ON [illegible] AND QUOTE [illegible]

APPENDIX 2 – HOW TO MAKE UP A DISINFECTANT SOLUTION

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.

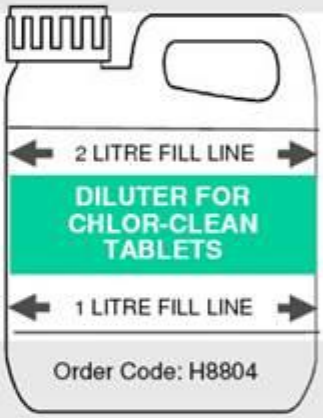
For All Cleaning

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

Use 2 tablets for 2 litres of water.

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

Use 1 tablet for 1 litre of water.



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

Summary of Methods for Decontamination of Equipment or Environment			
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 either Difficil-S, 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 Difficil-S, 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 need to be cleaned after each use or at least daily (twice daily for sinks)
Bed cradle	Within clinical areas decontaminate using Difficil-S,	Daily	
Bed frame	Decontaminate using Difficil-S	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 Difficil-S 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 Difficil-S.	After 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 Difficil-S	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 Difficil-S or neutral detergent and warm water. Use Difficil-S on discharge. Store inverted	After use	Never use for soaking patients clothing or slippers (see laundry policy PAT/IC21)

Breast pumps	Clean machine using Difficile S 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 Difficil-S.	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.
Chiropody equipment	Send to HSDU or use single use/disposable	After use	
Commode	Clean using Difficil-S and a disposable cloth.	After use	
Couches	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 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. **Or** 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 Difficil-S 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 C.*difficile*.	Contact IPC for further advice where needed.
Cushions (including pressure relieving) and foam wedges	Clean using either Difficil-S 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 Difficil-S. or Chlor-clean	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 Difficil-S	Daily	If there is evidence of strike through to the air cells, the mattress must be laundered. This can be arranged through the Equipment Library.

Endoscopy Equipment	See Endoscopy department policies		
Feeding pump	Clean using Difficil-S 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 Difficil-S	Daily and after use	Slings should be single patient use and discarded after patient discharge or when soiled.
Incubators and cots	Clean using Difficil-S	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 Difficil-S	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.
Linen	See laundry policy (PAT/IC21)		
Mattresses	Clean using Difficil-S	Weekly and following patients discharge.	If soiled decontaminate immediately.
Mobile IT devices	Clean using Difficil-S	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 difficil-S	Tubing and masks should be cleaned and dried after each use. Machine: Clean and dry at least daily.	
Peak flow	Clean device with Difficil- S 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	Clean using Difficil-S If using Chlor-clean rinse and dry	Daily	It is essential that all toys can be correctly decontaminated
Trolley - dressing	Clean using difficil- S in ward areas. Detergent wipe in OPD	Before and after use	

NB:

- Any item not mentioned in this section-please seek advice from the Infection Prevention & Control Team.
- Always follow manufacturer's recommendations.
- If the patient is isolated, equipment should be cleaned twice daily to reduce the risk of hand contamination and cross infection.

APPENDIX 4 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Care Group/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	Paula Johnson IPCP	Existing	20 October 2016

1) Who is responsible for this policy? Corporate Nursing. Infection Prevention and Control

2) Describe the purpose of the service / function / policy / project/ strategy? 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

3) Are there any associated objectives? *The Health and Social Care Act (2008); Code of Practice for the Prevention and Control of Healthcare Associated Infections.*

4) What factors contribute or detract from achieving intended outcomes? – None

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? No

- **If yes, please describe current or planned activities to address the impact**

6) Is there any scope for new measures which would promote equality? N/A

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
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

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

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

Date for next review: October 2019

Checked by: Paula Johnson **Date: 20 October 2016**