Decontamination Policy

Please be aware that this printed version of the Policy may NOT be the latest version. Staff are reminded that they should always refer to the Intranet for the latest version.

Purpose of Agreement	This policy and associated guidelines aim to ensure that safe systems are in place to protect patients, staff and others from the risk of cross infection from medical devices and the environment.
Document Type	X Policy ☐ SOP ☐ Guideline
Reference Number	Solent NHST/Policy/IPC12
Version	Version 4
Name of Approving Committees/Groups	Assurance Committee
Operational Date	October 2015
Document Review Date	December 2019
Document Sponsor (Job Title)	Chief Nurse Decontamination Lead
Document Manager (Job Title)	Specialist Infection Practitioner
Document developed in consultation with	Infection Prevention and Control Team Infection Prevention and Control Committee Policy & NHSLA group
Intranet Location	Business Zone / Policies, SOPs and Clinical Guidelines
Website Location	Publication Scheme / Policies and Procedures
Keywords (for website / intranet uploading)	Decontamination, cross infection

Responsibility for Dissemination to new staff:
All Department Heads and Managers

Review Log

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
2		Ann Bishop	IPCC/NHSLA/Assurance Committee	
3	16.04.13	Ann Bishop		Hyperlinks replaced by documents
4	December 2014	Ken Topliss		Rewrite due to changes in legislation

INDEX

1.0 INTRODUCTION

1.1 Micro-organisms will always be present in the healthcare environment and all Solent NHS Trust staff have a responsibility to be aware of methods to prevent their transmission. The choice of decontamination method depends on a number of factors, which include the type of material to be treated, the organisms involved, the time available for decontamination and the risks to staff and patients. Decontamination of equipment and the environment is a key infection control measure and this policy will outline a risk assessment strategy Trust staff must use.

1.2 Prior to purchasing equipment Trust staff must ensure that the item can be decontaminated effectively and that the company supplying the equipment offers appropriate instructions on cleaning, disinfection and sterilization methods.

> All requests for purchasing of equipment must comply with the procurement process outlined in the Medical Devices Policy**.** If further advice is needed it is available from the Infection Prevention team (IPT), or if information is required regarding suitability of equipment, please contact the relevant Service Community Matron, Medical Devices Group or Community Equipment for further advice: Outcome 8: CQC Essential Standards of Quality and Safety (Department of Health, 2009).

2.0 STATEMENT OF INTENT

2.1 The purpose of this policy is to provide staff with clear guidelines on the actions they must take in order to prevent cross-infection due to contamination of equipment and the environment. Some areas will need to have local protocols in place; these must undergo consultation with Infection Prevention Team (IPT).

2.2 The term decontamination used in this document refers to all of the processes involved, including cleaning, disinfecting and sterilizing of reusable equipment and the environment

3.0 ROLES & RESPONSIBILITIES

3.1 The Chief Executive and Trust Board have a collective responsibility for infection prevention and control within the Trust.

3.2 The Director of Infection Prevention and Control (DIPC) as nominated Decontamination Lead is responsible for ensuring that this policy is implemented and adhered to across the organisation.

3.3 The Board member with overall responsibility for decontamination is the DIPC who is responsible for ensuring this policy is compliant with statutory legislation and implemented into practice.

3.4 The joint leads for the Patient Led Assessments of the Care Environment (PLACE) will monitor standards of environmental cleanliness using planned Mini-PLACE and annual Trust wide PLACE audits (NHS Information Centre, 2012) which incorporate assessing standards of cleanliness as part of a national benchmark process for inpatient areas. Domestic staff will carry out monthly cleanliness audits throughout Solent NHS Trust, making results available to relevant PLACE leads, utilising the National Specifications for Cleanliness in the NHS audit tool (National Patient Safety Agency, 2007). PLACE leads will report to the Infection Prevention and Control Group(IPCG).

3.5 Decontamination issues identified with reusable medical devices will be discussed and reported to Medical Devices and the IPCG.

3.6 Service managers are responsible for the effective and technically compliant provision of decontamination within their services and will monitor and regularly review local decontamination procedures. Link Advisors, where present, will assist managers in this process.

3.7 Service managers have a duty to ensure that the responsibilities for prevention and control of infection (including decontamination) are reflected in all staff members' job descriptions and are incorporated into annual appraisals. They also have a responsibility to ensure that all staff receive Induction Training and attend ongoing Infection Prevention and Control Training in line with Trust requirements and to implement necessary actions to comply with this policy.

3.8 The IPT are responsible for developing and updating the policy to ensure it complies with Department of Health, Health and Safety Legislation and other national guidance. To liaise with Domestic/Housekeeping staff to ensure effective cleaning is taking place throughout the Trust in line with the National Standards for cleanliness for the NHS. (NPSA, 2007). The IPT will also support the provision of training in decontamination as part of Induction and Essential Training provided by the Learning and Development Team.

3.9 The Learning and Development Team are responsible for ensuring that staff have access to Induction Training on Standard Precautions (including decontamination) on joining the organisation and Essential Training Updates thereafter.

3.10 Service Line, Department Managers andMatrons are responsible for ensuring that staff are aware of their responsibilities under this Policy. They are also responsible for ensuring that staff have the appropriate resources available i.e. detergents and disinfectants to facilitate decontamination as detailed in this policy. In addition they must ensure that all staff within their area of responsibility comply with this policy.

3.11 Infection Prevention and Control (IPC) Link Advisors are healthcare staff selected by their managers to receive additional training in Infection Prevention and Control. The key role of Link Advisors is to develop best practice and to monitor through annual audits of decontamination practice in their clinical areas. Link Advisors will use The Infection Prevention Society Quality Improvement Tools (IPS, 2010) which incorporate the key elements of the Department of Health High Impact Actions 'Cleaning and Decontamination' Care Bundles (DH, 2010).

3.12 Staff at all levels should have a sound general knowledge of the principles, design and functions of decontamination equipment used within their work area and/or required for their role.

4.0 SCOPE AND DEFINITIONS

4.1 This document applies to all directly and indirectly employed staff within Solent NHS Trust and other persons working within the organisation. This document is also recommended to independent contractors as good practice.

4.2 GLOSSARY

Antisepsis
Disinfection of skin and living tissues.

Bioburden

The population of viable infectious agents contaminating a medical device or the environment.

Chlorine Releasing Agent (CRA)
A chlorine-releasing agent is a disinfectant e.g. Dichloroisocyanurate (trade name is Actichlor Plus) or Hypochlorite recommended for the safe disinfection of all spillages of blood prior to cleaning.

Cleaning
A process, using a detergent or micro fibre cloth, that physically removes contaminants including dust, soil, large numbers of micro-organisms and organic matter. Cleaning is an essential first stage to ensure effective disinfection or sterilization can then follow the cleaning process if required. Cleaning should not be used on single use items.

Contamination
The soiling or pollution of inanimate objects or living material with harmful, potentially infectious or other unwanted material. In clinical areas this is likely to be organic matter and infectious agents.

Decontamination
This is a process which removes or destroys contamination, so that infectious agents or other contaminants cannot reach a susceptible site in sufficient quantities to initiate infection or other harmful response. Different levels of decontamination can be used dependent on the device and the procedure involved. Levels of decontamination are:

- Cleaning
- Cleaning followed by disinfection
- Cleaning followed by sterilization

Disinfectant
A chemical agent which under defined conditions is capable of disinfection.

Disinfection
A process used to reduce the number of micro-organisms but not usually of bacterial spores; the process does not necessarily kill or remove all micro-organisms.

High Level Disinfectant
A liquid chemical or vapour (i.e. Hydrogen Peroxide Vapour) agent that can kill bacteria, viruses and spores. It is only sporicidal under certain circumstances. This type of disinfection is commonly used in Automated Endoscope re-processors (AERs).

Medical Device
A medical device is defined using the Department of Health (2003) definition which is any device used for medical or dental care, e.g. commode chairs, drip stands, dressing trolleys, BP cuffs, bedpans, surgical instruments and intra-uterine devices (further examples are included in the Medical Devices Policy).

Prions*
A form of protein thought to be the causative agent of transmissible spongiform encephalopathy's (TSE) e.g. Creutzfeldt-Jakob disease (CJD).

Single Patient Use
Some items of equipment are identified as suitable for single patient use i.e. urethral catheters or respiratory nebulisers. A medical device may be used for more than one episode on **one patient only**; the device may undergo some form of reprocessing/decontamination between each use. Advice must be sought from the manufacturer and the Infection Prevention and Control Team on appropriate decontamination methods.

Single Use
Definition of single use is that the medical device is intended to be used on an individual patient during a single procedure and then discarded. The device is not intended to be reprocessed and used on another patient. The labelling identifies the device as disposable and not intended to be reprocessed and used again.

Standard Precautions:
Standard (previously known as universal) precautions are the practices adopted by all healthcare workers when potentially coming into contact with any patient's blood or body fluids. They are a set of principles designed to minimise exposure to and transmission of a wide variety of micro-organisms. Since every patient is a potential infection risk it is essential that standard precautions are applied to all patients at all times. Such precautions involve the use of safe work practices, protective barriers, and the safe disposal of blood, body fluids and sharps.

Sterilization
A process that removes or destroys all micro-organisms including spores.

Standard sterilization procedures may not eliminate prions. Whenever a particular hazard from such agents is identified, refer to SEAC (Spongiform Encephalogy Advisory Committee) and Solent NHS Trust policy on TSE and management of CJD. Single-use (disposable) items will generally be preferred.

5.0 INFECTION RISKS AND CATEGORIES

5.1 Cleaning, disinfecting or sterilising equipment and the environment can be understood more readily if medical devices, equipment and surgical materials are divided into three categories with decontamination methods clearly defined.

HIGH RISK	DEFINITION	Items in contact with broken skin or broken mucous membrane or introduced into sterile body areas.
	EXAMPLES	Surgical instruments Syringes and needles Intrauterine devices Dressings
	SUITABLE METHODS	Cleaning and sterilization required. Use disposable, single use items where possible.

MEDIUM RISK	DEFINITION	Items in contact with intact mucous membranes. Items contaminated with particularly virulent or readily transmissible organisms (body fluids, C. diff). Items to be used on immuno-compromised patients.
	EXAMPLES	Respiratory equipment Flexible endoscopes
	SUITABLE METHODS	Thermal combined with chemical disinfection frequently used i.e. automated washer/disinfectors or chemicals if item is not heat tolerant (flexible endoscopes). Use single use items whenever possible.
LOW RISK	DEFINITION	Items in contact with normal and intact skin.
	EXAMPLES	Washing bowls, blood pressure cuffs, floors, work tops, furniture, mattresses and commodes
	SUITABLE METHODS	Cleaning and drying usually adequate

Medical and Healthcare Regulation Agency (MHRA) Part 1 – Principles (2010)

6.0 SINGLE PATIENT AND SINGLE USE DEVICES

6.1 Single use Logo

The expression ‘single use’ on the packaging of medical devices means that the manufacturer:

- Intends the device to be used once and then discarded.
- Considers the device is not suitable for use on more than one occasion.
- Has evidence to confirm that reuse would be unsafe

6.2 Re-using 'single use' devices has legal implications. Anyone reprocessing or reusing devices intended by the manufacturer for use on a single occasion bears full responsibility for its safety and effectiveness. All legal obligations that would have fallen to the original manufacturer under Medical Devices Regulations fall to whoever has chosen to reprocess the device.

6.3 Reprocessing single use devices may affect the capabilities and/or the materials from which the device is made. Some 'single use' devices may not be designed to allow thorough decontamination or re-sterilization processes. It is the Trust policy that items designated as single use are not reprocessed unless an official risk assessment has been completed and approved by the Medical Devices Group and the Infection Prevention and Control Committee (IPCC).

6.4 The expression ‘single patient use’ written on the packaging of medical devices means that:

- The manufacturer intends the device to be used for one patient.

- The item may be reprocessed for use on more than one occasion for the same patient
- Manufacturers' instructions will state the method of decontamination and the number of times it may be reprocessed.
- The device is to be disposed of when no longer required for that patient.

6.5 Examples of single patient use items include toe nail clippers/inhaler volumatics and peak flow meters.

7.0 DECONTAMINATION OF REUSABLE DEVICES

7.1 The effective decontamination of re–usable devices is essential to reduce cross infection risks. Decontamination methods used will depend on the nature of the micro-organisms present and the infection risk associated with the surface, equipment, device or procedure.

7.2 Medical devices must be decontaminated between each patient. Use only the decontamination method advised by the manufacturer - using any other process might invalidate warranties and transfer liability from the manufacturer to the person using or authorising the process. If there are any doubts about the manufacturer's recommendations seek further advice from the IPCT.

7.3 The user of the device is responsible for ensuring that it is visibly clean and free from contamination with blood and/or body fluid following each procedure. Prior to sending for service or repair a decontamination certificate should be completed and attached to the device (see ***Appendix 7***).

7.4 Cleaning is the preferred method of decontamination for low risk medical devices or the environment.

7.5 Principles for cleaning reusable devices in clinical areas include:

- Personal Protective Equipment (PPE) including gloves, aprons, and eye protection (as required) must be worn when cleaning.
- Manual cleaning is carried out using non-immersion methods using detergent wipes.
- An "S" shape method of removal will ensure maximum removal of contamination. Cleaned items should be dried thoroughly using disposable paper towels.
- If manual cleaning of heavily soiled or contaminated equipment is routinely undertaken a designated sink, which is deep enough to completely immerse the items to be cleaned, must be available.
- If using immersion as method of cleaning general purpose detergent and warm water should be used. Hot water should not be used as it will coagulate protein making it more difficult to remove from the equipment. Splashing and the creation of aerosols must be avoided.
- Cleaning equipment and used cleaning solutions should be removed from patient areas as cleaning is completed.
- Mops and other equipment should be cleaned, drained and stored dry with buckets inverted, used mop heads should be laundered after use and not stored. Disposable mop heads, should be removed immediately after use.

7.6 The Revised Healthcare Cleaning Manual (NPSA, 2009) gives extensive information on cleaning of reusable devices

7.7 In community areas low risk items should be cleaned at point of use. Loaned community equipment should be reprocessed at the appropriate decontamination unit (Millbrook Healthcare) prior to reissue.

7.8 National standards risk assessment should be carried out and local SOPs (that have been approved by the IPT) should be used in other areas that decontaminate medium risk items. High risk items (see Section 5) that require sterilization (with the exception of Dental clinics, see Section 12) should never be decontaminated locally.

8.0 DISINFECTION

8.1 Staff must remember that **cleaning must precede** disinfection. The routine use of disinfectants is wasteful, potentially harmful and unnecessary.

8.2 Cleaning and disinfection are required for articles that may be contaminated with pathogenic micro-organisms. Heat is the preferred method of disinfection and may be used in combination with chemicals i.e. washer disinfectors.

8.3 General considerations include:

Dilution - chemical disinfectants/antiseptics must be used at the recommended strength. Too high a concentration is wasteful; too low a concentration is ineffective.

Preparation - many disinfectants deteriorate after dilution. Solutions should always be freshly prepared and used in accordance with manufacturers' instructions.

Contact time - no disinfectant/antiseptic acts instantaneously. Therefore, it is essential that the correct contact time be observed.

9.0 DISINFECTANTS

9.1 Disinfectants are widely used to protect staff removing potentially hazardous material such as spilt blood, wound exudates, excretions and other infectious material from environmental surfaces. If spillages are not removed they can become slippery, offensive or a source of bacterial proliferation (Lawrence and May, 2003).

9.2 Chlorine-releasing agents (CRAs) such as Dichloroisocycinurate – NaDCC, (Actichlor Plus) are widely used for disinfecting inanimate surfaces. High concentration of CRAs are rapidly effective against a wide range of micro-organisms including blood-borne viruses, mycobacterium and bacteria spores.

9.3. Routine cleaning and disinfecting areas where source isolation is being carried out or during outbreaks of infection (e.g. *Clostridium difficile and Norovirus*) is carried out using 1,000 ppm of CRA (e.g. Actichlor Plus - 1.7gram tablet diluted in 1 litre of cold water).

9.4 Advice on the usage of CRAs can be sought from the IPT.

9.5 Changes to disinfection products or the introduction of new agents must be approved by the IPT.

9.6 PPE must always be worn when handling/using disinfectants.

10.0 COSHH REGULATIONS RELATING TO DISINFECTANTS

10.1 The Control of Substances Hazardous to Health (COSHH) Regulations require that an assessment is made of any health risks that may arise from exposure to hazardous substances, and that appropriate control measures must be provided to avoid the risks.

10.2 Most disinfectants are hazardous to some degree and are therefore subject to COSHH regulations. A full assessment of the risks, including safe storage, should be available

and consulted by users for further information. Managers are required to ensure that their staff are properly trained and fully aware of the dangers associated with the use of the various disinfectants.

10.3 The following is a summary of the main uses/risks arising from commonly used disinfectants and is not intended to be comprehensive.

COSHH hazards – surface use disinfectants

Alcohols	Highly flammable; irritant to eyes, nose and throat; prolonged skin contact may cause dryness.
Chlorhexidine	Generally of low toxicity. If concentrated may cause irritation of eyes and skin. In normal use is non-irritant, but prolonged contact may cause hypersensitivity.
Hypochlorite (bleach) Atichlor Plus.	Do not take internally. Irritant to nose, eyes and lungs; contact with urine and vomit gives off chlorine gas therefore avoid applying directly onto these spills.
Providine Iodine	Irritant to eyes and rarely to skin.

COSHH hazards- disinfection of skin and mucous membranes

Alcohol handrub – liquid or gel	For hand disinfection if hand washing facilities not available and useful when there is a need for rapid hand disinfection. NB hands must be visibly clean for alcohol to be effective and should not be used when dealing with known or suspected ***Clostridium difficile*** **diarrhoea/** flu virus.norovirus or rotavirus. Highly flammable; irritant to eyes, nose and throat; prolonged skin contact may cause dryness.
Chlorhexidine Gluconate 0.5% and 2.0%	Apply undiluted for skin disinfection before the following procedures, e.g. minor surgical procedures, cannua;ltion and venepuncture (0.5%), central venous lines (2%) (including Hickman lines) and the after care of central/long line sites. Generally of low toxicity. If concentrated may cause irritation of eyes and skin. In normal use is non-irritant, but prolonged contact may cause hypersensitivity
Hibitane obstetric cream (Chlorhexidine 1%)	Used as an obstetric and gynaecological antiseptic and lubricant in vaginal examinations. Generally of low toxicity. If concentrated may cause irritation of eyes and skin. In normal use is non-irritant, but prolonged contact may cause hypersensitivity
Chlorhexidine Gluconate 4% surgical scrub	Pre-operative surgical scrub prior to surgical and high risk invasive procedures and for the decolonisation of MRSA positive patients. Generally of low toxicity. If concentrated may cause irritation of eyes and skin. In normal use is non-irritant, but prolonged contact may cause hypersensitivity

11.0 DECONTAMINATION OF CRASH MATS/MATTRESSES AND PILLOWS IN CLINICAL AND RESIDENTIAL AREAS

11.1 The user should be familiar with manufacturer's recommendations for cleaning pillows/ crash mats and mattresses. The way in which the mattress/crash mat is cleaned depends upon the nature of the contamination and the susceptibility of the patient. In the absence of gross contamination or unusual risk, the removal of dirt and spillages with clean warm water, neutral detergents or detergent wipes and manual dexterity should be sufficient. In the case of gross contamination the mattress/crash mat cover

should be disinfected with a solution of a CRA (as described in Section 15), treating the contaminated areas only. Overuse of some cleaning solutions such as hypochlorite or CRAs and alcohol based products will reduce the integrity of the mattress cover and should be used with caution.

11.2 Mattresses or crash mats that cannot be effectively cleaned or grossly contaminated must be decontaminated at an approved local decontamination facility if available.

11.3 All mattresses/crash mats will be audited on a monthly basis by link advisers and each clinical OR residential area within Solent NHS Trust will establish their own audit cycle and record this activity within the 'Infection Control' file held locally. This will ensure that mattresses are replaced as required.

11.4 The completed audit forms will be kept in each area and must be made available for checking whenever requested by an Infection Control Nurse Specialist, Pressure Relief Nurse Advisor, or Modern Matron.

11.5 An example of the mattress/crash mat audit is at ***Appendix 1***.

12.0 CLEANING OF TOYS IN OUTPATIENT SETTINGS

12.1 Children will migrate to toys regardless of their condition or cleanliness. Services that require or choose to use toys as part of assessment, therapy or for entertainment are responsible for ensuring they are fit for purpose in terms of safety and cleanliness.

12.2 Services that share facilities must ensure they are aware who is responsible for monitoring the condition of the toys and the routine cleaning and exceptional cleaning of these toys should gross contamination occur.

12.3 **General principles**.

- Toys must be of a good condition and free from damage. They must be of a material that can be quickly and easily cleaned i.e. plastic . Fabric toys should only be used for therapy sessions as these are more difficult and time consuming to clean.

- A cleaning regime is required and documentation completed to provide evidence this has been undertaken (appendix 2 can be adapted for this purpose)

- Toys must be stored in a suitable container which itself must be kept clean.

12.4 **Cleaning Frequency**

- Individual areas must consider the number of children, if they are particularly vulnerable to infection or likely to be carrying infection when considering the frequency of cleaning. E.g. a waiting room full of children with coughs and colds will lead to greater contamination more quickly than a clinic seeing one or two children per day. As a minimum toys must be inspected and cleaned weekly however some areas will do this more frequently.

- Toys should be cleaned with detergent wipes and dried. Harsh chemicals must not be used due to the likelihood that the toy may be chewed.

- If a toy is grossly contaminated and cannot be effectively cleaned it must be thrown away.

13.0 CONTRACT SERVICES

13.1 When specialist services for sterilisation of medical instruments off site are commissioned from contractors there should be a contract in place that clarifies the roles and responsibilities of both parties. Clean and sterile instruments should be brought to the service in sealed containers.

13.2 Contaminated reusable instruments must be stored separately from clean instruments in sealed containers. The service should provide evidence of compliance with national guidelines and Medical Directive 93/42.EEC. Local sterilisation of devices using bench top sterilizers should not be carried out on Trust premises other than dental services as described in HTM 01-05.

14.0 SOLENT NHS TRUST DENTAL SERVICES

14.1 Primary care dental clinics in Solent NHS Trust routinely decontaminate medium and high risk items (see Section 5) and comply with essential quality and best practice as detailed in HTM 0105 'Decontamination in Primary Care Dental Practices' (DH, 2010).

14.2 All clinics comply with the service Standard Operating Procedure "Solent/Standards/ DS/011" which gives detailed instructions for compliance with HTM0105. In addition, each clinic has a written "Systems of Work" document particular to the clinic with comprehensive details of procedures and instructions for opening and closing the clinic and its equipment and details specific to that location.

14.3 Each dental clinic is audited quarterly using the IPS audit tool for compliance with HTM0105.

15.0 DECONTAMINATION OF EQUIPMENT FOR INVESTIGATION, INSPECTION, SERVICE OR REPAIR

15.1 It is essential that safe systems of work exist to protect **all** staff against the transmission of infection from medical devices and other equipment that may come into contact with hazardous agents. This also includes staff not employed within the Health Service

15.2 The Health and Safety at Work Act (1974) states, anyone who inspects, handles, services or repairs any medical, dental, chiropody, surgical or laboratory equipment has the right to expect that such articles have been cleaned and properly treated so as to prevent or minimise the risk of infection.

15.3 All equipment which has been contaminated by or in contact with blood and body fluids will require decontamination prior to examination by third parties and staff should fill out the decontamination certificate (see ***Appendix 7*****)** to confirm this has happened.

16.0 ENVIRONMENTAL CLEANING

16.1 In most clinical areas a daily clean with detergent based fluid/wipes and drying with paper towels is acceptable. The aim is to remove organic matter and dust and to reduce the bacterial load in the environment.

16.2 Solent NHS Trust uses the National Patient Safety Agency (NPSA) 'The National Specifications for Cleanliness in the NHS' (2007) to adhere and monitor standards in accordance with National Guidelines. Examples of documentation and comprehensive instructions for cleaning can be found on the website – www.nrls.npsa.nhs.uk

16.3 Domestic staff must have received training and standards should be monitored by the contractor and clinical staff utilising the appropriate audit tools contained within .the NPSA guidelines.

16.4 **General Cleaning Principles**

- All reusable equipment must be decontaminated or disposed of if single use in line with Trust waste policy prior to terminal cleaning.
- Fabric curtains should be sent to be laundered six monthly or when contaminated. Disposable curtains to be changed 6 monthly or when contaminated.
- Carpets are not recommended in clinical areas because of the risk of body fluid spills. Where carpets are in place there should be procedures or contracts for regular steam cleaning and dealing with spillages.
- A written cleaning schedule must be displayed specifying the persons responsible for cleaning, the frequency of cleaning, the methods to be used, and the expected outcomes (examples of these can be found in *Appendices 3&4*).
- Keep mops and buckets clean, dry and store inverted. Mop head should be removable for laundering or single use if this is not possible.
- Provide single use, non-shedding cloths or paper roll for cleaning.
- Keep coded equipment and materials used for general cleaning separate from those used for cleaning up body fluids.
- Colour code cleaning equipment, such as mop heads, gloves and cloths for toilets, kitchens, clinical areas and isolation areas. Use different colours for each area in line with the National Patient Safety Agent (NPSA) guidelines (Appendix 5).

16.4 On the advice of IPT additional deep cleaning using CRAs to all areas will be started in the event of an outbreak of an infection.

16.5 Patient may be placed in isolation for an infectious condition. Staff will need to inform the housekeeping staff whilst observing patient confidentiality.

16.6 A terminal deep clean once an isolated patient has left the clinical area or after an outbreak will be required prior to admission of a new patient (as described in Isolation Policy).

16.7 An example of cleaning responsibilities and frequencies is attached at appendix 2 & 3 To ensure that standards are maintained.

17.0 STERILIZATION

17.1 Sterilisation 'is a process used to render the object free from viable micro-organisms, including spores and viruses'. Sterilisation can be achieved by purchasing pre-sterilised single use items. These avoid the need for re-sterilisation and are a practical and safe method. Pre-sterilised Items must be stored using a stock rotation system according to the manufacturer's instructions.

17.2 Any sterilizing of a medical device must be carried out in accordance with the manufacturers' instructions. Sterile Services Departments (SSDs) provide a cost effective and efficient service and are available at University Hospital Southampton and Queen Alexandra Hospital in Portsmouth. The Trust has minimal SSD requirements, however there may be instruments used in departments that require local sterilisation i.e. dental clinics.

17.3 Advice should be sought prior to purchasing and using medical devices (including instruments) that require sterilizing from the Medical Devices Group Lead or the Infection Prevention team.

18.0 STORAGE AND SEGREGATION OF MEDICAL DEVICES

18.1 Effective decontamination procedures ensure a device does not pose a risk of cross-infection to the next patient. However, poor storage or segregation of equipment can lead to re-contamination of devices.

18.2 Decontaminated equipment must be:

- stored in a clean, dry place
- protected from dust and splashing
- stored off the floor on racks or shelves
- segregated from dirty items, and items waiting for decontamination
- rotated to ensure nothing is left 'at the back of the drawer' for months

19.0 TRAINING IMPLICATIONS

19.1 All new staff attend the Corporate Induction programme which incorporates Infection Prevention and Control, including basic decontamination

19.2 Infection Control is an annual mandatory requirement for clinical staff and non-clinical staff as per Learning and Development policy and is assessed via e-learning modules.

19.3 Managers need to ensure all staff are up to date with Essential Training in accordance with the Learning and Development policy.

20.0 MONITORING EFFECTIVENESS OF THIS POLICY

20.1 The IPT will ensure the policy has been implemented and that it has been effective in practice by:

- The decontamination policy will be reviewed and amended every three years incorporating any future changes in National guidance as required.
- Formal evaluation of Induction and Essential Training sessions will be fed back quarterly by Learning and Development Team at IPCG.
- Annual Infection Prevention Society (IPS) Quality Improvement audits (IPS, 2011) (which include decontamination) will be carried out by IPT in conjunction with link advisors to ensure compliance with this policy.
- The IPT will review the Quality Improvement audits ensuring action plans are generated and signed off as completed
- Monthly Adenosine Triphosphate (ATP) readings will be taken in all inpatient areas to monitor cleaning standards.
- Monthly NPSA audits will be carried out in selected inpatient areas to further monitor cleaning of equipment and the environment
- The IPT will produce an annual report for IPCC detailing compliance or otherwise with the key principles of this policy.
- Domestic Services will audit environmental cleaning standards on a monthly basis throughout Solent NHS Trust using the audit tool contained in ***Appendix 5***.
- Monitoring of adverse event forms relating to decontamination.

21.0 LINKS TO OTHER POLICIES

- Diarrhoea and vomiting policy
- Hand hygiene policy
- Medical Devices Policy
- Standard precautions policy
- TSE and management of CJD policy
- Waste management policy

22.0 REVIEW

22.1 This policy may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years after initial approval and thereafter on a triennial basis, unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

23.0 EQUALITY AND HUMAN RIGHTS IMPACT STATEMENT

23.1 This policy aims to improve safety and reduce the risk of the spread of infections and consequently improve patients/service user's care and outcomes. As part of Trust policy an equality impact assessment (steps 1&2 of cycle) was undertaken. The IPCT are not aware of any evidence that different groups have different priorities in relation to decontamination, or that any group will be affected disproportionately or any evidence or concern that this Policy may discriminate against a particular population group. Thus the equality impact assessment result is: no negative impact.

24.0 REFERENCES

The Trust acknowledges the following sources of advice and reference:

Ayliffe G.A.J., Fraise A.P., Geddes A.M., Mitchell K (2000) *Control of Hospital Infection: A practical handbook* 4th Ed Arnold, London.

Care Quality Comission: Guidance about compliance Essential standards of quality and safety: Outcome 8. (Care Quality commission, 2010).
Accessed on 22 March 2012 at www.cqc.org.uk

Chief Medical Officer (2002) *Getting Ahead of the Curve.* Department of Health. London

Chief Medical Officer (2003) *Winning Ways Working together to reduce Healthcare Associated Infection in England.* Department of Health. London

Department of Health (1999) HSC 1999/179 Controls Assurance in Infection Control: Decontamination of Medical Devices. DH. London

Department of Health. HSC 1999/178: Variant Creutzfeldt-Jakob disease (vCJD): minimising the risk of transmission. Accessed on 22 March 2012 at www.dh.gov.uk

Department of Health. HSC 2000/032: Decontamination of medical devices. Accessed on 29 Nov 2011 at www.dh.gov.uk

Department of Health (2003) *Controls Assurance Standard; Decontamination of Reusable Medical Devices*. Department of Health, London

Department of Health (2003) *Controls Assurance Standard: Infection Control.* London

Department of Health (2004) *Standards for Better Health* July 2004

Department of Health (2010). *High Impaction actions: Cleaning and Decontamination Care Bundle.*
Accessed on 22 March 2012 at www.hcai.dh.gov.uk

Guidance from the Advisory Committee on Dangerous Pathogens and the Spongiform Encephalopathy Advisory Committee (2003 and 2011) Transmissible spongiform

encephalopathy agents: Safe working and the prevention of Infection, The Stationery Office
Accessed on 22 March 2012 at www.advisorybodies.doh.gov.uk

Health and Safety at work etc. Act (1974)

Health and Safety Commission 1998 Control of Substances Hazardous to Health Regulations HSE Books Sudbury

Health Technical Memorandum 01-05: Decontamination in primary care and dental practices. October 2008 DH Gateway 10338

Infection Prevention Society: Quality Improvement Tools (IPS, 2011). Accessed on 22 March 2012 at www.ips.uk.net

Lawrence J.M. and May D (2003) Infection Control in the Community Churchill Livingston Edinburgh ISBN 0 443 06406 7, (Chapter 5). Cleaning Disinfection & Sterilization)

Medical Devices Agency (2000) Single-use Medical Devices: Implications and Consequences of Reuse, MDA DB2000 (04) MDA London

Medical Devices Agency (2001) Devices in Practice: a guide for health and social care professionals. MDA London

Medical and Healthcare Regulations Agency (May 2010) Sterilization, Disinfection and Cleaning of Medical Equipment. *Guidance on decontamination from the Microbiology Advisory Committee to the Department of Health* MAC Manual Part 1 Principles, Part 2 protocols, Part 3 Procedures. Accessed on 22 March 2012 at www.mrha.gov.uk
National Institute for Clinical Excellence (2003) Infection Control: Prevention of Healthcare-associated infections in primary and community care
Accessed on 22 March 2012 at www.nice.org.uk

National Patient Safety Agency, (2007). National Standards of Cleanliness for the NHS.
Accessed on 22 March 2012 at //www.nrls.npsa.nhs.uk

National Patient Safety Agency (2009) The Revised Healthcare Cleaning Manual. Accessed on 22 March 2012 at www.nrls.npsa.nhs.uk

NHS Estates (2003). A guide to the decontamination of reusable surgical instruments.

NHS Estates (2003) National standards – Local Delivery, a strategy for modernizing the provision of decontamination services.

NHS Information Centre (2012). Patient Environment Action Team Annual assessment. Accessed on 26 January 2012 at www.ic.nhs.uk

Statutory Instrument 2002 No. 2677 The Control of Substances Hazardous to Health (COSH) Regulations 2002. The Stationery Office. Accessed on 29 Nov 2011 at www.england-legislation.hmso.gov.uk

The Health and Social Care Act 2008 (Regulated activities) 2010. Department of Health.

Wilson J. (2000). Infection Control in Clinical Practice 2nd Ed. Bailliere-Tindall, Edinburgh/London ISBN 0 7020 2554 2.

APPENDIX 1

Solent NHS
NHS Trust

MATTRESS AND CRASH MAT AUDIT FORM

Mattress & Crash Mat Audit Form

Codes for Mattress Types	Codes for Covers	Condition of Foam	Audit Recommendation

NHS Trust			Date	
Ward			Audit Team	1
Directorate				2

Bed number	Mattress Type (See code)	Batch No. or date	Depth (inches)	Condition/ Cover	Condition/ Foam	Fist Test No. passed out of Six	Audit Rec.	Observations	Pass/ Fail

COM = Comfortex HAR =Harvest **HNE = Huntleigh (please identify type)** HIL = Hill-Rom **SMC = Standard Mattress Marble Cover** CRO = Standard Mattress, Pink Cover (Cromarty) SPM = Softform premier SFT = Softform TNF = Transform VAX = Vaporlux VPM = Vaperm OTH = Other (Please identify type, if possible)	***S = Stained*** **P = Punctured** T = Tears B = Breakdown Z = Zip Leakage A = Acceptable SN = Snag	O = Odour S = Staining D = Dampness F = Foam Exposed B = Bottomed Out A = Acceptable	RC = Replace Cover RC1 = Replace Cover & 1 insert RC2 = Replace Cover & 2 inserts C = Condemned U = Untested

APPENDIX 2

Daily Cleaning Checklist WARD 2014
To be completed daily & submitted to the manager each week

clinic: _____ week commencing:_____

	Signature of person in charge
M	
T	
W	
T	
F	

Item	Notes	Frequency	M	T	W	T	F
Actichlor plus	Made up fresh and labelled every 24 hours	Daily & after use					
Patient hoists	Use single patient hoist slings	Daily					
Weighing scales		Daily & after use					
Medical/clinical Equipment	Dynamap/observations/equipment/drip stands etc or other specialist reusable medical equipment	Daily & after use					
Commodes & slipper pans	Clean after each use with actichlor plus, check undersides, top,handls and cover/lid.	Daily & after use					
Blood glucose monitoring	Cleaned after each use & daily. Check calibration	Daily & after use					
Resuscitation trolley (if applicable)	Dust free/sharps bin labelled and empty	Daily check & clean					
Beds/tables & patients lockers	Remove clutter/clean	After each episode of care & daily					
Patient bedside notes holders		Weekly					
Clinical rooms & couches	Stocked, cleaned & bed rolls available	Daily					
Curtains/blinds	Change as required or every six months	Daily					
Clean & dirty utility	Clutter removed, cleanliness, no items on floor	Daily					
Bath/shower areas	Remove clutter i.e. toiletries/cleanliness	Between patients/daily					
Alcohol gel dispensers	Clean & check, refill as required	Daily					
Drug fridges	Internal clean, record temperature, remove out of date medications	Daily					
Computers & printers	Free from dust, keyboard clean	Daily					
Linen storage	Cupboard is tidy no items on floor	Daily					
Notes trolley		Weekly					
Dressing trolley	Clean daily prior to first dressing, when visibly soiled or after each patient use top & underneath	Daily & after use					
All staff bare below elbow	No watches, jewellery except plain metal band,	At start of each day					

	nails short and clean						

APPENDIX 3

Daily Cleaning Checklist CLINIC 2014

To be completed daily & submitted to the manager each week

clinic: _____ week commencing:_____

	Signature of person in charge
M	
T	
W	
T	
F	

Item	Notes	Frequency	M	T	W	T	F
Oxygen cylinders	Stored in trolley or rack	Daily & after use					
Patient hoists	Use single patient hoist slings	Daily					
Weighing scales		Daily & after use					
Medical/clinical equipment	Blood pressure/ temperature or specialist items	Daily & after use					
Blood glucose monitoring	Cleaned after each use & daily. Check calibration	Daily & after use					
Clinic rooms & couches	Stocked, cleaned & bed rolls available	Daily					
Curtains/blinds	Change as required or every six months	Daily					
Clean & dirty utility	Clutter removed, cleanliness, no items on floor	Daily					
Alcohol gel dispensers	Clean & check, refill as required	Daily					
Drug fridges	Internal clean, record temperature, remove out of date medications	Daily					
Computers & printers	Free from dust, keyboard clean	Daily					
Linen storage	Cupboard is tidy no items on floor	Daily					
Dressing trolley	Clean daily prior to first dressing, when visibly soiled or after each patient use top & underneath	Daily & after use					
All staff bare below elbow	No watches, jewellery except plain metal band, nails short and clean	At start of each day					

APPENDIX 4

Daily Cleaning Checklist GP Surgery

To be completed daily & submitted to the manager each week

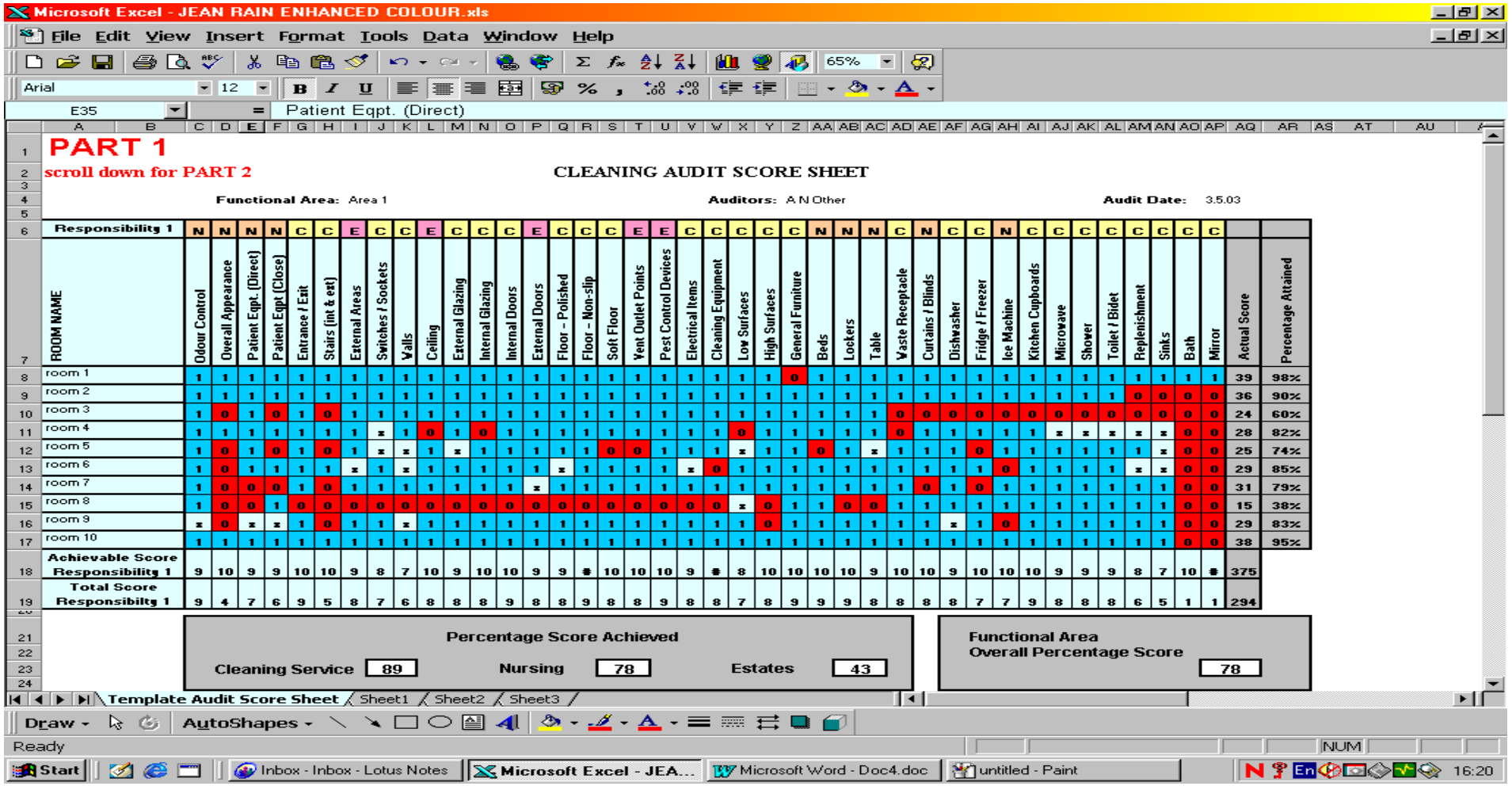
Surgery: _____ week commencing:_____

	Signature of person in charge
M	
T	
W	
T	
F	

Item	Notes	Frequency	M	T	W	T	F
Emergency equipment	Checked & cleaned as necessary	Daily & after use					
Examination couches	Clean and cover with paper roll	Daily					
Weighing scales	Adult & baby	Daily & after use					
Medical equipment	Blood pressure/ temperature or specialist items	Daily & after use					
Blood glucose monitoring	Cleaned after each use & daily. Check calibration	Daily & after use					
Clinic rooms	Stocked, cleaned & bed rolls available	Daily					
Curtains/blinds	Change as required or every six months	Daily					
Treatment rooms	Clutter removed, cleanliness, no items on floor	Daily					
Alcohol gel/soap dispensers	Clean & check, refill as required	Daily					
Drug fridges	Internal clean, record temperature, remove OOD	Daily					
Computers & printers	Free from dust, keyboard clean	Daily					
Linen storage	Cupboard is tidy no items on floor	Daily					
Portable fans	Clean and covered when not in use	Weekly					
Dressing trolley	Clean daily prior to first dressing, when visibly soiled or after each patient use top & underneath	Daily & after use					
All clinical staff bare below elbow	No watches, jewellery except plain metal band, nails short and clean	At start of each day					

APPENDIX 5

EXAMPLE OF NPSA CLEANING AUDIT



Microsoft Excel - JEAN RAIN ENHANCED COLOUR.xls

File Edit View Insert Format Tools Data Window Help

Arial 12 — 65% — E35 = Patient Eqpt. (Direct)

PART 1

scroll down for PART 2

CLEANING AUDIT SCORE SHEET

Functional Area: Area 1 **Auditors:** A N Other **Audit Date:** 3.5.03

	Responsibility 1	N	N	N	N	C	C	E	C	C	E	C	C	C	E	C	C	C	E	E	C	C	C	C	C	N	N	N	C	N	C	C	N	C	C	C	C	C		
	ROOM NAME	Odour Control	Overall Appearance	Patient Eqpt. (Direct)	Patient Eqpt (Close)	Entrance / Exit	Stairs (int & ext)	External Areas	Switches / Sockets	Walls	Ceiling	External Glazing	Internal Glazing	Internal Doors	External Doors	Floor - Polished	Floor - Non-slip	Soft Floor	Vent Outlet Points	Pest Control Devices	Electrical Items	Cleaning Equipment	Low Surfaces	High Surfaces	General Furniture	Beds	Lockers	Table	Waste Receptacle	Curtains / Blinds	Dishwasher	Fridge / Freezer	Ice Machine	Kitchen Cupboards	Microwave	Shower	Toilet / Bidet	Replenishment	Sinks	Bath	Mirror	Actual Score	Percentage Attained
8	room 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	39	98%
9	room 2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	36	90%
10	room 3	1	0	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	24	60%
11	room 4	1	1	1	1	1	1	1	x	1	0	1	0	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1	x	x	x	x	x	0	0	28	82%
12	room 5	1	0	1	0	1	0	1	x	x	1	x	1	1	1	1	1	0	0	1	1	1	x	1	1	0	1	x	1	1	1	0	1	1	1	1	1	x	0	0	25	74%
13	room 6	1	0	1	1	1	1	x	1	x	1	1	1	1	1	x	1	1	1	1	x	0	1	1	1	1	1	1	1	1	1	0	1	1	1	1	x	x	0	0	29	85%
14	room 7	1	0	0	0	1	0	1	1	1	1	1	1	1	x	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	0	0	31	79%
15	room 8	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	x	0	1	1	0	0	1	1	1	1	1	1	1	1	1	1	0	0	15	38%
16	room 9	x	0	x	x	1	0	1	1	x	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	x	1	0	1	1	1	1	1	1	0	0	29	83%
17	room 10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	38	95%
18	Achievable Score Responsibility 1	9	10	9	9	10	10	9	8	7	10	9	10	10	9	9	#	10	10	10	9	#	8	10	10	10	10	9	10	10	9	10	10	10	9	9	9	8	7	10	#	375	
19	Total Score Responsibilty 1	9	4	7	6	9	5	8	7	6	8	8	8	9	8	8	9	8	8	9	8	8	7	8	9	9	9	8	8	8	8	7	7	9	8	8	8	6	5	1	1	294	

Percentage Score Achieved

Cleaning Service 89 Nursing 78 Estates 43

Functional Area Overall Percentage Score 78

Template Audit Score Sheet / Sheet1 / Sheet2 / Sheet3

Draw AutoShapes

Ready NUM

Start Inbox - Inbox - Lotus Notes Microsoft Excel - JEA... Microsoft Word - Doc4.doc untitled - Paint 16:20

APPENDIX 6

Example of National Colour Coding for Cleaning in the NHS below:

Adapted from the Revised Healthcare Cleaning Manual (NPSA, 2009)

APPENDIX 7

Solent NHS Trust

DECONTAMINATION CERTIFICATE

From (consignor)	To (consignee): ……
Address:	Address.....
.....	.....
.....	.....
Reference: ….....	.....
Telephone number:	

Type of medical device (equipment):
.....

Manufacturer:
.....

Description of equipment:
.....

Other identifying marks:
.....

Model No. ……..... Serial No. .....

Fault:
.....

Is the item contaminated? Yes/No Don't Know *Ring/delete as appropriate*
* State type of contamination: blood, body fluids, respired gases, pathological samples, chemicals (including cytotoxic drugs), radioactive material or any other hazard
.....
Has the item been decontaminated? Yes/No Don't Know *Ring/delete as appropriate*

Cleaning: .....

Disinfection: .....

Sterilisation: .....

Please explain why the item has not been decontaminated?:
.....

This item has been prepared to ensure safe handling and transportation:

Name: ..... Position: .....

Date: ..... Tel No. .....

APPENDIX 8 Equality Impact Assessment

Step 1 – Scoping; identify the policies aims	Answer
1. What are the main aims and objectives of the document?	Decontamination of medical equipment and the healthcare environment is fundamental to Infection Prevention. This policy set out the guidelines for staff to follow to achieve effective and safe decontamination of such items and thus safeguarding clients under the care of Solent NHS Trust.
2. Who will be affected by it?	All staff and patients/service users of Solent NHS Trust
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	> National and international guidance from various sources. > Health & Social Care Act 2008 > Health and Safety at Work Act 1974 > Health and Safety Executive guidelines.
4. What information do you already have on the equality impact of this document?	Assumption that this will potentially impact on a diverse group of service users.
5. Are there demographic changes or trends locally to be considered?	Not aware of any local incidents which would have increased local population susceptibility to infections .e.g. public health incident.
6. What other information do you need?	None

Step 2 - Assessing the Impact; consider the data and research	Yes	No	Answer (Evidence)
1. Could the document unlawfully against any group?		x	
2. Can any group benefit or be excluded?	X		Of potential safety benefit to all staff and patient/service users.
3. Can any group be denied fair & equal access to or treatment as a result of this document?		X	
4. Can this actively promote good relations with and between different groups?		X	
5. Have you carried out any consultation internally/externally with relevant individual groups?	X		Link advisors, IPCC, Modern Matrons, IPCT
6. Have you used a variety of different methods of consultation/involvement	X		Verbal, meetings, electronic
Mental Capacity Act implications		X	None anticipated or known at this time
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		X	Decontamination principles are utilised in the care of all patients/service users at all times.

End here if no negative impact identified.

22.07.2015: At this time no negative impact identified.

At this time positive impact identified- Compliance with Health & Social Care Act 2008 and CQC Care Standards would minimise infection risk and increase safety for patient/ service users and staff groups.

Step 3 - Recommendations and Action Plans	**Answer**
1. Is the impact low, medium or high?	
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	
Step 4- Implementation, Monitoring and Review	**Answer**
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	
Step 5 - Publishing the Results	**Answer**
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	