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## Decontamination Policy

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Purpose of Agreement	This policy provides staff with the information required to minimise the risk of cross infection to patients, staff and others from medical devices and the environment.
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## SUMMARY OF POLICY

Decontamination is a term used to describe a range of processes from cleaning through to disinfection and then sterilisation. These processes are used to remove or destroy contamination and thus reduce the risk of infection to anyone coming in contact with that item or environment.

The level of decontamination required is dependent upon risk and staff must assess that risk.

Solent NHS Trust staff have a responsibility to know which methods of decontamination are required for frequently used items and they must be aware how to find out what to do if an item outside of their normal scope.

Prior to purchase, all medical devices must be evaluated to ensure that, amongst other things it can be decontaminated easily and effectively at ward / service level. Any item that requires specialist decontamination must not be purchased until that arrangement has been made and ongoing costs have been agreed.

Many items now used within healthcare are classified as single use or single patient use. The healthcare worker must know how to identify when an item is single use and ensure this is never reprocessed to ensure safety is maintained.

Poor standards of decontamination not only reflect badly upon the service we provide but present a real risk of infection and harm to patients, visitors and staff.

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## Decontamination Policy

### 1. INTRODUCTION and PURPOSE

- 1.1 Micro-organisms capable of causing infection are present in every environment including healthcare settings and a client's own home.
- 1.2 Solent NHS staff has a responsibility to understand how to decontaminate items and the environment effectively and at appropriate times to reduce the risk of transmission.
- 1.3 Effective decontamination of equipment and the environment is a key factor in reducing healthcare associated infections (HCAI).
- 1.4 Environments and equipment that are visibly dirty reflect poorly upon Solent NHS Trust, its staff and the service we provide.

### 2. SCOPE and DEFINITIONS

- 2.1 This policy applies to bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, Agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.
- 2.3 **ATP** - Adenosine Triphosphate is present in all organic material and is the universal unit of energy used in all living cells. ATP monitoring is a rapid testing method used to quickly assess the cleanliness of surfaces.
- 2.4 **Cleaning** - a process to physically remove infectious agents and organic matter on which they thrive. It does not necessarily destroy infectious agents. It is usually carried out using detergent or microfiber cloths. Cleaning of an item must be carried out before disinfection or sterilisation.
- 2.5 **Contamination** - when an item has become 'dirtied' with unwanted material.
- 2.6 **Deep Clean** - an enhanced level of cleaning and disinfection usually during or following an infection incident or episode.
- 2.7 **Detergent** - a cleaning agent that removes organic material but does not have antimicrobial properties.

- 2.8 **Decontamination Levels** - There are three levels of decontamination, cleaning, disinfection and sterilisation. Cleaning is the first level of decontamination; cleaning followed by disinfection is the second level of decontamination and cleaning followed by sterilisation is the third level of decontamination.
- 2.9 **Disinfectant** - a chemical agent capable of destroying pathogens or other harmful microorganisms but not necessarily all microbial forms.
- 2.10 **Disinfection** - the process of reducing large numbers of microorganisms. The process does not kill or remove all microorganisms.
- 2.11 **Endotoxin** - a toxin lipopolysaccharide formed by the breakdown of the cell wall of Gram negative bacteria. Bacterial endotoxins can be active even if the bacteria from which it was released are killed.
- 2.12 **High Level Disinfectant** - a liquid or vapour that can kill bacteria, virus and spores.
- 2.13 **Medical Device** - any device used for medical or dental care. (Refer to Solent NHS Trust Medical Devices Policy (reference number Solent NHST/Policy/RK07)).
- 2.14 **Pathogen** - a microorganism capable of causing infection.
- 2.15 **Personal Protective Equipment (PPE)** - refers to the protective clothing worn during care to protect the wearer from contamination and the patient from cross infection.
- 2.16 **Prions** - a form of protein thought to be causative agent of transmissible spongiform encephalopathy (TSE) or Creutzfeldt Jakob disease (CJD).
- 2.17 **Reprocessing** - to make a medical device ready for reuse by combinations of cleaning, disinfection, sterilisation, refurbishment, repackaging.
- 2.18 **Reuse** - another episode of use following reprocessing between each episode.
- 2.19 **Single Use Item** - an item that is intended for one single procedure and is not intended to be cleaned or reused even for the same patient i.e. standard syringes.
- 2.20 **Single Patient Use** - an item that is for use on one patient only to use for a time specified by the manufacturer and must then be discarded eg. nebuliser, spacer, feeding syringes.
- 2.21 **Standard Precautions / Universal Precautions** - the basic level of infection control practices that when used consistently and diligently reduce the transmission of pathogenic organism from both recognised and unrecognised sources.
- 2.22 **Sterilisation** - a process that removes or destroys all microorganisms including spores. Note standard sterilisation may not eliminate prions. (Refer to Solent NHS Trust Patients with or Suspected of having a Transmissible Spongiform Encephalopathy (TSE) / Creutzfeldt Jacob Disease (CJD) Management Policy (reference number Solent NHST/Policy/IPC/009)).

- 2.23 **Terminal Clean** - the deep clean undertaken at end of an infection episode. This may occur at the point of patient discharge or at any time during their stay to minimise environmental contamination.
- 2.24 **Validation** - documented procedure for obtaining and interpreting the results required to establish that a process will consistently yield a product complying with predetermined specifications.

### 3. PROCESS/REQUIREMENTS

#### 3.1 IDENTIFYING THE CORRECT TYPE OF DECONTAMINATION

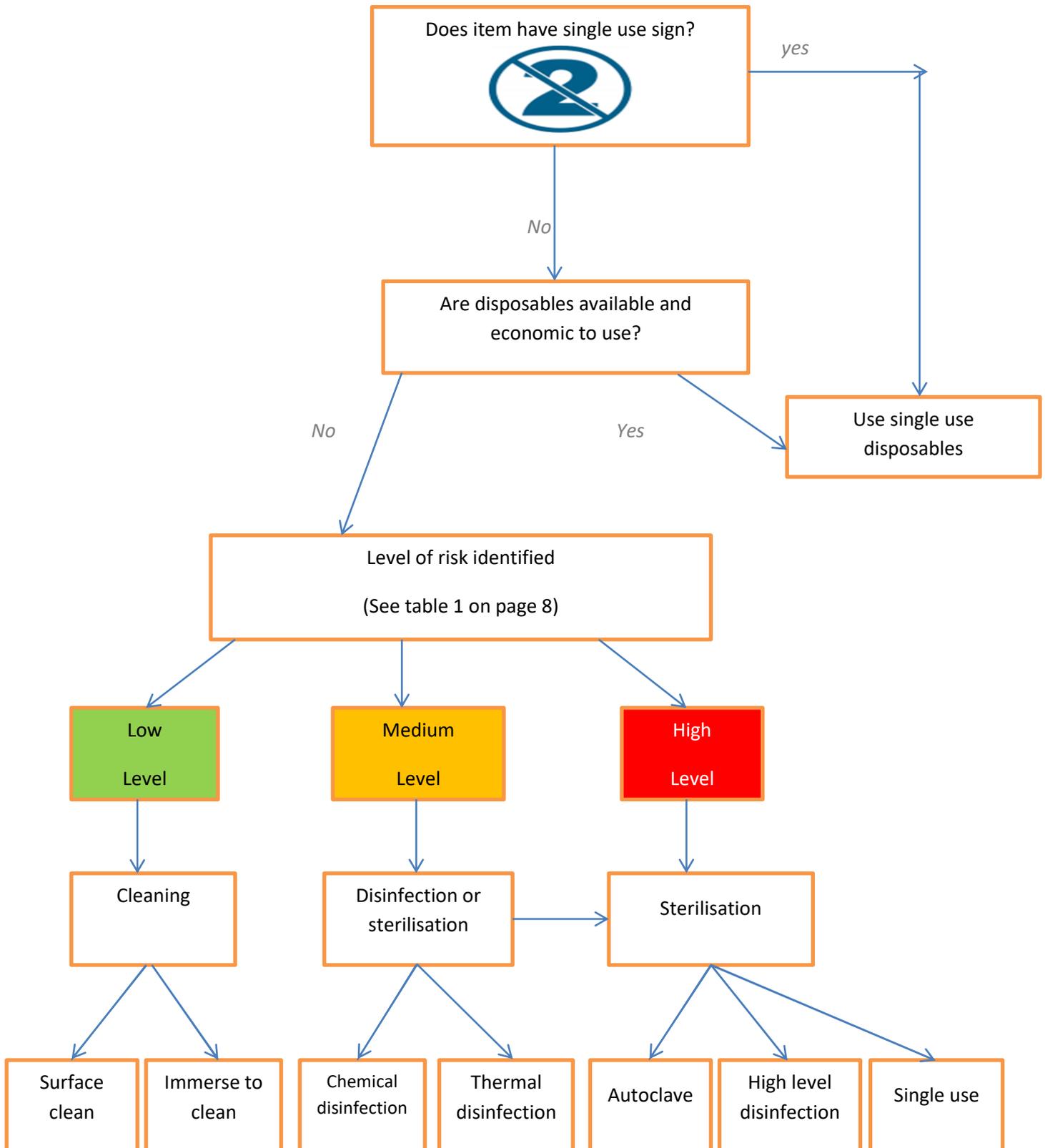
The choice of decontamination is influenced by several factors, the type of device, nature of contamination, micro-organisms involved, manufacturer’s instructions and the level of risk posed to patients and staff.

The Medicines & Healthcare products Regulatory Agency (MHRA) provides the following table to assist in identifying the level of risk.

Table 1 Level of risk:

Level of Risk	Usage	Decontamination-Process required
Low	Item in contact with intact skin or not in contact with patient at all	Cleaning
Medium	Items in contact with broken skin or mucous membranes. Items contaminated with transmissible micro-organisms	Cleaning followed by disinfection
High	Items in contact with broken mucous membranes or placed in a sterile body area	Cleaning followed by sterilisation

### 3.1.1 FLOW CHART TO IDENTIFY CORRECT DECONTAMINATION OPTIONS



- 3.1.2 Not every method of decontamination will be available within every venue or setting, particularly when working in a patient's own home. The user must ensure if decontamination cannot be undertaken immediately then it is at the earliest opportunity and risks are minimised during this period.

## **3.2 CLEANING**

- 3.2.1 Cleaning is the first level of decontamination and is the process to physically remove infectious agents and organic matter on which they thrive. It does not necessarily destroy infectious agents.
- 3.2.2 It is usually carried out using detergent or microfiber cloths using an 's' shaped pattern to maximise surface coverage.
- 3.2.3 Once an item has been cleaned it must be dried to prevent microorganisms multiplying on a damp surface.
- 3.2.4 Cleaning of an item must be carried out before disinfection or sterilisation to remove organic matter. Failing to do so will render disinfection or sterilisation useless.
- 3.2.5 A simple guide on how to clean an item is found in Appendix A.

## **3.3 DISINFECTION**

- 3.3.1 Disinfection reduces the number of microorganisms to a safe level for a defined procedure. The process of disinfection does not kill or remove all microorganisms.
- 3.3.2 The process of disinfection can only occur following cleaning.
- 3.3.3 Disinfection can be achieved using heat or chemicals and it is important to follow manufacturer's instructions when selecting the method of disinfection.

### **3.3.4 HEAT DISINFECTION**

- Washer / disinfectors can be used to clean and disinfect equipment such as bedpans / urinals that can withstand wet heat.
- The wash cycle uses detergent to remove soiling; however dried organic matter may require manual cleaning with detergent and warm water prior to placing in washer / disinfectant.
- The washer / disinfectant achieves disinfection at either 70 degrees C for 3 minutes or 80 degrees C for 1 minute or 90 degrees C for 1 second.
- Many washer / disinfectors may have a heat assisted drying cycle. Bedpans that are not fully dried must be stored in such a way to allow the item to fully dry i.e. on a rack or inverted.
- Steam can be used to clean and disinfect hard surfaces and fabrics that cannot be laundered. (See Appendix B).

- The steam cleaner produces a micro fine vapour at temperatures exceeding 130 degrees C. The microscopic water particles penetrate the fabric and vacuum extraction removes contaminated water into a separate dirty water tank.
- Steam can damage fabrics, set stains and may affect fire retardancy on items such as curtains. Steam must not be used until confirming the compatibility.

### **3.3.5 CHEMICAL DISINFECTION**

- Chemical disinfectants are substances used to destroy many pathogenic / disease causing micro-organisms. (See Appendix C).
- They are often irritant when allowed contact with skin, mucus membranes or when inhaled. They may also be flammable or corrosive. A risk assessment under Control of Substances Hazardous to Health (COSHH) Regulations must be undertaken before chemical disinfectants can be introduced. (See Solent NHS Trust Control of Substances Hazardous to Health (COSHH) Policy (reference number Solent NHST/Policy/HS13)).
- Disinfectants must be used and stored appropriately according to the safety data sheet. This is particularly important when using disinfectants within a ward or clinic environment where vulnerable children or adults may have access.
- Disinfectants may be damaging to equipment. This may be exaggerated with excessive use or failing to follow manufacturer's instructions correctly.
- Disinfectants must be used following manufactures instructions. Dilution, duration and application are all essential components in the disinfection process.
- Different disinfectants are effective against different organisms and staff must ensure they use the correct product for the risk i.e. Clinell disinfectant wipes are not effective against Clostridiodes difficile (Cdiff).

### **3.4 CHLORINE DIOXIDE – i.e. Tristel**

- 3.4.1 Medical devices may be identified as requiring quick turnaround medium / high level disinfection i.e. vaginal probes. These must be cleaned with a detergent before using Tristel wipes. (See Appendix D) It is available in combined solution i.e. Tristel Duo for cleaning and disinfection within sexual health services. A local Standard Operating Procedure(SOP) is in place.
- 3.4.2 Documentation of this process must be held locally as proof the process has been followed.
- 3.4.3 The use of high level disinfection does not remove the need to cover probes with a barrier (condom).

### **3.5 VAPORISED HYDROGEN PEROXIDE (VHP)**

- 3.5.1 Vaporised Hydrogen Peroxide (VHP) may be used to achieve high level disinfection of the environment. It is not currently used within Solent NHS Trust primarily as the area must be sealed and free of people and our ward layouts do not easily facilitate this. Should an

infection related outbreak be prolonged or due to a particularly pathogenic organism the Infection Prevention Team (IPT) in conjunction with the Director of Infection Prevention & Control (DIPC) may investigate its use.

### **3.6 STERILISATION**

- 3.6.1 Sterilisation is a process that removes or destroys virtually all microorganisms including spores. Note standard sterilization may not eliminate prions for this reason some single use items are preferred. Refer to Solent NHS Trust Patients with or Suspected of having a Transmissible Spongiform Encephalopathy (TSE) / Creutzfeldt Jacob Disease (CJD) Management Policy (reference number Solent NHST/Policy/IPC/009).
- 3.6.2 Solent NHS Trust has minimal requirement for reprocessed sterile medical devices with the exception of dental services. All other services within Solent NHS Trust use single use sterile products.
- 3.6.3 Sterilisation of a medical device must be carried out in accordance to manufacturer's guidance and National requirements.
- 3.6.4 Should a service wish to purchase a medical device that will require sterilisation the process to undertake sterilisation must be arranged and on-going finances for the life of the device agreed prior to purchase. (Refer to Solent NHS Trust Management of Medical Devices (Equipment) Policy reference number Solent NHST/Policy/RK07)

### **3.7 RECOMMENDED CLEANING PRODUCTS**

- 3.7.1 Many factors influence the standard of decontamination achieved; from products chosen, level of training, design of item to be cleaned, time allocated for the procedure.
- 3.7.2 The active ingredients within products vary greatly dependent upon their intended use. And choosing an inappropriate product may render the decontamination process useless.
- 3.7.3 In order to simplify choosing products Solent NHS Trust Infection Prevention team regularly review products available and in-conjunction with colleagues in procurement produce a list of products we believe will suit general use. Whilst price will be considered we also look at active ingredients and which microorganisms they are effective against, ease of use, storage, training requirements, COSHH, disposal, compatibility with surfaces and staff feedback.
- 3.7.4 All of the products we recommend have been reviewed under COSHH and the Trust holds the safety data sheet on each product. Should a service deviate from our recommendations the responsibility to review the safety data sheet and discuss with health and safety falls upon that service.
- 3.7.5 The latest list of recommended products can be found on the Infection Prevention SolNet page under products along with the NHS supply chain order code.
- 3.7.6 The IPT will also work with services to review alternative products should a specific need arise.

### 3.8 CAN I REUSE THIS ITEM? REUSABLE, SINGLE USE AND SINGLE PATIENT USE ITEMS.

- 3.8.1 Items may be available in reusable, single use or single patient use varieties so it is important the correct item is obtained and used.
- 3.8.2 It is the responsibility of the healthcare worker to ensure they are using the correct item and following manufacturer's guidance. In areas where stock is decanted manufacturers guidance can be found in original packaging or via an internet search.
- 3.8.3 Should a member of staff reuse an item against the manufacturer's instructions Solent NHS Trust assumes liability for any failure in the device or subsequent transmission of infection.
- 3.8.4 Disposing of items that can be safely reprocessed is detrimental to the environment and financially wasteful (refer to Solent NHS Trust Policy for the Safe Handling & Disposal of Healthcare Waste (reference number Solent NHST/Policy/HS09)).

#### 3.8.5 SINGLE USE ITEMS

- **Single Use Items** are intended for one single procedure only and are not intended to be cleaned or reused even for the same patient i.e. standard syringes.
- An item will be classified as single use and labelled with the symbol below when the manufacturer has evidence the item cannot be effectively decontaminated at service level.
- Reprocessing or reusing single use items involves a number of potential hazards
  - Inadequate cleaning
  - Material alteration
  - Mechanical failure
  - Cross infection risk
  - Chemical residues remaining on the surface or being absorbed by the material
- Staff must only use items bearing this sign once and then dispose of them. Staff can try to source items that can be reprocessed if they feel they can effectively decontaminate these at local level and have a system in place to document compliance with manufacturer's instructions.

Single use items will be marked with the following symbol or will state USE ONCE ONLY



### **3.8.6 SINGLE PATIENT USE ITEMS**

- If a manufacturer has identified that an item may be used on the same patient for a specified period i.e. nebuliser, spacer, walker boot, feeding syringes, or intermittent urinary catheters, it will be deemed as single patient use.
- Single patient use items will need decontaminating during that specified period and the manufacturer's instructions must be followed.
- The manufacturer may stipulate the length of time the item can be used for (i.e. 2 weeks) or the number of times it can be decontaminated before it must be disposed of.
- An example of this may be enteral feeding syringes where the manufacturer has stipulated this may be used for 28 washes in a domestic dishwasher or warm hand wash. The number of days this item may remain in use will depend upon the number of times per day it will be washed.
- It is the responsibility of the service/ user to establish a local process to adhere to the manufacturer's instructions.
- The service must be able to demonstrate through local SOP and documentation that this is being followed correctly and that the item is not being used longer than the manufacturer has specified.
- If a suitable process following and recording manufacturer's instructions cannot be adequately established an alternative such as single use items would be required that would need to be disposed of after each use. This would have financial and environmental implications.

### **3.8.7 REUSABLE MEDICAL DEVICES**

- Items classified as reusable or suitable for reprocessing are deemed by the manufacturer as suitable for decontamination at service or local level.
- Under current legislation manufacturers of reusable equipment are obliged to provide advice about appropriate methods of decontamination.
- If the instructions are unclear staff must seek advice from the IPT and a local SOP developed by the service and shared throughout all staff.
- Services must ensure all medical devices/ medical equipment are reviewed prior to purchase to ensure manufacturer's decontamination techniques are available either at local level or by prior arrangement with a third party before purchase. (Refer to Solent NHS Trust Management of Medical Devices Policy (reference number Solent NHST/Policy/RK07).

### **3.9 STORAGE OF MEDICAL DEVICES**

3.9.1 Failure to segregate and store reusable medical devices correctly can lead to re-contamination if items before and after decontamination are in contact with each other. Therefore items following decontamination must be

- Stored in a clean and dry place
- Protected from dust, splashing and vermin
- Stored off of the floor on racks or shelving
- Segregated from dirty items
- Ensure stock is rotated
- Stored with a completed decontamination certificate attached (Appendix E)

### **3.10 DECONTAMINATION OF EQUIPMENT PRIOR TO SERVICING**

3.10.1 Anyone who inspects, services or repairs medical equipment has the right to expect that medical devices and equipment have been appropriately decontaminated (MHRA 2015).

3.10.2 Once an item has been decontaminated a decontamination certificate (Appendix E) must be completed and attached.

3.10.3 Without the appropriate decontamination certificate the item may be refused and additional service charges may apply.

3.10.4 If a medical device is to be retained for investigation **and** the process of decontamination may alter or influence finding, the device must be double bagged in robust packaging and a decontamination certificate attached to the outside clearly identifying that decontamination was not undertaken. Prior warning must be given to the intended recipient to prevent accidental opening.

3.10.5 Medical devices returned directly by the general public must be assumed to be contaminated. The item must be decontaminated at point of arrival by Solent NHS staff before the item can be reissued or dispatched for servicing. A decontamination certificate must be applied as stipulated above.

### **3.11 LOAN EQUIPMENT**

3.11.1 Any medical device or equipment loaned to a patient, family or another service must be clean and fit for purpose i.e. breast pump, enuresis mats. A decontamination certificate must be attached to the device (Appendix E).

### **3.12 TRANSPORTATION OF EQUIPMENT**

3.12.1 Solent NHS Trust operates multiple community services and recognises this offers challenges regarding decontamination. Ideally, used equipment will be decontaminated before being transported in staff vehicles. Where this is not possible staff must undertake a risk assessment.

3.12.2 It is recommended that community staff carry plastic bags for placing contaminated equipment in and return to base. If bulky items are frequently transported the mattress

disposal bags are large enough to accommodate most items expected to be transported in a car.

### **3.13 SOLENT NHS TRUST DENTAL SERVICES**

- 3.13.1 Primary care dental services in Solent NHS Trust routinely decontaminate medium and high risk items and must comply with essential quality and best practice detailed in Heath Technical Memorandum (HTM) 0105 Decontamination in Primary Care Dental Practices (DH 2013).
- 3.13.2 All clinics comply with service standard operating procedures DS/011 which gives detailed instructions or compliance with HTM0105.
- 3.13.3 Each clinic has written systems of work document particular to the clinic with comprehensive details of procedures and instructions for running clinics and equipment specific to that location.
- 3.13.4 Each dental clinic is audited six monthly using Infection Prevention Society (IPS) audit tool for compliance with HTM005.

### **3.14 CLEANING OF TOYS**

- 3.14.1 Children will migrate to toys regardless of their condition or cleanliness. Damaged or dirty toys are a potential source of infection and reflect poorly on your service.
- 3.14.2 Services that require or choose to use toys as part of their assessment, therapy or for entertainment are responsible for ensuring they are fit for purpose in terms of safety and cleanliness.
- 3.14.3 Due to the need to ensure toys remain clean services are encouraged to limit the number and type of toys. Services may wish to indicate on appointment letters toys are not provided within waiting areas.
- 3.14.4 Fabric toys must only be used for therapy and not general entertainment due to the difficulties in cleaning. Services using fabric toys used for therapy must ensure a clear process to clean these toys regularly and as required according to risk.
- 3.14.5 Services that use shared facilities must ensure they are aware who is responsible for monitoring and cleaning of the toys in communal areas. This must include routine and exceptional cleaning should gross contamination occurs. Poorly maintained toys in communal areas will reflect badly on your service even if they are not your responsibility.
- 3.14.6 Cleaning of toys in the treatment and communal areas is the responsibility of clinical staff unless an alternative arrangement has been made with facilities team.

#### **3.14.7 TOY CLEANING**

- Toy cleaning requires a specific cleaning schedule which must be displayed for parents and carers to see. (See Appendix F).

- As a minimum toys must be cleaned weekly. However services that see high volumes of children or children with easily transmissible infections i.e. cough and colds will need to increase this frequency.
- Services working with immunocompromised children will need to establish a more frequent programme. The IPT can support any risk assessment.
- Toys should be cleaned with detergent and then dried. Harsh chemicals are not suitable due to the likelihood the toys will be chewed.
- If a toy is grossly contaminated and cannot be effectively cleaned it must be disposed of.
- Toys must be stored within a suitable lidded container to prevent toys being a trip hazard. The container itself must also be kept clean.

### **3.15 MATTRESSES, PILLOWS, COUCHES AND CRASHMATS**

- 3.15.1 Services within Solent NHS Trust care for a wide variety of patients with differing needs relating to mattresses, pillows, couches and crashmats.
- 3.15.2 The surface integrity of this equipment is vital to maintaining cleanliness.
- 3.15.3 Regardless of the type of equipment routine cleaning must be undertaken using detergent and then dried. The responsibility for cleaning mattresses, pillows, crash mats and other clinical equipment remains with clinical staff unless a specific and detailed agreement has been passed through service line governance and Infection Prevention & Control Group (IPCG).
- 3.15.4 If an item cannot be cleaned in such a way a specific cleaning regime must be established for each item or group of items i.e. therapy chairs within our special school service.
- 3.15.5 If an item becomes grossly contaminated it may be possible to manage this at ward level using combined detergent and disinfectant (Achtichlor plus). If the item cannot be cleaned in service or specialist products are being hired i.e. air mattresses may need replacing.
- 3.15.6 Where possible spare over sheets should be available for immediate use whilst soiled items are reprocessed.
- 3.15.7 Examination / treatment couches - cleaning must be undertaken between every patient; use of couch roll is at the discretion of the service however use of couch roll does not prevent contamination and the couch must be cleaned and dried between every patient.
- 3.15.8 Specialities that produce large levels of contamination i.e. skin debris or aerosols have a great risk of cross infection and must take additional time and precautions to ensure the couch including crevices / hinges are as clean for the last patient of the day as the first.
- 3.15.9 The use of disinfectant is at the discretion of the clinician based upon risk assessment.

- 3.15.10 Services may wish to purchase long handled dust pans and brushes to make this process easier, however it must be remembered this equipment requires maintaining or becomes a risk itself.
- 3.15.11 Pillows must be fully enclosed with a wipeable plastic cover that is sealed on all edges. If any breach in outer cover occurs this pillow must be replaced immediately.
- 3.15.12 Mattresses, pillows and crash mats must be visually inspected following every patient discharge from an inpatient area and every day in an outpatient setting.
- 3.15.13 The items should be checked for wear and tear, damage, odours and visible staining / soiling. Even a small hole to the mattress cover allows fluids to contaminate the inside of the mattress. (Appendix G & MHRA)
- 3.15.14 All mattresses and pillows must be formally audited monthly as a minimum. Any damage must be reported to senior staff and replacements arranged immediately.
- 3.15.15 An example of the audit tool for crash mats/ mattresses can be found at Appendix G. These audits must be held locally and be available for inspection upon request.

### **3.16 ENVIRONMENTAL CLEANING**

- 3.16.1 Routine environmental cleaning is the regular cleaning which is carried out on a scheduled basis, not on an ad-hoc basis or in response to an infection risk. Within Solent NHS Trust all cleaning services (our own or external companies) are expected to follow the NHS Cleaning Manual otherwise known as National Patient Safety Agency National Specifications for Cleanliness in the NHS (2007) to adhere to and maintain standards in accordance to National Guidance.
- 3.16.2 Clinical environments are expected to follow Solent NHS Trust design guides.
- 3.16.3 The aim of environmental cleaning is to remove organic matter and dust to reduce the microbiological load in the environment.
- 3.16.4 The World Health Organisation (WHO) define the patient zone as all inanimate surfaces that are touched by, or are in direct physical contact with the patient such as the bed rails, bedside table, bedside chair, medical equipment as well as surfaces frequently touched by healthcare staff. These areas are identified as increased risk of contamination and are the areas environmental cleaning should focus on.
- 3.16.5 Whilst there is some debate within the wider NHS to the advantages of using combined detergents and disinfectants for general everyday cleaning the evidence does not support this use (EPIC 3) (HPS 2017). Based upon current evidence and the client group currently all clinical areas within Solent NHS Trust services a satisfactory level of cleanliness can be adequately achieved using detergent based products followed by drying the surface. Disinfectants will be used when a risk assessment determines the need.
- 3.16.6 It is essential that staff understand dilution and application impact on effectiveness of the process.

- 3.16.7 Staff undertaking environmental cleaning must receive training and standards will be monitored by use of routine visual inspection and audit. Additional use of ATP may be employed at the discretion of the IPT or Director of Infection Prevention and Control (DIPC).
- 3.16.8 Where cleaning services are provided by a third party the same standards are expected to be maintained. Any concerns should be raised at local level in the first instance and escalated via governance structure swiftly if unresolved including IPT in correspondence.
- 3.16.9 If environmental standards of cleanliness are implicated in an acquired infection IPT must be made aware via incident reporting.

### **3.17 GENERAL PRINCIPLES**

- 3.17.1 Within clinical areas everyone is responsible for maintaining standards of cleanliness.
- 3.17.2 Cleaning equipment has the potential to spread dirt and germs if not fit for purpose and correctly maintained.
- 3.17.3 Cleaning trolleys and equipment must be kept clean.
- 3.17.4 Mop buckets must be cleaned, rinsed and stored inverted to allow any water to drain.
- 3.17.5 Mop heads must be changed daily using either disposable or laundered.
- 3.17.6 In clinical areas any fabric or disposable curtains and blinds must be changed or laundered 6 monthly and additionally if soiled.
- 3.17.7 Clinical areas must not be carpeted unless specifically agreed with Infection Prevention i.e. audiology.
- 3.17.8 A written cleaning schedule (provided by the facilities) must be displayed outlining domestic services responsibilities
- 3.17.9 A cleaning checklist for medical devices / clinical items must be displayed within staff areas.(See Appendix H )
- 3.17.10 Any concerns regarding cleanliness must be reported internally and escalated rapidly if unresolved.
- 3.17.11 Outside of domestic services working hours it is the responsibility of clinical staff to safely clean and disinfect an area as required. Staff must ensure all cleaning products and equipment are correctly disposed of, cleaned and stored away.
- 3.17.12 Colour coding is required for reusable cleaning items however it is not required for single use microfiber or single use PPE.



### **3.18 ENHANCED ENVIRONMENTAL CLEANING**

- 3.18.2 When increased risk of infection is identified enhanced or additional environmental cleaning using chemical disinfectant is required.
- 3.18.3 When enhanced cleaning is requested patient confidentiality must be maintained. It is important to share with any visiting or cleaning staff the mode of transmission and any PPE they should use however to reveal the organism is a breach of confidentiality.
- 3.18.4 All isolation rooms must be cleaned at least daily with Actichlor Plus at a dilution of 1000ppm available chlorine. This is achieved by dissolving one 1.7g tablet in 1 litre of cold/ luke warm water gives 1000ppm (0.1%) available chlorine.
- 3.18.5 If the area is at risk of very heavy environmental contamination the IPT may request more frequent cleaning of frequent touch points such as door handles, light switches and call bells.
- 3.18.6 If cleaning staff are not available to facilitate this during evenings and weekends the responsibility will be passed to the clinical staff to ensure this is undertaken.
- 3.18.7 The room must be kept clean and uncluttered, and horizontal surfaces should be free of unnecessary items.
- 3.18.8 Only stock and equipment that is required should be taken into the room.
- 3.18.9 Equipment inside the room should be dedicated to the patient until the patient is discharged or no longer deemed to be infectious. If equipment cannot be restricted to single patient use it must receive a thorough clean with chlorine releasing agent (i.e. Actichlor Plus) before leaving the room.
- 3.18.10 All patient charts and notes should be kept outside the room to reduce the risk of contamination.
- 3.18.11 All waste/ rubbish generated from an isolation room must be treated as clinical waste. The waste bin must be kept within the room. If a ligature risk is identified waste must be bagged and sealed within the room and removed for immediate disposal.

3.18.12 All linen from an isolation room must be treated as 'infected linen' and bagged and sealed at the bedside in a red alginate (water soluble) laundry bag to minimise the risk of environmental contamination.

### **3.19 TERMINAL OR DEEP CLEAN**

3.19.2 When an episode of infection is considered to be over it is essential that any residual environmental contamination is removed. This is achieved by undertaking an extremely thorough clean and disinfection of the room which includes changing all curtains.

3.19.3 Failing to do this may result in pathogenic microorganisms remaining within the environment resulting in possible reinfection of the original patient or resulting in staff or other patients becoming infected by inadvertent onward transmission.

3.19.4 A deep clean may also be requested during a period of on-going infection when the environmental load is believed to be high (Solent NHS Trust Isolation Policy for Inpatients Area (reference number Solent NHST/Policy/IPC02)).

3.19.5 All attempts will be made for the patient to leave the room for the period of deep cleaning however there may be occasions where this cannot happen and the patient will remain in the room whilst this occurs.

3.19.6 It is acknowledged that providing a thorough deep clean takes time, effort and resources. Clinical staff are requested to alert the domestic teams as soon as possible that a deep clean will be required so that resources can be arranged. If a deep clean cannot occur within a reasonable time frame and affects patient flow or results in prolonged isolation please advise IPT.

3.19.7 Actichlor Plus must be used for a deep or terminal clean.

#### **3.19.7 Principles to follow (Not exhaustive)**

- Isolation sign must remain on the door until the terminal clean is complete because the room remains a source of potential contamination.
- The patient should be moved to fresh bed in an alternative bed space to facilitate effective cleaning.
- Curtains must be removed and replaced with clean ones (if fabric) or new disposable ones.
- Disposable equipment should be discarded into orange clinical waste bags or correct sharps container.
- All clinical equipment, including bed frames and mattresses should be thoroughly cleaned by clinical staff prior to the domestic team entering to complete the terminal clean. The mattress must be checked for any contamination inside the cover – if found this mattress must be condemned immediately and disposed of as clinical waste.
- All areas of the room should be cleaned using disposable cloths with particular attention paid to touch points and horizontal surfaces e.g. door handles, taps, dispensers, call bells, toilet areas, bed frame, tables, lockers, chairs.

- In the event of patients being co-horted due to an outbreak, the domestic team may want to decontaminate the room in a staged process whereby bed spaces are cleaned either individually (taking into account that patients will still be within the area).

### **3.20 CROCKERY & CUTLERY**

- 3.20.2 Patients with a known infection within Solent NHS Trust can use standard crockery and cutlery without it posing a risk to others.
- 3.20.3 These items can be decontaminated safely in a hospital dish washer and do not need to be washed separately.
- 3.20.4 If no dishwasher is available, or the dishwasher is broken; crockery and cutlery must be washed by hand in hot soapy water, rinsed and dried.

### **3.21 FANS IN CLINICAL ENVIRONMENTS**

- 3.21.2 Portable fans in clinical areas have been linked to cross infection (MHRA EFA/2019/001)
- 3.21.2 Portable fans must not be used during outbreaks of infection or within isolation rooms unless specifically discussed with IPT.
- 3.21.3 Manufacturers guidance on decontamination must be followed.
- 3.21.4 Fans must be cleaned as soon as visible dust is seen on the blades.
- 3.21.5 Fans must be cleaned, dried and bagged before storage.
- 3.21.6 Solent NHS Trust does not allow the use of bladeless fans with internal filters ie Dyson type.
- 3.21.7 Purchase of any fans must be in conjunction with Medical Devices Group.
- 3.21.8 Fans outside clinical areas are not covered within MHRA alert however must be visibly clean and well maintained.
- 3.21.9 Fans may be cleaned by staff within the department if the blades are accessible, if this is not possible fans should be grouped together and a requisition raised with current estates team.

### **3.22 WATER COOLERS**

- 3.22.1 Water coolers are a potential source of infection if not correctly installed and maintained.
- 3.22.2 Water coolers must be cleaned in the same way a drinking water tap would be, as a minimum this must involve wiping the water spout daily with a food standard cleaning product i.e. D20.
- 3.22.3 The drip tray must be wiped and dried at least daily and if overflowing.

- 3.22.4 Water coolers must be registered with the water safety group to ensure correct maintenance is undertaken.
- 3.22.5 The refilling of water drinking bottles is discouraged due to the high possibility of cross contamination with saliva onto the water spout. A health advisory poster that can be downloaded, printed and displayed alongside the cooler explaining can be found on the IPT SolNet page under the resources tab.

### **3.23 BLOOD & BODY FLUID SPILLS**

- 3.23.1 Blood and body fluids can potentially contain blood borne viruses or other pathogens. Therefore, dealing with spills of blood or body fluid may expose the healthcare worker to these blood borne viruses and spills must be dealt with swiftly, safely and effectively. (See Appendices J, K and L).
- 3.23.2 Spills of blood and body fluids in clinical areas are the responsibility of clinical staff to remove. Once initial contamination has been removed using chemical disinfectant or designated spill kit a subsequent clean by facilities staff may be requested.
- 3.23.3 In communal areas of the Trust the most appropriate person to deal with the spill maybe from the nearest clinical area or from facilities. Food handlers should not be responsible for removing high risk spills due to the risk of cross contamination.

### **3.24 COSHH Regulations**

- 3.24.2 Please refer to Solent NHST/Policy/HS13 Control of Substances Hazardous to Health (COSHH) Policy.

## **4 ROLES & RESPONSIBILITIES**

- 4.1 **The Chief Executive and Trust Board**  
Have a collective responsibility for infection prevention and control within the Trust.
- 4.2 **The Director of Infection Prevention and Control (DIPC) & Decontamination Lead**  
Is responsible for effective and technically compliant provision of decontamination services.  
The implementation of an operational policy.  
Is responsible for ensuring that this policy is implemented and adhered to across the organisation.  
Ensures the Infection Prevention Group monitor the effectiveness of this policy.  
In Solent NHS Trust this role is held by the Chief Nurse.
- 4.3 **The Infection Prevention Team (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.  
All practice issues are reported via the Infection Prevention Group, chaired by the DIPC the responsibilities for thorough implementation of this policy are discharged to service leads.  
The IPT will support the provision of training and education both mandatory and bespoke.  
The IPT undertake clinical visits and monitor standards of cleaning.  
The IPT undertake ATP testing to identify non-visible contamination in clinical areas.

#### 4.4 **Employees**

All staff working in Solent NHS Trust involved with patient services in either the healthcare setting or patients/service users own homes, have a responsibility to comply with this policy, be competent to undertake the procedure and report any incidents/risks that occur.

Appendix J outlines general areas of responsibilities for routine cleaning as agreed at IPCG. Some areas may need to be flexible with this due to local idiosyncrasies. If this cannot be sorted at local level please liaise with the IPT.

### 5. **TRAINING**

- 5.1 The Trust understands its responsibilities in ensuring all relevant staff are trained in decontamination including the safe use and disposal of chemical disinfectants. The majority of this training will be undertaken as part of their local induction. Should staff feel this has not been adequate they must raise this with their line manager or IPT.
- 5.2 Decontamination training is also incorporated in the infection prevention eLearning modules that are mandatory for all Solent NHS Trust staff.
- 5.3 Requests for bespoke decontamination training must be made directly to the Infection Prevention Team and will be considered on an individual basis.
- 5.4 Decontamination advice prior to purchasing medical devices must be made directly to the Infection Prevention Team.

### 6. **EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY**

- 6.1 This policy aims to improve safety and reduce risk of spread of infections and consequently improve patient/service user care and outcomes and staff safety. As part of Trust Policy an equality impact assessment (Steps 1 & 2 of cycle) was undertaken (See Appendix M). The Infection Prevention and Control Team are not aware of any evidence that different groups have different priorities in relation to the use Standard Infection Control Precautions in their care or that any group will be affected disproportionately or any evidence or concern that this Policy may discriminate against a particular population group.

### 7. **SUCCESS CRITERIA / MONITORING EFFECTIVENESS**

- 7.1 Service managers will ensure the policy has been implemented within their areas. It is essential staff at local induction understand their responsibilities and are aware how to escalate enquiries or concerns. It is also essential managers ensure staff remain compliant with this policy by visiting or delegating clinical sites and undertaking visual inspections. These can be undertaken alone, with facilities or IPT.
- 7.2 Service managers will be responsible for ensuring that any serious untoward incidents relating to cleanliness of equipment or the environment are investigated and appropriate actions fed back to the IPT.
- 7.3 The effectiveness of this policy will also be monitored through IPCG specifically looking at:

- The infection prevention and control audit programme
- Audit reports of clinical environments via estates and facilities teams
- Surveillance of communicable diseases by IPT
- Monitoring ATP checks within clinical areas
- Monitoring incident reports related to decontamination and outbreaks of infection via Ulysses

7.4 Non-compliance with this policy must be reported to lead Nurse, Matron and IPT.

## 8. REVIEW

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

## 9. REFERENCES AND LINKS TO OTHER DOCUMENTS

Control of Substances Hazardous to Health Regulations (COSHH) 2002 . SI 2002 No 2677. HMSO, 2002 <http://www.hse.gov.uk/coshh/> (accessed 08.10.19)

Medicines and Healthcare Regulatory Agency September 2018. Single –use medical devices: implications and consequences of reuse.

Estates and Facilities Alert. EFA/2019/001 Portable fans in health and social care facilities: risk of cross infection 11.01.19

*Department Of Health (2015) Health and Social Care Act (2008) Code of Practice for health and adult social care on the prevention and control of Infections and related guidance.* HMSO <http://www.dh.gov.uk> (accessed 08.10.19)

Loveday HP, Wilson JA, Pratt RJ, Golsorkhi M et al (2014) epic 3:National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Journal of Hospital Infection 86: S1-S70

### 9.1 LINKED TO OTHER SOLENT NHS TRUST POLICIES

IPC10 Aseptic Technique and Aseptic Non Touch Technique Policy

IPC08 Management of Diarrhoea and Vomiting Policy

IPC02 Isolation Policy

RK07 Management of Medical Devices (Equipment) Policy

HS13 Control of Substances Hazardous to Health (COSHH) Policy

HR53 Equality, Diversity and Human Rights Policy

## 10. GLOSSARY

Adenosine Triphosphate (**ATP**)  
Bare Below the Elbows (**BBE**)  
Control of Substances Hazardous to Health (**COSHH**)  
Chlorine Releasing Agents (**CRA**)  
Creutzfeldt Jacob Disease (**CJD**)  
Director of Infection Prevention & Control (**DIPC**)  
Electronic Staff Record (**ESR**)  
Health Technical Memoranda (**HTM**)  
Healthcare Associated Infection (**HCAI**)  
Infection Prevention and Control Group (**IPCG**)  
Infection Prevention Team (**IPT**)  
Medicines & Healthcare products Regulatory Agency (**MHRA**)  
Personal Protective Equipment (**PPE**)  
Parts per million (**ppm**)  
Standard Operating Procedure (**SOP**)  
Solent Workforce Information System (**SWIS**)  
Transmissible Spongiform Encephalopathy (**TSE**)  
World Health Organisation (**WHO**)

## Low level decontamination

### Surface Cleaning e.g. detergent wipes, detergent and water solution

Instruction	Rationale
Check item does not have single use symbol	Single use items must be discarded not decontaminated
Wear appropriate PPE, gloves and apron as minimum	To prevent contamination with soiled item or splashes
Use one detergent wipe at a time	Reduce waste
Working from clean to dirty	To prevent recontamination of clean areas
Wipe in an 's' shape	To prevent recontamination of clean areas
Cover entire surface	To ensure whole item is cleaned
Replace wipe when dry or soiled	To prevent recontamination
Dry the cleaned surface with clean dry paper towel or equivalent	To remove and residual contamination and to make environment harsh to bacterial growth
Detergent solutions should be changed at least every 15 minutes and prior to moving to a new location	To prevent recontamination
Do not macerate wipes but discard appropriate waste stream outlined below <b>Domestic waste</b> if no known infection risk and not visibly contaminated with blood or body fluids <b>Clinical waste</b> if known infection risk or contaminated with blood or body fluids	To comply with waste policy

## Low level decontamination

### Immersion e.g. detergent solution.

This must only be undertaken in a dedicated decontamination sink, and is not suitable in a clinical hand wash basin.

Instruction	Rationale
Check item does not have single use symbol	Single use items must be discarded not decontaminated
Check item is suitable for full immersion as per manufacturer's instructions	To prevent damage
Wear PPE, gloves, aprons and possibly eye protection	Prevent contamination with dirty water and detergent
Minimise splashing	To minimise risk of contamination to person and surroundings
Fill sink with tap water	
The temperature is determined by detergent used. Check packaging	Too hot and any enzymatic properties of cleaning product may be destroyed
Add correct dose of detergent for quantity of water	Offering most effective cleaning and cost effective
Dismantle/ open equipment	To clean all possible surfaces
Fully immerse and rotate item	To remove air bubbles
Brush, wipe, agitate item to dislodge all visible dirt. Keep item under water. All cleaning tools must be single use	To remove maximum amount of contamination, to minimise splashing and to prevent recontamination of other items
Remove carefully from sink 1 and drain any solution before placing in sink 2 to rinse.  Finally rinse under clean water	To remove residue
Dry item either by using clean non linting cloth	Detergent does not contain substances to kill bacteria leaving item wet will promote bacterial growth
Examine item for damage and reassemble	Ensure item is fit for use
Cleaning material must be disposed of as per waste policy	To comply with waste policy
Clean sink	To remove any residual contamination and inhibit microorganism growth

## Medium level decontamination

### *Steam Cleaners*

*Steam can be used to clean and disinfect fabrics and other surfaces unless specified otherwise by manufacturers.*

Instruction	Rationale
Check item does not have single use symbol	Single use items must be discarded not decontaminated
Undertake steam cleaning in a well-ventilated room with sufficient space	Potential for items in the area to get splashed
Wear PPE, gloves, aprons and possibly eye protection	To prevent contamination with soiled item. Steam produces aerosol of water and soiling
Before steaming remove loose surface soiling. Dry substances brush or Hoover before steaming Wet substances remove with paper towel. Detergent should be used to remove lipstick or wax before steaming	To minimise contaminated aerosols and prevent substance 'fixing' onto surface due to heat
Dispose of in correct waste stream – Clinical waste – body fluids Domestic waste- chewing gum / food	
Working from clean to dirty	To prevent recontamination of clean areas
Run the steam cleaner over the fabric in a grid like fashion until all the areas of the item are covered.	To ensure whole item is cleaned
Allow item to air dry or if required sooner allow a minimum of 5 minutes contact time before drying with clean non linting cloth	To provide sufficient time for chemical to work

## Medium level decontamination

Chemical Disinfection e.g. Actichlor plus.

Instruction	Rationale
Check item does not have single use symbol	Single use items must be discarded not decontaminated
Wear PPE, gloves, aprons and possibly eye protection	To prevent contamination with soiled item.
If chosen disinfectant does not contain detergent ensure cleaning is undertaken before disinfection	Solent IPT recommend Actichlor plus as first choice and Clinell universal wipes only if Actichlor plus is not suitable as these are both combined one step disinfectant and detergent product
Pour Actichlor plus onto clean paper towel or J cloth or use one detergent wipe at a time	Reduce waste
Working from clean to dirty	To prevent recontamination of clean areas
Wipe in an 's' shape	To prevent recontamination of clean areas
Cover entire surface	To ensure whole item is cleaned
Use more Actichlor plus on a fresh cloth or replace disinfectant wipe when dry or soiled	To prevent recontamination
Do not macerate wipes but discard appropriate waste stream <b>Domestic waste</b> if no known infection risk and not visibly contaminated with blood or body fluids <b>Clinical waste</b> if known infection risk or contaminated with blood or body fluids	To comply with waste policy
Allow item to air dry or if required sooner allow a minimum of 5 minutes contact time before drying with clean non linting cloth	To provide sufficient time for chemical to work.
Actichlor plus must always be used when C diff is suspected	Clinell Disinfectant is not effective against C diff

## How to Clean Vaginal Probes



All vaginal probes need to be cleaned with a high level disinfectant to be in line with national guidance.

**When?** In between patient use or if the probe has not been used for 3 hours or more

**Where?** Probes can be disinfected in any clinical room, including where patients are present. You do not need to move the probe to another room between patients to disinfect it.

### How?

1. Wearing non-sterile gloves, remove vaginal probe cover, then remove gloves
2. Perform hand hygiene, and put on clean pair of non-sterile gloves
3. Using a Clinell detergent wipe, wipe down the probe from where it plugs in on the monitor all the way to the end of probe, ensuring you go in one direction only
4. Using a fresh Clinell detergent wipe, clean the probe holder where the probe sits and the hook for the tubing. Dispose of used wipes and remove gloves
5. Perform hand hygiene and put on fresh pair of non-sterile gloves
6. Take Tristel Duo foam and check expiry date on bottles
7. Squirt two pumps of Tristel Duo foam on to a lint-free dry wipe
8. Wipe down the probe from where it plugs in on the monitor to the end of the probe, ensuring you go in one direction only, and then wipe down the holder and the hook with the same wipe
9. Place the probe in its holder and leave for 30 seconds
10. Remove gloves, perform hand hygiene and put on new pair of non-sterile gloves
11. Take individual Tristel Rinse Wipe and use it to wipe down probe from where it plugs in to end of the probe, ensuring you go in one direction and wipe down the probe holder and the hook with the same wipe.
12. Allow probe, holder and hook to air dry
13. Document cleaning on patient notes (Inform) by ticking appropriate box

**NOTE: If hands are not visibly soiled then alcohol gel can be used as a method of hand hygiene**

**Decontamination Certificate**

From (consignor) .....	To (consignee): .....
Address: .....	Address.....
.....	.....
.....	.....

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

Manufacturer: .....

Description of equipment: .....

Other identifying marks: .....

Model No. .... Serial No. ....

Fault: .....

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

<b>This item has been prepared to ensure safe handling and transportation:</b>	
Name: .....	Position: .....

## Keeping toys and equipment clean

Item	How to clean	Frequency	Comments
Dolls	General purpose (Clinell) Detergent wipe, dry thoroughly With paper towel	Minimum weekly or when visibly dirty	Remove any damaged dolls and throw them away
Play dough and plasticine	Wipe all the cutting tools using (Clinell) detergent wipes, dry thoroughly with paper towels, if tools do not have wooden parts wash in a dishwasher	Minimum weekly or when visibly dirty	Before and after using play dough or plasticine, children and staff must wash and dry hands. Play dough and plasticine should not be used during any outbreak of infection (or if any child shows signs of infection). You should replace the play dough and plasticine regularly, in line with the manufacturer's instruction. Store in an airtight container, replace each week or if visibly soiled
Toy box and storage box	Clean with (Clinell) detergent wipes, dry thoroughly with paper towels	Minimum monthly unless soiled	
Wooden toys	Wipe clean with (Clinell) detergent wipes	After each use	Wood can become heavily contaminated therefore needs regular cleaning
Internal sand pits and containers	Clean the sandpit/ container with (Clinell) detergent wipes before refill, dry thoroughly with paper towel	3 monthly or sooner if visibly dirty or damp	Sandpits have been implicated as a potential source of infection
Water play equipment	Wash with (Clinell) detergent wipes after each session, dry with paper towels	After each session	Remove any damaged play equipment and throw away
Play mats (plastic)	Clean with (Clinell) detergent wipes, dry thoroughly with paper towels	Every day and when visibly dirty	Inspect to check that the mats are intact, throw away any that are damaged
Play tables	Clean surfaces with (Clinell) detergent wipe, dry with paper towel	Clean before using	Tables should be replaced if not intact i.e. showing signs of damage



# Daily Cleaning Checklist CLINIC

F

To be completed daily & submitted to the manager each week

clinic: \_\_\_\_\_

week commencing: \_\_\_\_\_

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

**Solent NHS Trust**  
**Roles/Responsibilities of Cleaning Furniture/Equipment and Patient Areas**

Methods of Decontamination

Clean	Warm soapy water and disposable wipes or detergent based wipes
Damp dust	Use detergent wipes or disposable wipes moistened with water
Disinfect	If items are soiled with blood/body fluid then clean and decontaminate with hypochlorite as per Decontamination policy

Please note this list is not exhaustive and aims to provide guidance. Please refer to Decontamination policy or contact the Infection Prevention Team or Facilities team for further advice

Clinical	
Domestic/Hostess/Estate	
Hostess	
Domestic/Clinical	

Cleaning task	Staff group responsible	Comments
Bath hoist	Clinical	
Beds/ Mattress	Clinical Domestic	Clinical - Base mattress and above including head and bed rails, Clean and check mattress integrity Domestic - Underside of base, frame, foot end, and below bed
Bedside patient TV	Domestic	
Bedside tables	Domestic/Clinical	Domestic - daily and post discharge Clinical – as required
Bins	Domestic	This applies to external casing and lids
Catheter stands	Clinical	
CD player/radios	Domestic/Hostess	Domestic on ward Hostess in kitchen
Chairs	Domestic/Clinical	Domestic daily and post discharge Clinical - as required
Toys in Clinics and waiting areas	Clinical unless local arrangement	See protocol or guidance
Cleaning equipment/cupboard	Domestic	
Commodes	Clinical	After each patient use, clean with Actichlor plus, minimum deep clean weekly
Conventional cookers, ovens and hobs	Hostess	
Crockery/Cutlery and serving implements	Hostess	
Curtains and blinds	Domestic/Estates	If too high for domestic report to estates, unless contracted
Desks Desk equipment	Domestic Clinical/ward clerk	Desk only Clinical desk equipment
Dishwashers	Hostess	
Drinks trolleys	Hostess	

## Appendix I

Drip stand	Clinical	
Drug cupboards	Clinical	
Drug fridges	Clinical	
Electrical items	Domestic	
External glazing	Estates	
Floors	Domestic	
Fridge/freezers	Domestic/Hostess Clinical	Hostess to check and clean kitchen, Domestic to check and clean external. Please note: that the internal cleaning of fridges must be managed by clinical staff
Gas cylinder holders	Domestic/porter	
Hand rails	Domestic	
Hand wash/Alcohol dispensers	Domestic	
Handling belts/stand aids/slings/easy slides/Pat slides	Clinical/Therapist	
High surfaces	Domestic	
Hot water boilers	Domestic/Hostess	Hostess - to clean Kitchen Domestic - staff rooms and beverage bays
Internal glassing/partitions/vision panels	Domestic	
Kitchen cupboards	Hostess	
Linen store Linen trolley	Domestic Clinical	Domestic to clean floor, window sills etc.
Low surfaces	Domestic	
Macerators/bed pan washers	Domestic/Clinical	Clinical initial clean/Domestic outside only
Leaflet/info racks and tables	Domestic/Hostess	Domestic and hostess daily - clinical when required
Medical equipment, e.g. infusion pumps, nebulisers NOT connected	Clinical	
Medical gas equipment	Clinical	
Microwave/toasters	Hostess	
Mirrors	Domestic	
Notes/COWS and drug trolley	Clinical	
Oxygen/suction equipment, portable	Clinical	
Paper towel holders	Domestic	
Patient fans	Clinical/Estates	Clinical - Clip on front grill Estates - Screw fitted front grill
Patient washbowls	Clinical	
Pest control devices	Estates	
Planters/Large plant	Domestic	
Radiators	Domestic/Estates	Estates - to remove covers Domestic – to clean
Raised toilet seat	Domestic/Clinical	Clinical – removal of body substance
Recycling/Waste bin	Domestic	
Resuscitation trolleys	Clinical	
Showers/baths	Domestic/Clinical	Clinical – rinse bath after use
Sinks	Domestic	
Spillages of bodily substances	Clinical	
Switches, sockets and data points	Domestic	
Toilets	Domestic/Clinical	Clinical – removal of body substance
Urine bottles/slipper/bed pans	Clinical	
Ventilation grilles	Domestic/Estates	Domestic – clean outside if can be reached without ladder Estates - Remove cover to clean inside, outside if domestic cannot reach
Walls, ceiling, doors	Domestic	Domestic to clean areas within reach. Estates to carry out the high areas

Appendix I

Water coolers	Domestic/Clinical	Domestic, all other staff to check water drip tray
Weighing scales manual handling equipment	Clinical	

## Inpatient Staff

# Infection Control Guidance on the Management of Blood Spills

This guidance is for use by Solent NHS staff in the inpatient setting where cleaning products available and materials in situ are regulated.

Dealing with spillages of blood or blood stained body fluids may expose health care workers to blood borne viruses or other pathogens. It must always be assumed that any blood from any person poses a potential risk and consequently the safe and effective management of such spillages is essential.

Spillages of blood and body fluids must be dealt with promptly. The Chlorine Releasing Agents (CRA's) that are required in the management of a spillage are regulated under the Control of Substances Hazardous to Health Regulations (COSHH) and Healthcare staff must follow written guidance within the product data sheet.

## Procedure

1. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
2. Place disposable paper towel/blue towel onto spill until absorbed.
3. Make up solution of Actichlor Plus according to manufacturer's instructions - for blood spills use 1 litre of cold water and add ten x 1.7g tablets i.e. 10,000ppm solution. This will take a few minutes to dissolve, do not shake or agitate container – it may splash or explode.
4. Gather other equipment required – clinical waste bags and paper towels for cleaning.
5. Carefully pour fully dissolved Actichlor Plus solution over the paper towels.
6. Leave for a minimum of 2 minutes, ideally for 5 minutes, to neutralise any potential blood borne viruses.
7. Dispose of waste in clinical waste bags.
8. Due to high strength solution clean the area thoroughly with general detergent solution or wipes to reduce damage to surfaces
9. Dispose of unused high strength Actichlor Plus solution immediately into drains with running water.
10. Remove PPE and dispose of as clinical waste.

11. Wash hands thoroughly with soap and water.

## In-Patient Procedure Blood Spills on Soft Furnishings including carpets

1. Always deal with a spillage immediately.
2. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
3. Gather equipment as required – this may include clinical waste bags, paper towels, water soluble laundry bags, detergent, water.
4. Carefully soak bulk of spillage using paper towels - dispose of directly into clinical waste bag.
5. If the item can be removed i.e. curtains or cushions do so – place in appropriate laundry bag for soiled/infected items, secure and label. Follow internal processes for laundering.
6. If the item cannot be removed i.e. furniture or carpet - clean the area thoroughly with general detergent solution and warm water. (Actichlor Plus must not be used on soft furnishings).
7. Warning – Actichlor Plus is not compatible with soft furnishings therefore blood borne virus will not have been neutralised at this point.
8. Ensure that any contamination of surrounding surfaces is appropriately dealt with (see instructions above).
9. Staff must contact domestic services and request a ‘steam clean’ of the item. This item must remain out of use or cordoned off until fully cleaned and dried.

## Warnings and Precautions

1. Do not take Actichlor Plus internally.
2. Do not spray Actichlor Plus solution.
3. Do not use Actichlor plus on soft furnishings.
4. Avoid eye and direct skin contact – follow first aid if required.
5. Do not mix Actichlor Plus directly with acids including urine or vomit.
6. Do not add any other detergents to Actichlor Plus solution.
7. Avoid prolonged contact with stainless steel.
8. Always dispose of used materials in appropriate waste stream.

9. Store unused tablets in a secure dry place out of reach of children or vulnerable adults.
10. Only standard strength solution of Actichlor plus can be retained in suitable screw top bottle correctly labelled for 24 hours. High strength solution used in management of blood spills must be discarded immediately after use.
11. Whenever possible ensure good ventilation of area when using any chlorine product.

**Further information can be obtained from**

Decontamination Policy

Hand Hygiene Policy

Standard Precautions Policy

Waste Policy

**For further advice contact Infection Prevention Team – 0300 123 6636**

## For Inpatient staff

# Infection Control Guidance on the Management of spillages of body fluids (excluding blood)

This guidance is for use by Solent NHS staff in the inpatient setting where cleaning products available and materials in situ are regulated.

Spillages of body fluids may potentially expose health care workers, patients and visitors to pathogenic organisms. The safe and effective management of such spillages is essential.

Spillages of blood and body fluids must be dealt with promptly. The Chlorine Releasing Agents (CRA's) that are required in the management of a spillage are regulated under the Control of Substances Hazardous to Health Regulations (COSHH) and Healthcare staff must follow written guidance within the product data sheet.

## Management of Spills on Hard Surfaces

- Always deal with a spillage immediately.
- Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
- Gather equipment as required – this may include clinical or offensive waste bags, paper towels, detergent, water.
- Carefully remove bulk of spillage i.e. vomit/faeces etc using paper towel or scoop - dispose of directly into waste bag.
- Remove gross contamination with cloth or detergent wipe.
- If the spill was contaminated with blood refer to the separate guidance – Management of Blood Spills.
- If the spill is believed to be infectious the area needs to be disinfected using a Chlorine Releasing Agent i.e. Actichlor Plus at 1,000ppm.
- Make up solution of Actichlor Plus according to manufacturer's instructions - for general enhanced cleaning use 1 litre of cold water and add one x 1.7g tablets i.e. 1,000ppm solution. This will take a few minutes to dissolve, do not shake or agitate container – it may splash or explode. Allow the area to air dry if possible or allow contact time of 2 minutes before drying.

- Remove PPE, dispose of waste and wash hands thoroughly with soap and water.

## **Management of Spills on Soft Furnishings Including Carpets**

- Always deal with a spillage immediately.
- Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
- Gather equipment as required – this may include clinical or offensive waste bags, paper towels, water soluble laundry bags, detergent, water.
- Carefully remove bulk of spillage i.e. vomit/faeces etc using paper towel or scoop - dispose of directly into waste bag.
- If the item can be removed i.e. curtains or cushions do so – place in appropriate laundry bag for soiled items, secure and label. Follow internal processes for laundering.
- If the item cannot be removed i.e. furniture or carpet - clean the area thoroughly with general detergent solution and warm water. (Actichlor Plus must not be used on soft furnishings).
- Ensure that any contamination of surrounding surfaces is appropriately dealt with (see instructions above).
- Staff must contact domestic services and request a 'steam clean' of the item. This item must remain out of use or cordoned off until fully cleaned and dried.

## **Warnings and Precautions**

1. Do not take Actichlor Plus internally.
2. Do not spray Actichlor Plus solution.
3. Do not use Actichlor plus on soft furnishings.
4. Avoid eye and direct skin contact – follow first aid if required.
5. Do not mix Actichlor Plus directly with acids including urine or vomit.
6. Do not add any other detergents to Actichlor Plus solution.
7. Avoid prolonged contact with stainless steel.
8. Always dispose of used materials in appropriate waste stream.
9. Store unused tablets in a secure dry place out of reach of children or vulnerable adults.
10. Whenever possible ensure good ventilation of area when using any chlorine product.

**Further information can be obtained from**  
Decontamination Policy

Appendix K

Hand Hygiene Policy  
Standard Precautions Policy  
Waste Policy

**For further advice contact Infection Prevention Team – 0300 123 6636**

## Community Staff

# Infection Control Guidance for the **Management of blood and body fluid spillages within a client's home**

This Infection Control guidance is for use by Solent NHS staff working in a client's home where the general environment and cleaning products available may present difficulties.

Spillages of body fluids may potentially expose health care workers, patients and visitors to pathogenic organisms. Staff must ensure they manage the spillage in as safe a way as possible to minimise risks to themselves or others.

## Management of body fluids (excluding blood)

1. Allow family member/client to clear spillage if appropriate.
2. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
3. Gather available equipment – i.e. plastic bag, paper towels, tissue, detergent and water.
4. Carefully remove bulk of spillage i.e. vomit/faeces etc. using paper towel or pick up directly into waste bag by inverting bag over gloved hand.
5. Clean the area thoroughly with general detergent solution (if available) and warm water.
6. Products such as household bleach must NOT be used on soft furnishings. On other surfaces caution must be taken giving consideration to the surface material involved.
7. Remove PPE, dispose of waste and wash hands thoroughly with soap and water.
8. If staff cannot access soap and water and a clean towel then a moist hand wipe such as Clinell should be used prior to applying hand gel.

## Management of blood spillages

1. Allow family member/client to clear spillage if appropriate.
2. Warning - due to the environment and materials in situ use of high strength Actichlor Plus is not recommended, therefore any potential blood borne virus will not have been neutralised.
3. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.

4. Gather available equipment – i.e. plastic bag, paper towels, tissue, towels, detergent and water.
5. Absorb as much fluid as possible with suitable material such as paper towels, towels etc.
6. Carefully place directly into waste bags. Staff must make a clinical decision if a 'one off' clinical waste pick up is required and arrange this based upon the situation.
7. Clean the area thoroughly with general detergent solution (if available) and warm water.
8. Products such as household bleach must NOT be used on soft furnishings. On other surfaces caution must be taken giving consideration to the surface material involved.
9. Remove PPE, dispose of waste and wash hands thoroughly with soap and water.
10. If staff cannot access soap and water and a clean towel then a moist hand wipe such as Clinell should be used prior to applying hand gel.

## Warnings and precautions

1. Chlorine Releasing Agents (i.e. Actichlor Plus) must not be used on soft furnishings and are not recommended for patients own homes.
2. Cleaning products provided in patients homes must be used with caution following manufacturer's instructions and not mixed
3. Dispose of waste in the HOUSEHOLD waste whilst in a patient's own home unless a clinical waste pickup is already in place. If clinical staff feels it is appropriate a 'one off' clinical pick up can be arranged.
4. Always keep cleaning products out of reach of children, vulnerable adults or pets.

### **Further information can be obtained from**

Decontamination Policy  
Hand Hygiene Policy  
Standard Precautions Policy  
Waste Policy

**For further advice contact Infection Prevention Team – 0300 123 6636**

## Equality Impact Assessment

<b><u>Step 1 – Scoping; identify the policies aims</u></b>	<b>Answer</b>		
1. What are the main aims and objectives of the document?	This policy aims to explain the responsibilities of each staff member to maintain a clean and safe environment and equipment.		
2. Who will be affected by it?	Staff members, members of the public and those working within partner organisation as applicable.		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Ensure we are compliant with Health & Social Care Act 2015, Health and Safety Executive guidelines.		
4. What information do you already have on the equality impact of this document?	Decontamination within Standard precautions are an integral part of all clinical practice where care is delivered across the trust. Standard Infection Control precautions guidance is aimed at all individuals irrespective of age, colour, religion, gender, disability or sexuality.		
5. Are there demographic changes or trends locally to be considered?	No		
6. What other information do you need?	None		
<b><u>Step 2 - Assessing the Impact; consider the data and research</u></b>	<b>Yes</b>	<b>No</b>	<b>Answer (Evidence)</b>
1. Could the document unlawfully discriminate against any group?		x	This policy is designed to ensure expectations upon all staff are equitable. To provide a safe environment for all service users.
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	No

4. Can this actively promote good relations with and between different groups?	x		The policy provides good relations between staff and service users
5. Have you carried out any consultation internally/externally with relevant individual groups?	x		Matrons, Link Advisors, IPCG, H&S
6. Have you used a variety of different methods of consultation/involvement	x		Version 5 of this policy has evolved using feedback from clinical staff, managers and service users.  Incidents and outbreaks of infection have also informed practice.
<u>Mental Capacity Act implications</u>			
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	None anticipated or known at this time  Standard precautions utilised in the care of all patients/service users at all times.
16.07.2019: At this time no negative impact identified.			

### **Infection Prevention for Hairdressers**

Patients may wish to be seen by the hairdresser during admission. The following guidelines are designed to protect the hairdresser and client from avoidable infection.

#### **Premises**

- It is assumed that hairdressing on the ward will be carried out in a clean and well-lit area.
- Handwashing facilities with soap and water and paper towels must be available.
- Hairdressing must not take place in isolation rooms or on patients with known or suspected communicable infection, rash or open wounds to the head without discussion with a member of the Infection Prevention Team.
- The patient's confidentiality must not be breached in revealing any confirmed or suspected infection risk.

#### **Personnel**

- Hairdressers must wash their hands between each client.
- Any cuts or open sores must be covered with a waterproof plaster.

#### **Equipment**

- All equipment must be visually inspected and cleaned between each client.
- A visibly clean gown is used for the protection and comfort of the client.
- A fresh towel is to be used for each patient.
- Disposable razors are recommended for use.
- Reusable clippers are very difficult to clean and a recognised risk of transmission. The hairdresser must have provision to clean these effectively if used.
- Hair straighteners must be allowed to cool before wiping over with detergent and drying.

#### **Process**

- If an infestation of head lice is discovered before the client has been seated it is advisable for the hairdresser to liaise with clinical staff and agree a plan.
- Topical treatment for head lice will usually be required and will require patients consent. This is usually a two dose treatment 1 week apart.
- If a client refuses to consent to topical treatment non-chemical combing is a suitable alternative using a 'Nitty Gritty' comb for best results.
- If the hairdresser has commenced before the infestation is discovered all equipment (including gown) and environment must be effectively decontaminated prior to any further clients being seen.
- If a cut to the client occurs the injury must be cleaned and covered and reported to staff.
- Liquid styptic must not risk cross contamination.
- Any spills of water must be cleaned up immediately to prevent slips by client or hairdresser.

## Appendix N

### After treatment

- All equipment must be cleaned after it has been used.
- A management plan should be in place to deal with accidental skin penetrations
- Standard precautions must be adhered to by staff if body fluid contact is anticipated.
- All waste should be bagged and disposed of daily.
- All surfaces within the hair dressing area should be cleaned at least daily if in use with a detergent wipe and dried using a cloth.

## **Industrial Washing/Drying Machine SOP for use in community Hospitals**

- It is recommended that soiled patients clothing is given to patient's family or friends to launder whenever possible.
- If gross soiling has occurred remove gross contamination, and place in a plastic bag fully sealing the neck of the bag. The person taking the bag must be advised of the state.
- Do not place patient's laundry into hospital grade water soluble alginate bags for use in domestic washing machines as these will not fully dissolve and may damage the machine.
- Where patients do not have anyone to undertake laundry this may be done on the ward if facilities allow.
- Only industrial washing/drying machines should be used for laundering on site, clothes soiled with body fluids.
- For any new builds/refurbishments, washing machines should be housed in a specifically designated launderette area and no other activities must be carried out there.
- The walls and floor must be washable.
- Washers must have a sluice and disinfection cycle and dryers must be vented to outside.
- The machines should be sited on a plinth so that pumps can be omitted.
- There must be provision of a separate hand wash basin and all necessary protective clothing such as gloves, aprons etc.
- The washing process must have a disinfection cycle in which the temperature in the load is maintained at 65°C for not less than 10 minutes or, preferably, at 71°C for not less than 3 minutes. (Hospital and laundry arrangements for used and infected linen. NHS Executive HSG (95)18).

### **Process:**

- There must be segregation of clean and dirty linen and sufficient storage facilities for both.
- Wear gloves and apron when handling dirty washing.
- One patients laundry must not be washed with another under any circumstances.
- Sort the washing by care labels or single use, manufacturers washing instructions and colours.
- If patients clothing – empty pockets for foreign objects, close any zips, fasten hooks and eyes before washing. Knitted garments, trousers, T shirts and sweat shirts should be turned inside out.
- DO NOT wash any items in this machine which are specified by the manufacturer as not washable on the care label/symbol 40.
- DO NOT overload the drum as this causes creases and reduces the cleaning efficiency.
- Add the correct amount of detergent: Pull out the detergent drawer/compartment and add detergent as above.
- Close the detergent drawer.
- Select correct programme and switch on:
- Select a programme from the programme selection menu
- Press the start button.

### **Remove the laundry:**

- Only remove laundry from the washing machine once the drum has stopped turning.
- Reaching into a moving drum is extremely dangerous and could result in injury.
- If the washing machine does not have an integral tumble dryer then place wet washing into the tumble dryer.
- Set timer to appropriate drying temperature.

## Appendix O

- When the load is dry, all the clean laundry items must be folded.
- Patients' laundry should be stored under the correct name; all personal items should be labelled and transferred via a clean container back to the ward area.

### Safety:

- Wear gloves and a disposable when handling dirty laundry.
- Perform hand hygiene after task.
- Ensure equipment is switched off after use at the mains and is unplugged.
- Ensure the laundry room door is kept locked when you are not actually working in there.
- Ensure there is a maintenance contract for washing machines and regular servicing.
- In general areas cleanliness of the care environment should be monitored by visual inspection.
- label using a biological washing agent where possible. Relatives taking this washing home should be advised to follow the same guidance.

Within an inpatient facility staff must then run a dedicated sluice wash or run an empty wash program before used for anyone else.

- Staff should take responsibility for heavily soiled linen.
- Hospital bedding for a patient with a known infection risk must follow local procedure for handling of infected/soiled linen – using water soluble inner bags and designated outer bags.
- A signed daily cleaning checklist should be in use and used as evidence of cleaning.