Trust Policy	Worcestershire Acute Hospitals NHS Trust

DECONTAMINATION POLICY

Department / Service:	Decontamination Policy	
Originator:	Stephen J Steward	Lead Manager Decontamination
Accountable Director:	Vicky Morris	Chief Nurse / Director Infection Prevention & Control
Approved by:	Trust Infection Prevention Control Committee	
Date of Approval:	7th September 2017	
First Revision Due: **This is the most current document and should be used until a revised version is in place**	7thSeptember 2019	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All locations where Decontamination takes place	
Target staff categories	All staff involved in Decontamination	

Purpose of this document:
Worcestershire Acute Hospitals NHS Trust is committed to implementing National and European policy and guidance on decontamination. To ensure safe systems of work and to reduce the transmission of health care associated infection, it is essential that any decontamination activity is carried out in accordance with current legislation and best practice including the Health and Social care Act 2008.

Key amendments to this Document:

Date	Amendment	By:
August 2017	To merge Decontamination Policy and Strategy	Steve Steward, Decontamination Manager

References: Code:

The Health Act 2008. Code of Practice for the Prevention and Control of Health Care Associated Infections. Department of Health. And relevant updates	
HSC 2000/032: Decontamination of Medical Devices, Department of Health, 2000	
The Decontamination of Surgical Instruments in the NHS in England – Update report – "A Step Change." Department of Health (June 2005)	
Medical Devices Regulations 2002	
National Decontamination Project. A process for commercial involvement in improving NHS Decontamination. NHS Estates June 2003	
HTM 01 01 Management and decontamination of surgical instruments (medical devices) used in acute care	
HTM 01-04: Decontamination of linen for health and social care	
HTM 01-06: Decontamination of flexible endoscopes	
HBN 13	
CQC guidance about compliance	
The Health Act 2008 Regulated activities Regulations 2010	
Active Implantable Medical Devices Directive	

Related Policies

WAHT-INF-009	General decontamination Protocol
WAHT-INF-026	Decontamination of Endoscopes
WAHT-CG-043	Management of IP and C Policy
WAHT-CG-088	Policy for Mattress decontamination and storage
WAHT-CG-021	Safe use of medical devices - Training policy
WAHT-CG-494	Cleaning Policy

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1. Introduction

Healthcare organisations are required by the Health Act 2008 Code of Practice to provide safe decontamination services that produce an environment and equipment that is fit for purpose at the point of use. Safe decontamination practices should be embedded as part of the service culture in support of successful clinical outcomes and the associated wellbeing of patients and staff.

The Hygiene code as enshrined in the Health & Social Care Act 2010 requires the Trust to have in place systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them and that there is a designated decontamination lead.

Specifically for decontamination the act requires that the decontamination lead ensures policies are in place consider national guidance for the following areas:

- Decontamination of the environment
- Decontamination of linen
- Decontamination of equipment
- Reusable medical devices should be reprocessed at one of the following three levels: - sterile (at point of use); - sterilised (i.e. having been through the sterilisation process); - clean (i.e. free of visible contamination)

The decontamination policy should demonstrate that:

- It complies with guidance establishing essential quality requirements and a plan is in place for progression to best practice;
- Decontamination of reusable medical devices takes place in compliant facilities that are designed for the process of decontaminating medical devices through validated processing systems and controlled environmental conditions to ensure all potential environmental, cross-infection, handling and medical device usage risks are minimised;
- Appropriate procedures are followed for the acquisition, maintenance and validation of decontamination equipment;
- Staff are trained in cleaning and decontamination processes and hold appropriate competences for their role;
- A record-keeping regime is in place to ensure that decontamination processes are fit for purpose and use the required quality systems

Worcestershire Acute Hospitals NHS Trust is committed to having robust systems for decontamination that are up to date and fit for purpose. This document aims to give leadership and direction to decontamination centred activities to ensure safe systems of work and to reduce the transmission of healthcare associated infection. It is essential that decontamination of equipment and the environment is undertaken in accordance with current legislation standards and best practice.

The Trust has established a Decontamination Committee to oversee decontamination issues and activities within the Trust. This policy and strategy document sets out to provide the direction and support to key members of staff within the Trust to ensure that the Decontamination Policy and Decontamination Protocol remain current and fit for purpose.

Through an audit program it will be possible to establish that all standards and guidance are fully implemented, monitored and modified where necessary in order to achieve continuous quality improvement regarding Decontamination.

2. Scope of the Policy

This policy and embedded strategy must be followed by all Trust employees, students and contractors.

3. Aims and Objectives

In order to achieve the highest standards of decontamination, the Decontamination Committee has adopted objectives for the duration of this policy 2017 – 2019.

These objectives are to:

- To ensure a Trust - wide standardised approach to Decontamination is taken producing common high quality and compliant products in all areas of the Trust.
- To ensure relevant new and emerging Decontamination technologies and systems are continuously investigated and deployed where there is a clear benefit to the Trust in its aim to reduce to a minimum or eliminate current and new infection and prevention challenges.
- Review the facilities, environment and equipment across the Trust provided for the processing and storage of flexible endoscopes and to ensure that they meet minimum requirements and aspire to current best practice.
- Review the Central Sterile services facilities, environment and equipment across the Trust provided for the re-processing of used surgical instrumentation and to ensure that they meet minimum requirements and aspire to current best practice.
- To ensure through an audit program that all areas where decontamination activities or processes takes place are fit for purpose and reflect current best practice.
- To ensure that all medical devices that are decontaminated are done so in accordance with the manufacturer's guidance in the appropriate environment.
- To ensure that all processes and facilities meet or exceed current and future legislation, guidance and standards and to produce gap analyses with action plans to bridge any gaps identified.
- To ensure that any medical devices purchased are assessed from a Decontamination perspective before procurement to ensure the highest level of device and patient safety.
- Provide advice to and work with other groups e.g. Environmental, Medical Devices, and Trust Infection Prevention and Control Committee (TIPCC) to ensure that the essential requirements for decontamination standards can be achieved.
- Identify review and implement a robust tracking and traceability systems to ensure the tracking of medical devices, in particular surgical instruments and implants, to individual patients.
- To ensure that single use medical devices are not reused in accordance with manufacturer guidance.

Worcestershire Acute Hospitals Trust is committed to protecting patients and staff by identifying and minimising risks. It is the intention of the Trust to put in place systems and processes to ensure compliance with current legislation, national guidance and best practice.

The Trust will demonstrate that there are systems in place to fulfil monitoring requirements and to reassure patients, staff and the general public about the quality and safety of decontamination processes for equipment and the environment.

4. Definitions

This policy recognises the Health Act 2008 definitions of the following

Decontamination

Decontamination is the combination of processes, including cleaning, disinfection and sterilization, used to render a reusable item safe for further use on patients and handling by staff.

Decontamination of reusable medical devices

Effective decontamination of reusable medical devices is essential. There should be systems to protect patients and staff which minimise the risk of transmission of infection from medical devices and other equipment which comes into contact with patients or their body fluids.

- Reusable medical devices and other devices should be decontaminated in accordance with manufacturer's instructions and current guidelines
- Systems should allow reusable medical devices to be tracked through decontamination processes in order to ensure that the processes have been carried out effectively
- Systems should also be implemented to enable the identification of patients on whom the medical devices have been used

Instruments for single use only or limited re-use

Policies should be in place for handling instruments designed for single use only, or limited re-use.

Purchase and maintenance of equipment

Policies for the purchase and maintenance of all clinical equipment should take into account infection prevention and control advice given by relevant expert or advisory bodies or by the ICT.

The Trust accepts the need to involve decontamination principles at all stages of new developments, including environment, building, procurement of equipment, competence of staff, and new service planning. The Trust will apply a risk based assessment approach to decontamination, to ensure risk avoidance in building and commissioning facilities, choice of equipment and development of services

Infection Prevention and Control

Infection prevention and control is the use of evidence based practice, training and education, policies and procedures to prevent or minimise the risk of cross infection, through a managed environment, which minimises the risk of infection to patients, staff and visitors.

5. Responsibility and Duties

The Chief Executive (CE) is accountable for ensuring that effective arrangements for decontamination of re-usable medical devices are in place within the Trust.

The Director of Infection Prevention and Control (DIPC) has responsibility to give assurance to the board and to have direct accountability for decontamination within the Trust.

The Chair of the Trust Decontamination Committee is appointed by the Trust Infection Prevention and Control Committee. The committee will meet quarterly to oversee the implementation of the decontamination policy and embedded strategy. A report from the Decontamination Committee will be presented to the Trust Infection Prevention and Control Committee. The chair of the committee will specifically;

- Ensure that the committee operates within the boundaries of the terms of reference
- Represent the views of the committee as and when required to do so
- Oversee the preparation of an agenda of relevant items
- Ensure the circulation of any relevant documents before meetings
- Ensure that meetings are arranged in accordance with the agreed schedule
- Invite other relevant parties to meetings as and when required
- Chair discussions
- Convene subgroups where necessary
- Communicate with other committees or individuals in order to progress the agenda of the committee
- Seek clarification on matters from other meetings and committees in order to ensure that the work of the decontamination committee remains focussed on delivering the Trust objectives.
- Oversee the production of minutes and reports for the TIPCEF

The Trust Decontamination Committee will

- Ensure the policy on decontamination is reviewed at least every two years as required and work with Heads of Service to implement necessary changes in practice.
- Take a key role in investigating untoward occurrences related to decontamination and managing associated hazards.
- Act as a link between the Trust and specialist agencies and networks.

The Decontamination Lead should have responsibility for ensuring that a decontamination programme is implemented in relation to the organisation and that it takes proper account of relevant national guidelines.

The decontamination programme should demonstrate that:

- Decontamination of reusable medical devices takes place in appropriate dedicated facilities
- Appropriate procedures are used for the acquisition, installation, validation, maintenance and use of decontamination equipment
- Staff are trained in decontamination processes and hold appropriate competencies for their role
- There is a monitoring system in place to ensure that decontamination processes are fit for purpose and meet the required standard. Medical Devices refers to all products, except medicines, used in healthcare for diagnosis, prevention, monitoring or treatment. The range of products is very wide.

All directors must ensure that the appropriate resources are made available to support effective decontamination within their sphere of responsibility and that systems, processes and policies are in place.

Heads of Service are responsible for ensuring that the decontamination policy brought to the attention of staff and observed by them. Heads of Service must make sure that every member of staff has a clear understanding of their content and application to the healthcare environment.

This Document will require the support of all Trust employees and staff on temporary or honorary contracts as well as pool staff, contractors and students.

The strategy enables the Trust to carry out the statutory duties imposed upon it by law, and mandatory duties required by the Department of Health in respect of decontamination.

The Regulatory responsibility for Healthcare Standards is vested with the Care Quality Commission. The decontamination standards in Standards for Better Health apply. Both of these documents require decontamination to be responsibly carried out in facilities in accordance with guidance issued by MHRA and the Medical Devices Regulations.

The policy is designed to support the Trust to deliver effective decontamination within the Trust in the interests of patients, staff and visitors' safety.

The document identifies priorities in the changing healthcare environment, setting out a framework for action to ensure that principles and practice of decontamination are integrated into all service developments, and at the same time reducing financial risk.

Implementing this policy will achieve compliance with the NHS Standards for Better Health.

The National Decontamination Strategy states that "all health care systems in the NHS need to have access to decontamination facilities which comply with the highest current technical standards, and have in place plans to anticipate changes in demand, and react to improvements in technology, and are subject to rigorous inspection and registration regimes".

Effective decontamination requires the implementation and monitoring of a number of processes, including procurement and purchasing, effective washing and cleaning, decontamination by various means, sterilisation where appropriate, delivery and use of processed equipment, collection and return for reprocessing and where applicable ultimate disposal. To be effective, it requires standards to be met throughout all of the above processes in the life of medical devices and equipment and their associated environments.

6. Equality requirements

The content of the policy has no adverse impact on equality and diversity (see appendix 1).

7. Policy Detail

Worcestershire Acute Hospitals NHS Trust sets out to achieve the best standards in decontamination; accordingly, the Trust will adopt the national guidelines issued by the Department of Health.

The Trust will update The Decontamination Protocol to guide ward and departmental staff on the decontamination processes for the various types of equipment. This protocol will be approved by the Trust Director of Infection Prevention and Control, on the recommendation of the Decontamination Committee

Associated Policies and Procedures
This strategy should be read in accordance with the following Trust policies:

- Infection Prevention and Control Policies
- Health and Safety Policies
- Decontamination Protocol
- Medical Devices Policy
- Linen Policy
- Cleaning policy

For specific guidance on how to decontaminate a piece of patient equipment please refer to the Trust Decontamination Protocol.

Surgical instruments (medical devices)
Routine sterilisation and disinfection of medical devices (surgical instruments) will take place in dedicated facilities that are compliant with the latest standards and guidance and are fit for purpose. Compliance with standards will be established through an internal and external audit program. Results of ongoing audits will provide evidence of any non compliance issues that may require funding in order to maintain current MHRA or other relevant registration and certification. All items should be traceable through the various validated decontamination processes and be traceable to individual patients where possible.

Flexible Endoscopes
Routine decontamination of flexible endoscopes will take place in dedicated facilities that are compliant with the latest BSG / JAG / GRS standards and guidance and are fit for purpose. Compliance with standards will be established through an internal and external audit program. Results of ongoing audits will provide evidence of any non compliance issues that may require funding in order to maintain current JAG registration and certification. All items should be traceable through the various validated decontamination processes and be traceable to individual patients

Patient equipment – classed as medical devices
Routine decontamination of patient equipment medical devices should take place after every patient use in situ or in dedicated facilities that are compliant with the latest standards and guidance and are fit for purpose. Compliance with latest best practice will be established through an internal audit program. Results of ongoing audits will provide evidence of any non compliance issues that may require funding. An equipment library system will be employed to ensure a ready supply of decontaminated devices. All items should be traceable through the various validated decontamination processes and be traceable to individual patients

Environment - Furniture fixtures and fittings
Routine decontamination of the environment including furniture, fixtures and fittings should take place (after every patient use in situ in the event of an infected patient) or on a rolling maintenance and cleaning schedule. All areas where decontamination takes place should be compliant with the latest standards and guidance and be fit for purpose. Compliance with latest best practice will be established through an internal audit program. Results of ongoing audits will provide evidence of any non compliance issues that may require funding. Depending on the model of equipment cleaning that is employed it may be necessary to hold a spare suite of decontaminated items in order to achieve the above. All items should be traceable through the various validated decontamination processes.

Single use items
Where by manufacturer's recommendation or as a result of a risk assessment, serious incident, safety action bulletin or by design, items cannot be safely decontaminated they should be replaced with single use alternatives. If this proves to be the case a business case should be developed in order to provide a safe single use alternative. Single use items must be used in accordance with the manufacturer's instructions for the purpose for which they were intended and then be discarded in accordance with the relevant trust policies. Certain items may be used a number of times on the same patient, these items may be described as single patient use. These items must be safely processed between uses and stored in accordance with the manufacturers and local Infection control and prevention guidance.

8. Financial risk assessment

It is very likely that there will be financial implications to the implementation and on-going operation of this policy: where necessary options will be costed and presented in the form of a business case to the appropriate parties in order to secure the required funding.

There will be a requirement from the Professional Development Department in maintaining the specified level of Decontamination Training.

An audit process will be ongoing to identify items that are difficult or impossible to decontaminate. These items will need to be replaced with items that can be decontaminated safely and with assurance or be replaced by single use items.

Each clinical area will need to allow for adequate time and resources for attendance at training days. This will include provision of adequate time for competency assessment and attendance at refresher training as required.

9. Consultation
The Document has been circulated to the following individuals for comments;

Emma Yates	Consultant Microbiologist
Stephen J Steward	Lead manager for sterilisation and decontamination
Dr Emma Yates	Consultant Microbiologist / Infection Control Doctor
Dr Eftihia Yiannakis	Consultant Microbiologist / Infection Control Doctor
David Shakespeare	Associate Chief Nurse Infection Control
Heather Gentry	Lead IPC nurse
Matthew Gilbert	Technical Services Manager
Shaun Webb	Siemens General Manager
Irhum Akhtar	Training and Development Manager
Jim O'Connell	Interim Chief Operating Officer
Members of Decontamination Committee	

10. Approval process
Worcestershire Acute Hospitals Decontamination Committee is responsible for the implementation of the Decontamination Policy and reports to the Trust Infection Prevention and Control Committee.

This Policy has been sent to the Trust Infection Prevention and Control Expert Forum for approval.

11. Implementation arrangements

The policy will be disseminated through the following channels;

- Trust Infection Prevention Control Committee
- Matrons' Meetings
- Intranet/Bulletin Boards
- Ward managers
- Key trainers

12. Dissemination process

The Chief Operating Officer / Decontamination Lead / Decontamination committee chair will oversee the effective communication of the approved policy to all relevant staff at relevant training sessions. The policy is accessible on the Trust Intranet

Staff may print key documents from the latest version of the policy as posted on the Trust Intranet.

Individual members of staff have a responsibility to ensure they are familiar with all the relevant documents within their particular work area and will ensure at all times that they are working with the current version.

It is the responsibility of each manager to ensure that all staff are competent within their sphere of practice and are up to date with new relevant policies.

12. Training and awareness

Individuals responsible for decontamination have a duty to ensure that they are competent for the role which they undertake. Managers have a responsibility to highlight the need for and support the implementation of a process to deliver relevant decontamination skills that are fit for purpose.

14. Monitoring and compliance

Audit mechanisms and processes will be put in place to ensure that decontamination services, equipment and facilities are and remain fit for purpose.

The Trust will have systems for monitoring decontamination processes which will be embedded in all areas where decontamination takes place. The key indicators are internal and external audit findings, complaints, corrective actions, incident reports, equipment failures, nationally available reports, information from other relevant sources and trusts and Trust infection prevention and control audit data amongst others.

The Decontamination Committee / Trust Infection Prevention and Control Committee (TIPCC) is responsible for ensuring that annual audits are planned and completed to review decontamination systems and processes and that these are reported and acted upon. The annual audits are reported to the TIPCC. The Director of Infection Prevention and Control is the Accountable Director who will ensure that these audits are completed.

The audits will be completed by the infection control team and relevant others who will follow a standard template tool and a planned programme to ensure that all results can be measured against a standard. The frequency of the audits will be on a rolling basis but

subject to a planned audit programme agreed by the Trust Infection Prevention and Control Committee the Decontamination Committee.

Incident reports will be reviewed and actioned by both the Trust Infection Prevention and Control Committee to identify and manage risk trends.

15. Development of the Policy

This policy will be reviewed after 2 years
The policy was developed in consultation with senior healthcare staff involved in decontamination.

The aim of this policy is to provide the relevant healthcare staff with clear guidance for undertaking decontamination.

Reviews of any new or revised buildings and services will be undertaken to assess the compliance to latest standards and guidance as far as decontamination is concerned.
The decontamination Committee will continue to assess and review emerging new technologies and processes where appropriate that may prove to be of benefit to the Trust in its aim to reduce, control or prevent future hospital acquired infections as they may evolve.

A key component in the strategy will be to consider a Trust wide approach to all aspects of decontamination as they apply to existing practices and new developments. Incorporating new technologies where appropriate that represent evidence based emerging best practice into existing policies, practice and processes will prove to be challenging but necessary in order to continue to make progress towards reduced hospital infection rates. The financial and qualitative impact will need to be considered in order to deliver the best value for money solution. The decisions made regarding decontamination will impact on the capital investment program.

16. Appendices

Appendix 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	N/A	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	Possibly for future compliance or evolving best practice implementation.
2.	Does the implementation of this document require additional revenue	possibly
3.	Does the implementation of this document require additional manpower	possibly
4.	Does the implementation of this document release any manpower costs through a change in practice	possibly
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	possibly
	Other comments:	possibly

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

Appendix 2

National Decontamination Programme Standards

A. Every organisation must have a Nominated Lead who, irrespective of other activities, is responsible for decontamination in accordance with HSC2000/032 (Decontamination of Surgical Instruments). The line management relationship should be to a “senior responsible person” at executive director level within the organisation.

B. That there should be a common standard applied to decontamination units throughout the NHS, regardless of whether or not a unit falls within the scope of the Medical Devices Directive. The criteria of the national decontamination registration scheme with regard to the Sterile Services Departments (SSDs) should therefore meet the applicable Essential Requirements of the Medical Devices Directive (MDD), 93/42/EEC.

C. All decontamination activities carried out within NHS Trusts are to comply with these requirements and this should also be extended to other organisations that use reprocessable instruments for invasive human procedures.

D. All facilities reprocessing surgical instruments should have tracking and traceability systems.

E. The Trust is to have submitted their assessments and action plans with regard to the relevant standards associated with decontamination of reusable medical devices.

F. The Trust will have established and documented robust and comprehensive policies and procedures with regard to decontamination issues.

G. Unless original equipment manufacturer's instructions indicate otherwise, manual cleaning of those instruments deemed to be in the high-risk category must be phased out immediately.

H. All instruments that are manually cleaned in the clinical setting, i.e. locally reprocessed, should be undertaken in accordance with the Department of Health protocol and under the control of the Sterile Services Manager or nominated person. This may necessitate their being reprocessed by a central facility.

I. Healthcare facilities are to develop an organisation-wide strategy to centrally reprocess any items currently still reprocessed locally (e.g. in clinical units), thereby ensuring that all reprocessing is transferred to central facilities with the possible exception of flexible endoscopes. This includes dropped instruments, instruments currently in short supply and surgeon's personal instruments.

J. Where possible all instruments should be processed through automated processes. The only exception being where the instructions supplied by the manufacturer of the device states that the product is incompatible with automated processes. These instruments should be cleaned in accordance with the local protocol for the manual Decontamination of Surgical Instruments and be under the control of the nominated person.

K. Wash processes, regardless of whether they are automated or manual, are to be validated.

L. Difficult to clean devices are to be identified. A risk assessment of these items should be conducted and a strategy developed to eventually faze them out using the appropriate strategy which should identify timescales for implementation.

M. Equipment acquired for the purpose of decontamination should be specified, installed and commissioned, tested and validated and maintained according to recognised standards.

N. All key equipment and plant used for the decontamination of reprocessable medical devices is to be subjected to planned preventative maintenance in accordance with an appropriate standard.

O. Where applicable, all key equipment used for the processing and decontamination of medical devices (e.g. washer disinfectors and sterilizers) should be subjected to

periodic testing and validation to a recognised standard. (This should be in accordance with an established schedule). Results of tests and validations must demonstrate satisfactory results, that equipment is fit for purpose and that it is available for use.

P. Equipment tests and validations are to be independently verified by a suitable qualified and experienced person (e.g. Authorised Person).

Q. All facilities should, as a minimum, comply with the principles contained within Health Building Note HBN13 or other relevant HBN's to ensure that they are fit for the purpose of decontamination. This includes the need for 'clean' and 'dirty' equipment and processes to be segregated.

R. Inspection, assembly and packing of cleaned and disinfected medical devices prior to sterilization should take place in a controlled environment to prevent recontamination of clean product.

S. The controlled environment(s) in which clean product is inspected, assembled and packed is to be monitored and validated.

T. Cleaning and decontamination should not be carried out in patient areas for Health and Safety reasons.

Appendix 3

Training Needs

Decontamination

It is a legal requirement that all staff receive training on decontamination as part of their infection prevention and control training. Such training (incorporating decontamination) is to be undertaken annually. This training forms part of the Trust Mandatory training programme and training courses are held at regular intervals throughout each year organised through the Trust Training Department.

Staff in specialised units such as central sterile services and endoscopy units will receive departmental / service specific in depth training.