

General Decontamination Protocol

This protocol does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

INTRODUCTION

Medical and surgical devices may serve as a vehicle for the transmission of infectious disease to susceptible hosts, Damani (1997)

- The aim of this protocol is to promote the removal of visible soil / dirt and invisible micro-organisms thus making the patients’ equipment and environment safe to prevent cross-infection between patients and to protect personnel from potentially infected items and equipment.
- Decontamination is a general term that is used for the destruction or removal of microbial contamination to render an item safe. This will include methods of cleaning, disinfection and sterilization, (Ayliffe 1993).

THIS PROTOCOL IS FOR USE BY ALL STAFF GROUPS:

Lead Clinician(s)

Heather Gentry Lead Nurse Infection Prevention and Control

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Approved by Trust Decontamination Committee for content 13th February 2014

Ratified by acceptance of Decontamination Committee Report at Trust Infection Prevention Committee: 28th April 2014

Extension approved on: 6th December 2017
 This is the most current document and is to be used until a revised version is available 30th October 2019

Key amendments in this protocol

Date	Amendment	Approved by: (name of committee or accountable director)
June 2010	Multiple amendments to protocol please read whole of document	Heather Gentry
15/06/2010	Protocol Ratified by	Trust Decontamination Committee
21/06/2010	Protocol Ratified by	Trust Infection Control Committee
August 2011	Addition of appropriate skin disinfection for lumbar puncture to para B3.3	A Dyas
17/10/2011	Minor amendment ratified	Trust Infection Control Committee
24/06/2013	Extension granted whilst under review until 30/09/2013	TIPCC
23/09/2013	Extension granted whilst under review until 31/10/2013	TIPCC
21/10/2013	Reviewed and Inclusion of HPV technology	Trust Decontamination Committee report accepted at Trust Infection Control Committee
07/04/2016	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
August 2017	Document extended for 6 months as per TMC paper approved 22 nd July 2015	TMC
December 2017	Document extended for 3 months as per TLG recommendation	TLG
January 2018	Change wording of 'expiry date' on front page to the sentence added in at the request of the Coroner	
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG
October 2018	Document extended until end of November	Heather Gentry
April 2019	Document extended for 6 months whilst review process takes place	TIPCC

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B3.1 Introduction to Cleaning, Disinfection and Sterilization

Medical and surgical devices may serve as a vehicle for the transmission of infectious disease to susceptible hosts, Damani (1997)

- The aim of this protocol is to promote the removal of visible soil / dirt and invisible micro-organisms thus making the patients’ equipment and environment safe to prevent cross-infection between patients and to protect personnel from potentially infected items and equipment.
- Decontamination is a general term that is used for the destruction or removal of microbial contamination to render an item safe. This will include methods of cleaning, disinfection and sterilization, (Ayliffe 1993).

Methods of Decontamination

Cleaning and drying – A process which removes soil, eg dust, dirt and organic matter along with a large proportion of micro-organisms; a further reduction will occur on drying as micro-organisms cannot multiply on a clean dry surface.

- Thorough cleaning with detergent and warm water is adequate for most surfaces.
- Efficient cleaning removes a high proportion of any micro-organisms present including bacterial spores.
- All cloths / towels used are disposable with the exception of the micro fibre cloth and mop system which is laundered in accordance with HSG (95) 18 (HSG 1995) and section 5.16 and 5.17 of the Trust Cleaning Policy (WAHT-CG-494)
- Cleaning is an essential prerequisite to disinfection and sterilization.

Disinfection – by either heat or chemicals will destroy micro-organisms but not bacterial spores. The process does not necessarily kill or remove all micro-organisms but reduces their level to one that is not harmful to health.

- Disinfection can be achieved by moist heat (thermal disinfection).
- A combination of cleaning and thermal disinfection is used in bedpan washer-disinfectors, washing machines and dishwashers.
- Chemical disinfectants should only be used if heat treatment is impractical or may cause damage to the equipment. This process may be described as high level disinfection.
- Chemicals used to kill micro-organisms on the skin or living tissue are known as antiseptics.

High level disinfection – is a chemical process that is achievable with disinfectants with a sporicidal capability e.g Sterilox (super oxidised water) or Tristel (Chlorine dioxide).

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Sterilization – is a process that can achieve the complete destruction of micro-organisms including bacterial spores.

- Equipment and materials used in procedures involving a break in the skin or mucous membranes must be sterile, eg surgical instruments, products for parenteral use or instillation into sterile body cavities.
- Sterilization can be achieved by physical methods such as heat, low temperature steam or by the use of chemical such as ethylene oxide.
- Instruments should be returned to the Sterile Services Department if autoclaving is required. Bench-top autoclaves are not recommended by the Trust for sterilization of patient instruments they may however be used for decontamination, eg in the mortuary.
- Autoclaves are unsuitable for heat labile items of equipment such as flexible fiberoptic endoscopes and many plastic devices.

B3.2 Categorising equipment by risk

All equipment should be categorised as to the risk it poses for patients / clients. Single patient use equipment must never be used on more than one patient / client and single use equipment should always be used according to the manufacturers’ recommendations.

The risks of infection from equipment may be classified into four categories, (Coates and Hutchinson 1993). All items should be placed in one of the following categories to assist in ascertaining the appropriate level of decontamination needed to protect the patients / clients and staff.

RISK CATEGORY	DEFINITION AND EXAMPLES	DECONTAMINATION LEVEL
Minimal Risk	Items some distance away from the patient such as environmental surfaces and fittings, eg walls, floors, ceilings, sinks and drains. Items in close proximity to the patient but unlikely to be contaminated with a significant number of pathogens, e.g. bed frames and lockers.	Cleaning and Drying adequate
Low Risk	Items in contact with normal intact skin, eg stethoscopes, wash bowls, crockery, cutlery, mobile telephones.	Cleaning and Drying usually adequate
Intermediate Risk	Items in contact with intact mucous membranes, eg respiratory equipment, clinical thermometers, gastroscopes. Items in contact with particularly virulent or readily transmissible organisms. Items to be used on highly susceptible	Disinfection

	patients.	
High Risk	Items in close contact with a break in the skin or mucous membranes, eg dressings. Items introduced into a normally sterile body site, eg surgical instruments, needles, implants, urinary catheters.	Sterilization

Legal requirements relating to the decontamination of equipment include:-

- DOH 2008 - The Health and Social Care Act 2008 Code of Practice for health and adult social care on the Prevention and Control of Healthcare Associated Infections
- Health and Safety at Work Act (1974).
- Health Care Commission Standard for Better Health core standard C4B
- HTM 07-01 Safe Management of Healthcare Waste
- Choice Framework for local Policies and protocols CFPP 01-01 Management and decontamination of surgical instruments: Part A – The formulation of local policies and choices
- Choice Framework for local Policies and protocols CFPP 01-01 Management and decontamination of surgical instruments: Part B – Common elements
- Choice Framework for local Policies and protocols CFPP 01-01 Management and decontamination of surgical instruments: Part C – Steam sterilization
- Choice Framework for local Policies and protocols CFPP 01-01 Management and decontamination of surgical instruments: Part D – Washer-disinfectors
- CFPP 01-01 Part E – Alternatives to steam for the sterilization of reusable medical devices
- HTM 01-05 - Decontamination in primary care dental practices
- The Medical Devices Directive 93/42/EEC
- MHRA Decontamination of endoscopes
- Choice Framework for local Policies and protocols CFPP 01-06 – Decontamination of flexible endoscopes: Operational management manual 13536:1.0: England
- Medical Devices Agency (1998) – MDA DB9804: The validation and periodic testing of Bench top Vacuum Steam Sterilizers. MDA. London.
- Personal Protective Equipment at Work Regulations (1992) – Health and Safety Regulations.
- Control of Substances Hazardous to Health Regulations 2002
- HSC 2000/032 – Decontamination of medical devices
- Management of medical devices prior to repair, service or investigation (MHRA DB 2003(05)
- 2006 report from ESAC-Prions Engineering
- CFPP 01-04 Decontamination of linen for health and social care: Social care

B3.3 Guidelines for the Use of Skin Disinfectants

Skin disinfectants should be approved by the infection prevention and control team based on current best practice – a register of approved products is listed below

There are three principles for removing or reducing the number of micro-organisms present on the skin or mucous membranes:

- To reduce the number of skin micro-organisms present prior to an invasive procedure.
- To remove or destroy potentially pathogenic micro-organisms present on the hands of staff.
- Occasionally to treat a carrier or disperser of a resistant, virulent or highly communicable strain of bacteria.

AGENT	TRADE NAME	INDICATION FOR USE
Alcohol 70% impregnated swab	Steret / Mediswab	Rapid disinfection of skin, eg prior to injection (IM or SC only) and prior to routine venepuncture procedures (excluding blood culture collection). Swabbed area must be allowed to dry prior to injection being administered.
Alcohol 70% hand sanitising gel with glycerol and antiviral formula	Purell hand sanitising gel,	Disinfection of physically clean hands
Alcohol 85% hand sanitising gel		Surgical hand disinfection of physically clean hands (after hand washing) between short theatre cases.
2% Chlorhexidine Gluconate w/v 70% Isopropyl Alcohol v/v	ChloraPrep SEPP 0.67mls	Skin preparation for procedures such as peripheral cannulation, surgical pin site cleansing and subcutaneous device insertion.
2% Chlorhexidine Gluconate w/v 70% Isopropyl Alcohol v/v	ChloraPrep FREPP 1.5mls	Skin preparation for procedures such as blood culture collections, AV fistula and “portacath” access, simple biopsies and minor procedures.
2% Chlorhexidine Gluconate w/v 70% Isopropyl Alcohol v/v	ChloraPrep 3mls	Skin preparation for procedures such as central venous catheter insertion, insertion site maintenance, midline catheter insertions and minor procedures

AGENT	TRADE NAME	INDICATION FOR USE
Chlorhexidine 4% skin cleanser	Hydrex Surgical Scrub or Hibiscrub Hibiscrub plus total body wash	Hand disinfection prior to surgical or aseptic procedures Suppression of Meticillin Resistant <i>Staphylococcus aureus</i> skin colonization in patients pending MRSA screening results
Chlorhexidine 0.5% clear in 70% alcohol	Hydrex	Pre operative skin disinfection prior to minor surgical procedures, including epidural cannula insertion and lumbar puncture
Chlor 0.5% pink in 70% alcohol	Hydrex	Pre operative skin disinfection prior to minor surgical procedures, including epidural cannula insertion and lumbar puncture
Chlorhexidine 0.5% aerosol	Hydrex DS Derma spray	Rapid disinfection of intact skin prior to injection and minor surgical procedures
Chlorhexidine 0.5%	Hydrex DS pink trigger spray	Pre operative skin disinfection prior to minor surgical procedures
Chlorhexidine 0.5% yellow	None	Kidderminster only - purchased from Pharmaceutical Services Queens Hospital, Burton
Chlorhexidine 0.015% with Cetrimide 0.15%	Savlodil / Tisept	Cleansing of site prior to insertion of a urinary catheter. Skin and wound disinfection but not routinely. (Fraise and Bradley 2009 recommend sterile saline or sterile water)
Chlorhexidine Acetate 1%	CX Antiseptic dusting powder	Umbilicus of neonates and all cases of Meticillin Resistant <i>Staphylococcus aureus</i> skin colonization
Chlorhexidine gluconate	Hibitane obstetric cream	Lubricant prior to obstetric / gynaecological procedures examinations
0.1% Chlorhexidine gluconate	Chlorhexidine gluconate	Vulval cleaning prior to obstetric / gynaecological procedures
Ethyl chloride	Cryogestic	For external topical use as a vapo-coolant and cryo-analgesic

AGENT	TRADE NAME	INDICATION FOR USE
Octenidine hydrochloride	Octenisan Antimicrobial wash lotion	Treatment of Meticillin Resistant <i>Staphylococcus aureus</i> skin colonization
Povidone iodine skin cleanser	Betadine surgical scrub	Hand disinfection for surgery or aseptic procedures
Povidone iodine 10% with alcohol	Betadine alcohol solution	Pre-operative skin preparation

NOTE: All areas should be physically clean (ie cleaned with soap and water) prior to being disinfected, (Ayliffe et al 1993 edited by Fraise and Bradley 2009).

B3.4 Environmental Disinfectants

It is essential that any equipment or surface is physically clean prior to a disinfectant being applied, (Wilson 2001).

Environmental disinfectants should be approved by the infection prevention and control / decontamination committee based on current best practice – a register of approved products is listed below

Environmental disinfectants can be used for a wide range of tasks including:-

- Rapid disinfection of equipment and surfaces.
- Treatment of spillages of potentially hazardous matter, (wear gloves and apron).
- Disinfection of re-usable items of equipment that are heat labile.
- Cleaning during outbreaks on the advice of the Infection Control Team.

The properties of disinfectants vary from one product to another and also the concentration of disinfectant being used.
DISINFECTANTS SHOULD BE MADE UP AS REQUIRED AT THE TIME OF USE

AGENT	TRADE NAME	INDICATION FOR USE
Alcohol 70%	Alcowipes, Azowipes	Rapid disinfection of certain items of equipment and hard surfaces
2% Chlorhexidine Gluconate w/v 70% Isopropyl Alcohol individual sachet wipe	Sanicloth PDI wipes Clinell - class iia medical device	Hard surface preparation for the disinfection of hubs and access ports on vascular access devices, tops of blood culture collection bottles prior to collection of samples or other physically clean equipment where surfaces are compatible with alcohol based preparations.
Chlorine Dioxide	Tristel duo foam or Tristel fusion solution	Tristel foam (as dispensed from pump) for high level disinfection of patient equipment by nursing staff Tristel fusion (1 sachet per 5 litres of water) for use by domestic staff for isolation room, terminal cleans and enhanced cleaning e.g. during outbreaks.
Chlorine Dioxide	Tristel three part system <ul style="list-style-type: none"> • Pre-Clean wipe • Sporidical wipe • Rinse wipe 	A practical and highly effective way to decontaminate heat sensitive, non lumened instruments: <ul style="list-style-type: none"> • Nasendoscopes • Transoesophageal echo (TOE) probes • Ultrasound probes • Non-lumened medical devices
Ethanol 70% denatured	Spiriclens Trigger	For rapid disinfection of hard surfaces including trolleys, gas cylinders, work surfaces, ward and laboratory furniture and footwear
Hypochlorites or Sodium Dichloroisocyanurates (NaDCC)	Chloros, Milton, Chlorclean Actichlor or Covchlor hospital chlorine tablets Presept granules	<u>Chlorine based solutions</u> should be used for blood spillages in non carpeted areas, terminal cleaning of an isolation area if steam or sporidical not used, cleaning during outbreaks of infection and for disinfecting surfaces and equipment in some cases. Concentration of chlorine solution required by process is shown on page 13. Ensure product specific dilution rates are followed as per manufacturers guidance are used

<p>Vaporised Hydrogen Peroxide</p>	<p>Deprox</p>	<p>High level disinfectant for use on physically clean equipment and surfaces to achieve total room decontamination. Effective against bacteria, viruses and spores but has to be used in an unoccupied area which is sealed and takes up to 3 hours. Refer to section B3.9.3 RAG (Red, Amber, Green) type of clean system poster for specific conditions of use and SOP for Operation of Hydrogen Peroxide Vapour Decontamination of Clinical Areas at WAHT.</p>
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Disinfectants for Instruments

Instruments must be physically clean prior to being disinfected.

Heat disinfection is always the preferred method. Where this is inappropriate for heat labile equipment the following guidelines below should be adhered to. Seek advice from the Infection Control Team. For flexible endoscopes see the Decontamination of Endoscopes Protocol.

Chemical Disinfectants Guidelines for General Use

There are a number of important factors that must be considered when using chemical disinfectants:

- All chemical disinfectants must be clearly labelled and used within the expiry date. They should be freshly prepared. They must be used at the correct concentration and stored in an appropriate container.
- Chemical disinfectant solutions must not be mixed or detergents added unless they are compatible.
- Disinfectant or detergent solutions must not be prepared and stored in multi-use containers for occasional use. Solutions prepared and stored in this manner may easily become contaminated with micro-organisms; using such solutions will therefore readily contaminate a surface rather than clean it.
- Manufacturer’s instructions must be consulted on compatibility of materials with the method of sterilization or disinfection.
- Alcohol does not penetrate well into organic matter it should therefore only be used on surfaces that are physically clean.

B3.5 USE OF SINGLE USE DEVICES (MDA 1995)

The expression “**Single Use**”^{*} on the packaging of medical devices is a legal term meaning that the manufacturer has instructed:

- the item is to be used once then discarded;
and
- considers that the items are not suitable for use on more than one occasion.

The term “**Single Patient Use**” refers to items that are used by an individual patient only throughout the course of their course of treatment. They should only be re-used according to the manufacturer’s recommendations and must be kept in a clean condition, stored appropriately and only re-used by the same patient.

Some devices are intended by their manufacturers to be used more than once and with different patients provided that they are appropriately decontaminated in between each use. Where re-processing may affect the performance and safety of the device the manufacturer should supply details of the recommended cleaning process to be followed and the number of re-uses which may be undertaken.

^{*} As an alternative to the expression “single use”, other statements may be used, these include “Do not re-use”, or a symbol comprising of the figure 2 with a diagonal line drawn through it (see B 3.6 below) which may appear on packaging.

All Trust staff who use medical devices / equipment should follow the manufacturers’ guidelines on use and re-use.
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B3.6 SYMBOLS USED ON MEDICAL DEVICES AND THEIR PACKAGING

Symbols used on medical devices and their packaging

<p>DO NOT REUSE</p>  <p>Synonyms for this are:</p> <ul style="list-style-type: none"> • Single-use • Use only once 	<p>DATE OF MANUFACTURE</p>  <p>1999-12</p>	<p>BATCH CODE</p> <p>LOT ABC1234</p> <p>Synonyms for this are:</p> <ul style="list-style-type: none"> • Lot number • Batch number
<p>ATTENTION, SEE INSTRUCTIONS FOR USE</p> 	<p>USE BY DATE</p>  <p>2002-06-30</p>	<p>SERIAL NUMBER</p> <p>SN ABC123</p> <p>CATALOGUE NUMBER</p> <p>REF ABC123</p>

STERILE	
STERILE	
STERILE EO	Method of sterilization: ethylene oxide
STERILE R	Method of sterilization: irradiation
STERILE 	Method of sterilization: steam or dry heat

These symbols are the most common ones appearing on medical devices and their packaging. They are explained in more detail in the British and European Standard BS EN 980: 1997 Graphical symbols for use in the labelling of medical devices.

Symbols appearing on medical devices and/or their packaging should not be ignored. If a user does not understand a symbol, they should first look in the instructions for use or user manual for an explanation.

B3.7 CHLORINE RELEASING DISINFECTANT DILUTION CHART WITH WATER (Table 6)

IMPORTANT: Discard all made-up solutions daily

Although different manufacturers may state different tablet sizes or solution strengths the overall required concentration of available chlorine levels for the various disinfection requirements stated below remains the critical factor e.g. 10 000ppm available chlorine is always required for blood spillage – follow manufacturers’ instructions

DISINFECTION OF	REQUIRED CONCENTRATION OF AVAILABLE CHLORINE	COMMENTS
Blood spillage	10,000 ppm	Wearing gloves and apron, pour solution over contaminated area and clean up using disposable wipe. Convenient Alternative: <i>Wearing gloves and apron apply chlorine granules e.g. Actichlor liberally to spillage and wait for at least 2 mins. Remove using a disposable wipe.</i>
General clinical environment	1,000 ppm	Clean surfaces using a disposable wipe
Stainless steel instruments	500 ppm	Immerse for 30 mins Important: <i>Rinse equipment well after disinfecting to prevent corrosion</i>
Sinks and drains	500 ppm	For WCs add 1x Actichlor Pine 2.5 g tablet directly into cistern or bowl
Maternity: Baby bottles and teats	140 ppm	Immerse for 30 mins. Rinsing with freshly boiled water is recommended
Cutlery, crockery and catering utensils	140 ppm	Immerse for 30 mins
Mops, dishcloths, etc	60 ppm	Soak for 30 mins

DO's: Always use correct dilutions
Always wear gloves
Store in a dry, secure place
Replace lid after use
Keep out of reach of children

DON'Ts: Do not take internally
Do not mix with acids
Do not mix with cationic detergents
Avoid prolonged contact with stainless steel and clothing
Do not use on urine spillages

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It is the responsibility of every individual to ensure this is the latest version as published

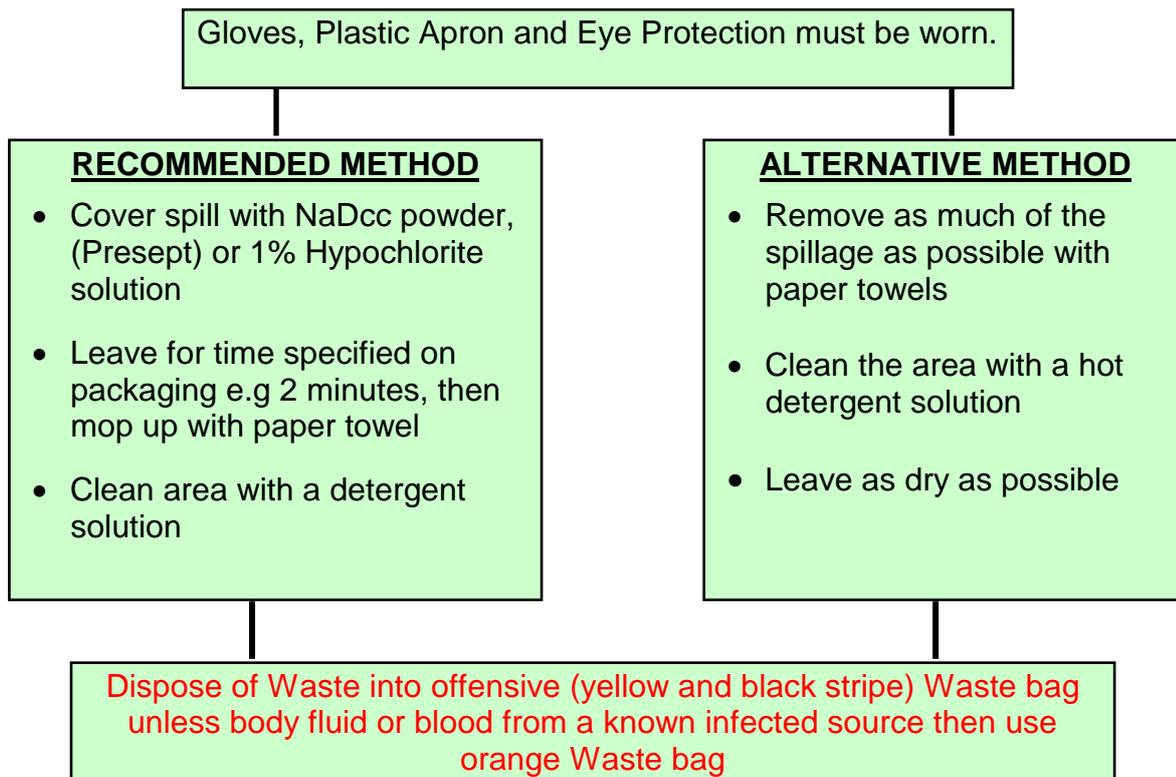
Make up fresh solution every 24 hours



B3.8 MANAGEMENT OF BLOOD OR BODY FLUIDS SPILLAGE

Spillages of blood and body fluids must be disinfected and cleaned promptly. Spillage kits containing a peracetic acid absorbent pad and Clinell surface wipes are available via NHS supplies and the emergency drug cupboards or out of hours Infection Prevention supplies at the Alexandra site. The use of a chlorine based solution (or Presept granules) is recommended for blood spillages in areas that will not be damaged by the use of bleach and where a spill kit is not available.

A Clinell spill kit or the alternative method should be used for blood spills in areas where a chlorine based solution cannot be used or when the spillage is of urine. (Lewis and Meese 1997).



RECOMMENDED METHOD:- For use on spillages of blood, vaccines or body fluids that are on surfaces not damaged by bleach based products.

ALTERNATIVE METHOD:- Used for spillages of blood / vaccine on surfaces that are damaged by bleach based products and large spillages of urine which may react with chlorine based agents.

B3.9 Domestic Cleaning Of Barrier / Isolation Rooms

B3.9.1 Barrier Clean Team Work Schedule

Date: Time: BCT Signature:	Ward:	Room:	Infection:	Indicate task complete	Audit Check (√)
Reverse barrier cleans must be completed first					
NURSING PREPARATION					
Dirty Linen	No dirty linen should be present in the room or toilet area			Yes/No	
Commode	Commode should be clean (green label should be present)			Yes/No/Na	
Comments:					
CLEANING PROCEDURE – THIS MUST BE FOLLOWED IN THIS ORDER					
Wash hands					
Wear protective equipment					
Door Frame & Door	Special attention to door handles and contact areas				
Window Frame & ledge					
Window blinds inc pulley	Clean to arm height. Do not over stretch				
Curtain track	Use disposable high duster				
Splash back, mirror and shelf					
Dispensers inside & out					
Clean sink					
Bed light					
Notice Board					
Walls	Clean any obvious stains/spillages				
Bed Head and Bed Board					
Bed Frame (Underneath)	Pump up bed and clean hydraulics				
Patient Locker (outside)					

	Bed table			
	Patient Chair/foot stool	Lift out seat and clean seat pad and chair frame		
	Clean radiator			
	Clean skirting boards			
	Bin	Empty Waste. Leave inside room until clean is complete		
	Damp mop floor	Display wet floor sign		
TOILET FACILITIES				
	Door Frame & Door	Special attention to door handles and contact areas		
	Splash back & Mirror			
	Paper towel dispenser inside & out			
	Wash hand basin include underneath and pipe work	Clean from outside to inside. Remove any debris from the plughole		
	Toilet splash back			
	Toilet roll dispenser			
	Toilet			
	Damp mop floor	Safety cones to be displayed		
	Dispose of protective equipment	Whilst in the room		
	Wash hands	Whilst in the room		
	Alcohol gel hands	Outside room		
	Clean barrier cleaning trolley	Empty trolley, clean with Tristel(including wheels)		

B3.9.2 Terminal Clean on Patient Discharge

Terminal Clean on Patient Discharge

Nursing staff to clear the room of medical equipment and wipe down the mattress and pillows with detergent wipes or solution.

Any unused supplies of disposable equipment in Isolation Rooms are to be discarded once isolation precautions cease, therefore, only store necessary supplies at the bedside or in the room to reduce wastage.

Domestic Procedure:

<u>Cleaning Schedule for Terminal cleans</u>		
Ward: received:	Room:	Time request
Facilities Fast Response Team to obtain signature on completion of clean.		Indicate task complete
Signature: Time:	Designation:	
NURSING PREPARATION using general purpose detergent wipes followed by Tristel fusion / steam (housekeeping team) or Tristel foam (nursing staff)		
Patient areas: Multi-bed bays and single rooms		
Preparation of Room Prior to Cleaning	This should be completed before contacting the Facilities Fast Responses Team.	
Strip bed, bag up linen and remove from room	Do not make the bed up with clean linen until the room has been cleaned	
Remove any patient belongings	Dispose of any open patient supplies e.g. wipes	
Clean air mattress, deflate, roll up and store in sluice.	Fast response team will only clean static mattresses.	
Comments:-		
CLEANING PROCEDURE – THIS MUST BE FOLLOWED IN THIS ORDER		
Wash hands		
Wear protective equipment	Gloves, apron, mask (if steam cleaning)	
Curtains	Take down and bag curtains in appropriately coloured bag	
Curtain Hooks	Remove curtain hooks and take to cleaning point. Use clean hooks to rehang curtains	
Curtain Tracking		
Door Frame, door, door window		
Window Frame & Internal Glass		

Window blinds		
Splash back, mirror and shelf		
Dispensers (outside)	Remove exposed supplies i.e. 2 or 3 paper towels, 2 pairs of gloves	
Dispensers (inside)	Clean if soiled. Remove and dispose of supplies. Replenish supplies after hand washing.	
Clean sink		
Bed light		
Notice Board		
Bed head equipment	Suction unit, call bell, oxygen point	
Walls	Clean any obvious stains/spillages	
Bed Head and Bed Board		
Clean mattress & pillow	Clean static mattresses only. Air mattresses should be cleaned by nursing staff.	
Clean bed base, hydraulics & patient notes holder	Do Not Steam Clean Electric Beds. Use disposable wipes with Tristel solution.	
Patient Locker inside & out		
Bed table	Extend table before cleaning	
Patient Chair/foot stool		
Clean radiator		
Clean skirting boards		
Dust control floor	Dispose of dust control head inside bin	
Clean floor	Attention to edges and corners	
Clean waste bin	Empty Waste. Leave inside room until clean is complete	
Clean floor	Attention to edges and corners	
Dispose of protective equipment	Whilst in the room	
Wash hands	Whilst in the room	
Alcohol gel hands	Outside room	
TOILET FACILITIES		
Door Frame & Door	Special attention to door handles and contact areas	
Splash back & Mirror		
Paper towel dispenser (outside)	Clean, remove & dispose of 2 or 3 towels	
Paper towel dispenser (inside)	Clean if soiled and dispose of all paper towels in dispenser. Replenish supplies after washing hands	
Wash hand basin include underneath and pipe work	Clean from outside to inside. Remove any debris from the plughole	

	Toilet splash back		
	Toilet roll dispenser (outside)	Remove and dispose of a length of toilet tissue	
	Toilet roll dispenser (inside)	Clean if soiled and dispose of toilet roll. Replenish supplies after washing hands.	
	Toilet	Pump down water level	
	Clean floor	Attention to edges and corners	
	Dispose of protective equipment	Whilst in the room	
	Wash hands	Whilst in the room	
	Alcohol gel hands	Outside room	

B3.9.3 Hydrogen Peroxide Vapour Technology

Which clean do you require on discharge?

<div style="background-color: red; border-radius: 50%; width: 60px; height: 60px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="color: white; font-weight: bold; font-size: 24px;">RED</div> <div style="color: white; font-weight: bold; font-size: 24px;">CLEAN</div> </div> <div style="text-align: center; margin-top: 5px;"> 5 Deprax </div>	<div style="background-color: orange; border-radius: 50%; width: 60px; height: 60px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="color: white; font-weight: bold; font-size: 24px;">AMBER</div> <div style="color: white; font-weight: bold; font-size: 24px;">CLEAN</div> </div> <div style="text-align: center; margin-top: 5px;"> 2 Chlorine Based Agent </div>	<div style="background-color: green; border-radius: 50%; width: 60px; height: 60px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="color: white; font-weight: bold; font-size: 24px;">GREEN</div> <div style="color: white; font-weight: bold; font-size: 24px;">CLEAN</div> </div> <div style="text-align: center; margin-top: 5px;"> 1 Detergent / Standard Solution </div>
<p>Required following discharge of patients infected with:</p> <ul style="list-style-type: none"> • C.DRI - All Single rooms must be IPV processed • VRE (Vancomycin Resistant Enterococci) • Gp A Strep • MRSE TB • MRSA (as directed by IPCT) <p>Any other infections requested by Infection Control.</p> <p><small>Suitable for use in EMPTY single side rooms routinely and other areas as directed by Infection Control.</small></p>	<p>Required following the discharge of patients infected with, for example:</p> <ul style="list-style-type: none"> • Diarrhoea (Not C.DRI) (Potential infectious cause pathway 1 on risk assessment) • ESBLs <p>Any other infections requested by Infection Control.</p>	<p>Required following the discharge of patients infected with:</p> <ul style="list-style-type: none"> • No known infections
Nursing Staff Responsibilities (refer to full schedule in Housekeeping file on ward)		
<ul style="list-style-type: none"> • Strip bed and remove dirty linen (DO NOT REMAKE BED PRIOR TO CLEAN) • Check patient locker is empty and dispose of any remaining items, make safe personal possessions • Nurse to clean air mattress, deflate & bag for removal • Dispose of any unused patient consumables • Clean Patient Call Bell and Suction Unit • Clean Nurse Equipment • Dispose of sharps box if present and full • Discard Hospedia Earphones <p>Post-Process:</p> <ul style="list-style-type: none"> • Remake Bed with fresh linen (LEAVE BED UNMADE IF BAY/WARD CLOSED) • Replace Ear Phones 	<ul style="list-style-type: none"> • Strip bed and remove dirty linen (DO NOT REMAKE BED PRIOR TO CLEAN) • Check patient locker is empty and dispose of any remaining items, make safe personal possessions • Nurse to clean air mattress, deflate & bag for removal • Dispose of any unused patient consumables • Clean Patient Call Bell and Suction Unit • Clean Nurse Equipment • Discard Hospedia Earphones <p>Post-Process:</p> <ul style="list-style-type: none"> • Remake Bed with fresh linen (LEAVE BED UNMADE IF BAY/WARD CLOSED) • Replace Ear Phones 	<ul style="list-style-type: none"> • Remove dirty linen • Dispose of any unused patient specific consumables • Clean patient bed mattress, pillows and frame including extending cot sides • Clean patient call bell, oxygen and suction unit, locker, bed table, chair, foot stool, wash bowl if bed specific • Discard Hospedia ear phones, clean screen and hand set <p>Post-Process:</p> <ul style="list-style-type: none"> • Remake Bed with fresh linen • Replace Ear Phones
Cleaning Responsibilities (refer to full schedule in Housekeeping file on ward)		
<ul style="list-style-type: none"> • Mop Floors • Clean surfaces in the room including bathroom area • Clean equipment in the room • Remove curtains/clean blinds • Remove dust from high surfaces • Set up contents of room for Deprax Process • Position the Deprax System • Prepare room for Deprax process i.e. close windows, cap ventilation, cover the clams • Include any additional pre-cleaned nurse equipment <p>Post-Process:</p> <ul style="list-style-type: none"> • Re-hang curtains & restock paper towels/consumables 	<ul style="list-style-type: none"> • Remove curtains • Remove dust on high surfaces • Remove waste bag • Clean surfaces • Clean equipment • Mop floor <p>Post-Process:</p> <ul style="list-style-type: none"> • Re-hang curtains 	<ul style="list-style-type: none"> • Mop Floors • Clean surfaces in the room • Clean equipment in the room
Carried Out By - see below for contact details		
Fast Response Team/Supervisor	Fast Response Team/Ward Housekeeper	Cleaning Supervisor/Ward Housekeeper
Cleaning Time Scales		
• Single rooms - 3 hours • Bays - To be advised	30-40 minutes	20-30 minutes
<p>To request a clean contact:</p> <ul style="list-style-type: none"> • WRH – bleep 102 or ext 33333 after 4:00pm • Alex – bleep 0077 • KTC – bleep 3163 		

Version 4 July 2013

Routine Maintenance:

Ventilation grill to be cleaned at agreed intervals in accordance with the planned preventative maintenance (PPM) schedule by the Estates Department (monthly intervals suggested in high use areas). Where electric fans are used, refer to section 4.1 WAHT – CG 124 - Policy for extremes of temperature in the indoor workplace.

Maintenance records and records of cleaning undertaken must be kept by the Estates Department.

B3.9.4 Re-Use of Isolation Rooms

A vacated isolation cubicle should be cleaned as soon as possible so that it is ready for another patient, if an emergency arises.

Following terminal cleaning, cubicles occupied by isolated patients can be re-occupied when clean and dry.

Wall washing is not required.

If the patient is isolated in an open ward, then the entire surrounding area up to the next bed should be cleaned as above to include a curtain change – whole bay curtain change may be necessary if Cdiff or Norovirus to be advised by Infection Control and prevention

B3.10 Decontamination of Medical or Laboratory Equipment

The Trust uses a system of red and green labels / vernacare green tape to denote decontamination status of patient equipment and furniture and specific medical devices

Green denotes – the item has been cleaned and is fit for re use

Red denotes – the item has been cleaned but is not to be used as it requires either further decontamination, repair or is for disposal

Refer to label usage posters for specific usage instructions appendix 1

B3.10.1 Action In Response To HSG 93/26 Decontamination of Equipment Prior to Inspection, Service or Repair

- Anyone who inspects, services or repairs medical and laboratory equipment either on NHS premises or elsewhere has the right to expect that articles have been properly treated so as to remove or minimise the risks of infection.
- Equipment and articles used for invasive procedures, analysis and diagnosis which comes into contact with blood, body fluids / tissue or other pathological specimens will require decontamination prior to examination.
- Equipment which is visibly soiled with blood / body fluids and is accessible to cleaning must never be presented or sent to a third party for maintenance or repair.
- All decontamination procedures should be undertaken by suitably qualified staff. The method of decontamination used must be one that does not damage the article or any

of its components. In cases of doubt about the appropriate method, advice should be sought (prior to purchase) from:

- The manufacturer or agent
- Facilities Department / EBME / Siemens Healthcare
- Sterile Services Department
- A member of the Infection Control Team

Where appropriate Hospital Engineers / EBME / Siemens Healthcare technicians should have sight of equipment before any further action is taken.

- A Declaration of Decontamination Status (B.3.10) must be fully completed by an authorised person in the department before the equipment is sent for repair. This should be given to the porter / technician when equipment is collected for repair / service, and remain with the equipment until it reaches its final destination.

B3.10.2 If Equipment is Being Sent to an Outside Company/Agency for Repair/Service:-

- A Declaration of Decontamination Status (B.3.10.3) must be completed by an authorised person in the department before the equipment is collected for repair / service. The declaration should be attached to the outside of the equipment and marked “examine enclosed document before unpacking”.

User department must always ensure safe packaging and despatch of goods with official order to repair company and enclose a Declaration of Decontamination Status form.

In certain situations equipment may not be decontaminated prior to inspection, service or repair, either because the equipment is subject to investigation as the result of a complaint or it may not be adequately decontaminated without engineering assistance. In such cases the advice of the investigating body should be sought. If such an item is to leave the Trust, the following precautions must be taken:-

- A prior warning should be given to the intended recipient.
- The condition of the item should be clearly labelled on outer packaging.
- The packaging must be suitably robust to ensure contamination will not occur during transportation.
- The agreement of the transporter may be required.
- In case of doubt regarding the decontamination of equipment advice should be sought from a member of the Infection Control Team.

Key: DD = Damp dust, SC = Steam clean, Vac = vacuum,
 Full Clean = soap and water wipes or bowl of water then dry,
 Wash = On site or commercial laundry

EQUIPMENT DESCRIPTION	FREQUENCY OF CLEAN	TYPE OF CLEAN	RESPONSIBILITY FOR CLEANING
Bed cot sides	Weekly Between pts	DD/Clean DD	Housekeeping Nursing staff
Fans	Weekly 3 monthly	DD DD	Housekeeping Estates
Television - wall mounted	Monthly	HD	Estates
Mattresses	Between pts & as required	Wash	Nursing staff
Bed frame – bed base and above	Between pts & as required	Wash	Nursing staff
Bed frame – hydraulics	Weekly	DD	Housekeeping
Bed wheels	Rotational programme	SC	Housekeeping
Lockers – including wheels	Daily surfaces Rotational programme	DD SC	Housekeeping Housekeeping
Locker surfaces (inside & out)	Between patients	DD	Nursing staff
Patient call bell	Between pts Weekly	DD DD	Nursing staff Housekeeping
Suction bottle & controller	Between pts Weekly	DD DD	Nursing staff Housekeeping
Suction catheter basket	W	DD	HK
Oxygen flow meter	Between pts Weekly	DD DD	Nursing staff Housekeeping
Portable suction	After use Weekly	DD DD	Nursing Staff Housekeeping
Hoist frame	After use Weekly	DD DD	Nursing staff Housekeeping
Hoist slings	Between pts and if soiled	Wash	On site or commercial laundry
Drip stands	Between pts Weekly	DD DD/SC	Nursing staff Housekeeping
Drip pumps	As above	DD	As above
Dressing Trolley	As above	Full clean DD/SC	Nursing staff Housekeeping

EQUIPMENT DESCRIPTION	FREQUENCY OF CLEAN	TYPE OF CLEAN	RESPONSIBILITY FOR CLEANING
Linen skip	Weekly or if soiled	Full clean	HK
Notes trolley	Weekly	DD/Vac	HK
Scales	W	DD	HK
Bedtables	Rotational	Full/SC	HK
Behind beds	Weekly	FC	HK with NS
Bedpan bases	After use	wash	NS
Resus trolley	Weekly	DD	NS
Raised toilet seats new design	Daily	FC	HK
Commodes	Between pts Weekly	FC FC	NS HK
Pt Wash bowls	After use	FC	NS
Drug trolley inside	Weekly	DD	NS
Drug trolley – shelves & wheels	Weekly	DD/SC	HK
Drug cupboards	As required	DD	HK by prior arrangement & if empty or NS
Shelving	As required	DD	HK as above
Galli bins	Monthly 3 – 6 monthly	DD outside inside	HK HK if empty by NS
Catheter stands	Between pts Weekly	DD DD	NS HK
Radio foam ear pieces	Between pts	Replace	
Radio headphones	Between pts Weekly	DD DD	NS HK

**B3.10.3 WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST
DECLARATION OF CONTAMINATION STATUS –
prior to the inspection, servicing, repair or return of medical and
laboratory equipment**

To: _____

Make and description of equipment / items: _____

Model/Serial/Batch number: _____

Technical Services/Siemens Asset Number (WRH): _____

Other distinguishing marks: _____

Has this equipment been exposed internally or externally to hazardous materials as indicated below?

Blood, body fluids, respired gases or pathological samples? YES NO

Other biohazards? YES NO

Chemicals or substances hazardous to health? YES NO

Other Hazards? YES NO

COMMENTS: _____

Has this equipment been cleaned? YES NO

Has this equipment been decontaminated?
(Disinfected or sterilized after cleaning) YES NO

Please give details of methods and materials used for cleaning/decontamination: _____

If the equipment could not be cleaned/decontaminated please indicate why:

Such equipment must not be returned / presented without the prior agreement of the recipient whose reference or contact name must be given above.

Has the equipment been suitably prepared to ensure safe handling / transportation? YES NO

Signature: _____ Unit: _____

Name: _____ Tel No: _____

Position: _____ Date: _____

B3.11 DEPARTMENT OF HEALTH CLEANING POSTER

MARCH 2001 v2.0



PROTOCOL FOR THE LOCAL DECONTAMINATION OF SURGICAL INSTRUMENTS

Immersion Method - Procedure for Manual Cleaning

To minimise the risk to personnel undertaking manual cleaning splashing and the creation of aerosols must be avoided at all times.

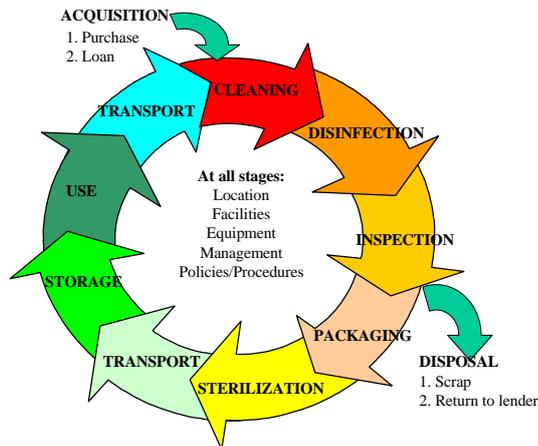
- Wear protective clothing.
- Fill the clean sink (not hand wash basin) with the appropriate amount of water and detergent.
- Dismantle or open the instrument.
- Fully immerse the instrument in the solution and keep under water during the cleaning process to prevent aerosols.
- Brush, wipe, agitate, irrigate, jetwash or hand spray the item to clean.
- Drain any excess detergent prior to rinsing in a second sink with clean water. (Jet guns may be used under the water surface but should only be connected to the **cold** water supply).
- Drain the item before drying using the preferred method.
- Complete any relevant documentation.

N.B.

- Dispose of cleaning materials safely in accordance with local policy.
- Replace obviously soiled or contaminated cleaning solution or the rinse water.

The complete version of this protocol
Can be found on:

www.decontamination.nhsestates.gov.uk



B3.12 A – Z Equipment List – Decontamination issues must be discussed and agreed by the infection prevention team or decontamination manager prior to the purchase of medical devices / equipment

The manufacturer’s guidelines for decontamination should always be followed. This is not an exhaustive list, further advice and information is available from the Infection Prevention and Control Team.

Item	Preferred Method	Comments / Alternative Method
Airways	Single use – disposable	None
ATL biopsy probe (X-ray)	Return metal biopsy guide to Sterile Services after each patient use.	Use a double cover to protect probe. Clean probe with alcohol wipe between use or spray with "T spray" – (benzalkonium chloride based) leave for 10 minutes and wipe off.
Ambu bags	Single use – disposable	
Anaesthetic tubing, ie circuitry	Protect with filter. Change filter between patients. Change disposable tubing daily or after high risk cases.	
Anoscope	Single use – disposable including insufflator	Light source wiring requires cleaning with detergent wipe and disinfected with a chlorine releasing agent e.g. Tristel duo foam. Eye piece – sterilise via sterile services.
Arm rests, eg phlebotomy chair	Wipe with detergent wipes and dry	
Arthroscope	Autoclave – Sterile Services	
Arthroscope motor	Autoclave – Sterile Services	
Aural speculum	Single use – disposable	
Banana board and Immoturn	Wipe with detergent and water or detergent wipe and dry, eg Sani-cloth Detergent.	
Bath	Clean with bath cleanser, rinse and allow to dry between each patient use.	After infected cases, detergent clean then wipe over with 1,000 ppm chlorine solution. Rinse before use.
Bath arjo	Follow manufacturer’s instructions	
Baby bath	Clean with bath cleanser, rinse and dry between each patient	After infected cases, detergent clean then wipe over with

Item	Preferred Method	Comments / Alternative Method
	use and store inverted.	1,000 ppm chlorine solution.
Bath hoist	Clean surface with detergent and water or detergent wipe, eg Sani-cloth Detergent, following use.	Arrange repair of any damaged surface immediately.
Bed frames	Clean with detergent wipe, eg Sani-cloth Detergent wipe between patients.	Particular care should be taken to keep frame dust free. The bed hydraulics are the responsibility of the Housekeeping Staff. After infected patient use: wipe bed frame with Tristel or steam clean if static
Bedpans	Washer-disinfector or use single use disposables and macerator. Wash carriers for single use pans with detergent wipes and Tristel duo foam after use if no bedpan washer available e.g. Alexandra site.	If washer-disinfector is out of action as a temporary measure use disposables. Empty contents into sluice and dispose as clinical waste. <u>Bedpan washers</u> must be maintained in accordance with HTM 01 01. Daily checks by ward staff, quarterly checks by the Estates Department. A de-scaling programme must be in place.
Birthing pools	See Use of Water in Labour Policy	
Biopsy forceps	Single use – disposable	
BP cuffs	Wipe over with detergent and warm water if soiled and after use on infected patients.	Allocate BP cuff for patients in isolation. Single use disposable cuffs are available.
Bottle for storage of expressed breast milk	Single use – disposable	
Bowls (surgical)	Disposable	
Bowls (washing)	Patients to have individual bowl for duration of stay where possible. Wash with cream cleanser / detergent wipe and dry. Store inverted.	Use plastic liners inside bowls used for soaking leg ulcers. Bowls can be disinfected through bedpan washer-disinfector where available and if process validated.
Bougies (eg ENT / Urology / Endoscopy)	Disposable	Discuss appropriate method if product supplied is re-usable.
Bougie gum elastic	Disposable	If a re-usable bougie needs to be used it must be processed through Sterilox with the

Item	Preferred Method	Comments / Alternative Method
		agreement of the Endoscopy Staff.
Bradford slings	Purchase wipeable slings. Clean with detergent wipe between patient use.	Contact OT for details of suitable slings.
Breast pump and box	Wipe over with detergent wipe, eg Deb after each use.	Single use kits for breast pumps should be used.
Breast pump collection kit	If single patient use, wash the collection kit with detergent and warm water, and disinfect using the baby steam sterilizer. Or 140 ppm chlorine solution for 30 minutes then rinse with sterile water before use. New set to be issued every 7 days and disposed when no longer required for that patient.	Each patient must be issued with their own kit for their own use only, ie single patient use. Disinfect using the steam sterilizer between use. Dispose when no longer required for that patient.
Breast pumps (hand)	No longer in use	
Carpets	Vacuum daily. Clean periodically by hot water extraction.	Avoid carpet use in clinical areas
Chairs	Vinyl / plastic wipeable chairs in clinical areas only.	Repair tears in surfaces immediately. NB: Check foam has not become contaminated through the zip.
Catheter mounts (single patient use)	Dispose after use	None
Catheter mounts (non-disposable)	Autoclave between use	None
Cleaning cloths (domestic)	Single use – disposable	Wash daily at 70°C. ITU and Isolation Room use a clean disposable cloth per bed space. <u>Colour Code</u> Green – Kitchens / food preparation areas Red – Sanitary appliances and washroom floors Yellow – Wash basins and other washroom surfaces Blue – General ward areas
Colposcope	See separate protocol – Decontamination of Endoscopes	

Item	Preferred Method	Comments / Alternative Method
Commode	Wipe with detergent wipes and disinfect with Tristel duo foam between use.	Handwipes for patients must be provided following commode use.
Cots	Wipe with detergent wipes, eg PDI sanicloth. Dry between each baby.	
Crockery and cutlery	Machine wash with rinse temperature above 80°C and air dry.	Disposable rarely required IPCN will advise. If no dishwasher, return to central catering for processing.
Cryoprobes	Autoclave between use	If heat labile immerse in 70% alcohol for 10 minutes. Store dry.
CTG belts (maternity)	Patient to be provided with belt for duration of care.	Dispose or launder between patients.
Curtains	Bed and window: Routine change as per site cleaning schedule.	Change curtains in isolation rooms between patient use and on wards after an outbreak as advised by Infection control.
Cystoscope	See separate protocol – Decontamination of Endoscopes	
Dental mirrors	Wash with detergent and warm water, rinse and dry and then autoclave between use via Sterile Services.	Single use – disposable
Dental syringe	Autoclave – Sterile Services	
Dressing trolleys	Clean with detergent and warm water at the start of the day. Between use, wipe over with 70% alcohol, eg Alcowipe.	
Dummies	Wash with detergent and warm water disinfect in baby steam sterilizer or 140 ppm chlorine solution for 30 minutes. Store clean and dry.	Not to be shared between babies – single patient use.
Endoscopes	See separate protocol – Decontamination of Endoscopes.	
Endotracheal tubes	Single use – disposable	None
Entonox mouthpieces	Single use – disposable	

Entonox tubing	Protect with filter. Keep dry. Wipe exterior with damp cloth daily and after use.	If not filtered wash and dry tubing between use via Sterile Services.
Item	Preferred Method	Comments / Alternative Method
Face Masks (re-usable), eg anaesthetic	Washer-disinfector Sterile Services	Single use or wash with detergent and warm water and dry. Autoclave via Sterile Services after high risk cases.
Fans	Arrange via estates for cleaning of blades where it is necessary to dismantle the fan safety guard for this purpose. Outer surface of safety guard and fan base to be wiped with detergent wipes on a daily basis.	Only to be used in extremes of temperature in the indoor workplace or if clinically indicated for patient hyperthermia or comfort as long as the patient or other patients in the bay do not have a known infection (see Policy WAHT-HR-022 Extremes of Temperature in the Indoor Workplace). Restrictions may be applied during an outbreak of infection.
Feeding bottles and teats	Use pre-sterilized feeds and single use teats.	Wash autoclavable bottles in detergent and warm water, rinse and allow to dry. Send to Sterile Services for packing and sterilization.
Fetal blood sampling kit	Disposable blades	Wash any other items and return to Sterile Services
Fetal scalp electrodes	Single use – disposable	
Floors (dry cleaning)	a) Vacuum clean b) Dust attracting mop	None (do not use broom in patient areas)
Floors (wet cleaning)	Wash with detergent and warm water then allow to dry. Wards to use disposable mop head for cleaning up spillages	Disinfection not usually required except for cleaning of Isolation Rooms and spillages – see B3.9 .
Furniture and fittings	Damp dust with detergent solution or detergent wipes, eg Deb, and allow to dry.	1,000 ppm chlorine solution may be used during an outbreak or for Isolation Room cleaning.
Gonioscopic lenses (Ophthalmology)	Wash with detergent and warm water and soak in hypochlorite 500 ppm for 10 minutes.	Rinse with sterile water
Gum shields – silicone	Wash in detergent solution then autoclave.	None

Item	Preferred Method	Comments / Alternative Method
Handling belts (fabric)	Single patient use disposable belts	Re-usable belts to be allocated for individual patient use and machine launder via commercial or on site laundry between patients or if soiled.
Headbox (oxygen therapy)	Wash with detergent, warm water and dry thoroughly.	
Headphones: Patientline / hospital radio	Use disposable ear pieces	Clean units with detergent wipe, eg Deb between patients.
Hoist sling	Disposable sling	Launder re-usable between patient use and when soiled via commercial or on site laundry.
Ice making machines (for consumption)	Clean weekly by Domestic Services. Switch machine OFF, discard all ice and wipe over the machine with warm water and detergent. Rinse thoroughly to ensure no detergent remains. Allow to dry and switch machine ON.	Ice should be handled using the scoop provided. The scoop should be cleaned with warm water and detergent daily, rinsed and left in a clean, dry, uncovered container after each use. NEVER leave the scoop in the ice machine. NEVER return unused ice to the ice storage chest. Access doors to the ice chest, except when removing ice, must be closed at all times. NEVER use patients' water jugs, glasses or other utensils as a scoop.
Impression plates (dental)	Wash in detergent and warm water disinfect in 1,000 ppm chlorine solution (or follow manufacturer's instruction).	
Incubators infant	Wash with detergent and warm water after each patient. Switch ON to dry thoroughly.	None
Instruments (surgical)	Return to Sterile Services	None
Interferential external application	Sponges – single patient use. Sponges should be cleaned with detergent and warm water and labelled for individual patient. Electrodes should be wiped with 70% isopropyl alcohol after each treatment.	Patients should be encouraged to cleanse and store their own sponges at home between treatment sessions.

Item	Preferred Method	Comments / Alternative Method
Interferential internal application	The disposable sleeve, attached to the holder of the internal applicator, is for single patient use only and should be discarded into a sharps box after each treatment. Wipe holder of the internal applicator with 70% isopropyl alcohol after each use.	Insertion of the internal applicator should be made using protective gloves. Gloves should be removed and discarded once the applicator is positioned satisfactorily. Wash hands where lubrication is required for insertion of applicator, individual packed applications of lubricant should be used.
IVI stands / pumps	Detergent solution or detergent wipes, eg Deb, after each patient use or if soiled.	
Laerdal masks and bags	Single use – disposable	Re-usable protect with filter, (eg Hygrobaby). Change filter between patient use. Wash mask with detergent and warm water.
Laparoscope	Autoclave via Sterile Services	
Laryngeal mask	Autoclave via Sterile Services Manufacturers maximum reprocessing limits apply.	Single use only for tonsillectomy cases
Laryngoscope blades	Single use disposable blades	Single use – disposable laryngoscope cover, eg Penlon. Non-disposable return to Sterile Services
Laryngoscope handle	Clean handle with 70% isopropyl alcohol	
Laryngoscope (fibre optic)	See separate protocol – Decontamination of Endoscopes	
Laser contact lenses	Wash with detergent and warm water and soak for 10 minutes in 500 ppm chlorine solution.	Rinse in sterile water
Linen	All linen should be disinfected as part of the washing process.	Bag according to local colour coding policy.
Lung function (Jaeger machine) – Chest Clinic	Use disposable single patient mouthpiece Change disposable bellows between patients	Wash re-usable mouthpiece and connections with detergent and warm water. Soak in 1,000 ppm chlorine solution for 30 minutes between patient use. .

Item	Preferred Method	Comments / Alternative Method
Magills forceps	Single use disposable on resuscitation trolley's	
Manual handling equipment	Single patient use – disposable or launder. Onsite laundering preferred as Industrial presses can damage these items rendering them unsafe.	See index for individual items
Mattresses	Must be completely covered with water impermeable cover. Wash cover with detergent wipes, e.g. PDI Sanicloth, and dry between patient use.	Covers must always be cleaned between patient use.
Mattress (infant water heated)	Always use manufacturer's recommended anti-fungal agent. Wipe cover when soiled or between patients with detergent wipe, eg PDI Sanicloth	Discard water into sluice sink after use.
Medical loans	There must be clear segregation between dirty collections and clean deliveries of equipment. This is best achieved using separate vehicles or a separate trailer for dirty returns.	Compartments used for dirty return should have easily cleanable surfaces. Staff should wear gloves to handle used items such as commodes and bag or cover items to prevent contamination of the vehicle.
Medicine cups / tots	Single patient use/ disposable Or Ward dishwasher if re-usable	Store dry.
Mops (dish / dolly)	Do not use	None
Mops (dry dust attracting)	Disposable	
Mops (wet) flat	Launder after use	
Mops wet domestic staff use	Launder daily after each shift. Single mop head per bay or single room.	Ward and departmental areas to use disposable mop head
Mop (bucket)	Clean with detergent and warm water inside and out after use. Store inverted to dry.	
Nasal atomizer	Single use – disposable	
Nasendoscope	Process through washer–	See separate protocol--

Nasal endoscope (non-lumen models)	disinfector	Decontamination of Endoscopes
Nasal speculum	Disposable – single use	
Item	Preferred Method	Comments / Alternative Method
Nailbrushes (surgeons hands)	Use only if essential, single use – disposable	A sterile nailbrush should be used if scrubbing for first case.
Nailbrushes (ward areas)	Not recommended	If used, single use – disposable
Nebulisers	Disposable – single patient use, wash with detergent and warm water between treatments and dry.	<p><u>Inpatient use of nebulisers driven by oxygen or air</u> Each patient should have their own labelled circuit (nebuliser, tubing and facemask / mouthpiece) – dispose on discharge. Equipment should be kept clean and dry between treatments.</p> <p><u>Inpatient use of nebulisers driven by compressors</u> Nebuliser, tubing facemask / mouthpiece issued per patient. Clean and dry between treatments as above. Change inlet filters every 3 months. It is not necessary to change the filter when you change from patient to patient. The bacterial filter on the outlet need only be changed when the inlet filter is changed. Compressors should be serviced every 6 – 12 months.</p> <p><u>Out-patient use of nebulisers</u> Follow Chest Clinic instructions.</p>
Neurological testing pins	Single use – disposable	Never improvise, due to the risk of blood borne infections, eg name badge.
Nipple shields	Wash with detergent and warm water. Store in clean dry container.	Not to be used between patient, ie one per patient.
Nose mask (single patient use)	Single use – disposable	None
Obstetric forceps	Return to Sterile Services	
Occluders for	Clean with alcohol wipe, eg	

testing visual acuity	Steret between each patient.	
Ophthalmic laser	Wipe surfaces, chin rest and patient contact points with alcohol wipe, eg Alcowipe.	
Item	Preferred Method	Comments / Alternative Method
Oxygen headbox	Wash with detergent and warm water or detergent wipes, eg PDI Sanicloth, and dry.	
Oxygen mask adult	Single patient use – disposable	
Oxygen mask Neonatal	Wash with detergent and warm water and dry.	
Oxygen tents	Wash with detergent and warm water and dry.	
Oxygen tubing	Single patient use – disposable	
Perineometers	Single use -disposable	Re-usable – cover with condom. Clean probe with 70% alcohol after treatment. Application and removal of the probe should be made wearing protective gloves. The electrical unit should be switched on before wearing gloves and contact with equipment on-off buttons avoided while still wearing gloves. The probe should be cleansed with soap, rinsed with warm water and dried thoroughly at the end of each session.
Perineum laser top	Clean with 70% isopropyl alcohol	Avoid direct skin contact protect with cling film.
Peristaltic pump set for drill (dental)	Single patient use – disposable	
Pillows	Must be completely covered with water impermeable cover. Wash cover with detergent and warm water and dry between patient use.	Dispose of immediately if cover is damaged and pillow becomes contaminated.
Proctoscopes	Single use – disposable	Metal re-usable – wash with detergent and warm water and autoclave between use.
Pulse Oximeter	Probe – Single patient use disposable.	

	Non-disposable wipe with 70% isopropyl alcohol between patient use.	
Item	Preferred Method	Comments / Alternative Method
Raised toilet seats	Process through bedpan washer or wipe with detergent wipes, eg Deb, and dry between use (responsibility of nursing or OT staff in OT Department).	During outbreaks of gastroenteritis clean as normal then wipe with 1,000 ppm chlorine solution or Tristel (chlorine dioxide) duo foam.
Razors (safety and open)	Use disposables	None
Razors (electric)	Use disposable heads	None
Reservoir bags	Protect with filter	Unfiltered – autoclave after single patient use or use washer-disinfector via Sterile Services.
Respiratory equipment		None
Full face / nasal masks for BIPAP / CPAP	Single patient use – disposable	Wash masks with detergent and water and dry between individual patient use.
Tubing for BIPAP / CPAP	Single patient use – disposable	None
Resuscitaire	Disposable respiratory system models preferred	See Laerdal masks and tubing
Scales (baby)	Protect with paper towel, change after each patient use. Clean any spillages with detergent and warm water and dry, then wipe over scales with 70% isopropyl alcohol wipe, eg Alcowipe.	
Scavenging equipment	Change tubing 3 monthly (minimum) and after use by high risk patients.	
Scissors (general use nursing)	Ensure they are physically clean then wipe with 70% isopropyl alcohol, eg Alcowipe.	Use sterile scissors for aseptic procedures.
'Scope cameras	Disposable sterile cover	Clean with detergent and warm water then dry. Wipe over with 70% isopropyl alcohol.
Sheepskins	Send to laundry (on site preferred)	None

Spenco mattress	Impervious cover – as for mattress	Non–impervious cover – launder between patients and when soiled.
Item	Preferred Method	Comments / Alternative Method
Showers	To be cleaned and dried once daily by Housekeeping Staff and by Nursing Staff between patients.	If not in regular use, showers to be run weekly by appropriate personnel. Planned maintenance to avoid dripping and accumulation of scale.
Sigmoidoscope Sigmoidoscope light source	Single use – disposable including insufflators May be wiped with detergent wipe and disinfected with a chlorine releasing agent e.g. Tristel duo foam between use if attached to sigmoidoscope, after insertion. If obviously soiled, attached prior to insertion or biopsy forceps are used through the light source, it must be returned to Sterile Services for cleaning and autoclaving.	Use a filter to protect the bellows from contamination. Change filter between patients, eg Welch Allyn. Metal re-usable ‘scopes – wash with detergent and warm water and autoclave between use via Sterile Services.
Slit lamps	Wipe with 70% isopropyl alcohol wipe, eg Alcowipe.	
Sliding sheet and Easislide	Launder between patient use and when soiled.	
Sputum pots	Single patient use – disposable	None
Soap dishes	Do not use	None
Sonic aid scan machine	Remove any debris with a wet wipe then wipe with 70% alcohol, eg Alcowipe / Steret between patient use.	
Stand aid slings	Single patient use	Between patient use or when soiled if reusable items used remove the cover and laundered via housekeeping department
Stethoscopes	Wipe head with 70% isopropyl alcohol.	None
Suction equipment – respiratory	Single use – disposable. Disposable – change between	None

catheters, tubing	patients and daily when in continuous use.	
Item	Preferred Method	Comments / Alternative Method
Suction jar	Single use liners are recommended	<p>Glass – (these should be phased out)</p> <p>Wear protective clothing (gloves, apron, visor / protective spectacles).</p> <p>Empty contents of jar carefully down sluice. Machine wash in bedpan washer-disinfector and dry, or if unavailable wash with detergent and warm water and dry thoroughly. Return to Sterile Services for autoclaving in high risk areas, eg SCBU and ITU and after high risk cases.</p> <p>Suction jars should be left clean and dry.</p>
Suction apparatus – surgical	Single use – disposable	Seal after use, dispose of as clinical waste. If disposing of a number of containers together use manufacturer’s disposal box.
Supine transfer boards (Pat slide)	Wipe with detergent and water or detergent wipes, eg Deb, and dry if in direct patient contact / soiled or used for a known infected case.	
Thermometers – digital Thermometers – tympanic TempaDOT Thermometers – mercury	Use disposable sleeve - wipe handle with 70% isopropyl alcohol, eg Alcowipe. Disposable cover – single use Single use – disposable Not recommended	Recommended for Isolation Rooms
Toilet seats	Wipe with detergent and warm water or detergent wipes, eg Deb and dry between use.	During outbreaks of gastroenteritis clean as normal then wipe with 1,000 ppm chlorine solution / tristel fusion.

Item	Preferred Method	Comments / Alternative Method
		Alcohol wipes should be available in Maternity and Gynaecological Wards.
Tonometer heads / prisms	Single use – disposable Use disposable shield	Clean applanation tonometer and immerse in 500 ppm chlorine (made up with sterile water) for 10 minutes. Do not allow to float on surface of solution. Rinse and dry. A fresh hypochlorite solution should be prepared daily. Or wipe with tissue, then wipe with 70% isopropyl alcohol if no risk of adenovirus.
Tooth mugs	Single use – disposable	None
Tourniquet	Single use – disposable	Wash with detergent and warm water if soiled and allow to dry. Use disposables for patients with infectious diseases.
Toys (soft)	Machine washable soft toys must be encouraged.	Heavily contaminated toys may have to be destroyed. Avoid soft hospital toys for children with infectious diseases otherwise destroy after use.
Toys (hard)	Wipe surface with 70% alcohol or 1,000 ppm chlorine solution.	Avoid toys that cannot be easily disinfected for children with infectious diseases.
Tracheostomy tubes	Single use – disposable	None
Transoesophageal transducer	Wipe over with detergent and warm water process through endoscopy washer “Sterilox” with agreement of Endoscopy Saff.	Discuss alternatives with the Infection Control Team.
Trolley tops	Clean with detergent and water or detergent wipes, eg Deb, and dry before initial use. Wipe with 70% isopropyl alcohol before each use.	
Ultrasound probes	Clean with detergent and water and dry. Wipe over with 70% isopropyl alcohol	Use a probe cover for contact with open wounds / blood, then wipe over with 70% isopropyl alcohol. If visibly soiled clean with detergent and water or detergent wipes, eg Deb, and dry before wiping with alcohol.
Urinals	Process in washer with heat	

General Decontamination Protocol

Item	Preferred Method	Comments / Alternative Method
	disinfection cycle or single use and destroy in macerator.	
Urine bag holders / stands	Wash with detergent and warm water or detergent wipes, eg Clinell, if soiled for single patient use.	Single patient use dispose of if patient not catheterised on discharge
Urine measuring jug	Heat disinfect in between every use in bedpan washer-disinfector if reusable item. If no washer available use disposable receptacles.	Sterile jugs – return to Sterile Services or use a sterile disposable jug.
Vacutainer barrels	Single patient use – discard after use	Re-usable barrels not acceptable
Vaginal applicators – cones (Physiotherapy) Femina 3 Aquaflex	Shells for single patient use. Rinse under warm water and dry after use. Autoclave weights between patient use. Single patient use – disposable Patients to purchase own cones.	
Vaginal probe for vaginal scanning	Protective cover for each patient.	Clean probe with detergent and water or detergent wipes, eg Deb, followed by alcohol wipe, after each patient.
Ventilator tubing – adult	Protect with filter. Change filter daily. Change tubing between patients.	HFJV – change filter twice a day.
Ventilator tubing – neonatal	Change disposable tubing weekly	
Ventouse cups	Return to Sterile Services	
Vitalograph (Chest Clinic) tubing	Protect machine with bacterial / viral Vitalograph filter. Change filter between patients. Keep tubing dry. Use disposable non-return valve for mouthpiece.	
Vomit Bowls	Single use – disposable	Re-usable – process through bedpan washer.
Water Weight bags (Orthopaedics)	In use – add 140 ppm chlorine solution to the water on commencement of traction to prevent discolouration of the water.	After use – wash bag with detergent and warm water and hang up inverted to air dry.

Water dispenser (drinking)	Plumbed in models are recommended	Distribution company to disinfect container water dispensers weekly.
Item	Preferred Method	Comments / Alternative Method
Wheelchairs	Automatic Washer	Wash with detergent and warm water or detergent wipes, eg Deb, when soiled and dry with disposable paper towelling.
<u>X ray equipment</u> Static Unit and other imaging equipment	Tables, erect cassettes stands, tubeheads and other patient associated equipment should be wiped over daily with 70% isopropyl alcohol and following any soiling or contamination.	Clean off all visible soiling or body fluid before using isopropyl alcohol. When cleaning with 70% isopropyl alcohol, the wipe should be dampened with alcohol not dripping. It is important to ensure that no fluids come into contact with electrical circuitry. (Alcowipes may be used).

B3.13 AUDIT MECHANISM

The protocol will be audited by the Infection Control Nurses using the West Midlands ICNA audit tools when identified in the ICT annual audit programme.

Department of Health Saving Lives High Impact Intervention No 8 Cleaning and Decontamination Audit scores are reported monthly on the balance score card and nursing dashboard. Scores are monitored and accountability meetings held with ward sisters.

Monthly cleaning monit scores are monitored and challenged at monthly site PEAG meetings chaired by Heads of Nursing.

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WAHT – CG 124 Policy for extremes of temperature in the indoor workplace

WAHT – SOP for Operation of Hydrogen Peroxide Vapour Decontamination of Clinical Areas at WAHT

Contribution List

Key individuals involved in developing the protocol and their designation

<u>Name</u>	<u>Designation</u>
Dr Chris Catchpole	Consultant Microbiologist, Worcestershire Royal Hospital
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Protocol approved by Trust Infection Control Committee (ICC)

NEW LABEL TO REPLACE EXISTING VERNACARE TAPE

This label to be used on all equipment that has been decontaminated and is ready for re-use.

The label can either be placed flat on a surface or looped through the handle of equipment such as pumps.

This equipment is:

(Please tick box)

Clean

In good working order

Ready for use

Ward Date Signed

For traceability
Equipment last used on:
ID No



ID number of patient equipment last used on prior to cleaning
DO NOT USE patient ID labels

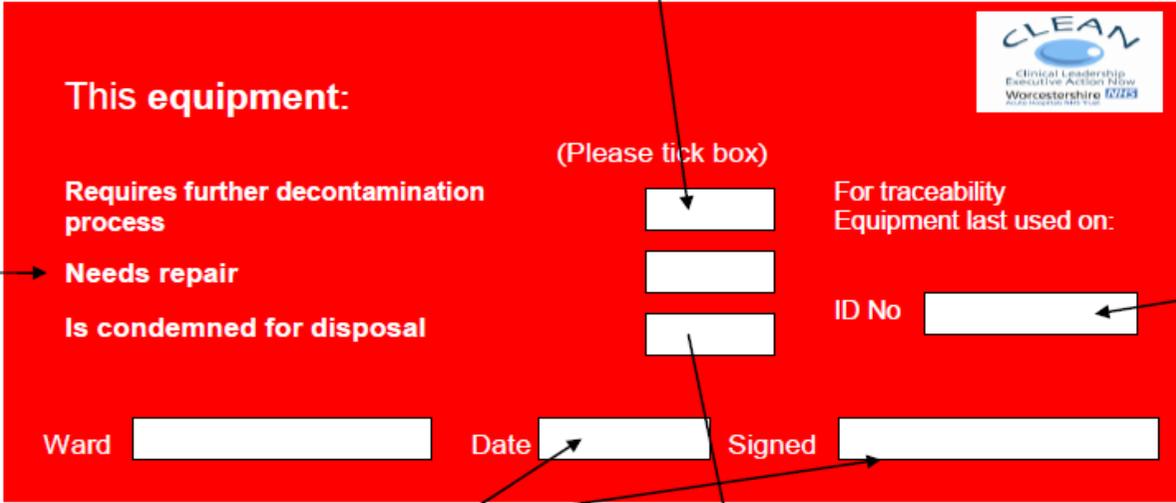
Ward where equipment used and cleaning undertaken

Person cleaning equipment to sign and date when cleaned

This label to be used on equipment that requires either;

- An additional decontamination process, such as steam cleaning,
- Return to Tech Services or Siemens
- a pressure relieving mattress for return to the mattress store

ALL EQUIPMENT MUST BE CLEANED WITH DETERGENT WIPES BEFORE ATTACHING THIS LABEL



This equipment:

(Please tick box)

Requires further decontamination process

Needs repair

Is condemned for disposal

For traceability Equipment last used on:

ID No

Ward Date Signed

CLEAN
Clinical Leadership
Executive Action Plan
Worcestershire 2023

Items for repair within the Trust must be cleaned then a RED sticker used instead of a piece of paper saying 'DO NOT USE – BROKEN'

ID number of patient equipment last used on

Date and sign at the time you apply the label to the equipment

Equipment that is not able to be repaired or is at the end of its life cycle and is for disposal – also complete condemnation form available from Supplies at the Alexandra Hospital supplies at Kidderminster

Further supplies can be obtained via Service Point quoting "Red Equipment Labels"