

Near to Patient Clinical Equipment Cleanliness and Decontamination in the Dialysis Unit Guideline (High Impact Intervention No 8)

This guidance 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

The Health and Social Care Act 2008 Code of Practice states that organisations must audit key policies and procedures for the prevention and control of infection, ensuring the patients are cared for in a safe and clean environment. This is also a legal requirement for all Trusts registering with the Care Quality Commission. Hospital cleanliness and low rates of infection, are rated by patients as being the most important factors when choosing a hospital to be cared in. Our aim is to ensure that renal patients choose Kidderminster Dialysis Unit as the place of choice to be dialysed in, because they feel safe and secure in a clean environment.

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :

All staff, patients and their families, working within Kidderminster Dialysis Unit, including voluntary and contract workers.

Lead Clinician

Liz Wittich

Lead Nurse for Renal Services

Approved by Clinical Effectiveness
Committee on:

May 2010

Extension approved by Trust Management
Committee on:

22nd July 2015

Review Date:

8th April 2020

This is the most current document and is to be
used until a revised version is available

WAHT-REN-006

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Key amendments to this guideline

Date	Amendment	By:
27.03.12	Extended for three years. No changes made.	Dr M Ferring
06.08.15	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
17/08/2016	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
14/11/16	Further extension as per TMC 22 nd January 2015	TMC
October 2017	Document extended for further two years with no changes	Dr Ferring
December 2017	Sentence added in at the request of the Coroner	
January 2020	Document extended for 3 months whilst undergoing approval process	Dr Martin Ferring

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INTRODUCTION

The Health and Social Care Act 2008 Code of Practice states that organisations must audit key policies and procedures for the prevention and control of infection, ensuring the patients are cared for in a safe and clean environment. All NHS Trusts that provide patients with care are now legally required to register with the Care Quality Commission. As a legal requirement of their registration, they must operate in a way that protects patients from the risk of acquiring an health care acquired infection (HCAI).

Likewise the NPSA – National Specification for Cleanliness in the NHS: *a framework for setting and measuring performance outcomes* (2007), was endorsed by the Chief Nursing Officer saying that:

‘although the nurse in charge of any patient area has direct responsibility for ensuring that cleanliness standards are maintained throughout that shift, it is the responsibility of every nurse and care support worker to ensure that they maintain a safe and clean environment at all times’.

Hospital cleanliness and low rates of infection are listed most often by patients as being the most important factors when choosing a hospital to be cared in. Our aim and mission is to ensure that renal patients requiring haemodialysis choose Kidderminster Dialysis Unit as the place of choice to be dialysed in, because they feel safe and secure in a clean environment.

High Impact Intervention (HII) No 8, (2010) was published by the Department of Health to help Trusts achieve compliance under criterion 2 of the Code of Practice by providing information and a tool to measure the implementation of guidelines and policies to reduce infection. HII No 8, complements the other saving lives audits from the 2007 national specifications for cleanliness, especially HII No 7, which ensures the process of cleaning and decontamination within the patient environment is thorough and follows best practice on all equipment and not just equipment used for patients with *Clostridium difficile* infection.

DETAILS OF GUIDELINE

This guideline will help focus nurses and health care workers whilst supporting their task in ensuring the patient environment is clean safe and free of infection. It is the responsibility of all workers within the health care setting to ensure that all users of the service including visitors, patients and their families follow hygiene policies. This guideline is additional to all the other hygiene guidelines and will ensure that near to patient cleaning and decontamination of clinical equipment is audited to generic standards, forming a history and evidence for which change and improved can be based upon.

High Impact Intervention No 8, has two separate elements dependent on the HCAI status of the patients. Equipment, which cannot be cleaned, must be risk assessed on a need-to-use basis or used for single patient use only.

Equipment and the patient area in a haemodialysis unit is considered as high risk although it is not necessarily an infected area. Known infectious patients and areas are segregated on a known named patient basis and cleaned as an infectious area.

WAHT-REN-006

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Cleaning, decontamination and medical devices guidelines need to ensure they encompass all the elements, which the HII No 8 will be audited against.

MONITORING TOOL

Monitoring of HII No 8 will be conducted by the Renal Matron (lead nurse for renal services) monthly. Results will be released to the dialysis unit staff on completion of the audit to ensure actions are immediate and correction or change in practice has maximum impact and reduction in risk. Results and action plans will be cascaded inline with all the other Trust audit programmes.

Environmental and quality audits also highlight on cleaning and decontamination of equipment and the cleanliness of the patient environment

STANDARDS	%	CLINICAL EXCEPTIONS
For all staff and visitors to ensure cleaning and decontamination of equipment guidelines and standards are followed and the patient environment is safe, clean and free of infection.	100%	None

GUIDELINE STEPS

Cleaning and decontamination of equipment in the haemodialysis environment is treated as a high risk area because of the high level of exposure to blood and patient extracorporeal circuits, although it is not necessarily an infected area.

When equipment is cleaned and or decontaminated a number of elements need be considered:

- The most appropriate cleaning is completed determined whether (i) the patient is suspected or confirmed as having a HCAI or is in a known contaminated area or (ii) the equipment was used on non-infected patient and in a non-contaminated area.
- Equipment that cannot be cleaned must be risk assessed on a need-to-use basis, or designated as for single patient use.
- Single-use items must not be re-used
- All staff should be aware of their roles and responsibilities with regard to cleaning and decontamination
- Staff undertaking the cleaning of equipment must be trained in the correct decontamination procedures.
- Staff must have access to the appropriate cleaning materials and products
- A clutter-free environment and adoption of the 'clean as you go' policies to ensure a clean, safe place
- When purchasing new items of equipment, where possible the equipment should be capable of being disinfected by a chlorine or other sporicidal agent.
- Clear identification and documentation of cleaned items and a visibly clean environment reassures the area is clean
- Designated areas separating the storage of clean equipment from equipment requiring decontamination is available

Documentation as evidence and to support performed cleaning is attached as appendix (1)

WAHT-REN-006

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The High Impact Intervention No 8 saving lives audit will be measured against the following elements: (appendix 2)

Elements in the cleaning and decontamination of equipment in the haemodialysis area will follow:

Location of cleaning activity <ul style="list-style-type: none">• Equipment is cleaned at the point of use and away from clean items
Correct hand hygiene <ul style="list-style-type: none">• Wash hands with soap and water before and after cleaning equipment
Personal protective equipment <ul style="list-style-type: none">• Correct PPE (gloves and apron) (visor in isolated areas) are worn• PPE is disposed of correctly in black waste (yellow in isolated areas)
Cleaning <ul style="list-style-type: none">• Cleaning and decontamination is performed immediately following patient use <p>External areas of equipment</p> <ul style="list-style-type: none">• Tristel® solution is the cleaning product to be used to clean all external areas of the dialysis machine, BP cuff, dialysis table and chair and any other equipment used• A separate disposable cloth for each patient area, which must not be re-dipped into the cleaning solution• Cleaning of equipment is from top to bottom, covering all areas and sides <p>Internal disinfection of haemodialysis machine</p> <ul style="list-style-type: none">• Heat citric programme after each patient use and every 72 hours if the machine is currently out of use
Storage <ul style="list-style-type: none">• Cleaned equipment is stored separately from used items and away from areas where cleaning is taking place
Documentation <ul style="list-style-type: none">• Cleaning is documented by the person who cleaned the items and the item is labelled as clean

WAHT-REN-006

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Appendix 1

Worcestershire NHS Acute Hospitals NHS Trust		Patient Station Cleaning	
Following the discharge of your patient from this area, please sign once each piece of equipment has been appropriately cleaned with Tristel disinfectant and left to dry for 10 minutes			
Date			
Heat citric disinfect	Yes / No		
Equipment	Equip Number	Time	Signature
Dialysis Machine (All sides, BP cuff, & integral parts)			
Chair (All areas, top, bottom, call bell, remote, foot plate, pillow, hand gel bottle)			
Table (All areas, top, underneath, stem, legs)			
Extra Equipment (eg IV pumps, monitors, oxygen etc)			
Before setting up for the next patient:			
<ul style="list-style-type: none">▪ Check above that all areas have been cleaned▪ Clean any areas which have not been cleaned▪ Report and complete incident form if cleaning is not complete▪ File in Patient Station Cleaning Record Box			
Station is clean & ready for use			

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Appendix 2

High Impact Intervention (HII) 8, Cleaning & Decontamination of Equipment used during a Haemodialysis Treatment

Dialysis units are regarded as high-risk areas for the transmission of blood borne viruses. For this reason equipment used during a patient haemodialysis treatment is to be treated as 'possibly' infected. Isolated patient equipment and areas are separated from non-isolated areas.

The following items are to be decontaminated at the point of use as follows:

Equipment	Decontaminant	Frequency	Evidence
HD machine (internal)	Internal heat citric disinfectant	Following each patient use (and every 72hrs if machine has not being used during this time)	Machine log and patient station cleaning record
HD machine (external)	Tristel® solution – all areas wiped down and left to dry (top to bottom)	Following each patient use	Patient station cleaning record
Dialysis chair	Tristel® solution – all areas wiped down and left to dry (top to bottom)	Following each patient use	Patient station cleaning record
Dialysis table	Tristel® solution – all areas wiped down and left to dry (top to bottom)	Following each patient use	Patient station cleaning record
BP cuff	Tristel® solution – all areas wiped down and left to dry (top to bottom)	Following each patient use	Patient station cleaning record

Date of audit..... **Auditor**.....

Observations	Equipment observed (HD machine, chair, table, BP cuff)	Equipment is cleaned at the point of use	Correct hand hygiene is observed	PPE is worn	Decontamination of equipment is carried out immediately following use	Equipment is decontaminated with appropriate solution (machine internal – heat citric. External Tristel®)	Equipment is cleaned from top to bottom	Single use cleaning cloths for each patient area, & not re-dipped into cleaning solutions	Cleaning is documented and equipment labelled as clean and ready for use	Score %
1										
2										
3										
4										
5										
Total										%

WAHT-REN-006

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REFERENCES

Department of Health (2010) Saving lives: reducing infection, delivering clean and safe care. *High Impact Intervention No 8 , care bundle to improve the cleaning and decontamination of clinical equipment.*

Department of Health (2009) *The Health and Social Care Act 2008: Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance.*

Department of Health (2007) Saving lives: reducing infection, delivering clean and safe care. *High Impact Intervention No 7 care bundle to reduce the risk from Clostridium difficile.*

Healthcare Commission (2008) *Inspections of cleanliness and infection control: how well are acute trusts following the hygiene code*

NPSA (2007) *The national specifications for cleanliness in the NHS: a framework for setting and measuring performance outcomes*

CONTRIBUTION LIST**Key individuals involved in developing the document**

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Name	Directorate / Department

Circulated to the chair of the following committee's / groups for comments

Name	Committee / group