



**Western Health  
and Social Care Trust**

**DISINFECTION AND DECONTAMINATION POLICY  
(PATIENT CARE EQUIPMENT)**

**June 2021**

<b>Title:</b>	Disinfection and Decontamination Policy (Patient Care Equipment)		
<b>Author(s):</b>	Nyree McKenny, Infection Prevention & Control Nurse		
<b>Ownership:</b>	Wendy Cross, Head of Infection Prevention & Control		
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	Staff Side Consultation Group		16 September 2020
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<b>Links to other policies, Procedures, Guidelines or Protocols</b>	<ul style="list-style-type: none"> <li>• <a href="#">Cleaning and Decontamination section – Staff Infection Prevention &amp; Control SharePoint site</a></li> <li>• <a href="#">Infection Prevention &amp; Control Standard Precautions Policy</a></li> <li>• <a href="#">Waste Manual</a></li> <li>• <a href="#">Management of Medical Devices</a></li> <li>• <a href="https://www.gov.uk/topic/medicines-medical-devices-blood/medical-devices-regulation-safety">https://www.gov.uk/topic/medicines-medical-devices-blood/medical-devices-regulation-safety</a></li> <li>• <a href="#">Laundry Handling Guidelines</a></li> <li>• <a href="#">Hand Hygiene Improvement Protocol</a></li> <li>• <a href="#">Support Services Infection Control Prevention Cleaning Procedures</a></li> <li>• <a href="#">Decontamination Health Technical Memoranda</a></li> </ul>		

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## **POLICY AT A GLANCE**

- Shared clinical equipment used to deliver care in the clinical environment comes into contact with intact skin and is, therefore, unlikely to introduce infection directly. However, it can act as a vehicle by which microorganisms are transferred between patients, which may subsequently result in infection.
- Shared pieces of equipment used in the delivery of patient care must be cleaned and decontaminated after each use with products recommended by the manufacturer.
- The appendices are designed to be used for quick reference.
- All healthcare workers must attend Infection Prevention & Control Mandatory Training. All ward/ department based Induction programmes must include education about the importance of maintaining a clean and safe care environment for patients. Every healthcare worker needs to know their specific responsibilities for cleaning and decontaminating the clinical environment and the equipment used in patient care and the relevant policies and procedures. This must form part of their appraisal.
- Each head of department should ensure that all items of equipment have a written decontamination protocol, which complies both with the manufacturer's recommendations for decontamination and Infection Prevention & Control guidance.
- Refer to additional disinfection and decontamination patient care equipment guidance in relation to COVID-19.

## **1.0 INTRODUCTION**

### **1.1 Background**

Patient equipment may serve as a reservoir for the transmission of infectious agents to susceptible hosts. In order to ensure safe systems of work and to prevent transmission of infectious agents, it is essential that the decontamination of reusable patient equipment is carried out.

Decontamination is the combination of processes (including cleaning, disinfection and sterilisation) used to make re-usable medical devices safe for further use on patients and handling by staff. The effective decontamination of re-usable medical devices is essential in reducing the risk of transmission of infectious agents.

This policy contains information for staff involved in decontaminating equipment, instruments and surfaces at ward or department level.

### **1.2 Purpose**

The purpose of this policy is to ensure a system is in place for effective decontamination of all reusable equipment used before and between each patient and that risks associated with decontamination facilities and processes are properly managed across the Trust

## **2.0 SCOPE OF THE POLICY**

- That the Trust will continually review and develop practices in order to comply with all present and future medical device legislation within resources available.
- That equipment will be adequately cleaned, disinfected or sterilised according to its function so as to protect as far as reasonably practical the health, safety and welfare of staff, patients and those who are involved in inspection, service, repair or transportation of medical devices or equipment.
- That the Trust will ensure adequate provision of disinfectants, cleaning agents and the equipment necessary to achieve the required standard of decontamination.

## **3.0 ROLES AND RESPONSIBILITIES**

### **3.1 Trust Board and Chief Executive**

Have an overall governance role in Infection Prevention & Control (IPC) in relation to staff, patients and visitors.

### **3.2 Senior Managers/ Ward Managers**

- When purchasing new equipment, a pre-approval questionnaire must be completed and accompany the requisition to the Procurement Sub-Group for Medical Devices & Decontamination. The WHSCT Non-stock Requisition Pre-approval Questionnaire is available on the Trust intranet.
- Senior Managers/ Ward Managers should ensure that new items of equipment have a written decontamination protocol, which complies both with the manufacturer's recommendations for decontamination and Infection Prevention & Control guidance and clearly states the responsibilities of staff.

- Senior Managers/ Ward Managers are responsible for all aspects of environmental cleanliness within their clinical area, including the cleanliness of reusable medical equipment and local assurance processes to ensure that the required standards regarding decontamination are being adhered to.
- Senior Managers/ Ward Managers should ensure that ward/department based induction programmes include recommendations and protocols in relation to disinfection and decontamination which clearly state the responsibilities of staff.
- Equipment used for sterilisation or disinfection must be commissioned on installation, regularly serviced, maintained and tested in accordance with the manufacturer's instructions and current advice from the DHSSPNI.
- All reusable surgical instruments and reusable invasive devices **MUST BE SENT TO HSDU** for processing. These instruments **MUST NOT BE WASHED AT WARD OR DEPARTMENT LEVEL.**
- Equipment should be disposed of when effective cleaning can no longer be achieved.

### **3.3 All Healthcare Employees within the WHSCT**

- Staff involved in decontaminating medical equipment must ensure they are aware of their individual responsibilities, are familiar and understand the relevant policy/ protocol/ guidelines and are appropriately trained in the use and decontamination of the equipment.
- Educate families and their carers in relation to decontamination of equipment used within the home.
- Encourage colleagues, patients/ client and visitors to comply with IPC precautions within this guideline.
- Cleaning products should be used in accordance with Control of Substances Hazardous to Health (COSHH) Regulations and manufacturers' instructions. Report any issues with regards to decontamination to the relevant line manager and report incidents as per the Trust Incident reporting policy.

## **4.0 KEY PRINCIPLES**

The overarching principle/ statement for this policy is to ensure that staff are informed and instructed in the management of disinfection and decontamination of patient equipment and patients' environment, thus reducing the risk of transmission of infectious agents.

## **5.0 PATIENT CARE EQUIPMENT/ MEDICAL DEVICES**

### **5.1 Single Use and Single Patient Use**

Patient care equipment is classified as:

<p><b>Single Use</b></p>	<p>All single use items carry the single use logo. <b>Single use medical devices must only be used once.</b></p>  <p>DO NOT REMOVE STERILISED ITEMS FROM PACKAGING UNTIL IMMEDIATELY BEFORE USE.</p>
<p><b>Single Patient Use</b></p>	<p>Single patient use means equipment may be used more than once but on <b>one patient only</b>.</p> <p>The device will require cleaning/ decontamination between each use following the manufacturer's instructions.</p>

## 5.2 Classification of Risk

Equipment can also be categorised according to the infection risk (Low, Medium or High).

The following table classifies the risk of infection associated with equipment.

Risk	Application	Recommendation
<b>High</b>	Items in close contact with a break in the skin or mucous membrane or introduced into a sterile body area/ invasive procedure.	Disinfection and sterilisation processing within HSDU.
<b>Intermediate</b>	Items in contact with intact skin, mucous membranes or body fluids, particularly after use on infected patients or prior to use on immunocompromised patients.	Sterilisation or disinfection required using appropriate disinfectant. Cleaning may be acceptable in some agreed situations.
<b>Low</b>	Items in contact with healthy skin or mucous membranes or not in contact with patients.	Cleaning.

## 5.3 Medical Devices

A medical device may be defined as any instrument, apparatus, appliance, software, material or other article, whether used alone or in combination, including the software intended by its manufacturer to be used specifically for diagnostic and/ or therapeutic purposes and necessary for its proper application, intended by the manufacturer to be

used on human beings for the purpose of:

- Diagnosis, prevention, monitoring, treatment or alleviation of disease
- Diagnosis, monitoring, treatment alleviation or compensation for an injury or handicap
- investigation, replacement or modification of the anatomy or physiological process
- control of conception

The Medicines and Healthcare Products Regulatory Agency (MHRA) regulates medical devices in the UK under European legislation. Medical devices must not be mistaken for medicinal products.

#### **5.4 Personal Protective Equipment**

Staff undertaking cleaning should follow agreed protocols and have access to adequate resources and equipment to achieve the required standard of cleaning. COSHH regulations should always be adhered to and staff should use appropriate personal protective equipment (PPE) to protect themselves at all times.

PPE should be worn when carrying out cleaning, e.g. apron or gown and gloves and eye/face protection if splashing is likely to occur, and this should be disposed of into the clinical waste bin followed by hand hygiene.

### **6.0 METHODS OF DECONTAMINATION**

#### **6.1 Cleaning and Drying**

Thorough cleaning with detergent and hot water is adequate for most surfaces in the healthcare environment. Cleaning is essential before disinfection or sterilisation of any equipment or instrument can take place. Cleaning is a process which removes soil, e.g. dust, dirt and organic matter, along with a large proportion of micro-organisms. A further reduction will occur on drying as many micro-organisms cannot multiply on a clean dry surface.

#### **6.2 Disinfection**

Disinfection by either heat or chemicals will destroy micro-organisms, but not bacterial spores. Chemical disinfection does not necessarily kill all micro-organisms present, but reduces them to a level not harmful to health. Heat treatment should always be chosen in preference to chemical disinfection if the equipment can withstand it. Some disinfectants, if used under strictly controlled conditions, may be considered sterilants, although this process may be more accurately described as high level disinfection.

#### **6.3 Antiseptic**

Antiseptic is the term usually employed to indicate that a particular non-toxic disinfectant may be used on skin or living tissues. An antiseptic solution should not be used to disinfect instruments or the environment.

#### **6.4 Sterilisation**

Sterilisation is a process which achieves the complete destruction or removal of all micro-organisms, including bacterial spores, but with the exception of prion proteins. Equipment and materials used in procedures involving a break in the skin or mucous membranes should be sterilised, e.g. surgical instruments.

## 6.5 Choosing a Method

The choice of method of disinfection or sterilisation depends on a number of factors, which include:

- risk to patients and healthcare workers from equipment
- micro-organisms involved
- type of material to be disinfected
- level of decontamination required for the procedure
- facilities for decontamination
- manufacturers recommendation

## 6.6 When Should Reusable Medical Equipment Be Cleaned?

Cleaning should take place:

- between each patient use
- at regular predefined intervals as part of an equipment cleaning schedule
- as part of an enhanced or terminal cleaning requirements
- immediately after contamination with blood or body fluids
- before disinfection or sterilisation
- before inspection, servicing or repair
- prior to disposal

## 6.7 Cleaning Schedules

Local schedules should be established to indicate the frequency of regular cleaning. Cleaning should be documented by the person who cleaned the equipment and cleaning schedules should be audited. Clean indicator notes should be applied, signed and dated.

## 7.0 CHEMICAL DISINFECTANTS AND THEIR USES

### 7.1 Chlorine-Based Disinfectants/ Non-Chlorine Based Disinfectant

Chlorine-based disinfectants are available from pharmacy for use at Ward/ Department level. Note some products are combined detergent and Chlorine-Based Disinfectants/ Non-Chlorine Based Disinfectant. If the product is not a combined product then a detergent clean must be completed prior to using the disinfectant.

- They act rapidly by the release of available chlorine.
- Diluted solutions are unstable and should be freshly prepared.
- Chlorine-based disinfectants discolour fabrics, carpets or soft furnishings and are corrosive against metals.

#### Uses

- Dealing with viruses/ bacteria.
- All environmental decontamination, including blood spillages.

#### Precautions

- Refer to manufacturers'/ COSHH instructions/ assessments and Health and Safety Manual when handling disinfectants.
- Disposable nitrile gloves must be worn when handling disinfectants.

## 7.2 Alcohol

Do not penetrate well into organic matter, especially protein-based and should, therefore, be used only on physically clean surfaces.

### Uses

- Can be used as a base for other bactericides for skin disinfecting, e.g. 70% alcohol with 2% chlorhexidine.
- Alcohol may be used for disinfecting **physically clean equipment** or hard surfaces as specified in these guidelines or following consultation with the Infection Prevention & Control Nurse and according to manufacturer's recommendations.
- If the surface is **not physically clean then a detergent clean** must be completed prior to using the disinfectant.
- Hand decontamination – for further information see appropriate section in the Northern Ireland Regional Infection Prevention & Control Manual, available either via the WHSCT Intranet.

### Precautions

- Refer to manufacturers' / COSHH instructions/ assessments and Health and Safety Manual when dealing with disinfectants.

## 7.3 Chlorhexidine

Inactivated by soap, organic matter and by some emollients. Only emollients supplied by Pharmacy should be used.

### Uses

- To be used exclusively as an antiseptic for decontamination of skin and mucous membranes.
- Chlorhexidine solutions combined with detergent are used for hand disinfection.
- Combined with alcohol for rapid disinfection of physically clean hands.
- Combined with alcohol for skin disinfection.

### Precautions

- Refer to manufacturer's guidelines/ COSHH assessments and Health and Safety Manual when dealing with disinfectants/ antiseptics.
- **DO NOT USE FOR CLEANING ANY TYPE OF INSTRUMENTS OR EQUIPMENT.**

## 7.4 2% Chlorhexidine Gluconate & 70% Isopropyl Alcohol

Formulated to work against skin microbes.

- Broad spectrum – Gram positive micro-organisms, Gram negative micro-organisms as well as most viruses and fungi.
- Rapid – Good reduction in level of organisms within 30 seconds.
- Has residual effect for 48 hours.

### Uses

- Decontaminate the skin site prior to the insertion of venous access devices or prior to surgical procedures
- Should be used to clean venous access device insertion site during dressing changes and allowed to air dry. An aqueous solution of chlorhexidine gluconate

should be used if the manufacturer's recommendations prohibit the use of alcohol with their products.

#### Precautions

- Refer to manufacturers' / COSHH instructions/ assessments and Health and Safety Manual when dealing with antiseptics.
- Not licensed for paediatric use.

### 7.5 Iodine and Iodophors

- Inactivated by organic matter.
- May corrode metals.

#### Uses

- Alcoholic preparations containing iodine and iodophors can be used for pre-operative skin preparation.
- Povidone iodine detergent preparations are suitable for surgical hand-disinfection

## 8.0 TREATMENT OF INFECTIOUS/ POTENTIALLY INFECTIOUS SPILLAGES

- All blood and body fluid spillages should be treated as potentially infectious regardless of their source
- Wear PPE. If there is a risk of splashing wear eye protection.
- Remove gross contamination with paper towel.
- Decontaminate with a **Chlorine-Based Disinfectants/ Non-Chlorine Based Disinfectant**. Allow to air dry for at least 5 minutes before rinsing the area with fresh water.
- Refer to appendices for correct dilution and precautions when using Actichlor Plus.
- If using chlorine granules leave for 3 minutes.
- Place all disposable equipment, including PPE in a clinical waste bag.
- Tightly seal and tag the bag and leave in designated area for collection.

## 9.0 CLEANING OF A BED SPACE, INCLUDING AN ISOLATION ROOM

- If an aerosol generating procedure (AGP) has taken place, a risk assessment must be completed to detail the air changes within the room. All rooms that are not clearly listed as negative pressure rooms must be left for a minimum of one hour after an AGP prior to cleaning. Refer to the COVID-19 INFECTION CONTROL GUIDELINES for further information pertaining to fallow period required and ventilation.
- Refer to Bed Space/ Isolation Clean List in Appendices.
- For additional information refer to the Support Services Infection Prevention Cleaning Procedures, which can be accessed via the Trust Intranet in the Infection Prevention & Control Guidelines section.
- A room that is vacated after 8pm and is not required until the morning should be left closed. The Support Services Supervisor should be informed at 8am the following day.

- If the room is required before 8am this should be discussed with the manager on call to ascertain if there are support services staff available to carry out clean. It may be a requirement that a Nursing Assistant/ Auxiliary should carry out terminal clean.
- The nurse in charge of the ward should instruct the Nursing Assistant/ Auxiliary regarding correct terminal cleaning procedures.
- The nurse in charge should inspect the room and sign the terminal clean audit sheet. The room should be allowed to air dry before use.
- Isolation cleaning equipment should be stored dry until the following morning when Support Services should be informed.

## **10.0 COVID-19 PATIENT CARE EQUIPMENT**

Patient care equipment should be single-use items if possible. Reusable (communal) non-invasive equipment should, as far as possible, be allocated to the individual patient or cohort of patients.

Reusable (communal) non-invasive equipment must be decontaminated:

- Between each patient and after patient use
- After blood and body fluid contamination
- At regular intervals as part of equipment cleaning

An increased frequency of decontamination, at a minimum of twice a day, must be considered for reusable non-invasive care equipment when used in isolation/ cohort areas.

Ventilators should be protected with a high efficiency filter, such as BS EN 13328-1.

Closed system suction should be used. Avoid the use of fans that re-circulate the air.

There is no need to use disposable plates or cutlery. Crockery and cutlery can be washed by hand or in a dishwasher using household detergent and hand-hot water after use

The care environment should be kept clean and clutter free. All non-essential items, including toys, books and magazines, should be removed from reception and waiting areas, consulting and treatment rooms, emergency departments, day rooms and lounges. When made available, these items should not be shared. All toys must be cleanable and should be cleaned regularly (preferably at the same time as the environment).

## **11.0 EQUIPMENT SENT FOR SERVICE OR REPAIR, INCLUDING USE OF DECONTAMINATION CERTIFICATE**

A wide range of equipment is in use within the Trust. It is essential to keep equipment clean, disinfected or sterilised (depending on the type of equipment) before patient use. This is also necessary when equipment requires repair.

It is the Head of Department's ultimate responsibility to ensure that Technicians/Engineers who are asked to service, inspect or repair equipment are not put at risk by doing so. There is a legal requirement to carry out decontamination prior to inspection/service or repair (Health and Safety at Work Act 1974).

**A Decontamination Certificate MUST be filled in and attached to EVERY piece of equipment which is sent for inspection, service or repair, before returning equipment to an equipment library or if equipment is loaned to another ward/department. A Decontamination Certificate must be completed before the loaned equipment is returned to its original ward.**

## **12.0 CLEANING OF VEHICLES**

Used for the:

- **Transportation of dirty laundry**
- **Transportation of hospital waste**
- **Delivery/ pick up of surgical instruments**
- **Transportation of equipment to Central Equipment Stores**

The above mentioned transport vehicles should be cleaned as per Estates Guidelines.

## **13.0 IMPLEMENTATION**

### **13.1 Dissemination**

This policy is relevant to all healthcare staff employed by the WHSCT and those employed by external agencies providing healthcare for patients/ clients on behalf of the Trust.

The policy will be posted on the Trust Intranet under the Infection Prevention & Control Guidelines section.

A Trust Communication will be issued to highlight that the policy has been updated.

### **13.2 Exceptions**

There are no exceptions.

## **14.0 MONITORING**

Compliance with this policy shall be monitored by individual managers and overall responsibility will lie with the director of their service.

Multi-disciplinary teams monitor clinical areas on a regular basis as part of the environmental cleanliness strategy.

## 15.0 **REFERENCES**

Department of Health (2009) *High Impact Intervention No. 8 – Care bundle to improve the cleaning and decontamination of clinical equipment* in Saving Lives: reducing infection, delivering clean safe care, London: Department of Health; Available at <http://www.clean-safe-care.nhs.uk>  
(Accessed 01/11/19)

Loveday H.P. *et al*: (2014) Epic 3 National evidence based guidelines for preventing healthcare-associated infections in NHS hospitals in England. *Journal of Hospital Infection*, 8651, pp.S1-70. Available at [https://improvement.nhs.uk/documents/847/epic3\\_National\\_Evidence-Based\\_Guidelines\\_for\\_Preventing\\_HCAI\\_in\\_NHSE.pdf](https://improvement.nhs.uk/documents/847/epic3_National_Evidence-Based_Guidelines_for_Preventing_HCAI_in_NHSE.pdf)  
(Accessed 04/10/20)

Department of Health and Social Care (2014) Decontamination Health Technical Memorandums Available from <https://www.gov.uk/government/collections/health-technical-memorandum-disinfection-and-sterilisation#decontamination-htms>  
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(Accessed 01/11/19)

Isolating patients with healthcare associated infection - A summary of best practice. Department of Health 2010; Available from: [http://hcai.dh.gov.uk/files/2011/03/Document\\_Isolation\\_Best\\_Practice\\_FINAL\\_100917.pdf](http://hcai.dh.gov.uk/files/2011/03/Document_Isolation_Best_Practice_FINAL_100917.pdf)  
(Accessed 01/11/19)

Siegel JD, Rhinehart E, Jackson M, Chiarello L. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007. Centres for Disease Control and Prevention 2007; Available from; <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>  
(Accessed 01/11/19)

## 16.0 **CONSULTATION PROCESS**

Infection Prevention & Control Team  
Consultant Microbiologists  
Support Services  
IP&C Guidance Reference Group  
Staff Side Consultation Group

Chief Executive HCAI Accountability Forum  
Medical Directorate Senior Management Team  
Corporate Management Team  
CMT HCAI Huddle  
Trust Board

## 17.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the equality screening for this policy is: **PENDING**

Major impact

Minor impact

No impact

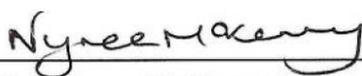
## 18.0 APPENDICES

Appendices to this policy are as follows:

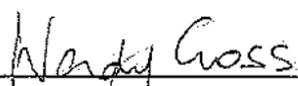
- Appendix 1 – Recommendations with Regard to Ultrasound Probes
- Appendix 2 – Best Practice Management of Blood and Body Fluid Spillages
- Appendix 3 – Routine Decontamination of Reusable Non-Invasive Patient Care Equipment
- Appendix 4 – Actichlor Plus Poster
- Appendix 5 – Milton Poster
- Appendix 6 – SoChlor (Chloricide) Dilution Poster
- Appendix 7 – Bedpan Washer-Disinfectors
- Appendix 8 – Bed Space/ Isolation Clean List
- Appendix 9 – Equipment Decontamination Table

## 19.0 SIGNATORIES

Signed for and on behalf of the Western Health & Social Care Trust:

  
Mrs Nyree McKenny  
Infection Prevention & Control Nurse

9/2/21  
Date

  
Wendy Cross  
Head of Infection Prevention & Control

09/02/21  
Date

**RECOMMENDATIONS WITH REGARD TO ULTRASOUND PROBES**

Please note the following recommendations with regard to ultrasound probes:

- Initially refer to manufacturer’s guidelines
- The use of Chlorine Dioxide Sporicidal Foam as a method of decontamination should only be used if unable to process in an endoscope washer disinfectant.

The following guidelines are for equipment that cannot be processed through HSDU.

<b>Risk</b>	<b>Application</b>	<b>Recommendation</b>
<b>Significant</b>	Probes in contact with non-intact skin, mucous membranes or bodily fluids.  After use on intact skin of infected/ colonised patients.  Prior to use on an immunocompromised patient	<b>Check manufacturer’s guidelines</b> Clean with chlorine dioxide wipe system which includes traceability log book.  Continue to use sheath in conjunction with above cleaning system.
<b>Low</b>	Probes in contact with healthy skin.	<b>Check manufacturer’s guidelines</b> Clean with detergent and hot water or detergent impregnated wipes.  Continue to use sheath in conjunction with above cleaning system.

A written standard operating procedure (SOP) must be available, easy to read and clearly visible to staff using the equipment. The SOP should be based on the manufacturer’s instructions and this guidance.

Manufacturer’s instructions which contradict the principles outlined in the guidance must be discussed with the IP&C Team.

Staff using the equipment must receive appropriate training in the agreed decontamination procedure.

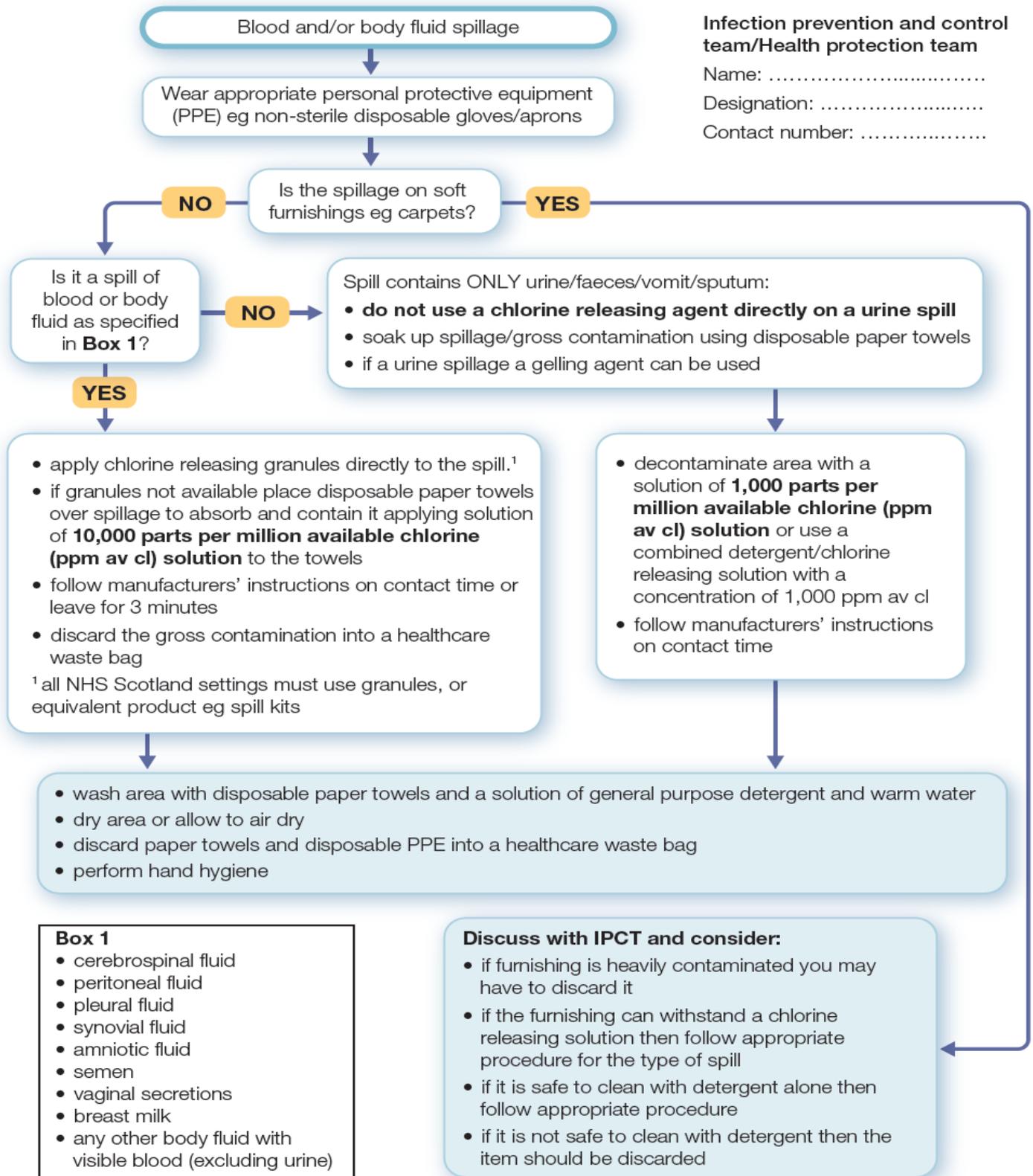
**Traceability**

The log book must be completed by the person who decontaminates each device and the traceability labels must be sited in log book and Patient Notes.



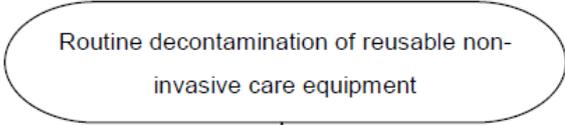
# Best Practice: management of blood and body fluid spillages

Infection prevention and control team/Health protection team  
 Name: .....  
 Designation: .....  
 Contact number: .....

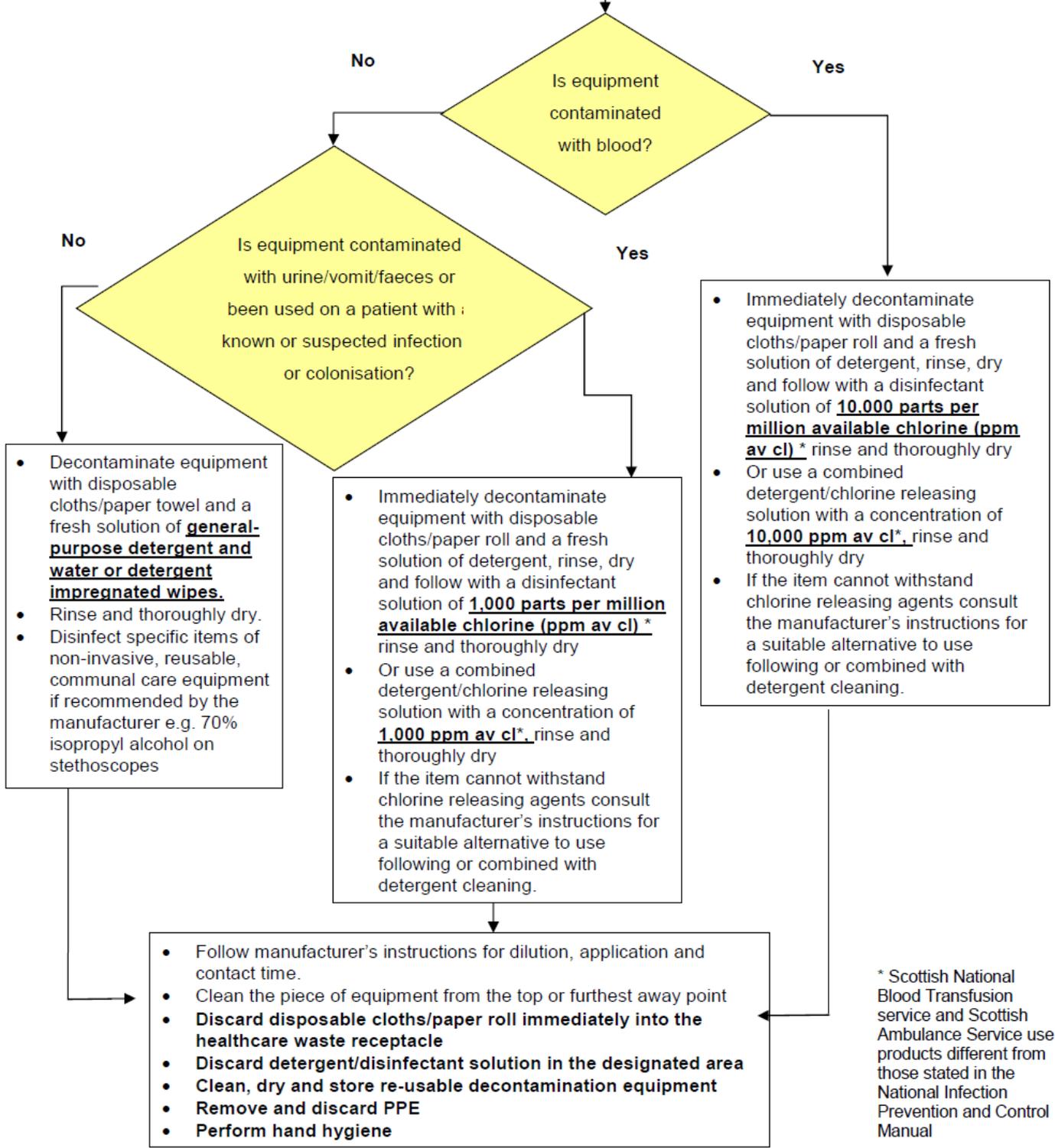


From: COVID-19. Guidance for infection prevention and control in healthcare settings

# Routine decontamination of reusable non-invasive patient care equipment



- Check manufacturer's instructions for suitability of cleaning products especially when dealing with electronic equipment
- **Wear appropriate PPE e.g. disposable, non-sterile gloves and aprons**



# DISINFECTING YOUR GENERAL ENVIRONMENT & BLOOD SPILLS WITH ACTICHLOR® PLUS TABLETS

## WARNINGS AND PRECAUTIONS

### ACTICHLOR® PLUS DISINFECTS AND CLEANS IN ONE EASY STEP



**1.** Wear disposable gloves and apron. If risk of splashing wear eye protection



**2.** Remove any gross contamination before applying Actichlor®, including urine, vomit, faeces

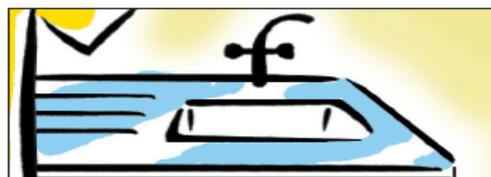
**TOP TIP:**  
A 1 litre Actichlor® dilution bottle is also available to aid solution preparation



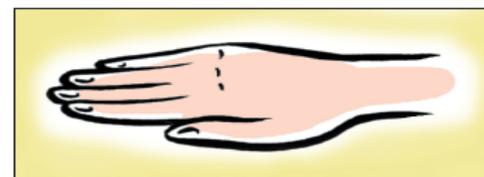
**3.** Dissolve Actichlor® tablets (according to dilution instructions below) in warm water to make your solution



**4.** Use solution according to your hospital policy



**5.** Rinse commodes and mattresses after use. Dispose of remaining solution into drains with running water



**6.** Decontaminate or wash your hands after removing gloves

### DILUTION INSTRUCTIONS

Actichlor® Formulation		1.7g Tablets
Environmental Situation	Required amount of available chlorine	Number required per litre of water
GENERAL CLINICAL ENVIRONMENT	1,000 ppm <sup>1</sup>	1
BLOOD SPILLS	10,000ppm	10



**DON'T** take internally, **AVOID** eye and direct skin contact



**DON'T** mix with acids\* or cationic detergents \*eg. urine, vomit



**AVOID** PROLONGED contact with stainless steel or clothing



**ALWAYS** dispose used materials as clinical waste



**ALWAYS** replace lid after use and store in a secure dry place



**ALWAYS** keep out of the reach of children



**ALWAYS** make up a fresh solution for each use/refer to MSDS and your hospital policy



**WHENEVER POSSIBLE** ensure good ventilation when using chlorine products

## Actichlor plus shortage, use Milton as an alternative

### Actichlor Plus Tablets



### Milton (Sodium Hypochlorite) 2%



Product	Actichlor Plus Tablets	Milton (Sodium Hypochlorite) 2% Fluid
Product/Area requires cleaned prior to disinfection?	No	Yes
Environmental (1000ppm Chlorine)	1 tablet per 1000mL Water	Add 50mL (2 pumps) to dilution bottle and make up to 1L with water NB Pump is reusable
Blood & Bodily Fluids (10,000ppm Chlorine)	10 tablets per 1000mL Water	Add 500mL (20 pumps) to dilution bottle and make up to 1L with water NB Pump is reusable



## CHLORICIDE + DILUTION GUIDE

<b>DILUTION RATES</b>			
<b>Disinfection of:</b>	<b>Required concentration of available chlorine</b>	<b>1.7g NaDCC tablets</b>	<b>Additional Instructions</b>
<b>Body Fluid Spill</b>	10,000 ppm	10 tablets in 1 litre	Pour over spill, minimum contact time 2 mins. Using gloves wipe up with disinfectant saturated disposable cloth
<b>Pipette jars, laboratory discard jars</b>	2,500 ppm	5 tablets in 2 litres	Immerse overnight.
<b>General laboratory / environmental use</b>	1,000 ppm	1 tablet in 1 litre	Wipe down surfaces with disinfectant saturated disposable cloth, minimum contact time 15 mins.
<b>Clean stainless steel instruments</b>	600 ppm	3 tablets in 5 litres	Immerse for 1 hour.
<b>WCs, drains</b>	400 ppm	2 tablets in 5 litres	Pour in solution in quiet periods
<b>Food preparation surfaces, floors, tiles</b>	200 ppm	1 tablet in 5 litres	Soak, for 3 mins, then air dry, or use disposable paper towels
<b>Baby bottles/teats, porcelain, glassware, rubber, plastic tubing &amp; soiled linen</b>	125 ppm	1 tablet in 8 litres	Clean thoroughly, ensuring all traces of milk are removed. Immerse for 30 mins minimum. For linen: immerse 1 hour prior to washing.
<b>Dishcloths, mops etc.</b>	60 ppm	1 tablet in 18 litres	Soak to bleach, clean and deodourise. Do not soak overnight.

## **BEDPAN WASHER-DISINFECTORS**

### **Automatic Control Test**

This is completed as per the manufacturer's recommendation by a service engineer from WHSCT to ensure that the operating cycle functions correctly.

### **Daily Check**

This is carried out by the user and recorded in the log book.

Run a normal cycle and record the result.

The test should be considered satisfactory if the following requirements are met:

- A visual display indicating 'cycle complete' occurs
- The time for the disinfection temperature is maintained at that established by the manufacturer or the performance qualification test.
- The door cannot be opened until the cycle is complete
- The person conducting the test does not observe any mechanical or other anomaly
- The piece of equipment looks clean

Any failures must be reported immediately.

**BED SPACE/ ISOLATION CLEAN LIST**

HOSPITAL	
WARD	
Date	Time
Room	Bed Space
<p>A risk assessment must be undertaken to determine the method of decontamination required for each piece of equipment as per Manufacturer's guidelines and WHSCT Disinfection and Decontamination Policy.</p> <p>In most cases cleaning with neutral detergent and water will be sufficient.</p> <p>If there has been contaminated with blood or bodily fluids or if the patient has or is suspected of having an infection a <b>TERMINAL CLEAN</b> must be completed using a disinfectant solution.</p>	
Prepare all equipment to commence clean	Non sterile single use gloves 2 sets
	White single use apron x2
	Small bucket / basin dedicated to cleaning (not for patient use)
	Disposable Cleaning cloths
	Neutral detergent solution
	Disinfectant solution; note dilution poster and check can it be used on equipment
	Detergent wipes
	White disposable paper roll
	Clinical and household Waste bags as well as alginate bags, clear bags and red laundry hamper for linen
	Clean linen trolley
<b>Decontaminate hands using a 7 step technique and put on PPE.</b>	
Dispose of all rubbish.	
Dispose of all oxygen tubing, masks, nasal specs, suction tubing, suction catheters and used suction canisters into clinical waste.	
Empty the Bedside Locker.	
If the patient is known to or suspected of having an infection then dispose of any aprons and gloves left in the dispenser in the room.	
Remove bed linen and put straight into laundry bag.	
Check medical equipment.	
Ensure any electrical equipment to be cleaned is unplugged before commencing the cleaning process. Do not allow the mains plug or power supply cord to get wet.	
Remove apron and gloves and discard into clinical waste.	
Decontaminate hands using a 7 step technique.	
Put on fresh aprons and gloves.	
Prepare a fresh solution of cleaning agent or disinfectant if required.	
Clean clinical sink (see 4 or 6 cloth technique).	
Clean equipment using lightly moistened disposable cloths or wipe.	
Dry equipment with paper towel.	
Clean O <sub>2</sub> / Air flowmeter using non-alcohol, non-chlorine producing wipes only	
Clean Suction (ensure clean tubing and suction catheter and suction tubing available)	
Clean shelving around the bed space	
Clean Bedside Lamp and check working.	

Clean Bed Table.
Clean Patient/ Visitor Chairs.
Remove basin and clean or dispose.
Clean Buzzer.
Clean inside bedside locker and Wardrobe.
Clean alcohol hand sanitizer.
Ensure any electrical equipment to be cleaned is unplugged before commencing the cleaning process. Do not allow the mains plug or power supply cord to get wet.
* Clean Mattress (unzip mattress cover and inspect mattress on both sides for any contamination). Mattress cover should be checked for any obvious breaks in the fabric.
* Check the pillow cover and duvet (if applicable) for any signs of damage
Clean the Pillows and Duvet.
Ensure the bed is unplugged before commencing the cleaning process. Do not allow the mains plug or power supply cord to get wet.
Clean Bed; start by cleaning the upper sections of the bed and work along all horizontal surfaces.
Work methodically towards the lower sections of the bed.
Remove the mattress platform sheets, clean both sides.
Remove end and foot panels, clean both sides.
Clean Bed Rails, note undersides.
Clean bed powerline, note coiled surfaces.
Clean wheels.
Check bed screens if visibly contaminated or due for replace notify Support Services.
Clean ensuite. Work methodically, starting with clean areas, finishing with the toilet.
<b>Remove apron and gloves and discard into clinical waste decontaminate hands using a 7 step technique and put on clean apron and gloves.</b>
Clean floor.
Removal of all cleaning equipment, materials and rubbish from room/ area.
Dispose of solution in the sluice unit in the dirty utility. <b>Do not discard into clinical wash hand basins.</b>
Clean bucket and store inverted.
Remove all PPE as dispose as clinical waste.
Decontaminate hands using a 7 step technique.
Make Bed with fresh Linen.
Sign and label clean equipment with Clinell sticker.
Check and Replenish supplies (e.g. paper towels, soap, alcohol gel, aprons, gloves) within the ward if required.
<b>PLEASE ENSURE ANY FAULTY EQUIPMENT IS REPORTED TO ESTATES AS SOON AS IT IS DISCOVERED.</b>
<b>PRINT NAME</b>
<b>DESIGNATION</b>
<b>SIGNATURE</b>

\* If the mattress or pillows are found to be contaminated, remove from use and inform the ward manager. The ward manager will order a new mattress and inform the Lead Nurse or Service Manager.

**TERMINAL CLEAN NOTE:**

**A TERMINAL CLEAN OF A MULTI-BEDDED AREA MUST INCLUDE ALL THE BEDS AND BEDSPACES AND A FULL BED SCREEN CHANGE.**

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Airways and Endotracheal tubes								
Alcohol Gel/ Hand Rub Wall Dispensers								
Ampoules (break point)								
Anaesthetic Equipment (mask & tubing)								
Auroscopes								

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Baby Changing Mats		Use paper towel						
Babies Feeding Bottles, Teats and Dummies								
Baby Weighing Scales			If electric					
Baths								
Bath Hoists								
Beds and Cots See bed cleaning checklist								
Beds (Pressure Relieving)								

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Bed Frames/ cradles								
Bedpans/ Urinals								
Birthing Pool								
Blood Gas Analysers (at ward/ department level)								
Bowls (Washing)								
Bowls (Surgical, Sterile)								
Bowls (Vomit)								
Breast Pumps Machine								

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Catheter drainage Bags								
Computer Monitor and keyboard								
Crockery and Cutlery								
Cleaning Equipment								
Commodes								
Couches (Treatment)			Carbon fibre only					
Defibrillator								
Denture Tubs								

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Diabetic Blood Glucose Monitors								
Dressing Trays/ Trolleys								
Drip Stands								
Drug Fridge								
Duvets								Laundry if suitable
ECG Machine								
ECT Machine								
Emergency Trolley/ Equipment								

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<b>Endoscopes</b>								
<b>Enteral Feeding Lines</b>								
<b>Fans</b> Refer to Guideline on the Safe Use of Fans (Bladed and Bladeless) in the Clinical Environment		<b>Office areas only</b>						
<b>Floors</b>								
<b>Fixtures and Fittings</b>								
<b>Furniture and Ledges</b>								

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<b>Haemodialysis Equipment</b>								
<b>Hair Rollers</b> <b>(Rollers must not be shared)</b>								
<b>Humidifiers (O<sub>2</sub> Therapy)</b>								
<b>Ice machines</b> <b>(Not recommended for human consumption)</b>								
<b>Infant Incubators</b>								

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Surgical Instruments								
Jacuzzi/ Whirlpool Baths								
Jugs (for measuring urine/ emptying urine bags)								
Laryngoscope Blade								
Laryngoscope Handle								
Lifting hoists								

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Lifting Hoist Slings								Laundry if suitable
Mattresses/ Pressure Relieving Devices								
Medicine Cups								
Mobility aids								
Nail Brushes (surgeon's hands)								
Nebuliser								
Oxygen/ Air Flowmeters			Disinfectant wipe only					
Peak Flow Meters								

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Pillows								
Portanebs: - Inline Filters & - Inlet Filters								
Pumps/ IV Infusion								
Razors (Wet Shave)								
Razors (Electric)								
Scales								
Scissors								
Shaving Brushes								
Slip/ Slide Sheets								
Soap dispensers								

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<b>Suction equipment</b>								
<b>Specimen fridge</b>								
<b>Speculae</b>								
<b>Sputum Containers</b>								
<b>Sphygmomanometer</b>								
<b>Sphygmomanometer Cuff</b>	<b>Risk assess can be single use</b>							
<b>Stethoscope</b>	<b>Risk assess can be single use</b>							

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<b>Syringe Drivers/ Pumps</b>								
<b>Thermometers (Electronic)</b>								
<b>Toilet/ Toilet Seats</b>								
<b>Tonometer Prisms</b>								
<b>Tourniquet</b>								
<b>Towel dispensers</b>								
<b>Trolleys (dressing)</b>								
<b>Tubing (Anaesthetic/ Ventilator)</b>								

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<b>Ultrasound Head/ Probe (As per manufacturer)</b>								
<b>Urinals</b>								
<b>X-Ray Equipment</b>								

This list is not exhaustive and it must be remembered that a piece of equipment may require different types of decontamination for various uses. If in doubt it is always advisable to refer to the manufacturer’s recommendations, or contact the Decontamination Manager or an Infection Prevention & Control Nurse. If it is not possible to decontaminate a piece of equipment properly, this should be stated on the Decontamination Certificate.