



Decontamination Policy

Policy number and category	Annex B-IC01	Infection Control
Version number and date	6	May 2021
Ratifying committee or executive director	Clinical Governance Committee	
Date ratified	August 2021	
Next anticipated review	August 2024	
Executive director	Executive Director Quality and safety (Chief Nurse)	
Policy lead	Lead Nurse for Infection Prevention and Control	
Policy author (if different from above)	As above	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

Policy Context

To provide information on decontamination systems to minimise the risk of exposure to microbial contamination of medical devices and the environment this may lead to development of infection.

Responsibilities for maintaining a safe environment in line with the Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and related guidance (Department of Health (DoH) 2015), criteria 2 are included.

Policy requirement (see Section 2)

- To ensure that medical devices and patient equipment are safely decontaminated, inspected for damage and cleaning records available.
- **Thorough physical cleaning must** be the first step in decontamination.
- To ensure that current national guidance is followed.
- To ensure all new equipment devices are assessed for the level of decontamination required prior to purchase.
- Appropriate documentation must be completed to indicate contamination status prior to service and repair of equipment.

Contents

1	INTRODUCTION	2
2	POLICY	4
3	PROCEDURE.....	4
4	RESPONSIBILITIES.....	14
5	DEVELOPMENT AND CONSULTATION PROCESS.....	17
6	REFERENCE DOCUMENTS.....	17
7	BIBLIOGRAPHY	18
8	GLOSSARY.....	18
9	AUDIT AND ASSURANCE.....	18
10	APPENDICES	19

1 INTRODUCTION

1.1 Rationale

The aim of this policy is to provide information on decontamination systems to minimise the risk of exposure to microbial contamination of medical devices/equipment and the environment which may lead to development of infection,

It highlights responsibilities for maintaining a safe environment in line with Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and related guidance, criteria 2. Department of Health (DOH) (2015).

This policy must be used in conjunction with other Trust Infection Control policies and procedures to include, Hand Decontamination and Glove Use, Standard Precautions and Trust Waste Policy.

1.2 Scope

This policy is mandatory to all employees and Health Care Practitioners working within Birmingham and Solihull Mental Health NHS Foundation Trust and other services engaged by the Trust and should be taken as good practice by independent contractors commissioned by the Trust. It is of particular importance to clinical / nursing staff /cleaning staff working with in patient areas. Responsibilities of staff groups to whom this policy applies are detailed in section 4.

Birmingham Community Healthcare NHS Trust provides Infection Prevention and Control services to HMP Birmingham. Trust staff working for HMP Birmingham will follow Birmingham Community Healthcare NHS Trust infection prevention and control policies.

Key aspects of this policy are included in fundamental training for infection prevention and control.

Staff with designated responsibility for cleaning services should undertake training commensurate with their sphere of responsibility and supervision arrangements in place to monitor standards.

Breaches in acceptable standards of decontamination and cleaning and resulting action plans will be monitored through the Infection Prevention Partnership Committee (IPPC) through reports by Estates and Facilities and Clinical Manager representatives.

Guidance will be given in three principle areas as follows:

- Decontamination of the environment - including cleaning and disinfection of the fabric fixtures and fittings of the building or vehicle.
- Decontamination of reusable medical devices and patient equipment including cleaning and disinfection of items that come into contact with the service user but which are not invasive devices i.e. mattresses, hoists, slings and examination couches.

- Decontamination of reusable medical devices including cleaning, disinfection and sterilization of invasive devices.

1.3 Principles

Decontamination is the process that removes or destroys contamination and thereby prevents microorganisms or other contaminants reaching a susceptible site in sufficient quantities to initiate infection or any other harmful response.

It is a combination of processes used to make a reusable item or surface safe for future handling and use and includes the process of cleaning, disinfection and sterilization. The overall decontamination process can include acquisition, inspection, packaging, transport, storage and use.

All medical devices and associated equipment and environmental surfaces used in a hospital or any other healthcare setting may become contaminated with biological material or pathogenic organisms at some time and thereby present a risk to those who subsequently handle or come into contact with them.

Items subject to inspection, maintenance, repair or disposal should be decontaminated beforehand (MHRA 2006). Anyone who uses, inspects, services, repairs or transports medical devices on the Trust premises or elsewhere, **has the right to expect that such equipment have been appropriately treated** to remove the risk of infection or any other hazard.

The repair and maintenance of equipment must be considered prior to purchase.

Decontamination requirements should be considered before reusable medical devices are acquired to ensure that they are compatible with decontamination equipment available (Medicines and Healthcare Products Regulatory Agency MHRA 2006).

Manufacturers of equipment should supply guidance on how the item of equipment can be decontaminated (MHRA 2006).

Failure to comply with decontamination guidance can leave the organisation open to prosecution. Therefore, it is vital that all staff are aware of the decontamination policy and abide by the principles laid out in the following pages.

It must also be noted that although individual responsibilities relating to environmental cleanliness and medical device decontamination exist, ensuring a clean environment and patient safety is the responsibility of all Trust employees.

A summary of the correct methods of decontamination for commonly used items and equipment can be found in **appendix 2**.

2 POLICY

Unit/job specific training delivered in all inpatient and community areas must include decontamination roles and responsibilities.

All new items of equipment must be assessed to ensure adequate cleaning, disinfection and/or sterilization can be carried out between patient uses, prior to their purchase.

Medical devices referred to within this policy by nature of additional / specialist equipment must be decontaminated effectively, timely and in a systematic way as defined within this policy and the supporting DOH (2013) Choice Framework for local Policy and Procedures 01-01 – Management and decontamination of surgical instruments (medical devices) used in acute care guidance.

Wards/Units are responsible for ensuring that standards are maintained in line with this Policy and in conjunction with the aligned Trust Cleaning Policy.

No single use items will be re-used under any circumstance and must be disposed of in line with the waste disposal policy.

Where autoclave/sterilizations units are used within BSMHFT these must be maintained in line with the necessary standards and as detailed within this Policy, furthermore in assuring compliance with health care standards there must be explicit instructions clearly specified if any specialist medical equipment is used on the BSMHFT premises by any partner organisation other than the Trust (see section 3.6).

Any equipment that is to be transported either to another site or outside the Trust for repair etc. must be decontaminated and Certificate of Decontamination form completed (**see section 3.9**).

2.1 Disposal

Where possible, medical equipment must be decontaminated prior to disposal.

For items of equipment that are so heavily contaminated that they require disposal, or cannot be decontaminated prior to disposal, staff must contact the Infection Prevention and Control Team (IPCT) or Estates and Facilities department for advice.

PPE, disposable wipes, cloths and mops must be disposed of into the orange waste stream. Wipes must not be flushed down the toilet.

3 PROCEDURE

3.1 General Principles

3.1.1 Minimum cleaning standards:

- Equipment is free from all dirt e.g. soiling, smudges, dust, fingerprints and grease
- Equipment is free of tape/plastic etc., which may compromise cleaning

- Equipment legs, wheels and castors are free from mop strings, dust, soiling, etc.

The **domestic services** must perform the cleaning of all non-medical devices i.e. fixtures, fittings and surfaces in line with the Trust Cleaning Policy.

3.1.2 **Ward/departmental staff/users** must perform decontamination of medical devices and patient equipment to the appropriate level and frequency and record this in the decontamination folder available in each ward/team area.

3.1.3 **Cleaning** is the physical removal of soil and organic matter and an essential pre-requisite to disinfection and sterilization.

3.1.4 **Disinfection** is the removal or destruction of some microorganisms (to a safe level) but not bacterial spores. **Sterilization** is the complete destruction of all microorganisms including spores (**sterilization is not undertaken by BSMHFT staff**). The concept of what constitutes “sterile” is measured as a probability of sterility for each item to be sterilized. This probability is commonly referred to as the sterility assurance level (SAL) of the product and is defined as the probability of a single viable microorganism occurring on a product after sterilization. SAL is normally expressed as a 10^{-n} . For example, if the probability of a spore surviving were one in one million, the SAL would be 10^{-6} .^{823, 824} In short, a SAL is an estimate of lethality of the entire sterilization process and is a conservative calculation.¹ The estimate 10^{-6} SAL or better is the current minimum acceptable to ensure sterilization safety. In some medical devices (like blood culture tubes) a double sal of 10^{-3} might be required.

3.1.5 Prior to use, a risk assessment (see table 1 below) must be done to establish the level of risk the device poses and the recommendations for decontamination.

Table 1

Risk	Application of item	Recommendation
High	<ul style="list-style-type: none"> • In close contact with broken skin or broken mucous membranes • Introduced into sterile body areas 	Cleaning followed by sterilization* (Not undertaken by BSMFHT staff)
Medium	<ul style="list-style-type: none"> • In contact with mucous membranes • Contaminated with a particularly virulent or readily transmissible organism • Prior to use on immunocompromised patients 	Cleaning followed by sterilization or disinfection* (Sterilization is not under taken by BSMFHT staff)
Low	<ul style="list-style-type: none"> • In contact with healthy intact skin • Not in contact with the patients mucous membranes, broken skin or sterile body sites 	Cleaning only (any equipment that comes into contact with a patients mucous i.e. tooth brush must be single patient use only)

*Where sterilization will damage equipment high level disinfection may be used as an alternative (these are rare situations and need to be discussed with IPC)

The chart above does not cover sterilization if suspected contamination with prions. This equipment would be managed as High risk. Disposable equipment should be used as first choice and re-usable equipment need to be sent to the sterilization service for adequate processing, since current sterilization methods have inefficient and therefore the equipment should not be re-used.

¹ <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/sterilization/index.html>

- 3.1.6 All reusable medical devices must be decontaminated in accordance with the manufacturer's instructions. (Medicines and Healthcare Products Regulatory Agency (MHRA) 2006)
- 3.1.7 All loan equipment should be decontaminated in accordance with the equipment manufacturer's instructions (MHRA 2003).
- 3.1.8 Failures in the decontamination process or inadequate decontamination must be reported through the Trust's incident reporting procedure and immediately by telephone to the IPCT or on-call Microbiologist.
- 3.1.9 Examples of common items of equipment and the correct methods of decontamination can be found in **appendix 2**. The list consists of examples only and does not cover all medical equipment within the Trust. For advice on individual items or pieces of specialist equipment the manufacturer's advice should be followed for decontamination and/or advice should be sought from the IPCT.

3.2 Cleaning of Medical/ Patient Equipment

- 3.2.1 Cleaning, when followed by drying is adequate for items that either do not come into contact with the patient or only touch intact healthy skin e.g. non-invasive equipment i.e. commodes, patient chairs.
- 3.2.2 Cleaning is also essential prior to disinfection or sterilization processes as cleaning ensures better contact between the disinfectant / sterilant and contaminating micro-organisms. Most disinfectants are inactivated by organic matter, therefore in absence of cleaning, the disinfectant agent will have a subpar efficacy.
- 3.2.3 A general purpose detergent (GPD) or detergent impregnated wipe must be used for routine cleaning of both the environment and equipment (see **appendix 2** for specific equipment) or in alternative use of virucidal/bactericidal agent as agreed by IPC. Any alternative must be validated with IPC.
- 3.2.4 Cleaning cloths must be disposable and in line with the National Patient safety Agency (NPSA) (2007) colour coding system (see **appendix 4**).
- 3.2.5 Where specialist external decontamination services, are used the contract must be in line with this policy.
- 3.2.6 Unless specified otherwise, the general method for cleaning is equipment is as follows:
- Wash/ decontaminate hands
 - Apply gloves and aprons (other PPE i.e. facial protection may be required following risk assessment)
 - Select appropriate cleaning equipment.
 - If using Chlor-clean follow dilution instructions. Only dip clean, unused cloths into the solution.
 - Place wipe/cloth on the palm of hand
 - Remove heavy soiling as this will reduce the effectiveness if using disinfectant.

- Wipe from top to bottom and from clean to dirty
- Use an 'S' shape motion to ensure all surfaces areas are covered
- Overlap slightly to avoid missing areas.
- Wipe **all surfaces** including underneath, paying particular attention to 'high touch' points.
- **Avoid transferring microorganisms**, dispose of wipe / cloth between each separate surface or if it becomes dry or soiled.
- Ensure correct contact time (check manufacturers guidance). Chlor- clean to be removed with clean water from metal equipment to prevent rusting.
- Dry with a clean cloth if very wet. If using detergent wipes can be left to air dry.
- One completed, remove PPE and wash hands
- Apply green indicator tape to items such as commodes, hoists.
- Report any damaged equipment
- All equipment must be clean and ready for use before storing.

3.2.7 Recording

3.2.7.1 All units to keep a blue decontamination folder with records detailing of frequency and completion of cleaning. This must be accessible for internal and external inspections and audit.

3.2.8 Following Manufacturer's Instructions

3.2.8.1 Detergent and disinfectant wipes can damage plastic surfaces of medical devices if they are not compatible with the surface material. All units should ensure detergent and disinfectant wipes are compatible with the device (MHRA 2013).

3.2.8.2 Always follow the device manufacturer's decontamination instructions (MHRA 2013).

3.2.9 Inspection

3.2.9.1 Equipment should be inspected regularly for signs of damage. Damaged surfaces may compromise the ability to decontaminate medical devices adequately and / or may interfere with device function (MHRA 2013).

3.2.10 Frequency

3.2.10.1 Equipment must be cleaned after use unless otherwise indicated by the IPCT/policy. Frequency of cleaning may alter if/ when contamination has occurred.

3.2.10.2 All stored must be visibly clean and free from dust.

3.2.10.3 Equipment used during isolation/incidents of infection/as advised by the IPCT must be decontaminated using Chlor-Clean.

3.2.11 Equipment used for cleaning

3.2.11.1 It is essential that all cleaning equipment is obtained through NHS supplies and stored and maintained appropriately.

3.2.11.2 In instances where specific items cannot be obtained through the agreed procurement route then this should be in consultation with Facilities Managers and the IPCT.

3.2.11.3 The following minimum standards must be adhered to:

- Cloths must be disposable.
- Colour coding of equipment must be complied with according to local and national protocol (see **appendix 4**).
- Mops must be laundered daily in a dedicated machine, or disposable and stored inverted (with the mop handle down and the mop head at the top).
- Yellow mop heads used for outbreaks / infectious conditions **MUST** either be disposable or in high use areas when dealing with cleaning urine washable but removed after each use and laundered separately. Disposable yellow cloths must be used.
- Buckets must be cleaned and stored dry after use.
- Vacuum bags must be emptied at least weekly and when full; during times of outbreak of infection, the bag should be changed daily and after post infection clean.
- All other cleaning equipment should be kept clean and dust free, and used in accordance with Health and Safety guidance.
- There should be dedicated storage for cleaning materials and where possible separate cleaners rooms for storing wet equipment which should have sluice and hand washing facilities

3.3 Environmental Decontamination

3.3.1 The aim of decontaminating the environment is to remove dust and debris from surfaces through cleaning.

3.3.2 The national colour coding systems should be used for all domestic equipment (see **appendix 4**).

3.3.3 For full guidance on environmental cleaning please refer to the Trust Cleaning Policy.

3.3.4 The cleaning schedules or frequencies of each department must be publicly displayed in each area/site and cleaning staff and department managers must ensure that these are adhered to.

3.3.5 The environment should be cleaned in accordance with the schedules outlined in the 'national specifications for cleanliness in the NHS', this acknowledges the role

of nursing staff, modern matrons, departmental managers and domestic services staff in the maintenance of cleaning standards.

- 3.3.6 Detergent and water is sufficient for all routine cleaning in ward and departmental areas, including wash hand basins, toilets, furniture and baths.
- 3.3.7 Disinfection with chemical disinfectants following cleaning may be indicated in certain circumstances e.g. patients with infections, during an outbreak, following spills of body fluids.
- 3.3.8 Chlorine releasing agents e.g. Chlor-clean must be used where patients are known or suspected of having infectious conditions or organisms. Instructions on the reverse of the container should be followed to achieve the recommended concentration (see **appendix 10**).
- 3.3.9 As a general rule cutlery and crockery should be washed in a dishwasher and not hand-washed. Exception may be made in some circumstances where local policies are in place i.e. some rehabilitation facilities, ADL/training kitchens. Crockery and cutlery if hand washed must be dried with disposable paper towels (please discuss with IPC such situations).
- 3.3.10 Carpets should be avoided in all clinical areas and areas that still have them, need to have this in their risk register. IPC advises removal as soon as possible. The ones still in existence must be vacuumed, shampoo carpet extraction or steam cleaned when contaminated, following outbreaks of infection and as required.
- 3.3.11 Mops and cloths must be disposable or laundered daily, in a dedicated washing machine.
- 3.3.12 Curtains at windows or the bedside, in clinical areas, must be changed six monthly but more frequently after discharge of a patient with an infection, during an outbreak/suspected outbreak, following spills/ splashes of blood and body fluids etc. NPSA guidance on infection control states:
- Curtains/blinds should be visibly clean with no blood or body substances, dust, dirt, debris, stains or spillages.
 - If disposable curtains are used, the date should be clearly entered and they should be replaced six monthly.
 - If re-usable curtains used, they should be taken down and cleaned at 60 degrees at least six monthly and immediately when soiled.
 - They should be vacuumed weekly as part of the general cleaning schedule.
 - They should be well maintained, free of tears and clear of the floor.
- 3.3.13 All domestic staff must receive training (Induction and mandatory updates in line with Trust training policy) in basic infection control procedures and cleaning techniques.
- 3.3.14 Cleaning schedules of vehicles transporting service users' must to be included in contracts and monitored by the managers commissioning that service.

- 3.3.15 Staff must undertake cleaning of their vehicles to ensure they are decontaminated appropriately in the event of exposure to bodily fluids.
- 3.3.16 Documentation of cleaning activity must be kept on each unit and be accessible in the event of internal and external inspection and audit.

3.4 Spillages of Bodily Fluids/Matter

- 3.4.1 Spills of blood and body fluids pose risks to staff and patients. All spills must be dealt with promptly using the guidance in **appendix 5**.
- 3.4.2 Protective clothing e.g. gloves and plastic apron must be worn. Additional protection may be required when handling spills from sharps bins or where there is a risk of splash e.g. chain mail gauntlets, full face visors, eye goggles.
- 3.4.3 Use disposable materials for clearing up liquid spills.
- 3.4.4 Dispose of all waste including protective clothing into an orange hazardous waste bag (see Trust Waste policy).
- 3.4.5 Hands must be washed on completion of the procedure, following removal of gloves (see Trust Hand Decontamination and Guidance on Glove Use Procedure).
- 3.4.6 Clinical staff to clean up the body fluid spillage and domestic staff undertake a secondary clean once the body fluid has been removed.
- 3.4.7 Spillages during transit/ in vehicles to be undertaken by the porter or driver.

3.5 Bench Top Sterilizers and other Specialist Equipment

- 3.5.1 In assuring compliance with health care standards there must be explicit instructions clearly specified if any specialist equipment is used on the BSMHFT premises by any partner organisations other than the Trust.
- 3.5.2 The arrangements for checking, maintaining and decontaminating the equipment must be defined in the service level or service specifications agreed between the trust and Partner organisations.
- 3.5.3 The Trust currently has bench top sterilizers in the male forensic units which are provided by the means of a service level agreement by Birmingham Community Healthcare NHS Trust, to provide dental services to forensic patients.
- 3.5.4 The use, accountability and maintenance will lie with Birmingham Community Healthcare NHS Trust and provided by the Engineer from Birmingham Dental Hospital in accordance with DoH (2013) Decontamination Health Technical Memorandum (HTM) 01-05. *Decontamination in primary care dental practices*. This will be monitored quarterly by Birmingham and Solihull Mental Health Foundation Trusts, Estates Department.
- 3.5.5 Quarterly audit of the dental provider's compliance with HTM 01 - 05 will be undertaken by the IPCt and Matrons for forensic male services in conjunction with

the dental nurse. This will be included in the Forensic quarterly surveillance reports to IPPC.

3.5.6 Matrons will monitor the decontamination logs, completed by the Dental Nurse on a monthly basis to ensure quality and controls as specified in HTM 01-05 are in place.

3.5.7 The Trust will seek appropriate forms of assurance which could include:

- Test records, weekly, quarterly and annually
- Named users
- Training records of named users or certificates of training attended
- Reports to RISK and IPPC

3.6 Mattresses

3.6.1 Mattresses must be cleaned on a weekly basis or sooner if visibly soiled, contaminated or the bedroom has been vacated

3.6.2 Mattress must be dry before bed making.

3.6.3 Mattresses are inspected monthly against infection control and tissue viability standards.

3.6.4 Defective mattresses requiring disposal must be placed into a mattress bag prior to arranging collection for disposal.

3.6.5 Mattresses must be stored clean, flat and off the floor in protective covering.

3.6.6 During transportation, to protect from damage, mattresses must not be dragged or scraped.

3.6.7 Dynamic mattresses/airflow mattresses

3.6.7.1 Switch off the power supply and disconnect the power source.

3.6.7.2 Refer to manufacturer instructions regarding cleaning.

3.6.7.3 Mattresses must be cleaned on a weekly basis or sooner if visibly soiled, contaminated or the bedroom has been vacated.

3.6.7.4 Mattress must be dry before bed making.

3.6.7.5 Mattresses are inspected monthly against infection control and tissue viability standards.

3.6.7.6 Defective mattresses requiring disposal must be placed into a mattress bag prior to arranging collection.

- 3.6.7.7 Mattresses must be stored clean, flat and off the floor in a protective covering (either manufacturer's bag or clear mattress bag).
- 3.6.7.8 During transportation, to protect from damage, mattresses must not be dragged or scraped.
- 3.6.7.9 For loan dynamic mattresses please ensure they are clean and bagged before return to the company.

3.6.8 Play/therapy equipment e.g. toys, play mats.

- 3.6.8.1 Avoid soft toys/equipment wherever possible.
- 3.6.8.2 Toys can be a source of transmissible infection and should be cleaned with a detergent wipe/ soap and water and dried after use/after a session. Use Chlor-Clean if known infectious condition.

3.7 Decontamination considerations prior to purchase of equipment

- 3.7.1 Decontamination requirements should be considered before reusable medical devices are acquired to ensure that they are compatible with decontamination equipment available (Medicines and Healthcare Products Regulatory Agency MHRA 2006). **It is essential that all new items of equipment are assessed to ensure that adequate cleaning, disinfection and/or sterilization can be carried out between patient uses, prior to their purchase.**

Manufacturer recommendations must be followed when considering decontamination of equipment

- 3.7.2 Decontamination requirements should be considered before reusable medical devices are acquired to ensure that they are compatible with decontamination equipment available (Medicines and Healthcare Products Regulatory Agency MHRA 2006). **It is essential that all new items of equipment are assessed to ensure that adequate cleaning, disinfection and/or sterilization can be carried out between patient uses, prior to their purchase.**

Manufacturer recommendations must be followed when considering decontamination of equipment.

- 3.7.3 **ALL** purchases should be made from NHS approved suppliers in conjunction with the Procurement Department.
- 3.7.4 A pre purchase questionnaire which includes assessment of decontamination considerations prior to the purchase of equipment is completed by Procurement. This may be completed in conjunction with NHS Supplies.

3.8 Decontamination of Health Care Equipment Prior to Inspection, Service or Repair

- 3.8.1 Anyone who inspects, services, repairs or transports medical, dental or laboratory equipment, either on hospital premises or elsewhere has a right to expect that medical devices and other equipment have been appropriately decontaminated so as to remove or minimise the risk of infection or other hazards – A decontamination certificate must be completed prior to inspection/maintenance (**appendix 9** -

Avensys and 14 – Estates & Facilities and others). A copy of the decontamination certificate must be kept in the department and other given to the contractor.

3.8.2 Equipment and articles which have been contaminated by blood, other body fluids, pathological specimens or exposure to patients in isolation, will require decontamination prior to examination, service or repair by Contract Engineering Staff, Manufacturers' employees, and others who perform inspection and service and repairs.

3.8.3 The service for checking, maintaining and disposal of equipment is provided by Avensys (**see appendix 7** for Reporting Procedure).

3.8.4 This contract is managed and monitored by Estates.

3.8.5 Avensys will request completion of documentation 'Decontamination Certificate' by Clinical staff to indicate that the item has been decontaminated prior to inspection.

The documentation will be issued by Avensys for completion as part of a planned inspection and maintenance programme.

Equipment that is reported to Avensys outside of the planned programme will also require completion of the documentation before items are checked/removed for repair. A copy of the form can be accessed in **appendix 9**.

Equipment, which is visibly soiled, must never be presented or sent for inspection, maintenance or repair without previous cleaning or without consultation with the recipient. It is the responsibility of the ward/departments to ensure the relevant decontamination form is attached to the equipment.

3.8.6 If items are dispatched to suppliers, or presented for service or inspection on Trust premises, without a decontamination certificate and without prior agreement, Estates or Facilities/ Contractors staff may refuse to handle such items until they have been decontaminated and a declaration provided. This may result in delays and/or additional costs.

Equipment that has not been decontaminated will be returned by Avensys to the Clinical Staff.

3.8.7 In certain cases, items of equipment may be contaminated internally, and it may not be possible to adequately decontaminate them prior to inspection/servicing/repair. In such circumstances, this information must be included on the decontamination certificate and the matter discussed with the workshop/manufacturer prior to dispatch of the soiled equipment. The IPCT must also be informed of such cases.

3.8.8 This does not apply for equipment that is covered by an external Service Level Agreement (SLA). If an SLA exists for the equipment then the responsibility lies with the SLA provider.

(N.B. This form is not required for basic decontamination of equipment between patient use or when equipment is moved from one ward/department to another).

3.9 Transportation of Equipment

No equipment should be transported before decontamination has been completed and the documentation is attached. The same rule applies when equipment is being stored, decontamination needs to be done prior and the equipment labelled as cleaned.

3.10 Single Use Items

3.10.1 Medical equipment/Items designated “single use” must not be reused under any circumstance.

3.10.2 The MHRA has issued guidance against the re-use of items designated single use as this may affect their safety, performance and effectiveness causing unnecessary risks to patients and users (MHRA 2011).

3.10.3 Single use items must be disposed of according to the Trust waste policy.



3.10.4 Packaging of such equipment should display the following sign in place of the words “**single use**”, “**use once only**” or “**do not reuse**”.

3.10.5 There **is a difference between single use items and single patient use**. Some medical devices are designated as single patient use. Such items can be used more than once on one patient only. The device may need to undergo some form of reprocessing between each use. They must not be used on subsequent patients and manufactures instruction must be followed.

4 RESPONSIBILITIES

Post	Responsibilities	Reference
Associate Directors of Operations	Ensure that Decontamination of specialist equipment is taken into consideration when planning new services and ensuring suitable provision for decontamination is made prior to purchase.	The Health and Social care Act 2008 Code of Practice on the prevention and control of infections and related guidance
Director of Infection control (DIPC)	Ensure that there is a Decontamination Policy detailing requirements as specified in the Code of Practice.	The Health and Social care Act 2008 Code of Practice on the prevention and control of infections and related guidance

<p>The infection Prevention & Control Team</p>	<p>Provide effective communication, dissemination and implementation of the Trust decontamination policy.</p> <p>Provide support to programmes in areas relating to decontamination.</p> <p>Undertake an audit programme that includes decontamination, reporting to the Ward/ Team Manager, Nurse/Clinical Manager and Matron. To include findings in the IPPC.</p> <p>Provide training on decontamination to Trust staff</p>	<p>The Health and Social care Act 2008 Code of Practice on the prevention and control of infections and related guidance</p> <p>Department of Health (2013) Decontamination Health Technical Memorandum 01-05: Decontamination in primary care dental practices</p>
<p>Head of Estates</p>	<p>Bench top sterilizers in Male Forensics which are provided by the means of a SLA by South Birmingham community Healthcare Trust to provide dental services to Forensic patients.</p> <p>Monitoring EBME contract.</p>	<p>The Health and Social care Act 2008 Code of Practice on the prevention and control of infections and related guidance</p> <p>Department of Health (2013) Decontamination Health Technical Memorandum 01-05: Decontamination in primary care dental practices</p>
<p>Matrons</p>	<p>To monitor the cleaning logs in the dental suite, completed by dental nurses on a monthly basis to ensure the controls as specified in HTM 01-05 Decontamination in primary care dental practices are in place.</p> <p>To conduct quarterly audits with the Infection control Nurse in conjunction with the dental nurse.</p> <p>To monitor ward cleanliness and to take action to ensure specifications are met.</p> <p>To represent service areas at IPPC (as identified) and report on decontamination assurance and activity.</p>	<p>The Health and Social care Act 2008 Code of Practice on the prevention and control of infections and related guidance</p> <p>Department of Health (2013) Decontamination Health Technical Memorandum 01-05: Decontamination in primary care dental practices</p>
<p>Team / Ward Manager</p>	<p>Disseminate the policy to staff.</p> <p>Carry out a documented risk assessment on all medical devices and identifying appropriate levels of decontamination.</p> <p>Ensure that the decontamination guidelines for each medical device are available and accessible at ward /department level.</p>	<p>The Health and Social care Act 2008 Code of Practice on the prevention and control of infectious and related guidance</p>

	<p>Staff as part of local orientation in their ward / dept. are trained in the documentation of medical devices in their area.</p> <p>Ensure that all medical devices in their area are safe for use on patients.</p> <p>Ensure the correct Protective clothing is available to protect health care workers from splashes of fluid during decontamination.</p> <p>To ensure a supply of chlorine tablets and dilution containers are available and staff are aware of how the product is used.</p> <p>To ensure there is adequate supplies of appropriate cleaning wipes, chemicals for decontamination to be carried out appropriately.</p> <p>To populate forms in the decontamination folder where items of equipment are cleaned on a regular basis e.g. weekly bed cleaning.</p> <p>To ensure documentation is checked monthly, completing actions plans where necessary to remedy the findings.</p> <p>To ensure completion of audit/inspection programme that includes decontamination is undertaken and exceptions are reported to the Nurse/Clinical Manager and Matron for report to the IPPC.</p>	
The User	<p>Appropriate decontamination of the device according to the local guidance, the use and degree of contamination and this policy.</p> <p>Appropriate labeling if the device as to the level of decontamination reached prior to sending it for service, maintenance or repair.</p> <p>Reporting significant failures in the decontamination process or inadequate decontamination through the Trust incident reporting procedure “Eclipse” and by telephone to the Infection Control team.</p> <p>To complete records in the blue Decontamination folder as evidence of cleaning</p>	The Health and Social care Act 2008 Code of Practice on the prevention and control of infectious and related guidance

Procurement	In conjunction with NHS supply chain, completion of the pre purchase questionnaire which includes assessment of decontamination considerations prior to the purchase of equipment is completed by Procurement. Working with the IPCT in sourcing approved resources and standardising products and equipment.	The Health and Social care Act 2008 Code of Practice on the prevention and control of infectious and related guidance MHRA (2006)
-------------	--	---

5 DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary		
Date policy issued for consultation		May 2021
Number of versions produced for consultation		1
Committees / meetings where policy formally discussed		Date(s)
Infection Prevention Partnership Committee		21 July 2021
PDMG		29 July 2021
Clinical Governance Committee		03 August 2021
Where received	Summary of feedback	Actions / Response

6 REFERENCE DOCUMENTS

[BSMHFT \(2016\) Trust Cleaning Policy:](#)

[Department of Health \(2015\). The Health and Social Care Act 2008 Code of Practice for the Prevention and Control of Healthcare Associated Infections and related guidance](#)

[Department of Health \(2016\) Choice Framework for local Policy and Procedures 01-01 – Management and decontamination of surgical instruments \(medical devices\) used in acute care](#)

[Department of Health \(2013\) Decontamination Health Technical Memorandum 01-05: Decontamination in primary care dental practices](#)

[National Patient Safety Agency \(2007\) Safer practice Notice Colour coding hospital cleaning materials and equipment](#)

[NPSA \(2007\) The national specifications for cleanliness in the NHS: a framework for setting and measuring performance outcomes April](#)

7 BIBLIOGRAPHY

None

8 GLOSSARY

Decontamination – A process which removes or destroys contamination of an item with infectious or unwanted material

Cleaning – the physical removal of soil and organic matter.

Disinfection – the removal or destruction of some microorganisms but not bacterial spores.

Sterilization – the complete destruction of all microorganisms including spores.

Contamination – The soiling of objects with potentially infectious or unwanted material.

Single use – items that have been manufactured to be used once and then destroyed

Single patient use – items that have been produced for use on one patient then destroyed (NB these items may be used on more than one occasion, but not on more than one patient)

COSHH- Control of Substances Hazardous to Health

Medical devices – the term 'medical device' covers all products, except medicines, used in healthcare for the diagnosis, prevention, monitoring or treatment of illness or disability (MHRA 2012).

9 AUDIT AND ASSURANCE

Compliance with the Decontamination policy will form part of the IPCT annual audit programme. Findings and progress with action plans will be reported by Matrons and service area representatives to the IPPC.

Examples of specific areas of decontamination will include mattress audits.

Trust staff should also be responsible for local monitoring and checks to ensure the guidelines stated within this policy are being followed.

Monitoring Template

Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements
Internal - mattress check (infection control and tissue viability standards)	Matron	Internal mattress compliance check	Monthly	Exceptions to IPPC quarterly via service area report
Compliance of dental provider with HTM 01-05 decontamination in dental practices	Infection Prevention and	Infection Prevention Society HTM 01 - 05	Quarterly	Findings to Dental provider via matron. Inclusion in IPC

	control lead	decontamination standards		report to quarterly IPPC
--	-----------------	------------------------------	--	-----------------------------

10 APPENDICES



Appendix 1

Equality Analysis Screening Form

Title of Proposal	IC01 - Annex B Decontamination Policy			
Person Completing this proposal	Filipe Leitao	Role or title	Lead Nurse for Infection Prevention and Control	
Division	Infection Control team	Service Area	Corporate clinical services	
Date Started	May 2021	Date completed	May 2021	
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.				
<ul style="list-style-type: none"> To ensure that medical devices and patient equipment are safely decontaminated, inspected for damage and cleaning records available. Thorough physical cleaning must be the first step in decontamination. To ensure that current national guidance is followed. To ensure all new equipment devices are assessed for the level of decontamination required prior to purchase. Appropriate documentation must be completed to indicate contamination status prior to service and repair of equipment. 				
Who will benefit from the proposal?				
Trust staff, service users and partner agencies				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this proposal promote equality of opportunity? Y</i> <i>Eliminate discrimination? Y</i> <i>Eliminate harassment? Y</i> <i>Eliminate victimisation? Y</i>		<i>Promote good community relations? Y</i> <i>Promote positive attitudes towards disabled people? Y</i> <i>Consider more favourable treatment of disabled people? Y</i> <i>Promote involvement and consultation? Y</i> <i>Protect and promote human rights? Y</i>		
Please click in the relevant impact box or leave blank if you feel there is no particular impact.				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age				
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability				

Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender				
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships				
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity				
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity				
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief				
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation				
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment				
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights				

Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding.				
If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead .				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
How will any impact or planned actions be monitored and reviewed?				
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.				
Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at bsmhft.hr@nhs.net . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.				

Appendix 2 Examples of Common Items of Equipment and the Correct Methods of Decontamination

The list is in line with the National Specifications for Cleanliness in the NHS April 2007 and consists of examples only and does not cover all medical equipment within the Trust. For advice on individual items or pieces of specialist equipment the manufacturer's advice should be followed for decontamination and/or advice should be sought from the Infection Prevention and Control Team.

Please note: ALL equipment listed refers to its use in inpatient AND community areas.

All equipment must be inspected regularly for signs of damage. Equipment must be dried after use.

Example of Equipment	Minimum Frequency of Decontamination	Method	Staff Group Responsible	Comment
Bath	After Use	GPD/ DW	Clinical Staff	
Bed Mattress * (unzip and inspect foam and inner lining)	Weekly, *Between Patients & *When soiled	GPD	Clinical Staff	Use CC if patient has an infectious condition. Must be dry before bed making and outer surface inspected regularly for signs of damage and staining. When disposing of a mattress if soiled/deemed to be infected dispose of as clinical waste in a clinical mattress bag, labelled, swan necked and cable tied.
Bed Frame	Between Patients	GPD	Domestic Housekeeping Staff	
	When Soiled	GPD/DW	Clinical Staff	Use CC if patient has an infectious condition
Bedpan Liners / Male Urinals	Disposable	SU	Clinical Staff	Dispose of contents in sluice hopper or toilet. Dispose of container as clinical (orange bag) waste or into a macerator as appropriate
Bed Pan Holders	After Use	GPD/DW	Clinical Staff	Use CC if patient has an infectious condition
Baby Equipment e.g. change mats, change tables, high chairs	After Use	GPD/ DW	Clinical Staff	Use CC if patient has an infectious condition
Blood Glucose Monitors	After Use & When Visibly Soiled	DW	Clinical Staff	Use chlorine solution 10,000ppm if heavily contaminated with blood
Blood Pressure Equipment	After Use	DW	Clinical Staff	Use CC if patient has an infectious condition. Blood pressure cuffs must be wipeable and in good condition.
Blood Pressure Cuffs	After Use	DW	Clinical Staff	Cuffs should be of a wipeable material i.e. vinyl, use CC if patient has an infectious condition.
Example of Equipment	Minimum Frequency of Decontamination	Method	Staff Group Responsible	Comment

Cardiac Monitors	After Use	DW	Clinical Staff	Use CC if patient has an infectious condition
Catheter Bags (Urinary)	Single Use	SU	Clinical Staff	Dispose of contents in sluice hopper or toilet. Dispose of as clinical waste
Commodes	After Use	GPD	Clinical Staff	Use CC if patient has an infectious condition. See appendix 11 .
Couch/Chairs	Daily and when visibly soiled	DW/GPD	Clinical Staff	Use CC if know infectious condition. Cushions to be removed to clean underneath. Zipped cushions to be regularly inspected for damage, odour and staining.
Shower Chairs	After Use	GPD	Clinical Staff	Use CC if patient has an infectious condition. Follow principles of commode cleaning, See appendix 11 .
Dressing Trolleys	After Use & Disinfect prior to using trolley for a dressing	GPD (AW to disinfect)	Clinical Staff	
Danicentre/ PPE Dispenser	Before stock change of gloves/aprons. Weekly clean.	DW/GPD		Dispenser requires opening to clean the inside.
Duvets	Single Use		Clinical Staff	Duvets must be single patient use and disposed of after patient discharge or when soiled as clinical (orange bag) waste. If patient has an infectious or potentially infectious condition sheets and blankets must be used and duvets disposed of within the clinical waste stream.
Drugs Cupboards/ Trolleys	Weekly	DW/GPD	Clinical Staff	
Tablet crushers/cutters.	Crushers/cutters to be washed in none hand hygiene sink with GPD and dried with paper towel. Oral syringes single use only.	GPD	Clinical Staff	
Medication Fridges	Weekly	DW/GPD	Clinical Staff	
Frames/ Trolleys	Weekly	DW/GPD	Clinical Staff	Including wheels
ECG Equipment	Clinical Staff	Keep covered when not in use to protect from dust. Straps can be washed in GPD if heavily contaminated		
Example of Equipment	Minimum Frequency of Decontamination	Method	Staff Group Responsible	Comment

* Electrodes	Single Use	SU		
* Straps	After Use	DW		
* Machine	After Use	DW		
Handling and Moving Equipment	Clinical Staff	Disposable / single use slings can be purchased for infectious patients. Use single patient slings. To be laundered at the end of use/ when soiled.		
* Hoists	After Use	DW		
* Sling material	After Use			
* PAT Slides	After Use	DW		
Ligature Cutters	After Use	GPD followed by Chlorclean*	Clinical Staff	Items to be replaced immediately after use. Staff to refer to Guidance for storage and use of ligature cutters. *Staff to follow procedure in appendix 5 if item is blood stained.
Medicine Tots	After Use	GPD or SU	Clinical Staff	Medicine tots must NOT be washed in clinical hand wash basins. If tots are reused they MUST be washed in a kitchen sink or non-clinical hand wash sink with GPD and dried thoroughly with a paper towel. During outbreaks of infection disposable tots MUST be used
Nebulisers				
Masks and Tubing	Single Patient Use	SU	Clinical Staff	Nebuliser Chambers must be emptied and stored dry between use
Chambers	After Use	GPD		
Example of Equipment	Minimum Frequency of Decontamination	Method	Staff Group Responsible	Comment

Machine	After Use	GPD		
Pillows	Between Patients & When soiled	DW or GPD	Clinical Staff	Must be covered in a sealed plastic cover, inspect regularly for signs of damage including the stitching and discarded if ripped or damaged. Use CC if patient has an infectious condition.
Raised Toilet Seat	Between Patients & When soiled	GPD or DW	Clinical Staff	Excessive scratching, cracks etc. will make adequate cleaning difficult. In this instance seats should be discarded. Use CC if patient has an infectious condition
Razors	Single Patient Use (disposable)	SU	Clinical Staff	Must be disposed of in a sharps bin
Receivers (for e.g. urine)	Single Use disposables	SU	Clinical Staff	
Resuscitation Equipment				
Airways	Single Use	SU	Clinical Staff	
Ambu Bag	Single Use	SU		
Oxygen masks & tubing	Single Use	SU		
Laryngoscope blades	Single Use	SU		
Handle	After Use	DW		
Red Sample Tray (for sample packs to be placed into to await collection)	Weekly and When Contaminated	GPD	Clinical Staff	If a sample is damaged and causes a spill refer to Section 3.5
Red Sample Transport Box (used by porters to transport sample packs)	Weekly and When Contaminated	GPD	Portering or Reception Staff	If a sample is damaged and causes a spill refer to Section 3.5
General Nursing Scissors	After Use	DW	Clinical Staff	
Example of Equipment	Minimum Frequency of Decontamination	Method	Staff Group Responsible	Comment

Sterile Scissors for Aseptic Technique	Single Use	SU	Clinical Staff	Use sterile single use scissors for aseptic procedures
Shaving Brushes and Tooth Brushes	Single Patient Use	SU	Clinical Staff	
Sputum Pots	Disposable	SU	Clinical Staff	
Stethoscope	After Use	DW	Clinical Staff	
Patient Examination Couch	After Use	DW	Clinical Staff	Any pillows used on the couch must adhere to the above note on pillows and be protected by blue roll. Pillow cases are not recommended. Use CC if patient has an infectious condition
Covering Roll (used on couches)	Single Use	SU	Clinical Staff	Couch roll MUST be Single use and changed between patients.
Suction Equipment			Clinical Staff	Only disposable suction units (liner and tubing) should be used. The disposable components should be disposed of as clinical (orange bag) waste. Non-disposable bottles are NOT RECOMMENDED however, if used ensure appropriate staff protection, empty the contents down the sluice, rinse with cold water. Clean using warm water and GPD, disinfect with a Chlorclean, store dry. Filters- These should be replaced between each patient use and at appropriate intervals in keeping with the Manufacturer's instructions.
Bottles (liners)	Single Use	SU		
Tubing	Single Use	SU		
Filters	Single Use	SU		
Hand Held Manual Vacuum Pump (Resus Kits)				
Pump Handle	After Use	Wipe with CC	Clinical Staff	DO NOT immerse the pump into liquid, wipe over with the solution on a cloth and dry
Jar, Connection Port, Tubing	Single Use Disposable	SU		Ensure replacement items are available to re-stock resus kits.
Thermometer Digital/Tympanic	Between Patients use disposable sheath/cover	SU	Clinical Staff	Mercury must not be used Wipe machine with DW. Use CC if patient has an infectious condition
Tourniquet	Disposable	SU	Clinical Staff	Use disposable or single patient use.
Example of Equipment	Minimum Frequency of Decontamination	Method	Staff Group Responsible	Comment

Toys (for therapy or as play toys)	After use/session	GPD	Clinical Staff	Avoid soft toys wherever possible due to their inability to be effectively cleaned. Use CC if patient has an infectious condition
Uniforms (staff)	Daily		Clinical Staff	These should be laundered on a hot wash, separately to avoid contaminating non work clothes
Urinals	Disposable	SU	Clinical Staff	Reusable urinals must not be used.
Urine Jugs (for measuring)	Disposable	SU	Clinical Staff	Separate measuring jug should be used for each urine collection/measurement. Dispose of contents in sluice hopper or toilet. Dispose of jug as clinical (orange bag) waste
Walking Aids	Between patients and when soiled	GPD	Clinical Staff	Use CC if patient has an infectious condition
Water Coolers	Daily	GPD	Domestic Staff	NHS colour coding should be followed
Ward/Patient Furniture	As per cleaning schedule and in between patients	GPD	Domestic Staff	Domestic staff to use GPD for general clean
		CC	Clinical Staff	Clinical Staff to use CC if patient has an infectious condition
Electrical cosmetic items, hair dryers, straightening irons etc.	Between Use	DW and dry	Clinical Staff	Where possible should be single patient use
Hair clippers, electric razors etc.	Patients own property NOT for communal use	Single Patient Use ONLY		Nursing staff to support and liaise with patient to monitor equipment, utilising personal care.
Bottle brushes	Single patient use	Allowed to dry		
Gym Equipment	After Use and Weekly	GPD	Clinical Staff	Responsibility for the cleaning of the equipment should lie with the member of staff who has been supervising the gym activity. The equipment MUST be cleaned after each use and ALSO once weekly.
Patient washing up bowls	Between patient use	GPD	Clinical Scope	Use cc of patient has an infectious condition

Example of Equipment	Minimum Frequency	Method	Staff Group Responsible	Comment
Flooring in Patient Areas When soiled with Blood or Blood Stained	Immediately after a spillage.	Blood Spill Pack	Clinical Staff	Wearing appropriate PPE, Clinical Staff to follow procedure as per the blood spill pack guidelines. Blood spill packs to be used on blood ONLY. See Appendix 5. Contact the Domestic Supervisor immediately for additional cleaning of the area.
Equipment that is contaminated with blood (including dried blood)	Immediately	Blood spill pack	Clinical staff	Wearing appropriate PPE, Clinical Staff to follow procedure as per the blood spill pack guidelines. Blood spill packs to be used on blood ONLY. See Appendix 5.
Flooring in Patient Areas When Soiled with Urine	Immediately after a spillage	Soak up excess fluid and wash with GPD and hot water	Clinical Staff	Wearing appropriate PPE, Clinical Staff to soak up excess fluid with a paper towel and wash area with detergent and water using a disposable yellow cloth and rinse. Contact the Domestic Supervisor immediately for additional cleaning of the area.
Flooring in patient areas when soiled with Formed Faeces	Immediately after a spillage	Clean up faeces and wash with GPD and hot water	Clinical Staff	Wearing appropriate PPE, Clinical Staff to soak up excess faeces with a paper towel and wash area with detergent and water using a disposable yellow cloth and rinse. Contact the Domestic Supervisor immediately for additional cleaning of the area.

Example of Equipment	Minimum Frequency	Method	Staff Group Responsible	Comment
Flooring in patient areas when soiled with liquid faeces, vomit or sputum	Immediately after a spillage	Soak up excess fluid and treat area with Chlor Clean	Clinical Staff	Wearing appropriate PPE, Clinical Staff to soak up excess faeces with a paper towel and wash area with Chlor clean and cold water (mixed as per manufacturers guidelines) using a disposable yellow cloth and rinse. Contact the Domestic Supervisor immediately for additional cleaning of the area.

Please see also Standard Infection Prevention and Control Precautions Policy

Carpets are NOT recommended in clinical and areas due to the difficulties in decontaminating them. Where possible carpets that become heavily soiled or damaged should be replaced with washable vinyl flooring

Code:

<p>GPD = Wash with general purpose detergent DW = Detergent wipe AW = Alcohol Wipe CC = Chlor Clean SU = Single Use Only  (Must NOT be reused)</p>

Text Colour Key:	
	Single Use
	Reusable
	Either/Or

<p>Clinical Staff = Nursing, Medical Staff, HAHP's, Psychologists, Drug Workers etc.</p>
--

Appendix 3 Cleaning/Decontamination Products

The following table lists the current products in use in the Trust. Changes in products or the introduction of new agents must be approved by Infection Prevention and Control or the Decontamination officer.

Please note: Protective gloves and aprons must always be worn when handling/ using disinfectants and other chemicals

Product	Dilution	Usage	Comments
Alcohol hand rub	Contains ethanol	Rapid hand cleansing, may be used in place of hand-washing when hands are not visibly soiled or after hand-washing to disinfect hands	Follow correct technique, see hand hygiene policy. DO NOT USE WHEN IN CONTACT WITH PATIENTS WITH C.DIFF AND NOROVIRUS
Alcohol hard Surface wipes	Contains 70% isopropyl alcohol	Rapid disinfecting of surfaces where no soiling is present e.g. trolleys between dressings,	
Chlorhexidine 0.5% in 70% alcohol		Skin disinfection prior to intravenous canulation	(likely use restricted to ECT)
Alcohol Swabs 70% Alcohol		Use for skin disinfection prior to venipuncture	
Hypochlorites Chlorclean		Disinfection of environmental areas including isolation rooms. Disinfection of patient equipment if know infectious condition.	Dilute following manufacturer's instructions. Refer to Appendix 10.
Blood Spill Kits	Use as per manufacturers guidelines	For use on Blood, and blood stained body fluid spillages- not for use on urine and vomit spillages. Refer to appendix 5.	Once spill pack has soaked up the spillage the area must be washed with detergent and water with a disposable yellow mop head. Blood spill pads are recommended for larger spills on walls etc.
Detergent Neutral	Use with hot water	General environment Washing crockery, utensils and equipment as per local policy	Dilute as per manufacturer's instructions
Detergent Wipes		Keyboards, telephones	Shared keyboards and hot desks should be cleaned after use
Detergent Wipes		Routine cleaning of equipment	Refer to Appendix 3.

All reusable equipment should be decontaminated as per the manufacturers' guidelines. The use of non –Trust approved cleaning chemicals/ disinfectants are not recommended. All of the above should be stored, used and disposed of in line with COSHH

Appendix 4 National Colour Coding Scheme for Hospital Cleaning Materials and Equipment

National colour coding scheme for hospital cleaning materials and equipment

All NHS organisations should adopt the colour code below for cleaning materials. All cleaning items, for example, cloths (re-usable and disposable), mops, buckets, aprons and gloves, should be colour coded. This also includes those items used to clean catering departments.

 <p>Red</p> <p>Bathrooms, washrooms, showers, toilets, basins and bathroom floors</p>	 <p>Blue</p> <p>General areas including wards, departments, offices and basins in public areas</p>
 <p>Green</p> <p>Catering departments, ward kitchen areas and patient food service at ward level</p>	 <p>Yellow</p> <p>Isolation areas</p>

Your local contact for hospital cleaning is:

This is the colour coding for cleaning duties and the equipment used to carry out cleaning duties.

This is NOT the colour coding for use of PPE.

Appendix 5 Procedure for the Decontamination of Spillages of Blood or Body Fluids

All bodily fluids should be treated as high risk and personal Protective Equipment (PPE) must be worn. Ensure the area is ventilated when using chlorine releasing agents.

This advice should be read in conjunction with the Standard Precautions Procedure

In all instances Domestic Staff should be informed and Infection Prevention and Control Cleaning Record completed by nursing staff. (Available on the Intranet)

Blood spills

- All areas must have access to a blood spill pack and staff to be aware of location and use.
- Blood spills **must** be treated with blood spill pack.
- Area to be washed with detergent and water afterwards using yellow mop head.

Urine spills

- Excess liquid to be absorbed with disposable paper towels and disposed of hazardous waste bag.
- Area to be cleaned with detergent and water using disposable yellow mop head which is placed in hazardous waste bag after use.

Do not use hypochlorite e.g. chlorclean directly on urine.

Other bodily fluids (i.e. vomit, sputum, faeces)

- Absorb excess with disposable paper towel and discard in hazardous waste and treat area using chlorclean.

Responsibilities for cleaning are detailed in the Trust Cleaning Policy

Blood spill wipes may also be used when soiled area is difficult to decontaminate i.e. walls. Please contact the IPCT for further advice.

Appendix 6 How to use a Blood Spillage Pack

- 1) Put on the Personal Protective Equipment (PPE) provided. If there is a risk of splashing, put on facial protection
- 2) Sprinkle the granules provided in the pack over the spillage.
- 3) Leave for 2 MINUTES only – ensuring all the powder has congealed with the blood. This deactivates any Blood-Borne Viruses (BBVs) that may be present.
- 4) Make up the tablets using the guidance on the spillage pack.
- 5) Using the scoop and scraper provided place the congealed powder into the clinical waste bag provided.
- 6) Once all the powder is placed in the bag dispose of the scoop and scraper within the bag too.
- 7) Wipe the area using the paper towels provided and the tablet solution as made in part 4.
- 8) Place all used materials including the PPE into the clinical waste bag.
- 9) Dispose of the clinical waste bag accordingly.
- 10) Wash your hands
- 11) Inform your domestic, house keeper or local hotel services department (as applicable) to carry out a secondary clean of the area as soon as possible.

Appendix 7 How to Safely Clean Up Dried Blood

- 1) Put on Personal Protective Equipment (PPE). If there is a risk of splashing also obtain a face mask.
- 2) Dispose of the granules provided in the pot within the blood spill pack (see below) * **You do not need them for dried blood but keep the pot**
- 3) Make up a chlorine solution in the empty pot using the 4 tablets and instructions provided.
- 4) Use a little solution to soften the dried blood and GENTLY (so as not to flip it up into your face) scrape it off the surface with the scraper.
- 5) Then use the remaining solution to disinfect the area of the spill.
- 6) Place all used materials including the PPE into the clinical waste bag.
- 7) Dispose of the clinical waste bag accordingly.
- 8) Wash your hands
- 9) Inform your domestic, house keeper or local hotel services department (as applicable) to carry out a secondary clean of the area as soon as possible.

*To dispose of the unused granules, dissolve the granules completely in a litre or more of cold tap water and only when completely dissolved flush the sink or sluice first, then pour down the dissolved granules solution, then flush the sink or sluice again to ensure no solution is left in the trap.

Appendix 8 EBME- Electro Bio Medical Engineering

This service is managed by Estates teams across the trust in association with the below.

The EBME Provider is:

Claire Belding, Contracts Manager

Avensys, Fredrick Road

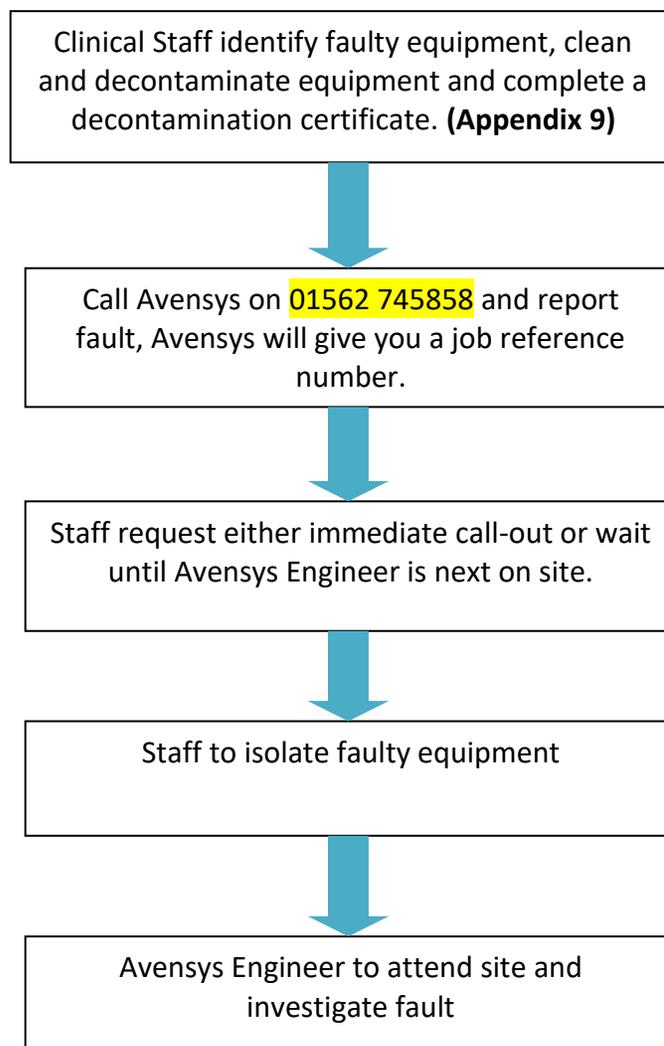
Kidderminster, Worcestershire

DY11 7RA

claire@avensysmedical.co.uk

The service provides the safe maintenance, care and/or disposal of electrical/mechanical medical devices utilised for patient care.

Equipment Fault Reporting Procedure



Please Note: Equipment that has not been cleaned will be returned to clinical staff.

Appendix 9 Avensys Infection Control Certificate

(Individual Equipment Repair/Movement Request & Contamination Status)



Infection Control Certificate

Individual Equipment Repair/Movement Request & Contamination Status

Complete all appropriate sections of this form (equipment will not be accepted without correctly completed form)

For delivery to:		
Asset Number or Serial No.	Equipment Type.	Unit.
Nature of request. Give any details related to request:		
Routine Maintenance	<input type="checkbox"/>	
Fault	<input type="checkbox"/>	
Acceptance	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
Dispose of contents as per procedure. Return with all leads and accessories.		

Contamination Status of Equipment

1. Has the device been exposed to any hazardous materials? YES NO

If YES, tick relevant box and specify :

Blood, body fluids, respired gases, pathological samples or other biohazards.
Please specify :

2. Has the equipment been decontaminated as per manufacturers' guidelines? YES NO

If No, then how?

Detergent & Sani-Cloth.
 Other. Please specify

Requested by (name & position)	Please print	Signed
Decontaminated by (name & position)	Please print	Signed
Date	Time	Tel.No.

AUL/engineering/issue02/September12/00001

Appendix 10 Chlorclean dilution poster- PPE must be worn, the room must be well ventilated and refer to COSHH product details and expiry date



Birmingham and Solihull **NHS**
Mental Health NHS Foundation Trust

HOW TO MAKE UP A DISINFECTANT SOLUTION

BEFORE YOU START



Always wear protective gloves and an apron.



Ensure good ventilation



Refer to CoSHH note on product label and check expiry date.

For Terminal Cleans, Isolation Cleans, Outbreak Cleans, etc.
NOT SUITABLE FOR USE ON BLOOD SPILLS – SEE BLOOD SPILL POLICY

CHLOR-CLEAN TABLETS

Use one tablet for every litre of water from the cold tap

Order Code: H8950/N

Use 2 tablets for 2 litres of water.



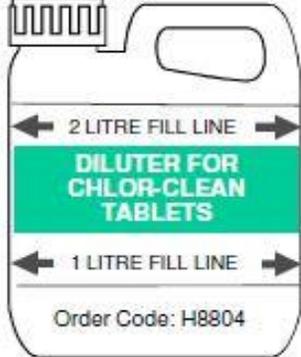
→

= 1,000 p.p.m. Available Chlorine

→



Use 1 tablet for 1 litre of water.



2 LITRE FILL LINE

DILUTER FOR CHLOR-CLEAN TABLETS

1 LITRE FILL LINE

Order Code: H8804



Use with disposable towels or mops to wipe over surfaces or floors.

Discard any remaining solution.



Dos and Don'ts

- ✓ **Make a fresh solution each day or shift.**
- ✓ Always use in a well ventilated area.
- ✓ Store in accordance with CoSHH regulations.
- ✓ Change solution when it becomes dirty.
- ✓ **Use water from the cold tap.**

- ✗ Do Not shake the container to mix
- ✗ **Never** mix with any other cleaning agent or any chemical.
- ✗ **Never use in a spray bottle**
- ✗ Never make up with hot water

If in doubt about when to use this product contact your Supervisor or your Infection Control Nurse

Issue Date: April 2010

* **CHLOR-CLEAN** is manufactured by **Guest Medical Limited** of Edenbridge, Kent. **01732 867466**

Appendix 11 Commode Decontamination Procedure - green indicator strips to be used to confirm decontamination. Commodes must be stored clean and dry. Remove heavy soiling first as this will reduce the effectiveness if using disinfectant

Commode Decontamination Procedure

Commodes to be cleaned after every use using GPD.
Following each isolated/diarrhoea patient, used commodes, to be cleaned using Chlor Clean

<p>STEP 1 - Put on disposable gloves & apron</p>	<p>STEP 2 - Use Chlorclean (made to manufacturers instructions)</p>	<p>STEP 3 - Apply to a physically clean commode from top to bottom starting with handrail</p>	<p>STEP 4 - Remove back rest & clean back & front</p>
<p>STEP 5 - Remove & clean arm rests</p>	<p>STEP 6 - Clean seat cover front & back</p>	<p>STEP 7 - Remove seat & clean top & underneath</p>	<p>STEP 8 - Clean bedpan holder removing if possible</p>
<p>STEP 9 - Clean legs & frame</p>	<p>STEP 10 - Clean foot bars & foot rest</p>	<p>STEP 11 - Clean wheels</p>	<p>STEP 12 - Remove gloves & apron then wash hands with soap & water. Document on chart</p>

PCT and Decontamination Officer 2016

The seat is then to be left upside down ready for use.

Birmingham and Solihull 
Mental Health NHS Foundation Trust

Appendix 12 Daily Record of Decontamination of Patient Equipment (weekly sheet)

Rationale: *Effective decontamination is essential in reducing the risk of transmission of infectious agents. Cleaning using the 's' shape method with one wipe at a time to physically remove dirt and organic matter. Items used during suspected/known infectious condition/outbreaks or as per IPCT advice must be decontaminated with Chlor- clean.*

Drip stands (as applicable)	Drip stands must be in good condition e.g. no rusting.	Following each patient contact. Out of use cleaned weekly with detergent wipes. (Chlor- Clean if known infectious condition, outbreak or as per IPCT advice)							
Medicine trolley	Medicine trolley must be wipeable and in good condition. .	Following every medication round with detergent wipes.							
Tablet crushers/cutters.	Crushers/cutters to be washed in none hand hygiene sink with GPD and dried with paper towel. Oral syringes single use only.	After use							
Dressing trolley	Trolley for aseptic procedures must be in good condition i.e. no rusting, cleaning to include wheels for weekly clean.	Weekly and following and prior to every aseptic technique procedure detergent wipe followed by alcohol wipe to disinfect.							
Danicentre/PPE Dispenser	Dispenser requires opening to clean the inside.	Before stock change of gloves/aprons. Weekly clean.							
Respiratory equipment including suction/nebulisers and resus equipment*	*Any connecting items are single use only.	After use with detergent wipes. Nebuliser chamber (single patient use) to be washed and dried after use.							
Couch/Chairs	Patient seating in clinical areas must be wipeable with no tears.	Full clean daily and when visibly soiled or known infectious condition. With detergent wipes. (Chlor- Clean if known infectious condition, outbreak or as per IPCT advice)							
Medication fridge	Fridge must be in a cleanable condition.	Weekly schedule and when visibly dirty.							

Pillows	Inspection of mattress and bedframe condition (including pillows) and cleanliness to be completed monthly. Inspect stitching for soiling or discoloration and replace if visibly soiled.	Minimum weekly with detergent wipes (as part of bed changes). More frequently if visibly soiled. Cleaning upon discharge, transfer, vacating room and end of infectious condition (Use Chlor – Clean if known infectious condition/ end of infectious episode).								
---------	--	---	--	--	--	--	--	--	--	--

- **Method: Wipe from top to bottom and from clean to dirty**, using an ‘S’ shaped motion for surfaces. (Overlap slightly and return outside the surface, to avoid missing areas).
- Wipe **all surfaces** including underneath, paying particular attention to ‘high touch’ points.
- **Avoid transferring microorganisms**, dispose of wipe / cloth between each separate surface or if it becomes dry or soiled.
- **Items washed with hot water and detergent to be dried with a disposable towel/roll.**
- **Leave to air dry if using Clinell detergent wipes**

The list is not exhaustive. Please contact the IPC team via bsmhft.ipc@nhs.net for specific advice. The Decontamination policy can be accessed via Connect.

Signature of Nurse in charge W/C		T	
M		F	
T		S	
W		S	

Item	Notes	frequency	M	T	W	T	F	S	S
Blood pressure monitoring device and cuff	Blood pressure cuffs must be wipeable and in good condition.	Following each use with detergent wipes. (Chlor- Clean if known infectious condition, outbreak or as per IPCT advice)							
Thermometer	Probe covers must be used as single use items and device in good condition.								
Oxygen saturation probe including finger pad	Probe must be cleanable and in good condition.								
Blood glucose monitoring device and storage container.	Device and container must be in good condition. E.g. no sticky tape	Following each use with detergent wipes. Blood spills to be decontaminated with 10,000 ppm Chlor- Clean or blood spill pack							

Weighing scales	Device must be well maintained and in a cleanable condition.	Following each use with detergent wipes. (Chlor- Clean if known infectious condition, outbreak or as per IPCT advice)								
-----------------	--	---	--	--	--	--	--	--	--	--

Mattresses	Inspection of mattress and bedframe condition and cleanliness to be completed monthly.	Minimum weekly with detergent wipes (as part of bed changes). More frequently if visibly soiled. Cleaning upon discharge, transfer, vacating room and end of infectious condition (Use Chlor – Clean if known infectious condition/ end of infectious episode).								
------------	---	--	--	--	--	--	--	--	--	--

Item	Notes	frequency	M	T	W	T	F	S	S
Ward telephone/s	Phones should be easily cleanable e.g. no sticky tape.	Daily with detergent wipes. Avoid Internal workings becoming wet							
Computers/keyboards	Also, clean when any items visibly dirty. Ensure to shake keyboard to assist in removal of debris between keys.	Weekly detergent wipes and dried. Avoid Internal workings becoming wet.							
Printers/Fax machines		Weekly detergent wipes and dried. Avoid Internal workings becoming wet.							
Hoists/manual handling equipment,	Slings are single patient use and require laundering prior to use on another patient/if item becomes visibly dirty. Avoid contamination of other equipment when slings are in use.	Following each use when needed. Weekly if stored appropriately when not used.							
Linen trolley	Trolleys/containers must be easily cleanable with no damage.	Weekly with detergent wipes to include wheels.							
Specimen storage boxes/containers	Including inside	Weekly							
Equipment drawers and baskets	Including inside	Weekly							

Commodes	Refer to the commode cleaning poster for guidance on thoroughly cleaning every part. Item must be in good condition e.g. no rusting.	Following each use with detergent wipes. (Chlor- Clean if known infectious condition, outbreak or as per IPCT advice)									
Raised toilet seats	Item must be in good condition e.g. no rusting.										
Bath hoist seat.	Ensure to clean top and underneath surface of the seat.		As above								
Shower chairs	Ensure to clean top and underneath surface of the seat.	As above									
*Check there are no communal items left in the bathroom.	This includes bar soap, incontinence pads, shower gels, towels.	Each shift									
Play/therapy equipment e.g. toys, play mats.	Avoid soft toys/equipment wherever possible. Please contact the IPC team for specific advice. Toys can be a source of transmissible infection and should be cleaned with a detergent wipe/ soap and water and dried after use/after a session	After each session and when visibly soiled. (Chlor- Clean if known infectious condition, outbreak or as per IPCT advice). If toys are not used regularly then they should still be cleaned weekly as a minimum to prevent any dust of contamination.									
Pressure relieving / air flow mattresses/cushions	*Please refer to manufacturer's instructions for cleaning procedure. Check contact for rented equipment. Items must be cleaned prior to return/storage. Please contact the Tissue Viability Nurse for specific advice.	Minimum weekly with detergent wipes (as part of bed changes). More frequently if visibly soiled. Cleaning upon discharge, transfer, vacating room and end of infectious condition (Use Chlor – Clean if known infectious condition/ end of infectious episode).									
Walking frames, OT equipment	Single patient use. Clean after use if shared equipment.	Weekly and more frequently if visibly soiled. (Use Chlor – Clean if known infectious condition/ end of infectious episode).									
<i>Please add area specific equipment as necessary</i>											

High risk patient equipment i.e. commodes and raised toilet seats may be wrapped in green cleaning labels/ notes following each clean after use if appropriate



Appendix 13 Cleaning of Trust Vehicles Protocol (FMCV1)

In line with The Health and Social Care Act 2008 and Care Quality Commission (CQC) audits carried out in other NHS Trusts within the UK, BSMHFT require a procedure for cleaning vehicles used for the purpose of Trust business.

Within BSMHFT we can break down our types of vehicles into two categories:

- ✓ Patient Transport Vehicles
- ✓ Delivery/Product Transportation Vehicles

Due to the uses of the vehicles the cleaning will differ between the two categories, however the following 'kit' should be kept in each vehicle irrespective of what the vehicle is used for.

- | |
|--|
| <ul style="list-style-type: none">✓ Blood Spill Pack✓ Paper Towels✓ Clinical Waste Bag✓ Disposable Gloves✓ Disposable Overalls✓ Goggles |
|--|

All staff driving or travelling in one of the below vehicles should utilise hand washing facilities when at Trust sites and should wear and make use of personal hand gel to ensure their hands are clean at the point of care/when working at/between Trust premises.

Patient Transport Vehicles (PTV)

This includes any vehicle used to move patients.

All PTV's should be regularly cleaned inside and out and a cleaning log signed to show completion. Between patients all PTV's should be checked over to ensure it is clean (free from spillages, soiling etc.) and no items have been left by the previous passenger/s.

If the vehicle has become soiled in anyway or items have been left, this should be dealt with immediately and before the next passenger enters the vehicle.

If it cannot be dealt with immediately, for the safety of staff and service users, the vehicle should be taken out of use until it can be cleaned and made fit and safe for purpose.

Please Note:

Any spillages of blood and/or bodily fluid must be cleaned using the appropriate method in line with the Trust Standard Infection Prevention and Control Precautions Policy.

Delivery/Product Transportation Vehicles (Delivery Vehicles)

This includes any vehicle used to transport goods.

These vehicles must be thoroughly cleaned between tasks and recorded on the Vehicle Daily Check Sheet (**FMVC1**) to ensure no cross contamination can occur.

The following guidelines should be followed:

Vehicle	To be cleaned	Using	Sign?
ALL Vehicles	Weekly - including CABS	General Purpose Detergent	√
Food Vehicles	Daily	General Purpose Detergent	√
Mixed Use Vehicles	After Each Different Activity	General Purpose Detergent	√
	Weekly - Deep Clean	Chlor Clean	√

We have a duty of care to ensure that all Trust vehicles are clean, safe and fit for purpose.

To ensure this, vehicles used for Trust business will be audited in line with the Trust Decontamination Policy and Clinical Governance and Care Quality Commission guidelines.

As well as the audit programme vehicles should be checked on a regular basis and cleaning logs spot checked by relevant managers.

For further advice please contact the following:

Infection Control Team

Trust HQ B1

bsmhft.ipc@nhs.net

Decontamination Officer

Trust HQ B1

Ext 1340

Infection control Certificate

Individual Equipment Repair/Movement Request & Contamination Status

Complete all appropriate sections of this form
 (Equipment not to be serviced without completed form)

Date:

Site/Ward/Address:

Item description/Equipment type:

Fault description:

Contamination Status

Check Point	Yes	No
Is the equipment accessible?		
Has the Equipment been exposed to any hazardous materials? If YES please describe:		

<p>Has the equipment been decontaminated by IPC policy/manufacturer guidelines? Describe products used:</p>		

	Date	Signature
Decontaminated by:		
Serviced by		

If service not possible due to item/equipment not serviced appropriately, please describe: