

STANDARD OPERATING PROCEDURE

Policy / Procedure Information (SOP014)	
Subject	Decontamination of Non-Invasive Medical Equipment and the Environment (This policy is subject to periodic review and will be amended according to service development needs)
Applicable to	This policy applies to all staff, volunteers and contractors who work for or provide care on behalf of Nottinghamshire Hospice
Date issued	Aug 2021
Next review date	November 2025
Lead responsible for Policy	Director of Care
Policy Reviewed by	Infection Prevention and Control Team Nottingham Citycare Partnership Care Service Team
Notified to	Quality and Safety Group
Authorised by	Board of Trustees
Links to other Policies	Infection Prevention and Control Policy
Summary	This document aims to provide a clear understanding of Nottinghamshire Hospices Infection Control Policy.
Target Audience	The policy aimed at all staff, volunteers and contractors who work for or provide care on behalf of Nottinghamshire Hospice

STANDARD OPERATING PROCEDURE

IMPORTANT NOTICE: Staff should always refer to the website or the folder on the 'N' drive for the most up to date information. If the review date of this policy or procedure has expired staff should seek advice from their clinical lead or manager regarding the appropriate action to be taken.

Introduction

Criterion 2 of the Health and Social Care Act (DH 2015) states an organisation must provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

This is further supported by Loveday et al (2014) as part of the Epic 3 document which states:- "Hygiene is important for the prevention of HCAI" and that "The clinical environment must be visibly clean; free from non-essential items and equipment; dust and dirt; and acceptable to patients, visitors and staff"

Preventing and controlling infection is an essential and integral part of clinical practice. A wide range of chemicals can be used to destroy microbes. These include disinfectants for inanimate surfaces and antiseptic agents for use on the body. No chemical is completely effective, for example, some do not destroy viruses or bacterial spores, some are inactivated by bacteria or viruses, and certain disinfectant agents are toxic to human tissue.

Protection from infection can be achieved by ensuring that disease producing microbes are removed, thus preventing them becoming potential sources of infection. This involves cleaning, disinfection and sterilisation of contaminated materials, equipment and surfaces. The choice of method is based on the organism involved and the infection risks to the patient. This standard operating procedure (SOP) will focus on non-invasive equipment that is in contact with intact skin only and environmental surfaces. This SOP also applies to all medical devices loaned to clients but does not apply to private medical devices purchased by individuals, although staff working for Nottinghamshire Hospicewill encourage such individuals to follow best practice.

1. Purpose

The purpose of this Standard Operating Procedure is:

- To ensure that appropriate methods are followed to achieve effective cleaning and decontamination of non-invasive medical equipment and the environment.
- To prevent and reduce the risk of cross infection by preventing the transfer of organisms from non- invasive equipment and the environment to patients.

This SOP describes the infection prevention and control (IPC) best practice for cleaning and decontamination.

STANDARD OPERATING PROCEDURE

2. Evidence base and interaction with other policies and procedures

Health and Social Care Act (DH 2015)

Loveday et al (2014) as part of the Epic 3

Nottinghamshire Hospice Personal Protective Equipment for Infection Prevention and Control (CS020)

Nottinghamshire Hospice Blood, Body fluids and Vaccine Spillages (SOP011)

Nottinghamshire Hospice Waste management Policy (CS023)

3. Scope and Responsibilities

Chief Executive

- To nominate an individual at Board Level to be responsible for decontamination for the organisation in accordance with the Health and Social Care Act (2008).

Executive Team

- To ensure all staff that require infection prevention and control training have this in accordance with the organisation's statutory and essential training matrix.
- To ensure all staff have access to infection prevention and control policies to support their daily working practice.

The IPCT

- Are responsible for the provision of specialist advice to clinical areas in relation to those aspects covered in this SOP.
- Are responsible for updating this SOP every 5 years or earlier if there are any changes required.

Managerial Responsibility:

- To ensure all staff undertaking decontamination have been trained in the principles of decontamination.
- To ensure any risks identified with the implementation of this policy are placed on the service's risk register.
- To ensure when purchasing equipment that the decontamination methods are considered and are appropriate.
- To ensure that cleaning/disinfection products are used to decontaminate the new equipment.

Managerial Responsibility:

- To ensure all staff undertaking decontamination have been trained in the principles of decontamination.
- To ensure any risks identified with the implementation of this policy are placed on the service's risk register.
- To ensure when purchasing equipment that the decontamination methods are considered and are appropriate.
- To ensure that cleaning/disinfection products are used to decontaminate the new equipment.

STANDARD OPERATING PROCEDURE

Staff Responsibilities:

- Assess the level of risk for cleaning and decontamination of non-invasive equipment and the environment.
- Choose the most appropriate method of cleaning and decontamination following manufacturer's guidance.
- To raise any risks they identify with decontamination to the head of their service to enable any risks to be added to the risk register. If risks are raised, to fill in an incident report to alert the organisation to the issue.
- To ensure they adhere to the processes described within this SOP for decontamination.
- To decontaminate reusable equipment after each use safely and to document this has been done
- To ensure single use items are not reused.

4. Equipment Required

See Procedures

5. Definitions

Antiseptic	A disinfectant, which can be safely applied to human tissue, but is usually too toxic to be ingested.
Autoclave	A piece of equipment used for sterilisation of invasive medical devices.
Cleaning	The physical removal of dust and dirt.
Contamination	The soiling of inanimate objects or living material e.g. bacteria/viruses, with harmful, potentially infectious or unwanted matter.
COSHH	Control of Substances Hazardous to Health.
Disinfectant	A chemical agent, which destroys vegetative micro-organisms, but not necessarily spores.
IPC	Infection Prevention and Control.
IPCT	Infection Prevention and Control Team.
Medical Device	Any health care product, excluding drugs, which is used for a patient in the diagnosis, treatment, prevention or alleviation of illness or injury. The Medical and Healthcare products Regulatory Agency (MHRA) is responsible for the safety, quality and effectiveness of all medical devices, which are being used in the NHS and other health care sectors.
MHRA	The Medicines and Healthcare products Regulatory Agency.
NPSA	National Patient Safety Agency.
PPM	Parts per million.
PPE	Personal Protective Equipment.
Sanitiser	A chemical which can clean or disinfect. Disinfection is only effective if all soiling is first removed. One product may be able to achieve both.

STANDARD OPERATING PROCEDURE

Single Patient Use	Equipment that may be used more than once on a single patient. Limited reprocessing may be recommended by manufacturers prior to reuse by the named patient, but then disposed of after use.
Single Use	Equipment that can only be used once on a single patient then disposed of.
Spores	The dormant form of bacteria and highly resistant to physical and chemical influences.
Sterilisation	The killing or removal of all viable micro-organisms.

NB. Nottinghamshire Hospice Staff do not sterilise equipment.

Nottinghamshire Hospice recommends the use of single use medical equipment where possible or the use of the Central Sterilising Services. This is to ensure standards of sterilisation are monitored and consistent. Never reuse single use medical equipment/instruments or use single patient use equipment/instruments on more than one patient.

6. Procedure

Risk Assessment of Cleaning and Decontamination Processes Required

Protection from infection can be achieved by ensuring that disease producing microbes are removed, thus preventing them becoming potential sources of infection. This involves cleaning, disinfection and sterilisation of contaminated materials, equipment and surfaces. The choice of method is based on the organism involved and the infection risks to the patient which can be classified as minimal, intermediate and high risk.

Equipment should be cleaned following manufacturer's guidance and cleaning schedules should be in place.

Personal Protective Equipment

The Personal Protective Equipment (PPE) at Work regulations (1992) came into force on 1st January 1993.

PPE may be defined as:

“Any device or appliance worn, or held, by an individual for protection against one, or more health and safety hazard, and any accessory, or addition designed to meet this objective” (Health and Safety Executive 1992).

PPE in relation to cleaning and decontamination includes aprons, gloves and eye protection. Working clothes and uniforms are not classed as PPE in relation to clinical practice, decontamination of equipment and environmental cleaning.

PPE should be selected on the basis of an assessment of the risk of transmission of microorganisms to the patient, and the risk of contamination of health care practitioners' clothing and skin by a patient's blood, body fluids, secretions and excretions.

STANDARD OPERATING PROCEDURE

Disposable gloves and an apron should be worn as single use items for one procedure and then disposed of in accordance with the Waste Management Policy



The symbol 'Single use' on the packaging (see above) of medical devices mean that manufacturers:

- Consider the device is not suitable for use on more than one occasion.
- Has evidence to confirm that reuse would be unsafe.

The term 'Single Patient Use' on the packaging of medical devices means that manufacturers intend the device to be used on only one patient, but the device may undergo some sort of reprocessing between each use

Procurement of Equipment

Equipment should not be procured without appropriate consideration of how it will be cleaned or decontaminated. Manufacturer's guidance should be consulted. If equipment cannot be adequately cleaned it may result in the piece of equipment being disposed of. Further advice may be obtained from the IPCT.

Spillages of Blood and Body Fluid

In clinical areas it is the responsibility of the nursing staff/healthcare professionals to ensure that spillages of blood, vomit, urine, faeces, any other body fluids and vaccine spills are cleaned up promptly and safely. The cleaning procedure may be delegated to non-clinical staff but only if they have had the relevant training, and only if they are available at the time of the spillage. See Nottinghamshire Hospice Body Fluids and Vaccine Spillages (SOP011)

Core Principles of Cleaning

These principles should apply to any piece of equipment cleaned and are as follows:

- Clean from the top surface, to the underside, to the frame, then to the wheels if appropriate.
- Clean from the outside inwards.
- Use an "S" shaped motion from clean to dirty, overlapping a small section (3 cm), but not going over the same area twice
- Never use the same cleaning cloth / wipe for different surfaces or pieces of equipment

STANDARD OPERATING PROCEDURE

- Once an item has been cleaned discard the cleaning cloth / wipe in a clinical waste bag if soiled with blood or bodily fluids otherwise in a black domestic waste bag.

Cleaning Products

Manufacturer's guidance should always be consulted but the following products are examples of products available for use within Nottinghamshire Hospice:

The cleaning products recommended for use are the Universal Surface Disinfection and Cleaning wipe (Green), the Sporicidal wipe (Red), Chlor-Clean tablets for dilution in cold water or a chlorine solution of 1,000parts per million.

Clinell Universal (Green): Used for the cleaning and disinfection of surfaces and equipment



Sporicidal Wipe (Red) Used for the disinfection of equipment when a patient is under enteric precautions



Chlor Clean tablets: Used for post isolation and outbreaks cleans



Isolation Cleaning

The schedule for isolation cleaning should be:

Damp dust all contact surfaces daily with neutral detergent and hot water or a single use universal surface disinfection and cleaning wipe, (sporicidal wipe where enteric precautions are in use)

STANDARD OPERATING PROCEDURE

On patient discharge or vacation of a room – clean hard surfaces with a chlorine solution of 1,000 parts per million of available chlorine or 0.1% Chlor-Clean. One tablet should be diluted in one litre of cold tap water to provide 1,000 parts per million of available chlorine

After cases of Clostridium difficile on patient discharge or vacation of the single room – clean all nursing / medical equipment with neutral detergent and hot water or clean with a single use universal surface disinfection and cleaning wipe, rinse with clear water. Following the rinse, clean with 10,000 parts per million of available chlorine.

Below is a guide but it is important to check manufacturer's instructions regarding cleaning of individual items of equipment

Equipment	Standard	Cleaning Method	Frequency	Who's Responsible?
Fans NB fans should not be used where clinical procedures are taking place or in infectious outbreak situations	All parts should be visibly clean with no blood and bodily substances, dust, dirt, debris or spillages.	Single use universal surface disinfection & cleaning wipe.	Monthly. As spillages & accumulation of dust, dirt or debris requires.	Cleaner responsible for external frame. Estates responsible for internal parts / wall and ceiling mounted fans.
Syringe pumps	All parts should be visibly clean with no blood and bodily substances, dust, dirt, debris or spillages	Single use universal surface disinfection & cleaning wipe.	After patient use and as spillages & accumulation of dust dirt or debris requires	Nurse / Clinical Staff
Plastic Buckets	All parts should be visibly clean with no blood and bodily substances, dust, debris, or spillages. They should not be badly scratched.	Single use universal surface disinfection & cleaning wipe.	After each use. Weekly if not frequently used.	Nurse / Clinical Staff

STANDARD OPERATING PROCEDURE

Drugs/dressings Cupboard Observe stock for expiry dates	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or spillages, including the inside of the cupboard and any shelves, ledges.	Single use universal surface disinfection & cleaning wipe.	As spillages & accumulation of dust, dirt or debris requires.	Nurse / Clinical Staff
Equipment	Standard	Cleaning Method	Frequency	Who's Responsible?
Dressings Trolleys	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or spillages, including the underside, ledges, legs and wheels of the trolley.	Single use universal surface disinfection & cleaning wipe.	Before & after use. Weekly including undersides & wheels.	Nurse/ Clinical Staff
Desk Equipment	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or spillages.	Wipe all surfaces with a single use universal surface disinfection & cleaning wipe.	Daily	Desk user. Cleaning staff will clean uncluttered desk tops
Staff Room Fridge	All parts should be visibly clean with dust, debris, adhesive tape, stains or spillages, food debris or build-up of ice. No unlabelled / out of date food to be present.	Single use universal surface disinfection & cleaning wipe.	Weekly. As spillages & accumulation of dust, dirt or debris requires. Dispose of out of date food daily.	Staff should check with the Health Centre Manager who is responsible for cleaning the fridge within their base.
Equipment	Standard	Cleaning Method	Frequency	Who's Responsible?

STANDARD OPERATING PROCEDURE

<p>Treatment couches (paper roll should be used for each patient)</p>	<p>All parts should be visibly clean with no blood and bodily substances, dust, debris, or spillages. They should be in a good condition and with no rips or tears</p>	<p>Single use universal surface disinfection & cleaning wipe.</p>	<p>Top of couch after every use and frame if soiled.</p> <p>Couch frame should be cleaned as per cleaning schedules</p>	<p>Nurse/ Clinical Staff</p> <p>Cleaning staff</p>
--	--	---	---	--

General Patient Equipment

Equipment	Standard	Cleaning Method	Frequency	Who's Responsible?
<p>Scissors Scissors used for aseptic procedures must be sterile single use scissors.</p>	<p>All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or stains.</p>	<p>Single use universal surface disinfection & cleaning wipe if not single use.</p>	<p>After use if not a single use item. (See CityCare Aseptic Non-Touch Technique SOP)</p>	<p>Nurse / Clinical staff</p>
<p>Stethoscopes Single use stethoscope covers can be used if available.</p>	<p>All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or stains.</p>	<p>Clean the bell with single use universal surface disinfection & cleaning wipe. Remove the ear pieces and membrane clean with single use universal surface disinfection & cleaning wipe.</p>	<p>After individual patient use.</p>	<p>Nurse / Clinical Staff</p>

STANDARD OPERATING PROCEDURE

Blood Pressure Monitor / Sphygmomanometer	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or spillages.	Single use universal disinfection & cleaning wipe.	Between individual patient use. As spillages or accumulation of dust, dirt or debris requires.	Nurse / Clinical staff
--	--	--	--	------------------------

Equipment	Standard	Cleaning Method	Frequency	Who's Responsible?
<p>Nebuliser Hospice Unit - Single patient use nebuliser pots, masks and tubing must only be used for a MAXIMUM PERIOD OF 24 HOURS and then must be replaced.</p> <p>Patients in their own homes: Single patient use. Masks, tubing and pots changed every 6 months.</p>	Single patient use. Clean & dry.	<p>Nebuliser pots are either single use or single patient use – refer to manufacturer data / packaging or Infection Prevention & Control.</p> <p>Single use – discard after use. Single patient use – discard any remaining fluid (not down hand-wash sinks). Wash pot in sterile water, dry thoroughly with paper towels and reassemble if single patient use.</p>	Dispose of after use.	<p>Nurse / Clinical Staff Nurse / clinical Staff if patient in an inpatient area. If at home it is the responsibility of the patient.</p>
<p>Oxygen Mask & Tubing Patients in their own homes Single patient use. Masks and tubing changed every 6 months.</p>	Clean & free from blood & bodily fluids.	Dispose of once usage complete. Wash mask and tubing in warm water and rinse.	<p>After single patient use or if soiled. Change / replace every 6 months Nasal cannulae every 4-6 week change</p>	If at home it is the responsibility of the patient.
<p>Respiratory Equipment Spacers, Peak flow, Placebo Inhalers</p>	Single patient use only. All parts should be visibly clean with no blood and	Single use universal surface disinfection & cleaning wipe, dry	Single patient use.	Nurse / Clinical Staff

STANDARD OPERATING PROCEDURE

These items are single patient use, if required for a long-term patient change 6 monthly.	bodily substances, dust, debris or spillages.	thoroughly with paper towels and reassemble. Use sterile rinse water for immunosuppressed patient		
Equipment	Standard	Cleaning Method	Frequency	Who's Responsible?
Enteral Feeding Equipment Extension set, enteral and oral syringes, graduated medicine pots, tablet crusher, pestle and mortar, jugs.	Single patient use only. All parts should be visibly clean with no blood and bodily substances, dust, debris or spillages.	Prior to cleaning Extension sets / feeding extension sets - open clamp first Syringes - separate barrel and plunger Tablet crushers – unscrew and separate Cleaning: Clean with hot water and detergent, rinse. Dry excess water with a paper towel. Allow to air dry In a patient's own home a dishwasher can be used to clean all the above equipment except extension sets and tablet crusher. Ensure that the equipment remains inverted throughout the cycle.	Single patient use. Intra-gastric – single patient use only. One syringe for 2-7 days clean after each use	Nurse/ Clinical staff

STANDARD OPERATING PROCEDURE



The green clinell clean indicators should be used for patient equipment that is loaned to patients when stored and for commodes in CityCare rehabilitation beds. These can be purchased from NHS supply chain.

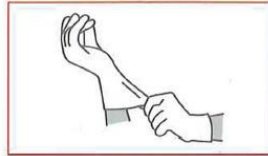
<http://my.supplychain.nhs.uk/catalogue/search?query=clinell>

COMMODE CLEANING

All commodes must be cleaned after each use with Clinell Sporicidal Wipes.

SPORICIDAL WIPES
(25 wipe pack - NHS CODE: VJT113)

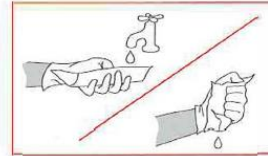
HOW TO USE



Wash and dry hands. Wear appropriate PPE, minimum apron and gloves.



Remove one Clinell Sporicidal wipe from the pack.



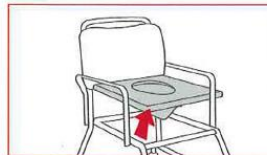
To activate, wet the wipe with water under a tap, squeeze to remove excess water.



Remove back rest and arms. Arms should be removed by unclipping at the front and rear. Clean in an 'S' shape pattern. Change wipe if it becomes dry or soiled and dispose.



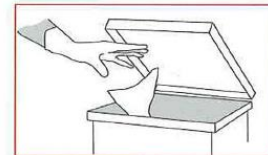
Remove the seat cushion and wipe. Place all wiped components on a **clean, dry surface** to air dry.



Wipe and clean the commode seat paying particular attention to the underneath surface.



Clean the remainder of the frame, including the underside, and leave to air dry before reassembling the commode.



Discard the wipe and PPE in the healthcare waste bin. Wash hands with soap and water and dry.

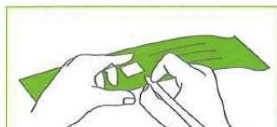
DO NOT FLUSH DOWN TOILETS! DO NOT DISPOSE OF IN MACERATORS!

LABEL AFTER SANITISING

After sanitising, staff should fill out their full name and designation, before affixing Clinell Clean Indicator Tape or Notes. Store in a clean place away from the macerator.

CLEAN INDICATOR TAPE (1 x 100m Roll, over 80 applications) - NHS CODE: FSE119)
CLEAN INDICATOR NOTES (500 sheet pad x 2) - NHS CODE: FSE123)

HOW TO USE



clinell®

"Shared equipment used in the clinical environment must be decontaminated appropriately after each use." (epic, 2007)

Universal Sanitising Wipes - For cleaning and disinfection of surfaces and equipment



Clinell Universal Sanitising Wipes

200 Wipes - NHS Code VJT118

Dispensers available direct from GAMA Healthcare.

For highly soiled surfaces, clean with detergent and hot water.

✓ Surfaces

- Bed rails
- Chairs
- Desks
- Door handles
- Keyboards
- Lockers
- Phones
- Trolleys
- Worktops

✓ Equipment

- Blood pressure cuffs/ machines
- Keyboards/ accessories
- Hoists
- Incubators
- Stethoscopes
- Wheelchairs

These wipes are NOT to be used for:

- Washing patients
- Staff Hand Hygiene
- IV and Skin Prep

If patients are unable to wash their hands with soap and water, these wipes may be used for patient hand hygiene. However, separate packs should be allocated for individual tasks.


Clinell Sporidical Wipes - For the disinfection of commodes and for surfaces when a patient is under enteric precautions





Clinell Sporidical Wipes


Pack of 25 Wipes - NHS Code VJT113


Clinell Sporidical Wipes are to be used to clean all commodes after each use; for daily cleaning of equipment and surfaces for all patients under enteric precautions and to clean equipment possibly contaminated with faecal matter including macerators.


- 

1 Wear appropriate PPE (minimum gloves & apron).
- 

2 Remove wipe from packet.
- 

3 To activate, wet wipe with water under a tap or soak in a bucket.
- 

4 Squeeze wipe over sink or bucket to remove excess water.
- 

5 Wipe surfaces requiring disinfection.
- 

6 Dispose of wipe and PPE in clinical waste bin.

Clinell Antibacterial Handwipes - Can be used for patient's hand hygiene

Clinell Antibacterial Handwipes

Box of 100 sachets - NHS Code VJT177



Any queries to:
GAMA Healthcare Ltd., Customer Services, Unit 2, The Exchange, Brent Cross Gardens, London NW4 3RJ
Tel: 0845-2011-644 Email: info@gamahealthcare.com www.gamahealthcare.com

ePOSUNISPCAHW000001

