



HPFT

Decontamination Policy

Including Body Fluid Spillage Procedure
and
Safe Decontamination Practices of Therapeutic Play
Equipment Guidance.

HPFT Policy

Version	5
Executive Lead	Executive Director of Quality and Safety
Lead Author	Consultant Nurse Infection Prevention and Control
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Target Audience	This Policy must be understood by:- All HPFT staff

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Title of document	Decontamination Policy – Including Body Fluid Spillage and Safe Decontamination Practices of Therapeutic Play Equipment		
Document Type	Policy		
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Version	Approval Date	Review Date	Lead Author
5	13/07/207	13/07/2020	Consultant Nurse Infection Prevention and Control
Staff need to know about this policy because (complete in 50 words)	The information in this policy meets the requirements of the Health and Social Care Act 2008, revised 2015, Code of Practice on the prevention and control of infections and related guidance regarding the decontamination of medical devices and other equipment.		
Staff are encouraged to read the whole policy but I (the Author) have chosen three key messages from the document to share:	<ol style="list-style-type: none"> 1. Staff need to identify the difference between the three methods of decontamination – cleaning, disinfection and sterilization. 2. This policy provide a useful A-Z list of the decontamination methods required to maintain a safe environment regarding the most common items used within HPFT, including medical devices and therapeutic play equipment. 3. This policy identifies the correct procedure to implement following a body fluid spillage. 		

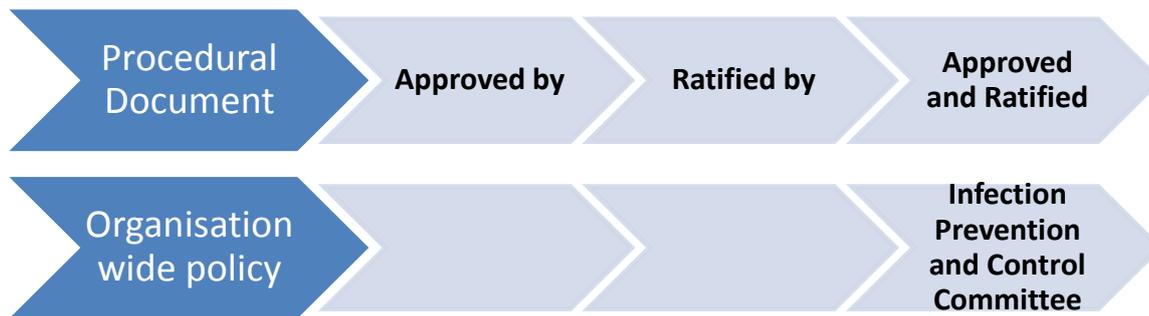
Summary of significant changes from previous version are:

- a) Policy format change
- b) Legislation has been updated
- c) Changes have been made to the concentration required to clean up large blood spillages
- d) Additional information has been include regarding the responsibilities of clearing up bodily fluids and decontaminating therapeutic play equipment.
- e) Single use tourniquets have been added to the A-Z list
- f) The guidance regarding therapeutic play equipment has been updated.
- g) Training compliance. As from April 2017, all clinical staff will need to complete level 2 infection prevention and control training (e-learning) and all other staff including admin staff, contractors, non-clinical duties will have to complete level 1 training (e-learning)
- h) The concentration of hyper chloride solution for clearing up blood spillages has changed to 10,000 parts per million, as per national guidance.

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1. Flow Chart



2. Introduction

Service users can be protected against infection by removing pathogenic micro-organisms from potential sources of infection. This can be accomplished by the decontamination of materials, equipment and surfaces. All equipment/devices are either single use or reusable. Devices designated for 'single-use' **must not** be reused under any circumstances. The reuse of 'single-use' devices has legal implications and can affect the safety, performance and effectiveness of the device, exposing service users and staff to unnecessary risk. All reusable equipment must be appropriately decontaminated before use and between each service user/patient use. Health Care Workers should be aware of the symbols used on medical devices and their packaging (pages 21 and 22).

Any medical, dental or laboratory equipment requiring inspection, service or repair, either in house or by a manufacturer/contractor, should be decontaminated prior to the inspection/repair to prevent transmission of infection. HSG(93)26 requires that such equipment should be accompanied by a certificate/statement (page 30), which identifies that decontamination has occurred. When decontamination is not possible the nature of the risk and any necessary safety precautions required should be identified.

3. Summary

The policy covers all aspects of decontamination that are required to protect all staff, service users and visitors attending all Hertfordshire Partnership University NHS Foundation Trust (HPFT) sites

This policy meets the requirements of the Health and Social Care Act 2008 (revised 2015) Code of Practice on the Prevention and Control of Infections and related guidance regarding the decontamination of medical devices and other surfaces and equipment.

4. Objectives

- a) To make sure that there is a system in place that ensures so far as is reasonably practicable that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are properly assessed.
- b) To ensure that staff understand the differences between the methods of decontamination so that the correct method is implemented.
- c) To enable staff to implement the correct procedure when dealing with blood and body fluid spillage.

- d) To ensure that service users, staff and carers are cared for in a safe environment where the risks associated with decontamination procedures are kept to a minimum.

5. Scope

This policy will cover all aspects of decontamination that are required to protect all staff, service users and visitors in all HPFT sites.

6. Definitions

Decontamination A general term used to describe the destruction or removal of microbial contamination to render an item or the environment safe. The term decontamination includes sterilisation, disinfection and cleaning.

Cleaning A process that removes dirt, dust, large numbers of micro-organisms and the organic matter, such as blood or faeces that protects them. Cleaning is a prerequisite to disinfection or sterilisation.

Disinfection This is a process of removing or killing most, but not all, viable organisms. The aim of disinfection is to reduce the number of microorganisms to a level at which they are not harmful. Spores are not destroyed.

Sterilization This is the process of removing or killing all viable organisms including spores, dead micro-organisms and toxins (pyrogens) may remain.
NB. (Prions will not be effectively destroyed by this process – contact Infection Prevention and Control Team for further information)

Antimicrobials- Antimicrobials are substances which are used in the treatment of infection caused by bacteria, fungi or viruses

Bacteraemia The presence of bacteria in the blood

Colonisation Where an organism is present on or within a person's body but without signs or symptoms of disease.

Healthcare Associated Infection (HCAI)- Any infection by any infectious agent acquired as a consequence of a person's treatment by the NHS or which is acquired by a health care worker in the course of their NHS duties.

Infection Where the body is invaded by a harmful organism (pathogen) which causes disease or illness

**Standard infection
Prevention and control
Precautions**

Standard infection control precautions underpin routine safe practice, protecting both staff and service users from micro-organisms that may cause infection. By applying standard infection control precautions at all times and to all service users, best practice becomes second nature and the risks of infection are minimised.

7. Duties and Responsibilities

The responsibility for ensuring this policy is enacted lies with the HPFT Trust Board and the Chief Executive Officer. This responsibility is devolved to the Director of Infection Prevention and Control (DIPC) - Executive Director for Quality and Safety, who is responsible for overseeing the policy on an operational basis.

Hertfordshire Partnership University NHS Foundation Trust (HPFT) will ensure that all decontamination risks are managed by the Infection Prevention and Control Committee, who will devolve day to day activities to the Infection Prevention and Control Nursing team and the Facilities Department. The responsibilities of these groups are set out in the Management of Infection Prevention & Control Policy.

Line Managers are responsible for ensuring all staff undertakes infection prevention and control induction training and 2 yearly updates and that there is local compliance with the decontamination policy and procedures.

The identified Trust Decontamination Leads are:

- The **Executive Director Quality and Safety (DIPC)**
- **Head of Facilities and Maintenance**

All employees are responsible for ensuring that decontamination of medical devices and other surfaces takes place in accordance with this procedure.

8 Decontamination Procedures

8.1 Choosing an appropriate method of decontamination.

Prior to choosing a method of decontamination for any piece of medical equipment/device the manufacturer's instructions should always be followed.

To ensure that equipment/device can be appropriately decontaminated, the Medical Devices Group/ Procurement Team and the Infection Prevention and Control Team should be contacted for advice when the purchase of new equipment is being considered within the organisation.

The appropriate method of decontamination i.e. cleaning, disinfection or sterilisation, depends on a number of factors, e.g. the type of material to be treated, the organisms involved, the time available for decontamination and the risks to staff and service users.

8.2 Purchasing and Acquisition of Instruments and Equipment

Purchasing of medical equipment decisions have implications throughout the decontamination process and consideration should be given to how the equipment will be decontaminated, and any new decontamination equipment must be suitable for equipment or instruments to be processed. Single use items will be purchased wherever possible.

8.3 Medical Devices

Medical devices refer to all products, except medicines, used in healthcare for diagnosis, prevention, monitoring or treatment. The range of products is very wide and includes contact lenses, condoms, heart valves, hospital beds, resuscitators, radiotherapy machines, surgical instruments and syringes, wheelchairs and walking frames. (Health Act Code of Practice 2008 (revised 2015))

Submission for any clinical or non-clinical equipment must be made to the Medical Devices Committee who will consider technical and strategic issues.

This Committee will advise on the full implications of decontamination with respect to the procurement of medical devices and non-medical equipment. They will seek advice before authorising orders for new cleaning equipment or processes.

8.4. Cleaning, Disinfection and Sterilization

8.4.1 Which Level When?

Risk Category	Decontamination level	Intended use
Low	Cleaning & Drying	Items in contact with intact skin (e.g. mattresses). Items that are not in contact with service users (e.g. floors and walls).
Medium	Cleaning & Disinfection	Items in contact with mucous membranes (e.g. endoscopes, some musical instruments). Items that may have become heavily contaminated with microorganisms or blood/body fluids (e.g. Non-disposable bedpans).
High	Cleaning & Sterilization	Items that penetrate skin or mucous membranes or enter sterile body cavities (e.g. surgical instruments).

(Adapted from Wilson, 1995)

8.4.2. Cleaning

Cleaning removes grease, soil and approximately 80% of micro-organisms (Ayliffe et al, 1992). It is an important method of decontamination and may be safely used to decontaminate low risk items such as washbowls and commodes. Medium and high-risk items must be cleaned thoroughly prior to disinfection and sterilization.

General Principles

- Remove as much solid matter with suitable hand tools prior to using automated cleaning methods.
- Use a designated sink for cleaning (not a hand wash basin).
- Wear protective clothing as appropriate (see Standard Infection Control Precautions Policy).
- Use disposable cloths and discard after use.
- Use neutral detergent (e.g. 'Hospec') and hot water (maximum 42-43°C) for general cleaning.
- Rinse thoroughly to remove detergent residue.
- Dry thoroughly after cleaning (using disposable towels where appropriate).
- Decontaminate cleaning equipment after use and change cleaning brushes regularly.
- Store cleaning equipment clean and dry.

Domestic Cleaning

- The aim of environmental cleaning is to remove visible dirt, dust and organic matter e.g. blood & faeces that may contain bacteria.
- There is now a national colour-coding system in place for the NHS. All equipment for domestic cleaning must conform to the appropriate colour coding for each specific area.

Red – Toilets, showers and bathrooms
Green -Kitchens and Food preparation areas
Blue - Patient and General areas
Yellow - Isolation areas

- c) This system should be followed at all times by all staff undertaking cleaning activity. If there is a shortage of colour-coded materials, equipment or suitable Personal Protective Equipment, the supervisor should be informed immediately.
- d) Domestic cleaning equipment must be stored clean and dry in an appropriate clean room
- e) All other cleaning equipment must be stored clean and dry in an appropriate clean room.
- f) Change cleaning cloths (at least daily).
- g) Change and launder mop heads daily.
- h) Change disposable mops daily, if used.
- i) Use professional cleaning agents or detergent adhering Control of Substances Hazardous to Health (COSHH) recommendations
- j) Work from clean areas to dirty.
- k) DO NOT use chlorine solutions when implementing the initial clean – neutral detergent must be used.

High Cleaning

- a) Do not attempt to clean above a height that you can comfortably reach while standing on the floor.
- b) High cleaning should be arranged with the Estates Department.

Specialist Equipment/Instruments

Instruments should not be cleaned manually, they should be returned to sterile services for decontamination. Where manual cleaning is unavoidable NHS Estates Protocol for the Local Decontamination of Surgical Instruments (March 2001) should be used (see appendix A)

- a) Specialist equipment must be cleaned in accordance with the manufacturer's instructions.
- b) Where written instructions are not available the Unit / Department Manager (or designated person) should contact the manufacturer for advice.
- c) Where necessary local guidelines should be developed by the Unit / Department Manager and approved by the Infection Prevention and Control Committee.
- d) Where guidelines for decontamination have been required, or where the equipment decontamination process is complicated, the Unit / Department Manager must ensure that all staff undertaking the decontamination process have been trained, either by a competent member of staff, or by a representative from the manufacturing company.
- e) Ensure that cleaning agents used are compatible with the equipment [MDA SN2001(28)].
- f) Failure to follow the manufacturer's instructions may invalidate any warranty or service agreement.

8.4.3 Disinfection

Disinfection is used as part of the decontamination process for moderate risk items. Disinfection methods include heat and chemical disinfection. Moist heat may be used for items such as crockery, linen and bedpans. Specific chemical disinfectants can be used to decontaminate heat sensitive equipment and the environment, others used for when disinfectant is appropriate. Disinfectants are not cleaning agents as they are

generally inactivated by organic material, therefore **all items must be cleaned thoroughly prior to disinfection**. Examples of disinfectant hydrochloride agents include actichlor, sanichlor, chlorClean.

Chemical disinfectants are toxic substances, and the user must comply with the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Misuse and overuse of chemical disinfectants may result in damage to the user, service user or equipment and may also result in the development of antimicrobial resistance.

General principles

- a) Do not use disinfection as a substitute for sterilisation.
- b) Only use chemical disinfectants if absolutely necessary.
- c) Choose an appropriate disinfectant.
- d) Read the relevant COSHH assessment sheet before using **any** chemical disinfectant.
- e) Wear protective clothing (and respirators if required).
- f) Ensure adequate ventilation.
- g) Check the expiry date of the disinfectant.
- h) Ensure that the correct dilution is used (check manufacturer's instructions).
- i) Never dilute a disinfectant by guesswork.
- j) Never use two disinfectants together.
- k) Do not add anything to a disinfectant (including detergent) as this may result in a dangerous chemical reaction.
- l) Clean thoroughly before disinfection.
- m) Ensure sufficient contact time between disinfectant and equipment being decontaminated.
- n) Rinse thoroughly after disinfection (if alcohol is used to disinfect then rinsing is not required).
- o) Discard disinfectant solution after use.
Do not 'top up' solutions of disinfectant.
- p) Ensure that containers used for disinfection are stored clean, dry and inverted between uses.

To ensure that there is a system in place that ensures so far as is reasonably practicable all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are properly assessed.

Environment

- a) Disinfectants are rarely necessary in the environment, cleaning with detergent and water is generally all that is required.
- b) Surfaces that are clean and dry will not support the growth of most bacteria (Wilson, 1995).
- c) Hospital infections are rarely acquired from floors walls or furniture (Maki et al, 1982).
- d) Disinfectants should not be used for the decontamination of isolation rooms, unless specifically requested by the Infection Prevention and Control Team (reference should also be made to the Trust A-Z of infections policy).
- e) Blood and body fluid spills should be dealt with as outlined in point 8.4.9 of this Policy.

Specialist equipment

- a) Ensure that the disinfection process is compatible with the equipment [MDA SN2001(28)].
- b) If written instructions are not available, contact the manufacturer for advice and a list of compatible disinfectants.
- c) Where necessary local guidelines should be written and approved by the Infection Prevention and Control Committee.
- d) Failure to use the correct disinfection process may result in damage to the equipment and invalidate any service agreement or warranty.

Antiseptics

Antiseptics are disinfectants that are suitable for use on skin and tissues e.g. Chlorhexidine, Povidone Iodine, Triclosan and Alcohol. Antiseptics generally have a significantly weaker action than disinfectants used in the decontamination of instruments and equipment. Bacteria can grow in antiseptic solutions and have resulted in infections (Meers et al, 1997).

- a) Only use antiseptics if necessary
- b) Topical treatment with antiseptics must be prescribed.
- c) Ensure that the solution is in date.
- d) Use single use sachets wherever possible. Use open bottles within the recommended period (check label) discard any unused solution after this time.
- e) **Do not** top up solutions of antiseptics (including antiseptic hand washes).
- f) Change pump dispensers each time the bottle is changed or clean thoroughly in detergent and water and soak in Alcohol 70% for 10 minutes.
- g) Do not use antiseptic hand washing solutions such as 'Hibiscrub' or 'Betadine' for environmental cleaning or the cleaning of instruments. Use neutral detergent.
- h) If using a wipe to clean the skin prior to an invasive device being inserted ensures that the solution has had sufficient time to dry on the skin (15-20 seconds).

The use of chlorhexidine

Following the medical devices alert ref: **MDA/2012/075** informing Trusts of the risk of anaphylactic reaction due to chlorhexidine allergy, all medical and nursing staff involved in the use of medical devices and medicinal products involving chlorhexidine should:

- a) be aware of the potential for an anaphylactic reaction to chlorhexidine.
- b) Ensure that known allergies are recorded in patient notes.
- c) Check the labels and instructions for use to establish if products contain chlorhexidine prior to use on patients with a known allergy.
- d) If a patient experiences an unexplained reaction, check whether chlorhexidine was used or was impregnated in a medical device that was used.
- e) Report allergic reactions to products containing chlorhexidine to the medicines management team who will report to the MHRA.

8.4.4 Sterilization

All instruments that penetrate skin or mucous membranes or are used in sterile body cavities must be sterilised prior to use. Where possible all sterilisation should be carried out in the Sterile Services Department (HSSD/ CSSD). Local processing of instruments should be avoided.

NOTE: There should not be any instruments being used within HPFT sites that involve sterilization.

8.4.5 Storage of Sterile Equipment

Any sterile equipment **must** be stored:

- a) Away from public access.
- b) In a clean dry area, (i.e. where risk of contamination with dust and /or body fluids is minimal).
- c) Above floor level.
- d) Must have documented evidence of decontamination regime including the date/time and the name of the member of staff completing the process.

8.4.6. Protective Clothing

[Protective domestic gloves](#)

Protective domestic gloves should be worn for all cleaning tasks. These should be sturdy, suitable for purpose and comply with the national colour-coding system. Gloves should be inspected before use to ensure that they are intact. Where the task involves the use of chemicals, the gloves should be certified as suitable for chemical resistance and comply with the PPE Directive (89/686/EEC).

The Infection Prevention and Control Team may advise on the use of single-use gloves in certain circumstances such as outbreaks or infectious cleans.

Domestic gloves should be named to prevent multiple users and cleaned regularly between cleaning tasks. Use of gloves does not reduce the requirement for hand washing.

[Disposable, colour-coded plastic aprons for cleaning activities](#)

Disposable, colour-coded plastic aprons should be worn for all cleaning tasks in which splashes to clothing are likely to occur. They may also need to be worn when cleaning rooms occupied by service users with known/suspected infections.

For further information regarding protective clothing, please refer to the HPFT Standard Infection Control Precautions policy.

8.4.7 A-Z Table of Decontamination Methods

This is intended as additional information; it is not a comprehensive list. Please read the cleaning, disinfection and sterilization section in this policy before using this list.

Item	Decontamination Method	Frequency
Airways and Endotracheal tubes	Single use - disposable.	After each use
Ambu bag & face mask	Single use -disposable.	After each use.
Auroscope	Clean handle with detergent and water, use disposable specula or clean with detergent and water and soak in sanichor/presept solution 1000ppm for 5 minutes, rinse and dry.	After each use
Baby bottles and teats	Use pre-sterilised feeds if possible. Single use, disposable teats and bottles.	After each use
Baby changing mats	Clean with detergent and water and disinfect with a hypochlorite solution – 1000 parts per million (sanichlor/actichor/chorClean) AND Cover with disposable paper towelling	Change paper towelling after each baby Clean mat daily and if contaminated with body fluids with detergent and water and disinfect with a hypochlorite solution
Baby weighing scales	Clean with detergent and water and disinfect with a hypochlorite solution – 1000 ppm (sanichlor/actichor/chorClean) AND Line with disposable towelling	Change towelling after each baby Clean scales daily and if contaminated with body fluids with detergent and water and disinfect with a hypochlorite solution
Baths	Clean with detergent and hot water. If a service user has open wounds or the bath water is contaminated by body fluids, wipe with a chorine agent (1000 ppm) after cleaning.	After each use. It is the responsibility of staff to ensure that the bath is cleaned between uses.
Bed frames and wheels	Clean with detergent and water.	Daily and when service user is discharged.

Bedpans and urinals	Disposable, single use or disinfect in washer disinfectant. Clean carriers with detergent and hot water, followed by a disinfection using hypochlorite solution 1000 ppm if soiled with blood/bodily fluids.	After each use.
Blinds	Refer to manufacturer's instructions.	At least every six months and in between If visibly soiled/contaminated.
Bowls	Each service user to have own washbowl. Clean with detergent and hot water, store dry and inverted.	After each use.
Breast pump	Single patient use+	
Brushes: Hair Nail Lavatory	Individual use only. Disposable, use only if nails are heavily soiled. Rinse in flushing water.	Dispose of after use. Daily. Renew brushes frequently / once worn.
Carpets Carpets should not be placed in clinical areas	Vacuum. Steam clean. Clean with detergent and hot water preferably using a carpet shampooer. For spillage of body fluids and or faecal matter please refer to Page 23. Other than where identified do not use Chlorine based products on carpeted areas. NB Do not use carpet cleaning equipment to initially remove contaminated material. Remove solids and blot area by hand using disposable cloths	Daily. 6 monthly. Following spillage. .
Commodes	Thoroughly clean with detergent and hot water (followed with a wipe using hypochlorite (1000ppm	After each use. Commodes should be inspected at least daily to ensure that all surfaces are clean.

Curtains	Always follow manufacturer's instructions. All spillages on all equipment should follow the advice as per page 23	Routine change at least every six months and in between if visibly soiled/contaminated.
Dressing trolleys	Clean with hot water and detergent. Disinfect with alcohol wipes.	Daily and if contaminated with blood or body fluids. Before use.
Face Masks (oxygen)	Disposable, single patient use. In between specific service user use, clean with detergent and warm water	After each use
Headphones (radio)	Change foam ear pieces and clean with detergent and water.	After each service user
Ice Making Machines	If the ice is intended for human consumption, ensure that the machine is suitable for this purpose and is connected to mains water. Locate the machine in a clean area such as the kitchen. The machine must be cleaned and maintained regularly, in accordance with the manufacturer's instructions	Read manufacturer's instructions, clean and maintain as instructed.
Jugs Urine	Disposable, single use. Use sterile jugs supplied by supplies or disinfect in washer disinfector if available	After each use
Laryngoscopes: Blades Handles	Use single patient use disposable blade Clean hand pieces with detergent and water followed by thorough cleaning with 70% alcohol wipes.	After each use After each use
Linen	Return to laundry or wash individual service user's bed linen in ward/washing machine if appropriate. Refer to linen and laundry guidance for further information	In between use with different service users.

<p>Manual handling equipment Arm resters /Bath hoist/ Banana board</p> <p>Hoist sling/sliding sheet and easy slide</p> <p>Supine transfer board (Pat slide)</p>	<p>Wipe with detergent and water. Dry using disposable paper towel. Use hard surface wipes (70% alcohol) if soiled or used by an infected service user.</p> <p>Disposable slings may be used and should be allocated for use of one single service user only. Reusable sling should be washed according to manufacturer's instructions.</p> <p>Wipe with detergent and hot water and dry. Use hard surface alcohol wipe if soiled or used by an infected service user.</p>	<p>After each use</p> <p>Between each service user use and between use if soiled/contaminated.</p> <p>After each use</p>
<p>Mattresses</p>	<p>Clean with detergent and water. If contaminated with blood or body fluids, the mattress must then be wiped with a chlorine agent e.g. sanichlor/presept/actichlor solution 1000 ppm. The mattress must then be rinsed thoroughly to avoid damage to the cover.</p> <p>Do not use alcohol on mattress covers, as it will damage the material.</p> <p>Covers must be regularly checked to ensure that they are waterproof and replaced if leaking. If inner mattress becomes damaged or soiled, the mattress should be condemned.</p> <p>Specialist mattresses must be cleaned in accordance with manufacturer's instructions.</p>	<p>Clean after each service user and if soiled.</p>
<p>Medicine pots/cups</p>	<p>Single use</p>	<p>After each use</p>
<p>Mops</p> <p>Colour coding</p> <p>Red Green</p>	<p>Use disposable where possible otherwise change mop head and launder. Clean handle with detergent and water. Store mop buckets inverted</p> <p>Toilets, Showers, Bathrooms Kitchens, Food Preparation</p>	<p>Daily</p>

Blue	Areas Service User and General areas	
Yellow	Isolation/Infection area	
Nebulisers	Single patient use In between specific service user use, clean with detergent and warm water	In between each service user.
Pillows	Must be covered with a water impermeable cover. To be washed with detergent and water and allowed to dry. If soiled with blood or other body fluids the cover must be wiped with a disinfectant of hypochlorite solution -1000 ppm – or where badly contaminated dispose via the appropriate clinical waste system.	After each service user and when visibly soiled/contaminated
Razors	Disposable single service user use. Dispose of into sharps container. Electric shavers for individual service user use only.	Dispose of after each service user.
Stethoscope	Clean with detergent and water and dry. Wipe ear piece and head with 70% alcohol wipe and allowed to dry.	Between service users
Suction Equipment Machines:	Clean outside of machine with detergent and water.	If in use: daily and if visibly soiled. If not in use: weekly.
Catheters	Single use disposable. Do not leave open catheters attached to tubing.	Dispose of after each use via the clinical waste stream
Tubing	Single service user use	Dispose of after each use
Filters	Change in accordance with manufacturer's instructions and if soiled/contaminated.	As required
Bottles	Use disposable bottles/ liners wherever possible. Most suction machines can be converted for use with disposable bottles.	After each use.

Thermometers	Use disposable thermometers or thermometers with disposable sleeves or covers.	Dispose of sleeves or covers after every use. Do not use mercury thermometers
Toilets	Clean with detergent and water (followed with a wipe using hypochlorite (1000ppm)	Three times daily and if soiled. En-suite daily if bedroom unoccupied during the day.
Tourniquets	Single patient use	After each service user
Toys	Refer to decontamination of therapeutic play equipment guidance - page 53	
Vomit bowls	Disposable: use macerator or empty contents down toilet or sluice, and dispose of bowl as clinical waste.	After each use
Walking Aids e.g. frames, sticks etc.	Clean with detergent and hot water. Disinfect with a hypochlorite solution - 1000 parts per million (sanichlor/acticor), if visibly soiled with blood or other body fluids	After each patient use or when visibly soiled
Wheelchairs Manual	Clean with detergent and hot water. Disinfect with a hypochlorite solution - 1000 parts per million (sanichlor/acticor), if visibly soiled with blood or other body fluids	After each patient use or when visibly soiled
Wheelchairs Electric	Decontaminate according to manufacturer's instructions	

For further information regarding the cleaning standards template for unit staff to complete, please refer to [Appendix 2](#)

For general cleaning advice and relevant cleaning methodology please log on to Trust space / Facilities Cleaning page. Each task has a full method statement.

8.4.8 SINGLE -USE ITEMS

What Are Single-Use Items?

Single use items may be broadly divided into two groups

- a) single-use
- b) single service user use

Single-use items should be used once only and discarded.

Single service user use items may be reused for the same service user.

All items may require some form of reprocessing between uses and should be discarded when no longer required by the service user

Reprocessing of single-use items requires the process and the device to undergo extensive testing, validation and documentation to ensure the device is safe to reuse. Few healthcare establishments are equipped to carry out these procedures; therefore the use of a reprocessed single use device is likely to be associated with significant risk (MDA DB2000(04), 2000).

Use of Single-Use Items

- a) Devices designated for single-use must not be reused under any circumstances.
- b) Devices designated for single service user use should be used only once.
- c) The reuse of single-use devices can affect their safety, performance and effectiveness, exposing service users and staff to unnecessary risk.
- d) Reprocessing single use devices may affect the capabilities and/or the materials from which the device is made.
- e) Single-use devices are not be designed to allow thorough decontamination and, if applicable, resterilization processes
- f) Inadequate decontamination may lead to cross infection.

Legal Issues

- a) If a single-use item is reused this may negate the manufacturer's warranty.
- b) The organisation would be liable under criminal law (Provision and Use of Work
- c) Equipment 1998) and civil law under the Tort of Negligence if damage or injury is caused by the reuse of single-use items.
- d) An employee could be held liable under criminal law (Health and Safety at Work Act 1974) for reusing a single-use item and in civil law under their duty of care.

Symbols used on medical devices and their packaging

BATCH CODE

LOT ABC1234

Synonyms for this are:

- Lot number
- Batch number

DATE OF MANUFACTURE



1999-12

DO NOT REUSE



Synonyms for this are:

- Single-use
- Use only once

SERIAL NUMBER

SN ABC123

CATALOGUE NUMBER

REF ABC123

USE BY DATE

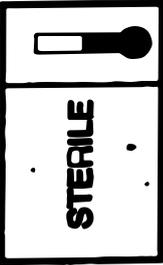


2002-06-30

ATTENTION, SEE INSTRUCTIONS FOR USE



44

	STERILE
	Method of sterilizations: ethylene oxide
	Method of sterilizations: Irradiation
	Method of sterilizations: steam or dry heat

These symbols are the most common ones appearing on medical devices and their packaging. They are explained in more detail in the British and European Standard BS EN 680: 1997 Graphical symbols for use in the labelling of medical devices.

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

8.4.9. Management of blood and other body fluids

The term “bodily fluids” includes blood, urine, faeces, sputum, wound exudate and all other bodily secretions.

All spillages should be cleared up as soon as possible.

It is the responsibility of the department/ward/unit staff to ensure that blood and body fluid spillage in their area is cleaned up safely and appropriately. It is the responsibility of the member of staff reporting the spillage to ensure that the health and safety of others is maintained until the spillage is removed, i.e. place wet floor/spillage sign at the site of the spillage.

It is the responsibility of the unit staff to deal with the initial body fluid spillage. Once all visible signs of the body fluid spillage have been removed, the housekeeping staff should be informed immediately so the area can have a more thorough clean. If the spillage occurs outside of a unit area (e.g. corridor, stairs), the Interserve helpdesk number must be called immediately (0800 032 1366).

All blood and blood stained body fluids must be considered a potential infection hazard. Treatment of blood and body fluid spills with a chlorine releasing disinfectant prior to removal does not render the spillage 'safe' as the disinfectant is inactivated by organic matter and the disinfectant may not penetrate the spillage fully. Furthermore the disinfectant itself can be hazardous to health and its use should be controlled. The main hazard of a spillage is to the individual clearing it up. Therefore, it is more important that the individual dealing with the spillage has received the appropriate education and training in this area. It is also important that appropriate protective clothing is worn whenever dealing with blood or body fluid spills e.g. disposable gloves and apron, and that the spillage is removed as soon as possible rather than relying on the nebulous activity of a disinfectant.

A) Blood splashes on floors, walls and other surfaces.

Clean immediately with hot water and detergent, using a disposable cloth or mop and follow by a hypochlorite solution e.g. Saniclor/Precept (10,000 parts per million (ppm) must be used).for hard floors only.

B) Blood and other body fluid spillage on floors.

(NB Spillage means a large amount, enough to form a puddle).

The spillage can be absorbed with paper towels or similar material. Dispose of paper towels into a clinical waste bag/bin. Mop floor with hot water and detergent followed by a hypochlorite solution e.g. Saniclor/Precept 10,000ppm).

If spillage has occurred on a carpeted area it should be cleaned with a carpet shampooer/extractor as soon as possible after initial absorption and manual clean. Staff will need to ascertain whether this is the responsibility of the clinical staff or of the cleaning contractor. Do not use hypochlorite solution as it will damage the surface.

C) Equipment and materials required:

- a) colour-coded bucket;
- b) colour-coded cloth;

- c) single-use gloves suitable for chemical resistance and complying with the PPE Directive (89/686/EEC);
- d) plastic apron;
- e) paper towels;
- f) chlorine-based absorbent granules;
- g) disinfectant product giving sodium hypochlorite solution of strength 10,000 parts per million available chlorine;
- h) clinical waste bags;
- i) warning signs.

Method

- a) Wash hands and put on gloves.
- b) Display warning signs.
- c) Clear spillages of urine or faeces with paper towels and place directly into the clinical waste bag. The bag should be next to the spillage in readiness for this. Tie the bag following waste disposal policy and dispose of at the central point as soon as possible.
- d) Large spillages of blood should be absorbed using chlorine-based absorbent granules. Allow to remain in contact for 2 minutes then place debris in a clinical waste bag as at point 3.
- e) Prepare the disinfectant solution in the bucket in strict accordance with the manufacturer's instructions. Do not mix chemicals and only use a cleaning product provided by your employer.
- f) Dampen or rinse a cloth in the cleaning solution.
- g) Disinfect thoroughly, changing the cloth as necessary. On completion, dispose of cloths, gloves and other protective wear used as clinical waste, as at point 3.
- h) Allow the area to dry.
- i) Damp-mop the affected area (refer to damp-mopping method statement).

D. Accidental exposure to blood or bloody substances

- Inoculation injuries, such as needlestick, other sharps injuries, bites, scratches and splash contamination of broken skin require immediate action, as follows:
 - a) The area should be washed with soap and running water and bleeding should be encouraged. The wound should **not** be sucked.
 - b) A waterproof dressing should be applied.
 - c) Staff to report sharps injuries to PAM OH 24 hour needlestick injury helpline 0300 660 0365 immediately and attend Accident and Emergency. The Manager to refer to PAM OH if a risk assessment for potential acquisition of blood-borne viruses is required and to check hepatitis B immunity.
 - d) The incident should be reported to a manager who should ensure that the incident is recorded on datix.
- For splashes to intact skin, the affected area should be washed immediately with warm soapy water.
- Splashes to the mouth should be rinsed out with large quantities of water, and reported (as in point c and d above).
- Splashes to the eyes should be irrigated immediately with water or, if available, sterile saline from an eye station, report, (as in point c and d above).

For further information, refer to the Trust Accidental Inoculation Procedure in the Safer Sharps Policy.

9. Training

The Management of Infection Prevention & Control Policy sets out the training requirements for infection prevention and control

Course	For	Renewal Period	Delivery Mode	Contact Information
Infection Prevention and Control Training	Level 1 training - All admin staff, contractors, non-clinical staff Level 2 training – All staff carrying out clinical duties	Every 2 years	E-learning	Contact the Learning & Development Team: Learning@hpft.nhs.uk

10 Process for monitoring compliance with this document

What	How	Who	When	Where	Who
Condition of the Environment	Audit Implementation	Infection Prevention and Control Team and Link Practitioners	5 audits to be completed per year by the Infection Prevention and Control Team. 6 monthly audits by the link practitioners	Infection Prevention and Control Committee	Infection Prevention and Control Committee
Decontamination practices of medical devices and other equipment	Cleaning schedules	Team Leader/Modern Matron/Link Practitioner	Weekly	Infection Prevention and Control Committee	Infection Prevention and Control Committee

The Facilities Department monitors all cleaning service contracts.

The Facilities Department together with the Infection Prevention and Control Team organise further audit of the decontamination process and results.

11. Version Control

Version	Date of Issue	Author	Status	Comment
V2	March 2006	Lead Infection Control Nurse	Superseded	Archived
V3	February 09	Lead Infection Control Nurse	Superseded	Agreed Infection Control Committee 14.1.09 and Trust Executive 17.2.09
V4	12 th February 2014	Infection Control Nurse	Superseded	Fully reviewed
V5	7 th September 2017	Consultant Nurse Infection Prevention and Control	Current	Fully reviewed

12. Relevant Standards

The Health and Social Care Act 2008, revised 2015, Code of Practice on the prevention and control of infections and related guidance

13. Associated Documents

This policy should be used in conjunction with other Trust policies, including:-

- Hand Hygiene
- Waste Management
- Standard Infection Control Precautions
- Sharps Management
- A-Z of Infections
- Control of Substance Hazardous to Health (COSHH)
- Health and Safety

14. Supporting References

Ayliffe GAJ, Lowbury EJJ, Geddes AM and Williams JD, 1992, *Control of Hospital Infection A Practical Handbook*, Third Edition, Chapman & Hall Medical, London.
Consumer Protection Act 1987.

Control of Substances Hazardous to Health (COSHH) Regulations 1988 and all amendments thereon current at all times.

Earnshaw JJ, Clarke AW and Thom BT, 1985, Outbreak of *Pseudomonas aeruginosa* following endoscopic retrograde cholangiopancreatography, *Journal of Hospital Infection*, 6, 95-97.

Health and Safety at Work Act 1974.

Health Service Circular HSC 1999/178, 1999, Variant Creutzfeldt-Jacob Disease (vCJD): Minimising the Risk of Transmission, HMSO, London

Health Service Guidelines HSG(93)26, 1993, *Decontamination of equipment prior to inspection service or repair.*

Health and Technical Memorandum (HTM), 2010, 1994, *Sterilisation*, HMSO, London.

Health and Technical Memorandum (HTM), 2031, *Clean Steam for Sterilisation*, HMSO, London.

Health Act Code of Practice 2010(revised 2008) Hygiene Code Annex 1. Decontamination)

Maki DG, Alvarado CJ, Hassenmer CA et al ,1982, Relation of the inanimate environment to endemic nosocomial infection, *New England Journal of Medicine*, 307, 1562-1566.

Medical Devices Agency Device Bulletin MDA DB9609, 1996, *Decontamination of Endoscopes*, HMSO London.

Medical Devices Agency (MDA), 1996, Device Bulletin, DB9605 *Purchase Operation and Maintenance of Benchtop Sterilizers*, HMSO, London.

Medical Devices Agency (MDA), 2000, Device Bulletin, DB2000/05 *Purchase Operation and Maintenance of Vacuum Benchtop Sterilizers*, HMSO, London.

Medical Devices Agency Device Bulletin MDA DB2000(04), 2000, *Single-use Medical Devices: Implications and Consequences of Reuse*, HMSO, London.

Medical Devices Agency (MDA), 2001, *Compatibility of Medical Devices and Reprocessing Equipment with Decontamination Agents*, MDA SN2001(28).

Medical Devices Agency (2001) *Compatibility of Medical Devices and Reprocessing Equipment with Decontamination Agents*, MDA SN2001(28).

Meyers P, McPherson M and Sedgwick J, 1997, *Infection Control in Healthcare*, Second Edition, Stanley Thorns (Publishers) Ltd, U.K.

Minimal Access Therapy Working Group, 2000, Decontamination of minimally invasive surgical endoscopes and accessories, *Journal of Hospital Infection*, 45, 263-277.

National Patient Safety Agency (2009), National Reporting and Learning Service, *The Revised Healthcare Cleaning Manual*, NPSA

Wilson J, 1995, *Infection Control in Clinical Practice*, Baillie Tindal, London.

15. Consultation

The following staff have been consulted so far.

Job Title of person consulted
Executive Director Quality & Safety
Infection Prevention and Control Committee
Medical Devices Committee
Modern Matrons

Appendix 1 - Declaration of Contamination Status form

Appendix 2 - Cleaning Standards template for Nursing/Unit Staff

Appendix 3 - Safe Decontamination Practices of Therapeutic Play Equipment Guidance

Example of Decontamination Certificate from HSG (993) 26 Annex for medical & Laboratory equipment prior to inspection, servicing or return to areas within or outside the organisation.
DECLARATION OF CONTAMINATION STATUS

Prior to the Inspection Servicing, Repair or Return of Medical and Laboratory Equipment

TO: Make and Description of
 Equipment: Model/Serial/Batch No:

Authority's Ref or Order No: Recipient's Service or Returns
 Authorisation Reference or Contact Name:

Tick box A if applicable. Otherwise complete all parts of B, providing further information as requested or appropriate.

A. This equipment/item has not been used in any invasive procedure or been in contact with blood, other body fluids, respired gases, or pathological samples. It has been cleaned in preparation for inspection, servicing, repair or transportation.

B. 1. Has this equipment/item been exposed internally or externally to hazardous materials as indicated below?

Provide further details here

YES/NO Blood, body fluids, respired gases.
 Pathological samples

YES/NO other biohazards:

YES/NO Chemicals or substances hazardous to health:

YES/NO Other hazards:

2. Has this equipment/item been cleaned and decontaminated?
 YES/NO indicate the methods and materials used:

If the equipment/item could not be decontaminated indicate why:

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

3. Has the equipment/item been suitably prepared to ensure safe handling/transportation?

YES/NO

I declare that I have taken all reasonable steps to ensure the accuracy of the above information, in accordance with HSG(93)26.

Authorised signature

Unit:

Name (printed)

Dept:

Position

Tel No:

Date

Cleaning Standards template for Nursing/Unit Staff

Identifying Risk categories

- **Very high risk functional areas** include ECT, Accident and Emergency departments and other departments where invasive procedures are performed or where immuno – compromised patients are receiving care. All other areas/rooms adjoining the very high risk functional areas must also be classed in this category.
- **High risk functional areas** include general wards, sterile supplies, public thoroughfares and public toilets. All other areas/rooms adjoining the high risk functional areas must also be classed in this category.
- **Significant risk functional areas** include outpatient departments. All other areas/rooms adjoining the significant risk functional areas must also be classed in this category
- **Low risk functional areas** include administrative areas, record storage.

Colour code key

Red. All users must clean after us

Blue. Nursing care team as part of clinical procedure Equipment care.

Green. Domestic service including contractors, in house team or **care team members where no service provision exists.**

Violet. Estate department must disassemble and re assembles items to be cleaned.

Orange. Refers to correct cleaning method and where to find detailed advice.

Environment, Patient Equipment, Direct Contact

Element	Standard	Responsibility (to be completed locally)	Minimum cleaning frequency ----- Very high risk	----- High risk	----- Significant risk	----- Low-Risk	Cleaning and Decontamination method
1. Commodes	All parts including underneath should be visibly clean with no blood and body substances, dust, dirt, debris or spillages	Nursing/care team (non domestic staff)	Clean contact points after each use And One full clean daily	Clean contact points after each use And One full clean daily	Clean contact points after each use And One full clean daily	N/A	Thoroughly clean with detergent and hot water (followed with a wipe using hypochlorite (1000 ppm) HPFT 19A
2. Bathroom hoists	As above	Nursing/care team (non domestic staff)	Clean contact points after each use	Clean contact points after each use	Clean contact points after each use		Wipe with detergent and water. Dry using disposable paper towels. Use hard surface wipes (70% alcohol) if soiled or used by an infected service user. HPFT 02
3. Weighing scales, manual handling equipment	As above	Nursing/care team (non domestic staff)	Clean contact points after each use	Clean contact points after each use	Clean contact points after each use	N/A	Pat slides/arm resters/banana board-Wipe with detergent and hot water and dry. Use hard surface wipe if soiled or used by an infected service

							<p>user</p> <p>Hoist sling/sliding sheet-Disposable slings may be used and should be allocated for use of one single service users only.</p> <p>Reusable sling should be washed according to manufactures instructions.</p> <p>Adult weighing scales – detergent and hot water.</p> <p>Baby weighing scales – Detergent and hot water and disinfect with a hypochlorite solution – 1000 ppm. Line with disposable towelling (change after every use)</p> <p>HPFT 01</p>
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4. Drip stand	As above	Nursing/care team (non domestic staff)	Clean contact points after each use	Clean contact points after each use	Clean contact points after each use	N/A	Detergent and water followed by a disinfection using hypochlorite solution – 1000ppm if soiled with blood or other bodily fluids HPFT 20
5. Other medical equipment not connected to a patient, e.g IV infusion pumps	As above	Nursing/care team (non domestic staff)	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use	N/A	Follow manufacturer's instructions.
6. Medical equipment connected to a patient, e.g. IV infusion pumps drip stand	As above	Nursing/care team (non domestic staff)	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use		Follow manufacturer's instructions. HPFT
7. Patient washbowl	As above Should be decontaminated appropriately between patients and should be	Nursing/care team (non domestic staff)	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use		Detergent and hot water Dry with paper towels and store inverted

	stored clean, dry and inverted. Badly scratched bowls should be replaced.						HPFT
8. Medical gas equipment	All parts including underneath should be visibly clean with no blood and body substances, dust, dirt, debris or spillages	Nursing/care team (non domestic staff)	One full clean daily	One full clean daily	One full clean daily		Follow manufactures instructions
9. Patient fans	As above, including blades/fins	Estates Dept	One full clean daily and between patient use	One full clean daily and between patient use	Case daily		Refer to manufactures instructions HPFT 15

Close contact

Element	Standard	Responsibility (to be completed locally)	Minimum cleaning frequency ----- Very high risk	-----	-----	-----	Cleaning and Decontamination method
				High risk	Significant risk	Low-Risk	
10. Alcohol hand gel at the point of use and bedside clipboards and notice boards	All parts should be visibly clean with no blood and body substances, dust, dirt, debris or spillages.	Nursing/care team (non domestic staff)	Case daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use		Detergent and hot water

11. Notes and drugs trolley	As above	Nursing/care team (non domestic staff)	One full clean weekly	One full clean weekly	One full clean weekly		Detergent and hot water
12. Patient personal items e.g. cards	As above. Loose items such as clothing should be stored away either in the locker or bag.	Nursing/care team (non domestic staff)	One full clean daily	One full clean daily	One full clean daily	N/A	Damp Dust
13. Linen trolley	All parts should be visibly clean with no blood and body substances, dust, dirt, debris or spillages.	Nursing/care team (non domestic staff)	Contact points daily And One full clean weekly	Contact points daily And One full clean weekly	Contact points daily And One full clean weekly		Detergent and hot water HPFT

Fixed assets

Element	Standard	Responsibility (to be completed locally)	Minimum cleaning frequency ----- Very high risk	-----	-----	-----	Cleaning and Decontamination method
				High risk	Significant risk	Low-Risk	
14. Switches, sockets and data points	All parts should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages.	Domestic service	One full clean daily	One full clean daily	One full clean weekly		

15. Walls	As above – includes skirting	Domestic service	Check clean daily And Dust weekly And Wash yearly	One check clean daily And One full clean weekly (dust only) And One full washing yearly	Check clean weekly And Dust Monthly And Washing Yearly	Check clean weekly Washing once every three years	HPFT 43
16. Ceiling	As above	Domestic service Specialist provider	Dust monthly And Wash yearly	Dust monthly And Wash yearly	Dust monthly And Wash yearly	One check dust monthly Wash three-yearly	HPFT 25 Specialist provider to carry out ceiling washing.
17. All doors	As above	Domestic service	One full clean daily	One full clean daily	One full clean daily	One full clean weekly	Detergent and hot water
18. All internal glazing including partitions	As above All should have a uniform shine appearance.	Domestic service Contract Window Cleaner	One full clean daily	One check and clean daily And One full clean weekly	One check and clean daily And One full clean weekly	One full clean weekly	HPFT 28
19. All external glazing	All external surfaces should be clean.	Contract Window Cleaner	One full clean every three months	One full clean every three months	One full clean every three months	N/A	Contracted window cleaners 6 monthly HPFT 22
20. Mirrors	All mirrors should be visibly clean and smear free with no	Domestic service	One full clean daily	One full clean daily	One full clean daily	One full clean weekly	HPFT 28

	blood and body substances, dust, dirt, debris, adhesive tape or spillages.						
21. Bedside patient TV including earpiece for bedside entertainment system	All parts should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages.	Domestic service	One full clean daily	One full clean daily	One full clean daily	N/A	Foam Earpiece must be cleaned with detergent and water after each service user. HPFT 04
22. Radiators	As above	Domestic service Estates Dept	One full clean daily	One full clean daily	One full clean daily	One full clean monthly	HPFT 16
23. Ventilation grilles extract and inlets	As above	Domestic service Estates Dept	One full clean weekly	One full clean weekly	One full clean monthly	One full clean monthly	HPFT 31

Hard floors

Element	Standard	Responsibility (to be completed locally)	Minimum cleaning frequency	----- High risk	----- Significant risk	----- Low-Risk	Cleaning and Decontamination method
24. Floor - polished	All the floor including edges, corners and main	Domestic service	Dust removal-two full cleans daily Very high risk	Dust removal-one full clean daily and one	Dust removal –one full clean daily	Dust removal – one full	HPFT 21

	floor spaces should have a uniform shine and be visibly clean with no blood and body substances, dust, dirt , debris, spillages or scuff marks		And Wet mop – two full cleans daily And Machine clean weekly And Strip and reseal yearly	check daily And Wet mop – one full clean daily and one check clean daily And Machine clean weekly And Strip and reseal yearly	And Wet mop daily And Machine clean monthly And Strip yearly	clean weekly and one check clean weekly And Wet mop one full clean weekly and one check clean weekly And Machine clean quarterly And Strip and reseal twice yearly	HPFT 17 Specialist provider
25. Floor – non - slip	As above	Domestic service	Dust removal-two full cleans daily And Wet mop – two full cleans daily And Machine clean weekly	Dust removal-one full clean daily and one check daily And Wet mop – one full clean daily and one check clean daily And Machine clean weekly	Dust removal –one full clean daily And Wet mop daily And Machine clean monthly	Dust removal – one full clean weekly and one check clean weekly And Wet mop one full clean weekly and one check	HPFT 21 HPFT 17 Specialist provider

						clean weekly And Machine clean quarterly	
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Soft floors

Element	Standard	Responsibility (to be completed locally)	Minimum cleaning frequency ----- Very high risk	-----	-----	-----	Cleaning and Decontamination method
				High risk	Significant risk	Low-Risk	
26. Soft floor	All the floor including edges, corners and main floor spaces should have a uniform shine and be visibly clean with no blood and body substances, dust, dirt, debris, spillages. Floors should have a uniform appearance and an even colour with no stains or watermarks.	Domestic service	Two full cleans daily And Shampoo six monthly	One full clean daily and one check clean daily And Shampoo six monthly	One full clean daily And Shampoo yearly	One full clean weekly and one check clean weekly And Shampoo six monthly	Vacuum HPFT 46 Steam clean Carpet shampoo Specialist provider

Fixtures

Electrical fixtures and appliances

Element	Standard	Responsibility (to be completed locally)	Minimum cleaning frequency ----- Very high risk	----- High risk	----- Significant risk	----- Low-Risk	Cleaning and Decontamination method
27. Pest control devices	The device should be free from dead insects, animals or birds and be visibly clean.	Contract pest control	Dust removal-one full clean daily And Full clean monthly	Contracted service			
28. Electrical items	The casing should be visibly clean with no blood and body substances, dust, dirt, debris or adhesive tape.	Domestic service	Dust removal-one full clean daily And Full clean monthly	Refer to manufactures instructions HPFT 10			
29. Cleaning equipment	All should be visibly clean with no blood and body substances, dust, dirt, debris	Domestic service	Full clean after each use	Use disposable mops where possible. Otherwise change mop head and			

	or moisture						launder. Clean mop handle and bucket with detergent and water. Store mop buckets inverted. Refer to manufactures instructions for cleaning machines HPFT 07
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Furnishings and fixtures

Element	Standard	Responsibility (to be completed locally)	Minimum cleaning frequency	-----	-----	-----	Cleaning and Decontamination method
				Very high risk	High risk	Significant risk	
30. Low surface	All surfaces should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages.	Domestic service	Twice daily	One full clean daily and one check clean daily	One full clean daily	One full clean weekly	Detergent and hot water HPFT 10-11-12-13
31. High surfaces	As above	Domestic service	Twice weekly	One full clean daily and one	One full clean weekly	One full clean	HPFT 25

				check clean daily		weekly	
32. Chairs	All parts should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages.	Domestic service	Daily and one check clean daily	Daily and one check clean daily	One full clean daily	One full clean weekly	Detergent and hot water followed by hypochlorite solution (1000 ppm), if soiled with blood or other bodily fluids HPFT 13
33. Beds	As above – includes mattress, pillows, bed frame, wheels and casters.	Care team on discharge Domestic service daily damp wipe	Frame daily + underneath weekly + all on discharge	Frame daily + underneath weekly + all on discharge	Frame daily + underneath weekly + all on discharge	N/A	Detergent and hot water. Disinfect with hypochlorite solution (1000 ppm) if soiled with blood or other bodily fluids. Alcohol wipes must not be used on mattress / pillow covers as this will damage the material. HPFT 14
34. Lockers	All parts should be visibly clean with no blood and body substances, dust, dirt,	Domestic service	Twice daily	One full clean daily and one check clean daily	One full clean daily	N/A	Detergent and hot water HPFT 10

	debris, adhesive tape, stains or spillages.						
35. Tables	As above,	Domestic service	Twice daily	One full clean daily and two check clean daily	One full clean daily	One full clean daily	Detergent and hot water HPFT 10
36. Hand wash containers (liquid soap and paper towel containers)	As above Dispensers must only be full following risk assessment.	Domestic service	Daily	Daily	Daily	N/A	Detergent and hot water HPFT 10
37. Alcohol hand rub dispensers	As above Dispensers must only be filled following risk assessment	Domestic service	Daily	Daily	Daily	N/A	Detergent and hot water HPFT 10
38. Waste receptacles	All parts including lid and pedal should be visibly clean with no blood and	Domestic service Care team to empty clinical waste receptacles.	Daily and one check clean + Deep clean weekly	Daily and one check clean + Deep clean weekly	One full clean daily + Deep clean weekly	One full clean daily + Deep clean weekly	Detergent and hot water Follow Trust procedure no plastic liners to be used in patient

	body substances, dust, dirt, debris, stains or spillages. Receptacles should be emptied frequently and not allowed to overflow.	Domestic service to empty domestic waste receptacles					areas HPFT 34
39. Curtains and blinds	Should be visibly clean with no blood and body substances, dust, dirt, debris, stains or spillages.	Unit to arrange exchange	Clean, change or replace yearly + Bed curtains change 4 monthly	Clean, change or replace yearly + Bed curtains change 6 monthly	Clean, change or replace yearly + Bed curtains change 12 monthly	Clean, change or replace 6 monthly	Refer to manufacturer's instructions HPFT 09

Kitchen fixtures and appliances

Element	Standard	Responsibility (to be completed locally)	Minimum cleaning frequency ----- Very high risk	-----	-----	-----	Cleaning and Decontamination method
				High risk	Significant risk	Low-Risk	
40. Dishwashers	All parts should be visibly clean with no blood and body substances,	All users	One full clean and two check clean daily	One full clean and two check clean daily	One full clean daily	One full clean daily	Refer to manufactures instructions HPFT 18

	dust, dirt, debris, stains spillages or food debris.						
41. Fridge and freezers	As above Must not have evidence of any build-up of ice.	Domestic service	Three check clean per day + One full clean weekly (remove all contents to clean) + Defrost monthly	Three check clean per day + One full clean weekly (remove all contents to clean) + Defrost monthly	Three check clean per day + One full clean weekly (remove all contents to clean) + Defrost monthly	Daily check clean + One full clean weekly (remove all contents to clean) + Defrost monthly	Refer to manufacturer's instructions HPFT 37
42. Ice machines and hot water boilers	All parts should be visibly clean with no blood and body substances, dust, dirt, debris or spillages.	Domestic service	Daily check clean +One full clean weekly	Daily check clean +One full clean weekly	Daily check clean +One full clean weekly	N/A	Refer to manufacturer's instructions HPFT 27
43. Kitchen cupboards	As above Must not have any food debris.	Domestic service	One full clean weekly	One full clean weekly	One full clean monthly	One full clean quarterly	Detergent and hot water HPFT 10
44. Microwaves	As above	All users	One full clean and two check clean daily	One full clean and two check cleans	One full clean daily	One full clean daily	Detergent and hot water HPFT 32

Toilet, sinks, washes hand basins and bathroom fixtures

Element	Standard	Responsibility (to be completed locally)	Minimum cleaning frequency	----- High risk	----- Significant	----- Low-Risk	Cleaning and Decontamination method
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			Very high risk		risk		
45. Showers	All parts should be visibly clean with no blood and body substances, scum, dust, lime scale, stain, deposit or smears.	All users Domestic service	One full clean daily and one check clean daily	One full clean daily and one check clean daily	One full clean daily	One full clean daily	Detergent and hot water. If a service user has an open wound or the bath water is contaminated by body fluids, clean with a chlorine agent (1000 ppm) after cleaning HPFT 41
46. Toilets and bidets	As above	Domestic service	Three full cleans daily	Two full cleans daily and one check clean daily	One full clean daily	One full clean daily	Clean with detergent and water followed with a wipe using hypochlorite (1000ppm) HPFT 05 HPFT 50
47. Replenishment	There should be plenty of all consumables and soap	Domestic service	Three times per day	Three times per day	Once daily	Once daily	HPFT 55 HPFT 38-39- 40
48. Sinks – including wall attached dispensers	All parts should be visibly clean with no blood and body substances, scum, dust, lime scale, stain, deposit or smears.	Domestic service	Three full cleans per day	Two full cleans per day and one check clean daily	One full clean daily	One full clean daily	HPFT 25

	Plugholes and overflow should be free from build-up.						
49. Baths	As above	All users Domestic service	One full and one check clean daily + after every patient use	One full and one check clean daily + after every patient use	One full clean daily + after every patient use	One full clean daily + after every patient use.	Detergent and hot water. If a service user has an open wound or the bath water is contaminated by body fluids, clean with a chlorine agent (1000 ppm) after cleaning HPFT 01A

Weekly Check list

Element	Has the minimum standard been met?															
	Yes	No														
1. Commodes																
2. Bathroom hoists																
3. Weighing scales																
4. Drip stands																
5. Other medical equipment not connected to the patient																
6. Medical equipment connected to the patient																
7. Patient washbowls																
8. Medical gas equipment																
9. Patient fans																
10. Bedside clipboards and notice boards																
11. Notes and drugs trolley																
12. Patient personal item																
13. Linen trolley																
14. Switches, sockets and data points																
15. Walls																
16. Ceiling																
17. Doors																
18. Internal glazing																
19. External glazing																
20. Mirrors																
21. Bedside patient TV /entertainment system																
22. Radiators																

23. Ventilation grilles extract and inlets																		
24. Floor – polished																		
25. Floor – non slip																		
26. Floor – soft floor																		
27. Pest control devices																		
28. Electrical items																		
29. Cleaning equipment																		
30. Low surfaces																		
31. High surfaces																		
32. Chairs																		
33. Beds																		
34. Lockers																		
35. Tables																		
36. Hand wash containers																		
37. Hand hygiene/alcohol rub dispensers																		
38. Waste receptacles																		
39. Curtains and blinds																		
40. Dishwashers																		
41. Fridges and freezers																		
42. Ice machines																		
43. Kitchen cupboards																		
44. Microwaves																		
45. Showers																		
46. Toilets and bidets																		
47. Replenishment																		
48. Sinks																		
49. Baths																		
	Date and Sign																	

Safe Decontamination Practices of Therapeutic Play Equipment

Process of this Guidance

1 Introduction

Therapeutic play equipment is widely used within HPFT. Such equipment includes recreational items e.g. toys, books, board games, computer games, art and music therapy equipment.

There are many advantages to using therapeutic play equipment within health care settings, especially units that care for children and service users with mental health and learning disability problems. Therapeutic play equipment can provide comfort and diversion to a child or adult service user, especially when they are in an unfamiliar and distressing environment. It may also be a necessary part of the therapy that a service user or child receives.

However, as with any piece of equipment that is used within a healthcare setting, all play equipment are a potential vehicle of cross-contamination. People often handles play equipment with their hands without first washing their hands. Individuals touching their eyes, nose or mouth can transmit respiratory viruses and enteric pathogens can be transmitted if they suck their fingers or when eating food. Therefore, it is imperative that in order to reduce the risk of transmission of infection, procedures must be in place and implemented by staff. A recent study investigated the infection risk of used children's toys, which had been taken into a children's hospital. Cultures were taken from all toys within the first 48 hours. Further cultures were taken following decontamination procedures. The results indicated that **all** the first cultures that were taken were positive for at least one pathogenic micro-organism. The cultures that were taken after the toys had been cleaned showed a significant decrease in bacterial growth rates (Avila-Aguero et al 2004).

2 Frequency of Decontaminating Therapeutic Play Equipment

If play equipment has been used by a person who is coughing, sneezing, blowing their nose, and has other symptoms of a flu-like illness, the equipment should be cleaned after that person has finished with it.

If a person has placed the play equipment in their mouth, it should be cleaned and disinfected after that person has finished with it.

If a person places a whistle or a musical instrument in their mouth, it should be decontaminated after the individual has finished using it.

If a person has a known infection, the play equipment should be cleaned after use.

Ideally, all other play equipment should be cleaned on a weekly basis or when visibly soiled. This includes play equipment used within waiting areas and/or visiting areas.

In units that have a lot of play equipment, or play equipment, which is rarely used, the equipment should be cleaned immediately after use rather than on a weekly basis.

Clean toys must be kept separately from dirty toys that are waiting to be cleaned.

It is the responsibility of the clinician leading on the therapy to ensure that the play equipment is decontaminated appropriately and safely. Documented evidence identifying the frequency and implementation of the equipment should be maintained and kept up to date.

3 Cleaning Facilities

The play equipment should be cleaned in a designated sink. This should not be a sink that is used for hand washing purposes in a clinical area or a sink in a kitchen where food is prepared.

4 Purchasing and/or Accepting Second Hand Donated Play Equipment

All donated second hand play equipment should be decontaminated as per advice stated in these guidelines, prior to them being used by an individual being cared for by HPFT. If for any reason it is not possible to adequately clean the item, it must be thrown away.

All soft toys must have a British Standard Kite mark on them to ensure that they are flame retardant. They must not be made of material, which can be easily removed from the toy and can cause a choking hazard.

Any play equipment must be examined weekly for signs of damage, sharp edges or pieces likely to be swallowed. The equipment should be discarded if any faults are found. If the play equipment is very rarely used, this examination must be carried out prior to each use.

Any painted toys must have a CE safety mark. If not, do not use.

Infants must not have access to play equipment with cords longer than 18 cms.

Play equipment with cords longer than 45 cms must not be used in any unit/department in HPFT.

CATEGORIES OF REQUIRED DECONTAMINATION METHOD

TYPE OF PLAY EQUIPMENT	METHOD OF DECONTAMINATION	CATEGORY OF DECONTAMINATION
*Individual's own soft toys. Dressing up clothes (including wigs and machine washable hats)	Washing machine on a minimum wash of 60°C	Low Risk
Plastic toys, wooden toys, Lego, bricks (if not placed in the mouth),	General detergent and hot water	Low Risk
Whistles and musical instruments that have a mouthpiece. Any other piece of play equipment that has been placed in the mouth.	Clean with detergent and water and then disinfect. Make sure the equipment has been rinsed thoroughly after disinfecting.	Medium Risk
Board games, washable books	Wiped with detergent and water	Low Risk
Sand and play dough	*Sand and play dough should be changed on a weekly basis or when there are visible signs of contamination.	Low Risk

*Soft toys **must not** be shared with other service users. **They must be individual use only.**
Soft toys **must not** be available for use in waiting areas

*The use of sand and play dough – Hands should be thoroughly washed prior to commencing with this type of play equipment. Individuals with symptoms of gastro-intestinal illness (diarrhoea and vomiting) should not be allowed to play with this form of equipment until their symptoms have stopped for at least 24 hours. Sand pits situated outside should have covers on them and should be checked on a daily basis for urine and faeces from children/dogs and cats. Individuals likely to soil the sand should be kept out.

ALL PLAY EQUIPMENT MUST BE DRIED THOROUGHLY PRIOR TO BEING USED AGAIN

we are...

you feel...

Our Values

Welcoming

✔ Valued as an individual

Kind

✔ Cared for

Positive

✔ Supported and included

Respectful

✔ Listened to and heard

Professional

✔ Safe and confident

Our  values

Welcoming Kind Positive Respectful Professional