

DECONTAMINATION POLICY AND PROCEDURES

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Note: This policy has been assessed for any equality, diversity or human rights implications.			

Controlled Document

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CONTENTS

Section		Page
1	Introduction	1
2	Purpose and Scope	1
3	Responsibilities	1
4	Reporting of Incidents in Relation to Sterilisers or Washer Disinfectors	3
5	Local Reprocessing of Surgical Instruments	3
6	Selection of the most Appropriate Methods of Decontamination	4
7	Tracking And Traceability	10
8	Decontamination of Equipment Prior to Service or Repair	11
9	Handling of Surgical Instruments on Loan from Other Organisations	12
10	Single Use/Single Patient Use Devices	13
11	Spillage of Blood and Body Fluids	14
12	Training	15
13	Monitoring	15
Appendices		
Appendix 1	National Standards And Guidance	
Appendix 2	A - Z' Of Decontamination Procedures For Patient Equipment	

1. INTRODUCTION

Decontamination is a term used to describe a range of processes, including cleaning, disinfection and/or sterilization, which remove or destroy contamination and thereby prevent infectious agents or other contaminants reaching a susceptible site in sufficient quantities to cause infection or any other harmful response (NHS Estates, 2003).

2. PURPOSE AND SCOPE

- 2.1 The purpose of this document is to provide direction regarding the decontamination of medical devices and other patient care equipment, in accordance with relevant national standards (Refer Appendix 1).
- 2.2 The document is relevant within all patient care settings. Compliance is required by all staff involved in decontamination which includes those directly involvement in reprocessing equipment as well as those involved in procurement, management, storage and transportation. .

3. RESPONSIBILITIES (as stated in HTM01:01 Part A)

3.1 Executive Manager

The EM is defined as the person with ultimate management responsibility for the organisation in which the decontamination equipment is installed, in the case of this organisation this is the Chief Executive.

3.2 Decontamination Lead/Designated Person

The Decontamination Lead should report directly to the EM. In this Trust, the Lead Nurse/Director of Infection Prevention and Control is the Decontamination Lead. The Decontamination Lead ensures that decontamination is undertaken in accordance with national standards and local policy and reports issues and risks to the CE and the Trust Board.

3.3 Senior Operational Manager

A Senior Operational Manager is technically, professionally and managerially responsible for the engineering aspects of decontamination. This role is undertaken by the Head of Estates.

3.5 User

The User is defined as the person designated by management to be responsible for the management of the process. In this organisation it is necessary to have more than one person designated to this role. In relation to decontamination within the Hospital Sterilising and Decontamination Unit (HSDU) the User is the HSDU manager. However, the HSDU manager has no responsibility for local decontamination in the three endoscopy units, cardiology and in central theatres Hospital all of which are responsible for reprocessing flexible endoscopes. The Users for these local decontamination units are as follows:

Wonford Endoscopy - Senior Matron
Wonford Central Theatres: Senior Matron
Axminster Hospital: Theatre Matron
Tiverton Hospital: Theatre Matron
Cardiology: Senior Chief Technician

The Users are also responsible for the Operators. Detailed responsibilities of the User are stated in HTM 01:01 Part A and include certifying that decontamination equipment is fit for use, ensuring that equipment is subject to periodic testing and maintenance and that operators are appointed and adequately trained.

3.6 Operator

This is any person with the authority to operate a washer disinfector or a sterilizer, including noting instrument readings and simple housekeeping duties.

3.7 Authorising Engineer (Decontamination (AE(D))

This role has developed from the Authorised Person (Sterilizers). This person is designated by management to provide independent auditing and advice on washer disinfectors, sterilizers and sterilization and to review and witness documentation on validation. Detailed role, responsibilities and qualifications are stated in HTM 01:01 Part A. This function is contracted from an external specialist company.

3.8 Authorised Person (Decontamination (AP(D))

This person is responsible for the practical implementation and day to day operational management responsibility for the safety of the system. It is an internal appointment within the organisation. Detailed role, responsibilities and qualifications are stated in HTM 01:01 Part A. In this organisation this role is fulfilled to one of the Estates Officers, who is suitably qualified. In his absence, the deputy site maintenance manager acts as deputy.

3.9 Competent Person (Decontamination) (CP(D))

This person is designated by Management to carry out maintenance, validation and periodic testing of washer disinfectors and sterilizers. Detailed role, responsibilities and qualifications are stated in HTM 01:01 Part A. In this organisation this role is fulfilled by two Maintenance Specialists (decontamination).

3.10 Competent Person (Pressure Systems)

This role is defined in the Pressure Systems Safety Regulations and is a chartered engineer responsible for drawing up a written scheme or examination for the system. It is a different role to the CP (Decontamination). In this organisation, this function is provided by Zurich Risk Services.

3.11 Infection Control Team (ICT)

The ICT are responsible for:

- ◆ producing, reviewing and updating this document
- ◆ providing advice prior to the purchase of new equipment to ensure it can be decontaminated within the organisation
- ◆ approving decontamination procedures in specialist areas for specialist equipment
- ◆ providing specialist advice prior to the purchase of decontamination equipment

- ◆ providing generic decontamination training as part of induction and infection control updates.

3.12 Microbiologist (Decontamination)

Responsible for advising on the microbiological aspects of decontamination and to audit the documentation from all decontamination equipment that has been tested by microbiological methods. In this organisation this is the Consultant Microbiologist/Director of Infection Prevention and Control.

3.14 Decontamination Committee

This group/committee will monitor and oversee all aspects of decontamination within the organisation and ensure compliance with external standards, reporting through the Decontamination Lead to the Governance Committee and Trust Board.

4. REPORTING OF INCIDENTS IN RELATION TO STERILISERS OR WASHER DISINFECTORS

- 4.1 The User is responsible for the reporting of incidents that result in decontamination failure.
- 4.2 Operators and others concerned with the operation of decontamination equipment should know what action to take in the event of an incident or failure.
- 4.3 The User must ensure that a supply of incident reporting forms are available at all times.
- 4.4 Some types of defect should be reported to the Dept of Health - these are usually defects where some central action may be required. HTM 01-01: Part A provides examples of the types of defects to report.

5. LOCAL REPROCESSING OF SURGICAL INSTRUMENTS

- 5.1 Local reprocessing is defined in HTM01:01 Part A as the reprocessing of medical devices at the point of use rather than in a sterile services department (SSD).
- 5.2 The standards for decontamination are the same regardless of setting, be it in the clinical setting or in a SSD The facilities in which medical devices are to be sterilised must have appropriately segregated processes with appropriate environmental conditions to prevent contamination.
- 5.3 If local decontamination services are to be retained in-house an appropriate risk assessment should be completed to support their continuation.

6. SELECTION OF THE MOST APPROPRIATE METHODS OF DECONTAMINATION

6.1 Principles

6.1.1 The level of decontamination required is dependent on the level of contamination and the extent of contact with susceptible sites on the patient (Refer Table 1)

6.1.2 Cleaning must always precede disinfection or sterilisation

6.1.3 If disinfection or sterilization is required, methods involving heat are always preferable to chemical methods, on the basis of efficacy, safety, cost and ease of monitoring the process. (The algorithm on page 5 guides users through the selection process).

6.1.4 Under current legislation, manufacturers of reusable equipment are obliged to provide advice about appropriate methods of decontamination.

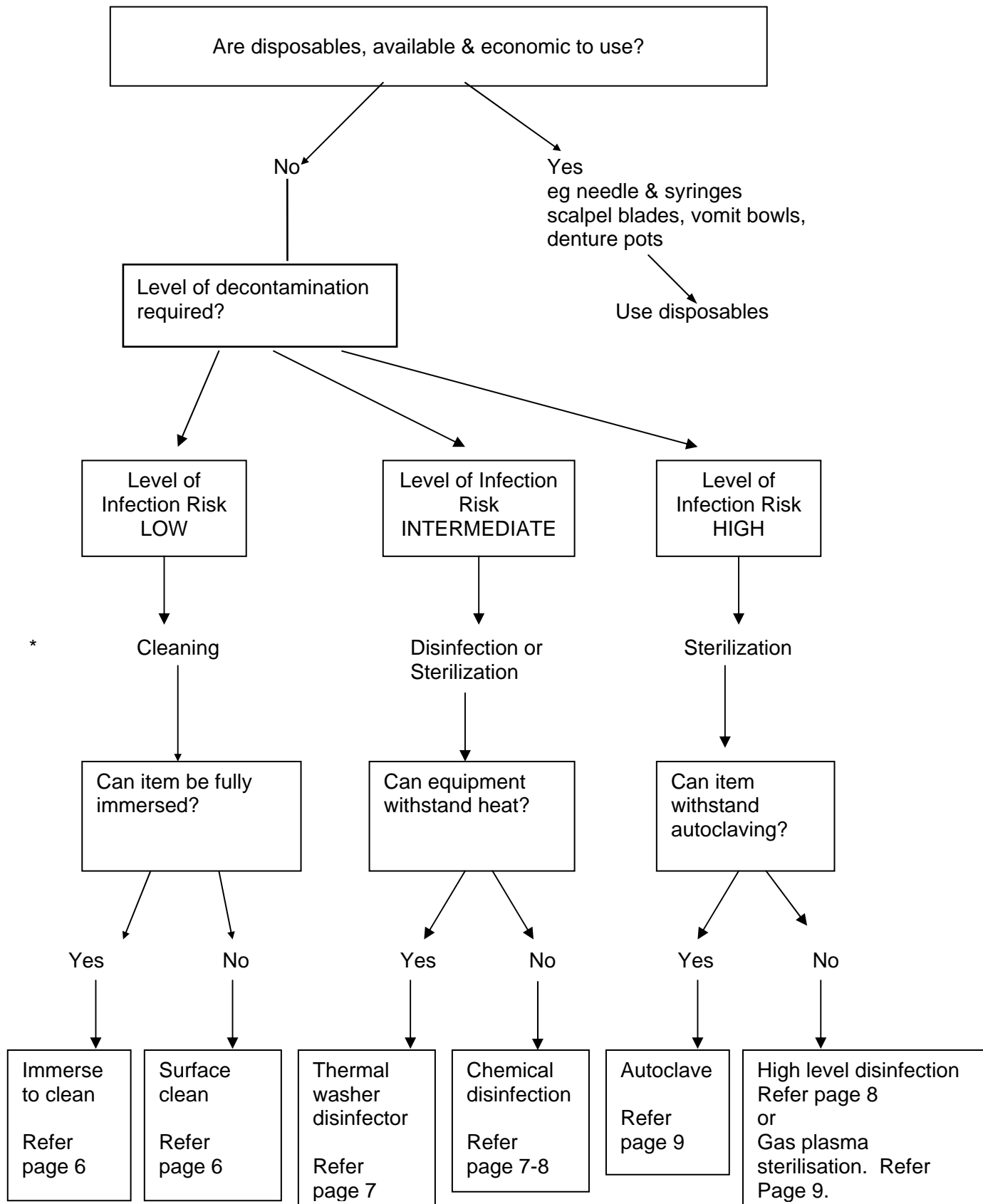
6.1.5 The Infection Control Team must always be contacted prior to the purchase of new equipment to ensure that the manufacturer's recommended decontamination procedures are adequate and feasible and that single use alternatives have been considered.

6.1.6 For specialist equipment e.g. flexible endoscopes, there must be local written protocols which have been agreed with the Control of Infection Team.

Table 1 - Risk of Infection

Level of Risk	Definition	Suitable Processes	Examples
Low	Items/surfaces used in contact with intact skin or no contact is involved.	Cleaning.	Wash bowls, mattresses, baths, toilets, commodes, walls, floors.
Intermediate	Items that have contact with mucous membranes <u>or</u> Items/surfaces that would normally be low risk but are contaminated by microbes that are easily transmitted/likely to cause infection.	High level disinfection or sterilization Low level disinfection	Flexible endoscopes, vaginal specula, Bed pans, source isolation room fixtures and fittings
High	Items that penetrate skin/mucous membranes or enter the vascular system or other sterile body areas.	Sterilization	Surgical instruments

ALGORITHM FOR CHOOSING THE APPROPRIATE DECONTAMINATION PROCESS



Refer Appendix 2 for A-Z of equipment and decontamination methods

6.2 Cleaning

Cleaning removes organic material and many, but not all, microorganisms.

6.2.1 General purpose detergent and water or detergent wipes

This is the preferred method of decontamination for the vast majority of items such as furniture, fittings and general equipment eg. mattresses, bed frames, washing bowls etc.

General principles:

- Where possible immerse the item in a designated bowl or sink of warm water and detergent. If immersion is not possible surface clean with detergent wipes.
- If using detergent wipes, use a sufficient number to prevent drying out.
- Do not use wash-hand basins in ward areas for cleaning equipment. Use a designated sink or bowl.
- Dry thoroughly.
- Store items dry.
- When cleaning equipment check for signs of damage eg covers on mattresses, pillows, cushions. If there are signs of damage report this to the department manager who can initiate replacement or repair.

6.2.2 Cleaning of Surgical Instruments before Sterilization

Effective cleaning to remove all organic material is an essential pre-requisite for sterilization or high level disinfection. **Automated cleaning** in a washer disinfector is the **preferred option** however, some instruments cannot be processed in a washer disinfector or may need manual cleaning prior to processing in a washer disinfector.

This can be achieved by:

To minimise the contamination risk to personnel, splashing and the creation of aerosols must be avoided at all times.

- Always wear appropriate protective clothing when cleaning contaminated equipment - e.g. gloves, apron and eye protection.
- Fill the clean sink or container (not hand wash basin) with the appropriate amount of water and enzymatic detergent (refer to manufacturer's instructions)
- Dismantle or open instrument
- With the exception of power tools*, fully immerse the instrument in the solution for a minimum of 2 minutes
- Drain any excess detergent prior to rinsing with clean water.
- Drain the item before drying with non linting clean cloth or paper towels.
- Visually check to ensure organic material has been removed.
- Complete any relevant documentation.
- If cleaning solution or rinse water is obviously soiled or contaminated, replace immediately.

* Power tools must not be immersed but should be surface cleaned only using a non linting cloth impregnated with an enzymatic detergent solution. This should be followed by a non linting cloth dampened with clean water and then dried using a dry

non linting cloth. Alcohol impregnated wipes can be used following the manual cleaning procedure.

6.3 Disinfection

Disinfection reduces the number of micro-organisms to a safe level for a defined procedure but does not kill bacterial spores and does not necessarily inactivate all viruses.

The following disinfection methods and products are used locally. The use of alternative methods/products must be approved by the Infection Control Team prior to introduction.

6.3.1 Heat Methods

a) Washer/Disinfectors

Washer disinfectors can be used to clean and disinfect equipment, such as bed pans, that can withstand wet heat. The wash cycle with detergent, removes soiling. However, the wash cycle is unlikely to remove faeces and other body products that have been allowed to dry/congeal. Equipment in this state may need to be manually cleaned first with general purpose detergent and warm water. The disinfection cycle achieves disinfection at either 70°C for 3 minutes, 80°C for 1 minute, or 90°C for 1 second. There may then be a heat assisted drying cycle.

b) Steam cleaners

Steam cleaners can be used to clean and disinfect fabric that cannot be laundered and surfaces that require surface disinfection. To achieve this a steam cleaner with a continuous vacuum extraction facility must be used.

The steam cleaner produces dry steam at temperatures exceeding 130°C. The water is turned into high temperature microfine vapour, the microscopic water particles penetrate the surface of the item being decontaminated and are subsequently removed by continuous vacuum extraction. The contaminated water then goes into a separate dirty water tank.

6.3.2 Chemical Methods

Chemical disinfectants are often irritant when allowed contact with skin and mucous membranes or when inhaled as vapour. They can also be corrosive and flammable. A risk assessment, under the Control of Substances Hazardous to Health (COSHH) Regulations, must be undertaken before chemical disinfectants can be introduced.

There is a potential fire hazard associated with all chemical disinfectant products. It is advisable that these products are stored in appropriate sealed containers/cupboards.

Chemical disinfectants may also be damaging to equipment. It is vital, therefore, that equipment manufacturers' advice is sought to ascertain compatibility. This should be clarified prior to purchase of new equipment and a decontamination procedure written by the users and approved by the Infection Control Team.

a) Low level chemical disinfection

Alcohol

- ◆ Usually in the form of ethyl or isopropyl alcohol this is most active at a concentration of 60 – 90%. It has good bactericidal and fungicidal activity but whilst ethyl alcohol is effective against most viruses, isopropyl alcohol is not.
- ◆ Alcohol is available as a bottled solution or, more commonly, as wipes, in tubs or individually wrapped sachets e.g. Cliniwipes, Sanicloth 70.
- ◆ Alcohol is useful for surface disinfection of instruments such as power tools, prior to sterilization.
- ◆ Alcohol does not penetrate well into organic matter and must only be used on visibly clean surfaces. If an item is obviously contaminated with organic matter it must be cleaned before disinfection.

Chlorine releasing agents

- ◆ This includes sodium hypochlorite and di-isochlorocyanurate (NaDcc).
- ◆ Wide range of bactericidal, virucidal and fungicidal activity.
- ◆ Corrosive to some metals
- ◆ Inactivated by organic matter, particularly in low concentration, therefore pre-cleaning is essential. However some chlorine releasing products e.g. Chlor-Clean, combine a non anionic surfactant and NaDCC and therefore pre-cleaning is unnecessary making them a practical product to use for terminal decontamination of the environment and equipment within isolation rooms.

Vaporised Hydrogen peroxide

Vaporised hydrogen may be used to achieve thorough disinfection of the environment following outbreaks of infection such as *Clostridium difficile* and Norovirus. It will only be used with the agreement of the Infection Control team and operated by trained housekeeping supervisors. The area to be treated must be free of people when the vaporiser is in use.

This process must be preceded by thorough cleaning.

b) High level disinfection

High level disinfection in a chemical washer/disinfector often referred to as an automated endoscope reprocessor (AER) is used for the decontamination of heat labile flexible endoscopes. Specialist units decontaminating flexible endoscopes and their accessories must adhere to written decontamination procedures produced by the User and agreed by the Infection Control Committee.

6.4 Sterilization in HSDU

Sterilisation removes or destroys all conventional infectious agents, including spores.

Instruments are received, cleaned, packed and sterilized in a controlled environment with validated procedures. In addition, a computerised tracking system is used to provide evidence that each instrument or set has been through an appropriate decontamination process (Refer Section 8)

Porous load sterilizers, compliant with HTM2010 and HTM 2031, are used to sterilize at 134°C for 3 minutes. Porous load sterilizers can sterilize wrapped, lumened and hollow instruments. Instruments wrapped before sterilization remain sterile until the pack is opened and can therefore be stored whilst awaiting use.

6.5 Gas plasma sterilisation

Instruments that must be sterilised but cannot withstand the heat associated with porous load sterilizers can be sterilised using gas plasma at Derriford Hospital. This arrangement is set up by the HSDU.

7. TRACKING AND TRACEABILITY

It is important to be able to track surgical instruments through the decontamination process to which they have been subjected to ensure that processes have been carried out correctly. In the event of a sterilization cycle failure products can then be recalled. Records should be maintained for all sets identifying:

- ◆ The decontamination method used
- ◆ The name of the person undertaking decontamination
- ◆ Details of the item/set being processed.

Records should be kept by the organisation for a minimum of 21 years. A computerised system is used for this purpose within the HSDU. The same system allows full traceability to each patient. Single instruments and sets of instruments are issued with a barcode label which are scanned into the patient's electronic theatre record.

Where this system is not available the removable bar code sticker must be inserted in the patients operating notes and, if possible, into the theatre register. This identifies which set was used for the patient and the decontamination process it has undergone.

Tracking systems are also available for endoscopes processed through automated endoscope reprocessors where the same principles of tracking and traceability apply. Refer Endoscopy standard operating procedures.

8. DECONTAMINATION OF EQUIPMENT PRIOR TO SERVICE OR REPAIR

Anyone who inspects, services, repairs or transports medical, dental or laboratory equipment, either on hospital premises or elsewhere, has a right to expect that medical devices and other equipment have been appropriately decontaminated; appropriate documentation must be provided to indicate the decontamination status of the item (HSG (93)26). Decontamination/servicing of equipment labels can be ordered through NHS Supplies (Code: WKK 720)

If items are despatched to suppliers, or presented for service or inspection on hospital premises without a declaration of contamination status and without prior agreement, suppliers etc may refuse to handle such items until they have been decontaminated and a declaration provided.

In particular situations, for example when the condition of an item which is the subject of complaint or investigation may be altered or influenced by a decontamination process, the investigator may wish the item not to be decontaminated. In such situations, the advice of the investigating body should be sought and, if the item is to be dispatched from the hospital premises:

- prior warning should be given to the intended recipient.
- the condition of the item should be clearly labelled so that it can be determined prior to opening of the inner packaging.
- the packaging should be sufficiently robust to withstand transport.
- the packaging should ensure that the content of the inner pack cannot contaminate the outer one.

8.1 Equipment Returned to the Royal Devon & Exeter Hospital Pump Bank

Before returning equipment to the pump bank gross contamination must be removed using appropriate methods. The pump bank staff will ensure that the device is thoroughly decontaminated before reissue for another patient.

9. HANDLING OF SURGICAL INSTRUMENTS ON LOAN FROM OTHER ORGANISATIONS

In the event of use of loaned surgical instruments, these devices will require thorough and appropriate decontamination processes.

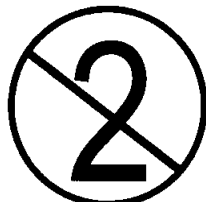
For more detail refer to Loan Surgical Instruments Policy.

10. SINGLE USE/SINGLE PATIENT USE DEVICES

10.1 Single-use medical devices

The expression single use on the packaging of medical devices means that the manufacturer:

- Intends the device to be used once and then discarded.
- Considers the device is not suitable for use on more than one occasion.
- Has evidence to confirm that reuse would be unsafe
- **DO NOT REUSE**
Synonyms for this are:
 - Single-use
 - Use only once



The above symbol is used on medical device packaging indicating '**DO NOT RE-USE**' and may replace any wording.

10.2 Dangers of reusing and/or reprocessing devices intended for single use

The re-use and re-processing of medical devices intended for single use involves a number of potential hazards:

- Inadequate cleaning and decontamination
- Material alteration
- Mechanical failure
- Potential for cross infection
- Reactions to endotoxins remaining following sterilization
- Residues from chemical decontamination agents absorbed by some materials

Anyone reprocessing or reusing a device intended by the manufacturer for use on a single occasion, bears full responsibility for its safety and effectiveness. All legal obligations that would have fallen to the original manufacturer under Medical Devices Regulations fall to whoever has chosen to reprocess the device. Therefore, reuse of such devices should be avoided and if thought to be necessary must be approved by the Governance Committee/ following a formal risk assessment and must be identified on the Trust Risk register.

11. SPILLAGE OF BLOOD & BODY FLUIDS

The spill must be dealt with as soon as possible. The removal of blood and body fluid spills in clinical areas is the responsibility of the clinical staff in that department, not the cleaning staff. Housekeeping supervisors are responsible for spillage in non clinical areas within the building. Estates staff are responsible for the grounds of the hospital. However, some common sense and flexibility must be adopted with the priority being to remove the spill as soon as possible.

- Wear gloves and plastic aprons and, if splashing is possible, wear eye protection.
- Where the spillage may contain sharp material, forceps should be used to remove the sharp material, placing it in a sharps bin.
- If the spillage is large, soak up the excess fluid using paper towels and carefully place these in a yellow clinical waste bag.
- Clean surface with warm water and detergent using a disposable cloth or mop.
- If the spill is on a carpeted area this cleaned using a steam cleaner or wet extract carpet shampooer. Curtains or loose fabric covers should be laundered or dry cleaned.

11.1 Blood Spillage Kit

Blood spillage kits can be purchased and are useful in areas that do not have easy access to the following items:

Non-sterile disposable gloves
Disposable Apron
Clinical waste bag
Disposable Wipes

12. TRAINING

- 12.1 A national e-learning scheme is available free to NHS staff.
- 12.2 All staff who reprocess medical devices associated with high risk (surgical instruments) and intermediate risk (endoscopes) or who are involved in the management of decontamination services i.e. Decontamination Lead, Designated Users, Operators. should register and complete the national scheme unless they can demonstrate they have undertaken an alternative course of training appropriate to their role.
- 12.3 Staff who are involved in decontamination of low risk equipment will receive in-house training as part of corporate and local induction.

13. MONITORING

- 13.1 Compliance with this policy will be monitored by the Decontamination Committee.
- 13.2 Incident reporting in relation to decontamination failures will be monitored by the Governance Support Department and reported to the Decontamination Committee.
- 13.3 Standards of cleanliness of low and intermediate risk patient equipment and the environment will be monitored through cleanliness standards audits and reported to the Infection Control Committee and the Patient Environment Action Group.
- 13.4 Poor compliance will be brought to the attention of the CEO and the Trust Board via the Governance Committee.

NATIONAL STANDARDS AND GUIDANCE

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'A - Z' OF DECONTAMINATION PROCEDURES FOR PATIENT EQUIPMENT

If the item you need to decontaminate is not listed, seek advice from the Infection Control Nurse or Doctor.

Always seek advice prior to purchasing new equipment to ensure that its method of decontamination is practical in this Trust.

ITEM	ROUTINE METHOD OF DECONTAMINATION	FREQUENCY
A ALCOHOL GEL HOLDERS - END OF BED	DETERGENT WIPES	Daily and on discharge
B BATH	GENERAL PURPOSE DETERGENT or CREAM CLEANSER and warm water, rinse and dry thoroughly.	After every use
BABY CHANGING MAT	GENERAL PURPOSE DETERGENT in warm water OR DETERGENT WIPES and dry.	After every use
BATH HOIST	GENERAL PURPOSE DETERGENT and warm water, dry thoroughly.	After every use.
BEDS Frame	GENERAL PURPOSE DETERGENT and warm water or DETERGENT WIPES, dry thoroughly.	Daily and on discharge.
Under bed	GENERAL PURPOSE DETERGENT and warm water or DETERGENT WIPES, dry thoroughly.	Weekly and on discharge

ITEM	ROUTINE METHOD OF DECONTAMINATION	FREQUENCY
Mattresses	<p>GENERAL PURPOSE DETERGENT and warm water or DETERGENT WIPES, dry thoroughly.</p> <p>NB Check that cover is intact. To achieve this the cover must be unzipped and the inside of the cover and foam checked for staining Do not use if cover is damaged or staining is observed .</p> <p>Dispose of the soiled items in accordance with Waste Policy.</p> <p>If the mattress is in good condition insert a piece of green cleaning tape inside the cover recording the date that the check was made.</p> <p>DO NOT SEND PILLOWS TO THE LAUNDRY THEY WILL BE DISCARDED.</p>	<p>Between patients. and when soiled.</p> <p>Weekly on a Sunday.</p>
Alternating mattresses	Refer Pressure sore prevention policy section 10.2 - 10.4	
Pillows	<p>GENERAL PURPOSE DETERGENT and warm water or DETERGENT WIPES, dry thoroughly.</p> <p>NB Check that cover is intact. If any signs of damage discard as household waste unless spoiled inside in which case discard as clinical waste.</p>	Between patients. and when soiled.
BED LINEN and other laundry.	<p>Return to hospital laundry in appropriate colour coded bag i.e..</p> <p>White sack - used but unsoiled with blood or body fluids</p> <p>Redsack with water soluble liner - if soiled with blood or body fluids or used in an isolation room</p>	<p>Change bed linen when soiled, between patients and daily if patient has MRSA and is undergoing decolonisation therapy..</p>

ITEM	ROUTINE METHOD OF DECONTAMINATION	FREQUENCY
<p>BED PANS & URINALS</p> <p>BOWLS (Wash)</p> <p>BRUSHES Hair Nail</p>	<p>Empty contents into sluice hopper and disinfect in BED PAN WASHER. Visually inspect to ensure that the receptacle is clean. If soiling remains, manually clean and then reprocess in bedpan washer.</p> <p>OR</p> <p>Use disposable and discard in MACERATOR.</p> <p>GENERAL PURPOSE DETERGENT and warm water, rinse and dry thoroughly. Store inverted in/behind beside locker.</p> <p>Individual patient use only.</p> <p>Individual patient use only.</p>	<p>After each use.</p> <p>Single use.</p> <p>After each use and on discharge.</p>
<p>C</p> <p>CLIP BOARDS - END OF BED</p>	<p>GENERAL PURPOSE DETERGENT and warm water or DETERGENT WIPES, dry thoroughly.</p>	<p>Daily and on discharge</p>
<p>CLOTHS (for cleaning)</p> <p>COMMUNES Contact points (seat, arms, back rest) and under side of seat. All surfaces</p> <p>COTS AND INCUBATORS</p>	<p>Disposable.</p> <p>GENERAL PURPOSE DETERGENT and warm water or DETERGENT WIPES, dry thoroughly.</p> <p>Chlorclean 1000ppm, rinse and dry OR STEAM CLEAN</p> <p>Clean with general purpose detergent and warm water, rinse and dry.</p>	<p>Single use for each bed space or single bedded room</p> <p>After each use</p> <p>Daily</p> <p>On discharge and prior to every admission.</p>

ITEM	ROUTINE METHOD OF DECONTAMINATION	FREQUENCY
CROCKERY & CUTLERY	Use dishwasher wherever possible. OR Hand wash in GENERAL PURPOSE DETERGENT and warm water, rinse and dry using paper towels.	After use.
D DRIP STANDS DRUGS TROLLEY	GENERAL PURPOSE DETERGENT and warm water or DETERGENT WIPES, dry thoroughly. GENERAL PURPOSE DETERGENT and warm water or DETERGENT WIPES, dry thoroughly.	Daily and when visibly dirty. Weekly
E EAR PIECES (Auroscope)	Preferably disposable. If reusable, immerse and clean in GENERAL PURPOSE DETERGENT and warm water, ensuring that all debris is removed, rinse and dry immediately.	Single use. After every use.
EAR SYRINGE MACHINE (Propulse) Johnson Horne Probe	Flush system with fresh tap water. Drain water from system. Flush with NaDCC solution (1000ppm). Dry reservoir with paper towel. Clean tips with GENERAL PURPOSE DETERGENT and warm water – ensure that all debris has been removed. Rinse under running water. Immerse in NADCC solution (1000ppm) for 10 minutes. Clean with GENERAL PURPOSE DETERGENT and warm water. Remove wax with single use pan scrub. Soak in 70% alcohol for 10 minutes or return to HSDU to be AUTOCLAVED.	Before each use. After each use. After each use.

ITEM	ROUTINE METHOD OF DECONTAMINATION	FREQUENCY
<p>ECG MACHINE and CARDIAC MONITORS</p> <p>Monitor</p> <p>Leads</p> <p>Electrodes</p> <p>ELECTRIC RAZORS</p>	<p>Damp dust with GENERAL PURPOSE DETERGENT and warm water or DETERGENT WIPES, dry thoroughly.</p> <p>As above</p> <p>Disposable.</p> <p>Use patients own electric razor. If not available wet shave using disposable razor. <u>Do not use communal razors.</u></p> <p>For preoperative hair removal use clippers with disposable head.</p>	<p>Daily and when visibly soiled.</p> <p>After use each use</p> <p>Single pt use.</p> <p>Single use head.</p>
<p>ENDOSCOPES</p> <p>Flexible endoscopes</p> <p>Rigid endoscopes</p> <p>ENTERAL TUBE FEEDING SYRINGES</p>	<p>Reprocess in AUTOMATED ENDOSCOPE WASHER DISINFECTOR in accordance with approved department procedures.</p> <p>Return to HSDU for AUTOCLAVE sterilization.</p> <p>Single use, disposable in hospital settings</p> <p>Single patient use in own homes - Wash up in warm water and detergent, rinse and dry.</p>	<p>Before start of list (unless stored in UV cupboards) Between patients At end of list.</p> <p>Each use</p> <p>Discard after each use.</p> <p>Each use.</p>

ITEM	ROUTINE METHOD OF DECONTAMINATION	FREQUENCY
<p>EXAMINATION COUCH</p> <p>Couch Frame</p> <p>EYE PROTECTION</p>	<p>Wipe surface with GENERAL PURPOSE DETERGENT and warm water or DETERGENT WIPES, dry thoroughly.</p> <p>NB Do not use linen sheets to cover couch unless able to change after each patient. For comfort, cover with paper roll and replace for each patient.</p> <p>Wipe with GENERAL PURPOSE DETERGENT and warm water or DETERGENT WIPES, dry thoroughly.</p> <p>GENERAL PURPOSE DETERGENT and warm water, rinse and dry.</p>	<p>After each use</p> <p>Daily</p> <p>As required.</p>
<p>F</p> <p>FLOOR CLEANING EQUIPMENT</p> <p>Mop heads</p> <p>Bucket</p>	<p>Disposable</p> <p>GENERAL PURPOSE DETERGENT and warm water, rinse and dry.</p>	<p>Daily and after use in isolation rooms</p> <p>After use</p>
<p>FIXTURES/FURNITURE</p> <p>Locker tops</p> <p>Lockers - all surfaces</p> <p>Chairs</p> <p>Soft furnishings</p> <p>Curtains</p>	<p>GENERAL PURPOSE DETERGENT and warm water or DETERGENT WIPES, dry thoroughly.</p> <p>GENERAL PURPOSE DETERGENT and warm water or DETERGENT WIPES, dry thoroughly.</p> <p>GENERAL PURPOSE DETERGENT and warm water or DETERGENT WIPES, dry thoroughly.</p> <p>STEAM CLEAN.</p> <p>Launder at minimum of 65°C</p>	<p>Daily.</p> <p>On discharge and as required.</p> <p>Daily and on discharge .As required.</p> <p>6 monthly and when visibly soiled.</p>

ITEM	ROUTINE METHOD OF DECONTAMINATION	FREQUENCY
N NEBULIZER EQUIPMENT	Refer to Nebulizer Protocol.	
NOTES TROLLEY	DETERGENT WIPES	WEEKLY
O OXYGEN MASK/NASAL CANNULAE	Disposable.	Single patient use. Replace, if soiled.
P PATIENT HOIST	GENERAL PURPOSE DETERGENT and warm water or DETERGENT WIPES, dry thoroughly.	After every use.
Slings	Disposable on discharge or when visibly soiled Reusable - launder	Single patient use. After each patient use
PEAK FLOW METER	Ward Use - Disposable. Outpatient/Casualty Setting - Use with disposable bacterial/viral filter. Wipe external surfaces with DETERGENT wipe.	Single patient use. Filter - Single patient use.
PLACEBO INHALER	Remove cannister from plastic casing. Wash in GENERAL PURPOSE DETERGENT and warm water, rinse and dry.	
PROCTOSCOPES	Disposable	Single use

ITEM	ROUTINE METHOD OF DECONTAMINATION	FREQUENCY
R RAISED TOILET SEATS	Refer Toilet Seats.	
RESUSCITATION TROLLEY EQUIPMENT Airways Catheter Mount Endotracheal Tubes Face Mask Gum Elastic Bougie Magill Forceps Laerdal Pocket Mask Laryngoscopes Self- inflating Bag (eg Ambu-bag) Suction Tubing & Liner Swivel Connector Syringe	Disposible. Disposible. Disposible. Disposible. Disposible. Return to HSDU Remove the valve assembly. Wash and dry as for face masks. Insert new valve. Use with disposible blade. Disposible OR Use with disposible bacterial/viral filter Disposible. Disposible Disposible	Single use. Single use. Single use. Single use. Single use. After each use. Each use. Single use. Single use. Change filter after each use. Single use. Single use. Single use.

ITEM	ROUTINE METHOD OF DECONTAMINATION	FREQUENCY
<p>S</p> <p>SHAVING BRUSHES</p> <p>SIGMOIDOSCOPIES</p> <p>SLINGS for patient handling</p> <p>SPACER (for teaching patients spaced inhalation technique)</p> <p>SPECULA (vaginal)</p> <p>SPHYGMOMANOMETER</p> <p>Fabric cuffs Vinyl cuffs</p> <p>SPUTUM POTS</p> <p>STETHOSCOPE Heads and ear pieces</p>	<p>Do not use unless supplied by patient for their own use. Suggest the use of foam as an alternative.</p> <p>Use disposable Protect insufflator bulb with a filter.</p> <p>Use disposable slings</p> <p>GENERAL PURPOSE DETERGENT and warm water, rinse and air dry.</p> <p>PREFERABLY DISPOSABLE</p> <p>If reusable, AUTOCLAVE in HSDU. Wipe gel from speculum prior to return to HSDU</p> <p>DETERGENT WIPES</p> <p>LAUNDER at 65°C. Clean with DETERGENT WIPES and dry</p> <p>Disposable cuffs or disposable cuff covers are recommended for use in trauma situations and within isolation rooms.</p> <p>Disposable.</p> <p>DETERGENT WIPE.</p>	<p>Single use</p> <p>Single patient use. Replace if visibly soiled. After each use.</p> <p>Single use. After each use.</p> <p>Daily</p> <p>As required. As required.</p> <p>Single patient use.</p> <p>Single use.</p> <p>Each use.</p>

ITEM	ROUTINE METHOD OF DECONTAMINATION	FREQUENCY
THERMOMETERS		
Tempadot	Dispose	Each use
Electronic	Use with single use cover/sheath	Each use
Tympanic		
Display Window	Damp dust with DETERGENT WIPE only. <u>DO NOT USE ALCOHOL.</u>	As required.
Probe Covers	Disposable.	Single use.
Probe Tip Base & Mount	Damp dust with DETERGENT WIPES, dry.	If visibly soiled.
Probe Lens	Wipe with an ALCOHOL IMPREGNATED WIPE. Remove remaining alcohol with a disposable cloth.	If visibly soiled.
TOURNIQUETS		
Fabric tourniquets	Avoid use.	
Rubber tourniquets	Wipe with DETERGENT WIPES. Disposable tourniquets are recommended in trauma situations and in isolation rooms.	As required.
TOYS		
Non absorbent	GENERAL PURPOSE DETERGENT and warm water or DETERGENT WIPES, dry thoroughly.	Single use. Weekly and as required.
Absorbent	AVOID COMMUNAL SOFT TOYS. Encourage child's own soft toys to be used	

ITEM	ROUTINE METHOD OF DECONTAMINATION	FREQUENCY
<p>TROLLEYS</p> <p>Dressing trolleys</p> <p>Patient transfer trolleys</p> <p>Linen trolleys (on wards)</p>	<p>Damp dust with DETERGENT WIPES and dry</p> <p>Damp dust with DETERGENT WIPES and warm water.</p> <p>Clean mattress and rails with DETERGENT WIPE</p> <p>Empty and clean with DETERGENT WIPE</p>	<p>Each use and daily</p> <p>Daily</p> <p>Between patients</p> <p>Daily</p>
<p>U</p> <p>ULTRASOUND SCANNER</p> <p>Probe</p> <p>URINARY DRAINAGE SYSTEMS</p> <p>Catheters (Indwelling) and Drainage Bag</p> <p>Overnight Drainage Bags</p> <p>Stand/hanger</p> <p>Urine jugs</p>	<p>Clean with detergent wipe According to local procedure (approved by Infection Control) depending on type of US procedure</p> <p>Sterile, disposable.</p> <p>Disposable</p> <p>Disposable.</p> <p>Disinfect in bed pan washer where available.</p> <p>OR</p> <p>Return to HSDU.</p> <p>OR</p> <p>Use clean, single use, disposable.</p>	<p>Daily</p> <p>Single use.</p> <p>Single use.</p> <p>Single patient use.</p> <p>After each use.</p>

ITEM	ROUTINE METHOD OF DECONTAMINATION	FREQUENCY
V VASES (FLOWER)	GENERAL PURPOSE DETERGENT and warm water in a designated sink. Do not use the patient sinks or handwashing sinks.	Weekly and as required.
VOLUMETRIC INFUSION PUMP VOMIT BOWLS	As for syringe driver. Disposable.	
W WALLS WEIGHING SCALES	Routine cleaning not usually required except in Operating Depts and similar areas. Remove blood and body fluid splashes with GENERAL PURPOSE DETERGENT and warm water or DETERGENT WIPES. DETERGENT WIPES and dry Contact points Whole device	Refer to Estates Dept. As required. Each use Weekly
WHEELCHAIRS	As for BEDS & COUCHES.	
X X-RAY Machines X-RAY Wedges	Damp dust with warm water and GENERAL PURPOSE DETERGENT OR DETERGENT WIPES and dry. Clean with DETERGENT WIPES.	Daily and as required. Each use