

CLEANING OF EQUIPMENT AND DECONTAMINATION POLICY

To be read in conjunction with the
 Medical Devices Policy and the
 Decontamination of Flexible Endoscopic Equipment Policy

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Title of originator/author:	Head of Infection Prevention and Control/Decontamination Lead
Title of responsible committee/individual:	Infection Prevention and Control Assurance Group
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Relevant Staff Group/s:	All members of staff working in Clinical areas

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DOCUMENT CONTROL

Reference KA/May15/DP	Version 5	Status Final	Author Head of Infection Prevention and Control/ Decontamination Lead
Amendments	Amended to reflect the acquisition of Somerset Community Health and changes to the Trusts governance structure and post implementation of alternative chlorine based cleaning solution. May 2015; Updated to reflect cleaning of birthing pools, Dental Inhalation and Sedation equipment, Ophthalmology Equipment and Braun Pro 4000 Ear Thermometer – all have been uploaded to IPC Intranet page and cross referenced		
Document objectives: To ensure that all equipment and environments are adequately decontaminated between patient use. This will limit the transmission of infection to other patients in accordance with the National Standards for Cleanliness within the NHS and CQC Code of Practice Outcome 8 Cleanliness and Infection Control			
Intended recipients: All members of staff working in Clinical areas			
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Contact for review	Head of Infection Prevention and Control/Decontamination Lead		
Lead Director	Director of Nursing and Patient Safety		

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1. INTRODUCTION

- 1.1 Health and Social Care settings contain a diverse population of micro-organisms. Equipment used in patient areas becomes contaminated with blood, other body fluids, secretions and excretions during the delivery of care. Therefore, both the environment and the equipment used in the delivery of care must be managed appropriately in order to limit the risk of contamination from micro-organisms, which in turn, could potentially lead to the spread of infection.
- 1.2 For the purposes of this policy, examples of care equipment includes items that are non-invasive and reusable such as stethoscopes, pump infusion devices, drip stands and x-ray machines.
- 1.3 The policy focuses on the general care of equipment. When particular infections/micro-organisms are present, further advice should be sought from the Infection Prevention and Control Team.

http://intranet.sompar.nhs.uk/information/infection_prevention_control.aspx

- 1.4 Equipment used to care for particularly susceptible patients/clients (e.g. immuno-compromised) may require additional measures put in place under direction from the Infection Prevention and Control team

2. PURPOSE & SCOPE

- 2.1 The aim of this policy is to reduce the risk of transmission of micro-organisms, and the subsequent spread of infection, by promoting effective cleaning and decontamination of the environment in which the patient is accommodated, and of the equipment used in the delivery of care.
- 2.2 This policy does not detail processes required for the decontamination of Flexible Endoscopes. Specific guidance is available from the Somerset Partnership NHS Foundation Trust Decontamination Lead. See also Somerset Partnership NHS Foundation Trust Endoscopy Policy and Medical Devices Policy.
- 2.3 Further information on detailed cleaning methods, equipment and schedules employed by the Housekeepers and domestic cleaning staff can be found in the Cleaning Procedure Manual available via the Somerset Partnership NHS Foundation Trust intranet.

3. DUTIES AND RESPONSIBILITIES

3.1 The Trust Board, via the Chief Executive will:

- ensure there are effective and adequately resourced arrangements for complying with decontamination requirements within the Trust.
- identify a board level lead for Infection Prevention and Control.
- ensure that the role and functions of the Director of Infection Prevention and Control are satisfactorily fulfilled by appropriate and competent persons as defined by DH, (2008).

3.2 Director of Infection Prevention and Control (DIPC) will;

- Oversee the local control of and the implementation of the Cleaning of Equipment and Decontamination Policy.

3.3 The Infection Prevention and Control Assurance Group will

- ensure that the policy and procedures relating to Cleaning of Equipment and Decontamination are continually reviewed and improved within the Trust.
- The group will review all Datix reports relating to cleaning of equipment and decontamination and ensure that lessons are learned where applicable.

3.4 Head of Infection Prevention and Control / Decontamination Lead will

- Ensure that the Infection Prevention and Control Team review and update the of Cleaning of Equipment and Decontamination policy as required;
- Ensure that the Infection Prevention and Control Team undertake quarterly audits of compliance with the Cleaning of Equipment and Decontamination policy;
- Ensure that a quarterly report is presented to the Infection Prevention and Control Assurance Group;
- Provide additional advice regarding the implementation of Cleaning of Equipment and Decontamination where required;
- Promote good practice and challenge poor compliance.

3.5 Department / Ward Managers will

- Ensure employees are compliant with this policy;
- Ensure local risk assessments are carried out where necessary, for example to identify the use of appropriate personal protective equipment (PPE), adherence to safe practices and provision of resources.
- Ensure that Incidents which are reported are reviewed and subsequent actions taken as appropriate

3.6 Individual Employees

- All healthcare staff must take responsibility for the areas in which they work to ensure care equipment is managed and potential infection resulting from contamination is avoided.
- All staff have a responsibility to ensure they are trained and competent in the processes required for effective cleaning and decontamination of care equipment
- Will ensure that any equipment that requires off site service or repair will be decontaminated appropriately.
- All staff are required to be compliant with this policy

3.7 **Learning and Development Team will**

- Maintain records of staff who attend training sessions.

3.8 **Trust Hotel Services Assurance Group will**

- Ensure that environmental cleaning schedules are clearly defined, documented and available for all staff

4. **EXPLANATIONS OF TERMS USED**

4.1 **CLEANING** – A process which physically removes visible contamination (blood, body fluids, debris and accumulated deposits) and the majority of micro-organisms, normally using a general purpose detergent. This may also be achieved by the use of microfibre and water by trained domestic and housekeeping staff.

A high standard of cleaning is essential with all surfaces having contact with the cleaning agent.

4.2 **DISINFECTION** – A process used to reduce the number of viable micro-organisms to a level at which they are not harmful. The process may not inactivate some viruses and bacterial spores. Disinfection must be carried out after cleaning has taken place and is achieved by either heat or chemicals.

4.3 **STERILISATION** – A process that removes and destroys all micro-organisms including bacterial spores. This is achieved by the use of heat or chemicals to ensure that the item is sterile at the point of use.

4.4 **DECONTAMINATION** - Removal or neutralization of poisonous gas or other injurious agents from the environment.

4.5 **Single Patient Use Equipment**, as stated by manufacturer, may be used a number of times for one patient only, e.g. hoist slings, disposable blood pressure cuffs. Such equipment needs to be marked with the appropriate patient's name, where possible, and disposed of when no longer required.

4.6 **Single Use Equipment**, as stated by the manufacturer, must be used once only and must not be reused. Equipment is marked with the single use sign (shown below). Single Use equipment must not be reprocessed under any circumstances.

5. GENERAL PRINCIPLES

ALL MULTIPLE USE EQUIPMENT MUST BE DECONTAMINATED
BETWEEN PATIENTS ACCORDING TO POLICY AND
MANUFACTURERS' INSTRUCTIONS



Single Use Sign

- 5.1 Manufacturers Instructions must be followed for decontamination of the equipment unless advised by the Somerset Partnership NHS Foundation Trust Infection Prevention and Control Team.
- 5.2 Heat treatment must be the first choice for sterilisation.
- 5.3 Use of chemicals requires a Control of Substances Hazardous to Health (COSHH) assessment to be carried out.
- 5.4 Local reprocessing should only be carried out in the clinical area as an exception and after a risk assessment by the Somerset Partnership NHS Foundation Trust Decontamination Lead.
- 5.5 Automated washing methods are preferred to manual cleaning as they are strictly controlled and regularly validated.
- 5.6 All equipment and furnishings must be easily washable, covered with material impermeable to water and fluids, be able to withstand regular cleaning with detergent and be in good condition.
- 5.7 All equipment must be stored dry.
- 5.8 All equipment purchased will be fit for the intended purpose, compatible with existing equipment, easy to clean and decontaminate using available processes and, where appropriate, be accompanied by cleaning, disinfection and sterilisation instructions.

6. RISK ASSESSMENT

Low Risk	Examples	Suitable Method
Items in contact with normal, intact skin	Patient Wash Bowls, commodes, hoists etc	Cleaning & drying with detergent and water
Intermediate Risk	Examples	Suitable Method
Items in contact with intact mucous membranes or other items contaminated with virulent or readily transmissible organism or items to be used on immune-compromised patients	Respiratory equipment, fibre-optic endoscopes	Disinfection required, whether by heat or chemicals
High Risk	Examples	Suitable Method
Items in contact with a break in the skin or mucous membranes or introduction into a sterile body area	Surgical instruments, intrauterine devices and associated dressings, and any indwelling device	Sterilization required

- All equipment should be cleaned/decontaminated between use on patients.
- A regular programme of cleaning should be in place for all equipment.
- Equipment should be cleaned and documented weekly as a minimum whether used or not (this is in addition to after every patient use)

7 ROUTINE DECONTAMINATION

7.1 All items being returned to Medical Electronics for repair or servicing should be decontaminated before sending and appropriate label attached. See Appendix B

7.2 It is essential that decontamination does not damage equipment or surfaces. The following is a general guide.

7.3 If you are unsure about the method to use, contact any of the following as appropriate:

- http://intranet.sompar.nhs.uk/information/infection_prevention_control.aspx Somerset Partnership NHS Foundation Head of Infection Prevention and Control/Lead for Decontamination;

- Somerset Partnership NHS Foundation Trust Head of Facilities or Local Housekeeping Supervisor.

8. GOOD PRACTICE POINTS

- 8.1 Staff undertaking cleaning of healthcare equipment should ensure the required resources are close to hand and fit for purpose.
- 8.2 Staff undertaking cleaning of healthcare equipment must ensure fresh solutions are prepared for the purpose of cleaning.
- 8.3 Items must always be stored in designated storage areas and on shelving away from the floor.
- 8.4 Staff must use Personal Protective Equipment (PPE) to protect their uniforms when decontaminating equipment or environments.

9. TRAINING REQUIREMENTS

- 9.1 The Trust will ensure that all necessary staff (qualified, unqualified, other clinical staff and bank staff) are appropriately trained in line with the organisation's training needs analysis. Staff Induction – Standard Infection Control Precautions;
- Hand Hygiene Training
 - COSHH regulations - The safe use of chemical disinfectants and cleaning agents.
 - Infection Prevention and Control Training
 - Untoward Event Reporting

10. EQUALITY IMPACT ASSESSMENT

- 10.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

11. MONITORING COMPLIANCE AND EFFECTIVENESS

11.1 Monitoring arrangements for compliance and effectiveness

- Overall monitoring will be by the Infection Prevention and Control Assurance Group

11.2 Responsibilities for conducting the monitoring

- The Clinical Governance Group will monitor procedural document compliance and effectiveness where they relate to clinical areas.

11.3 **Methodology to be used for monitoring**

- random sampling of staff and by questionnaire
- internal audits
- external auditor investigations and reports
- incident reporting and monitoring
- clinical effectiveness monitoring

11.4 **Frequency of monitoring**

- quarterly reports
- surveillance
- quarterly audit

11.5 **Process for reviewing results and ensuring improvements in performance occur.**

Audit results will be presented quarterly to the Infection Prevention and Control Assurance Group for consideration, identifying good practice, any shortfalls, action points and lessons learnt. This Group will be responsible for ensuring improvements, where necessary, are implemented.

Audit results will be presented quarterly to the relevant Best Practice Group.

12. **COUNTER FRAUD**

12.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

13. **RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS**

113.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 14:	Meeting nutritional and hydration needs
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

13.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 16:	Notification of death of service user
Regulation 17:	Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983
Regulation 18:	Notification of other incidents

13.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

Relevant National Requirements

- Department of Health initiatives
- NICE and other clinical guidance

14. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

14.1 References

NHS Estates (1997) Clean steam for sterilisation. Health Technical Memorandum HTM2031. London: Department of Health.

Medical Devices Agency (1995) Symbols used on medical devices and their packaging. Device Bulletin DB9505. London: Department of Health.

Medical Devices Agency (2000) The reuse of medical devices supplied for single use only. Device Bulletin DB9501. London: Department of Health.

Medical Devices Agency (1996) Parts 1 and 2 – Sterilisation, disinfection and cleaning of medical equipment – Guidance on decontamination from the Medical Advisory Committee to Department of Health Medical Devices Agency. London: The Stationery Office. Available at: <http://www.medical-devices.gov.uk/>

Medical Devices Agency (1996) Part 3 – Sterilisation, disinfection and cleaning of medical equipment – Guidance on decontamination from the Medical Advisory Committee to Department of Health Medical Devices Agency. London: The Stationery Office. Available at: <http://www.medical-devices.gov.uk/>

Control of substances Hazardous to Health (COSHH) Regulations (2002) Statutory Instrument No. 2677 [on-line]. London: The Stationery Office. Available at: <http://www.legislation.hmsso.gov.uk>

Clostridium difficile infection: How to deal with the problem (DH; 2008) Available at: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1232006607827

A Matrons Charter: An Action Plan for Cleaner Hospitals 2004'
<http://www.dh.gov.uk>

Toy Decontamination

Avila-Aguero M L, et al (2004) Toys in a paediatric hospital: are they a bacterial source?

American Journal of Infection Control volume 32 number 5

Toy Cleaning Policy - UCSF Medical Centre, Infection Control Manual section 4.12 2001

Surviste J, (1996) The Toy Trap Uncovered Nursing Times volume 92 number 10

HPA Guidelines for control of infection and communicable disease in nurseries and other institutional early years settings. Issue 1 Dec 2003

AORN Online: Journal: Feb 05: Clinical Issues
<http://www.aorn.org/journal/2005marci.htm>

14.2 Cross reference to other procedural documents

Consent and Capacity to Consent to Treatment Policy

Consent to Examination and Treatment Policy

Development & Management of Organisation-wide Procedural Documents Policy and Guidance

Flexible Endoscopic Equipment

Hand Hygiene Policy

Infection Prevention and Control Policy

Learning Development and Mandatory Training Policy

Medical Devices Policy

Record Keeping and Records Management Policy

Risk Management Policy and Procedure

Serious Incidents Requiring Investigation (SIRI) Policy

Staff Mandatory Training Matrix (Training Needs Analysis)

Standard Precautions and Use of PPE Policy

Training Prospectus

Trust Cleaning Manual

Untoward Event Reporting Policy and procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

Trust Guidance is accessible to staff via the Public Website

Guidance on the Decontamination of individual specialist devices can be found at http://intranet.sompar.nhs.uk/a_z_directory/infection_control.aspx:

- Toy Decontamination Guidelines
- Decontamination of Suction units
- Decontamination of a Birthing Pool, Frome and Bridgwater Community Hospitals
- Decontamination of Dental Inhalation and Sedation Equipment
- Decontamination of Ophthalmology Equipment
- Decontamination of Braun Pro 4000 Ear Thermometer

Relevant Objective within Trust Strategy

Five year Integrated Business Plan

15. APPENDICES

15.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

- Appendix A Guide to decontamination of equipment and the environment
- Appendix B Decontamination Certificate
- Appendix C Spillage of Blood
- Appendix D Weekly Checklist

Guide to Decontamination of Equipment and the Environment

This table is intended as a guide only. Regulations regarding decontamination of hospital equipment and the environment are constantly developing. It is essential that the user consults the manufacturer's instructions prior to use of any piece of medical equipment. In the event of uncertainty contact the infection control team for advice.

Key:

GPD = GPD (general purpose detergent e.g. Hospec or a detergent wipe)

TD = Thermal disinfection

PLEASE NOTE: in areas where 'universal' wipes are used, these have the same action as both the General Purpose Detergent (GPD) wipe so can be used in either instance below.

In areas where equipment is in use with a patient suspected or known to have Norovirus or a Clostridium difficile infection, chlorine based solution should be used as per national policy, and the product of choice for the organisation is Tristel Fuse and Jet for surfaces (contains chlorine dioxide)

WARNING: All electrical equipment should be disconnected from the mains prior to any cleaning and disinfection procedures.

TRUST RECOMMENDED DECONTAMINATION METHODS

Medical Device	Cleaning Agent
Alcohol Breathalyser (MH only)	As per manufacturer's instructions
Baby Scales	Universal Detergent Wipe
Baths; including Birthing Pools at Frome and Bridgwater Community Hospital	As per Trust Cleaning Manual Recommendations
Bath Hoist	Universal Detergent Wipe
Bed Frames	Universal Detergent Wipe
Bed Tables	Universal Detergent Wipe
Bladder Scanner (machine casing)	As per manufacturer's instructions
Bladder Scanner (probe)	As per manufacturer's instructions
Bowls (washing)	Universal Detergent Wipe
Catheter Stands	Universal Detergent Wipe
Commodes	Universal Detergent Wipe
Defibrillators	Universal Detergent Wipe
Doppler Scanner (machine casing)	As per manufacturer's instructions
Doppler Scanner (probe)	As per manufacturer's instructions
Dressing trolleys and attachments (ward and theatre)	Universal Detergent Wipe
Ear phones and plugs	Universal Detergent Wipe
ECG Machine and leads	Universal Detergent Wipe
Electric Suction (casing)	Universal Detergent Wipe
Examination Couch	Universal Detergent Wipe
Foam troughs/wedges (orthopaedic)	Universal Detergent Wipe
Furniture and fittings	Universal Detergent Wipe
Height Measure	Universal Detergent Wipe
Patient Hoist	Universal Detergent Wipe
Infusion pumps (machine casings)	Universal Detergent Wipe
Infusion stand	Universal Detergent Wipe
Manual sphyg and cuffs	Universal Detergent Wipe
Mattresses, mattress covers and pillows	Universal Detergent Wipe
Medicine trolley	Universal Detergent Wipe
Nebuliser Casing (single patient use)	Universal Detergent Wipe
Otoscope/opthalmoscope	As per manufacturer's instructions
Oxygen Cylinder	Universal Detergent Wipe
Patella Hammer	Universal Detergent Wipe
Patient warming system	Universal Detergent Wipe
Pulse oximeters	Universal Detergent Wipe
Scales	Universal Detergent Wipe
Stethoscopes	Universal Detergent Wipe
Telephones	Universal Detergent Wipe
Thermometer (casing)	As per manufacturer's instructions
Treatment trolley	Universal Detergent Wipe
Tuning forks	Universal Detergent Wipe
Vital Sign monitors	Universal Detergent Wipe
Walking aids (not patient's own)	Universal Detergent Wipe
Weighing Machines (standing and sitting)	Universal Detergent Wipe
Wheelchairs	Universal Detergent Wipe
Wipeable duvets and pillows	Universal Detergent Wipe

Decontamination Certificate

Before any equipment is re-used or sent for repair or storage both within and outside the Hospital it must be decontaminated.

The certificate must accompany the equipment; failure to comply will result in return of the equipment.

Ward/Dept.		
Description of equipment		
Make	Model	Serial Number

Please select one box and tick accordingly

To the best of my knowledge this equipment has NOT been in contact with potentially infected material e.g. blood, body fluids and therefore has not been contaminated.	
This equipment MAY be contaminated by potentially infected material and has been decontaminated externally as per decontamination policy.	
This equipment MAY be contaminated but could not be decontaminated because, Please give details:	

The above piece(s) of equipment has been appropriately decontaminated following patient usage and is now ready for repair, service, storage or re-use.

SIGNATURE _____ **DATE** _____

NAME _____ **DESIGNATION** _____
(Print)

SPILLAGE OF BLOOD

All spillage of blood and heavily blood stained body fluid must be dealt with promptly as below.

EQUIPMENT REQUIRED

- disposable gloves or household rubber gloves
- disposable apron
- disposable paper hand towels
- manufacturers pre packed blood spillage kit or:
- clinical waste bag (if spillage in Patients own home leak proof plastic household waste bag will normally suffice).
- a hypochlorite product of 10,000 ppm. This can be in the form of granules e.g. Presept granules
- disposable cleaning cloth
- detergent and water
- eye protection may be necessary to prevent splashing into eyes with blood or hypochlorite
- cuts should be covered with waterproof plasters
- open wounds, eczematous lesions and psoriatic lesions should be covered

Action	Rationale
Put on disposable gloves and apron	To protect against risk of contamination
Cover spill with disposable paper towels	To prevent further handling by others and risk of contamination and soak up fluids
Ventilate area if possible	Fumes from hypochlorite solution can occur
Pour or sprinkle hypochlorite preparation over spillage cover with paper towels and leave for 5-10 minutes	To disinfect the spillage
Clear away towels from spillage area and dispose of into clinical waste bag	To prevent against further risk of contamination
Wash area using detergent and hot water and disposable cloth, dry with disposable paper cloth	To clear away remains of spill and/or hypochlorite
Discard all used materials into clinical waste bag. Remove protective clothing and discard as clinical waste, if generated	To prevent against risk of contamination

When dealing with a spillage on a carpet or soft furnishings the use of detergent and water alone is advised to avoid bleaching with the hypochlorite.

Arrange hot water or steam cleaning where practicable.

MEDICAL DEVICES CLEANING CHECKLIST FOR EQUIPMENT USED WITHIN MENTAL HEALTH AND COMMUNITY SERVICES

ALL reusable medical devices must be decontaminated between patients, and must be kept clean and available for use. Any device found to be inadequately cleaned should be decontaminated immediately.

Weekly checks must be carried out to ensure that all devices are clean and the checklist below dated and signed. Completed checklists should be retained locally as evidence of good practice.

Clinical Area

Please score through any device NOT present within your clinical area

Medical Device	Cleaning Agent	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Alcohol Breathalyser (MH only)	As per manufacturer's instructions								
Baby Scales	Universal Detergent Wipe								
Baths; including Birthing Pools at Frome and Bridgwater Community Hospital	As per Trust Cleaning Manual Recommendations								

Medical Device	Cleaning Agent	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>
Bath Hoist	Universal Detergent Wipe								
Bed Frames	Universal Detergent Wipe								
Bed Tables	Universal Detergent Wipe								
Bladder Scanner (machine casing)	As per manufacturer's instructions								
Bladder Scanner (probe)	As per manufacturer's instructions								
Bowls (washing)	Universal Detergent Wipe								
Catheter Stands	Universal Detergent Wipe								
Commodes	Universal Detergent Wipe								
Defibrillators	Universal Detergent Wipe								
Doppler Scanner (machine casing)	As per manufacturer's instructions								
Accu Chek Performa meters (Roche) - Individual and Ward	Universal Detergent Wipe								
Coagu Chek XL Plus 9Roche) – Ward only	Detergent Wipe – casing only								
Doppler Scanner (probe)	As per manufacturer's instructions								
Dressing trolleys and attachments (ward and theatre)	Universal Detergent Wipe								

Medical Device	Cleaning Agent	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>
Ear phones and plugs	Universal Detergent Wipe								
ECG Machine and leads	Universal Detergent Wipe								
Electric Suction (casing)	Universal Detergent Wipe								
Examination Couch	Universal Detergent Wipe								
Foam troughs/wedges (orthopaedic)	Universal Detergent Wipe								
Furniture and fittings	Universal Detergent Wipe								
Height Measure	Universal Detergent Wipe								
Patient Hoist	Universal Detergent Wipe								
Infusion pumps (machine casings)	Universal Detergent Wipe								
Infusion stand	Universal Detergent Wipe								
Manual sphyg and cuffs	Universal Detergent Wipe								
Mattresses, mattress covers and pillows	Universal Detergent Wipe								
Medicine trolley	Universal Detergent Wipe								
Nebuliser Casing (single patient use)	Universal Detergent Wipe								
Otoscope/opthalmoscope	As per manufacturer's instructions								
Tonometer (including prism)	As per manufacturer's instructions								

Medical Device	Cleaning Agent	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>
Oxygen Cylinder	Universal Detergent Wipe								
Patella Hammer	Universal Detergent Wipe								
Patient warming system	Universal Detergent Wipe								
Pulse oximeters	Universal Detergent Wipe								
Scales	Universal Detergent Wipe								
Stethoscopes	Universal Detergent Wipe								
Thermometer (casing)	As per manufacturer's instructions								
Treatment trolley	Universal Detergent Wipe								
Tuning forks	Universal Detergent Wipe								
Vital Sign monitors	Universal Detergent Wipe								
Walking aids (not patient's own)	Universal Detergent Wipe								
Weighing Machines (standing and sitting)	Universal Detergent Wipe								
Wheelchairs	Universal Detergent Wipe								
Wipeable duvets and pillows	Universal Detergent Wipe								

PLEASE ADD ANY ADDITIONAL ITEMS IDENTIFIED WITHIN YOUR AREA

		DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Medical Device	Cleaning Agent								
Roche Coagu Chek XL Plus – Ward only	Universal Detergent Wipe – casing only								
Roche Accu Chek Performa meters - Individual and Ward	Universal Detergent								