
Decontamination Policy

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Purpose of Agreement	This policy provides staff with the information required to minimise the risk of cross infection to patients, staff and others from medical devices and the environment.
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2	Nov 2019		Addition of fans	
Version 6	Aug 2020	34	Solent NHS Logo added to Mattress audit tool Title now "Mattress & Crash Mat Audit Form" Ward space added to form NHS Trust "Solent" added The word "Monthly" removed for the audit tool "& Crash Mat" added to title on table of contents	(chair's action)
Version 7	Nov 2022	Various	<ul style="list-style-type: none"> • Version number & dates updated • Changes made to the Summary of Policy to clarify content • 2.3 ATP removed • 3.1.1 Flowchart to identify correct decontamination options removed • 3.3.4 Wording added for clarification of compatibility • 3.3.5 wording added to clarify cleaning process • 3.6.1 Bullet point re-worded to add in the word 'bacteria' • 3.14 Heading changed to add in words 'Used for Therapies • 3.14.7 clarification added for the cleaning of toys ○ Bullet point added explaining the cleaning process fir built up dirt on toys ○ Small changes made to aid clarification • 3.15.3 Clarification on cleaning of an infection or outbreak added • 3.15.8 Small changes made to aid clarification • 3.15.9 Small changes made to aid clarification • 3.15.10 Small changes made to aid clarification • 3.15.12 Small changes made to aid clarification • 3.15.13 Small changes made to aid clarification • 3.16.1 Removal of cleaning manual and replaced with new National Standards of Healthcare Cleanliness 2021 • 3.16.5 Small changes made to aid clarification • 3.16.7 Removal of ATP • 3.17.3 Small changes made to aid clarification • 3.18.3 Small changes made to aid clarification • 3.18.5 Small changes made to aid clarification • 3.18.7 Small changes made to aid clarification • 3.18.11 Clarification of removal of waste from an isolation room added • 3.18.12 Clarification of sealing infected linen added • 3.19.7 Property Management team contact details added 	

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Review Log:

Include details of when the document was last reviewed:

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5	Nov 2019	D Larkins	IPCG, Policy Steering Group	
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SUMMARY OF POLICY

Decontamination is 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 cleaning, disinfection, and sterilisation. These processes are used to remove or destroy contamination and reduce the risk of infection to anyone coming in contact with that item or environment.

The level of decontamination required is dependent upon risk and staff must assess that risk.

Solent NHS Trust staff have a responsibility to know which methods of decontamination are required for frequently used items and they must be aware how to access support if an item is outside of their normal scope.

Prior to purchase, all medical devices must be evaluated to ensure that, it can be decontaminated easily and effectively at ward/service level. Any newly purchased items must be approved by the Medical Devices Lead. Any item that requires specialist decontamination must not be purchased until an arrangement has been made in relation to decontamination and ongoing costs have been agreed.

Many items now used within healthcare are classified as single use or single patient use. The healthcare worker must know how to identify when an item is single use and ensure that these items are **NOT** reprocessed to ensure safety is maintained.

Poor standards of decontamination not only reflect badly upon the service we provide but present a significant risk of infection and harm to patients, visitors, and staff.

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Decontamination Policy

1. INTRODUCTION and PURPOSE

- 1.1 Micro-organisms capable of causing infection are present in every environment including healthcare settings and a client's own home.
- 1.2 Solent NHS staff has a responsibility to understand how to decontaminate items and the environment effectively and at appropriate times to reduce the risk of transmission.
- 1.3 Effective decontamination of equipment and the environment is a key factor in reducing healthcare associated infections (HCAI).
- 1.4 Environments and equipment that are visibly dirty reflect poorly upon Solent NHS Trust, its staff, and the service we provide.

2. SCOPE and DEFINITIONS

- 2.1 This policy applies to bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers, and Patient Safety Partners), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity, Inclusion and Human Rights Policy. It also applies to external contractors, Agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 Solent NHS Trust is committed to the principles of Equality, Diversity, and Inclusion, and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community, and our staff.
- 2.3 **Cleaning** - a process to physically remove infectious agents and organic matter on which they thrive. It does not necessarily destroy infectious agents. It is usually carried out using detergent or microfiber cloths. Cleaning of an item must be carried out before disinfection or sterilisation.
- 2.4 **Contamination** - when an item has become 'dirtied' with unwanted material.
- 2.5 **Deep Clean** - an enhanced level of cleaning and disinfection usually during or following an infection incident or episode.
- 2.6 **Detergent** - a cleaning agent that removes organic material but does not have antimicrobial properties.
- 2.7 **Decontamination Levels** - There are three levels of decontamination, cleaning, disinfection, and sterilisation. Cleaning is the first level of decontamination; cleaning followed by disinfection is the second level of decontamination and cleaning followed by sterilisation is the third level of decontamination.

- 2.8 **Disinfectant** - a chemical agent capable of destroying pathogens or other harmful microorganisms but not necessarily all microbial forms.
- 2.9 **Disinfection** - the process of reducing large numbers of microorganisms. The process does not kill or remove all microorganisms.
- 2.10 **Endotoxin** - a toxin lipopolysaccharide formed by the breakdown of the cell wall of Gram-negative bacteria. Bacterial endotoxins can be active even if the bacteria from which it was released are killed.
- 2.11 **High Level Disinfectant** - a liquid or vapour that can kill bacteria, virus, and spores.
- 2.12 **Medical Device** - any device used for medical or dental care. (Refer to Solent NHS Trust Management of Medical Devices Policy (reference number Solent NHST/Policy/RK07)).
- 2.13 **Pathogen** - a microorganism capable of causing infection.
- 2.14 **Personal Protective Equipment (PPE)** - refers to the protective clothing worn during care to protect the wearer from contamination and the patient from cross infection.
- 2.15 **Prions** - a form of protein thought to be causative agent of transmissible spongiform encephalopathy (TSE) or Creutzfeldt Jakob disease (CJD).
- 2.16 **Reprocessing** - to make a medical device ready for reuse by combinations of cleaning, disinfection, sterilisation, refurbishment, repackaging.
- 2.17 **Reuse** - another episode of use following reprocessing between each episode.
- 2.18 **Single Use Item** - an item that is intended for one single procedure and is not intended to be cleaned or reused even for the same patient i.e. standard syringes.
- 2.19 **Single Patient Use** - an item that is for use on one patient only to use for a time specified by the manufacturer and must then be discarded e.g. nebuliser, spacer, feeding syringes.
- 2.20 **Standard Precautions / Universal Precautions** - the basic level of infection control practices that when used consistently and diligently reduce the transmission of pathogenic organism from both recognised and unrecognised sources.
- 2.21 **Sterilisation** - a process that removes or destroys all microorganisms including spores. Note standard sterilisation may not eliminate prions. (Refer to Solent NHS Trust Patients with or Suspected of having a Transmissible Spongiform Encephalopathy (TSE) / Creutzfeldt Jacob Disease (CJD) Management Policy (reference number Solent NHST/Policy/IPC/009)).
- 2.22 **Terminal Clean** - the deep clean undertaken at the end of an infection episode. This may occur at the point of patient discharge or at any time during their stay to minimise environmental contamination.
- 2.23 **Validation** - documented procedure for obtaining and interpreting the results required to establish that a process will consistently yield a product complying with predetermined specifications.

3. PROCESS/REQUIREMENTS

3.1 IDENTIFYING THE CORRECT TYPE OF DECONTAMINATION

The choice of decontamination is influenced by several factors, the type of device, nature of contamination, micro-organisms involved, manufacturer’s instructions and the level of risk posed to patients and staff.

The Medicines & Healthcare products Regulatory Agency (MHRA) provides the following table to assist in identifying the level of risk.

Table 1 Level of risk:

Level of Risk	Usage	Decontamination-Process required
Low	Item in contact with intact skin or not in contact with patient at all	Cleaning
Medium	Items in contact with broken skin or mucous membranes. Items contaminated with transmissible micro-organisms	Cleaning followed by disinfection
High	Items in contact with broken mucous membranes or placed in a sterile body area	Cleaning followed by sterilisation

See Appendix A for Flow chart to identify correct decontamination options

- 3.1.1 Not every method of decontamination will be available within every venue or setting, particularly when working in a patient’s own home. The user must ensure if decontamination cannot be undertaken immediately then it is at the earliest opportunity and risks are minimised during this period.

3.2 CLEANING

- 3.2.1 Cleaning is the first level of decontamination and is the process to physically remove infectious agents and organic matter on which they thrive. It does not necessarily destroy infectious agents.
- 3.2.2 It is usually carried out using detergent or microfiber cloths using an ‘s’ shaped pattern to maximise surface coverage.
- 3.2.3 Once an item has been cleaned it must be dried to prevent microorganisms multiplying on a damp surface.
- 3.2.4 Cleaning of an item must be carried out before disinfection or sterilisation to remove organic matter. Failing to do so will render disinfection or sterilisation useless.

3.2.5 A simple guide on how to clean an item is found in Appendix A.

3.3 DISINFECTION

3.3.1 Disinfection reduces the number of microorganisms to a safe level for a defined procedure. The process of disinfection does not kill or remove all microorganisms.

3.3.2 The process of disinfection can only occur following cleaning.

3.3.3 Disinfection can be achieved using heat or chemicals and it is important to follow manufacturer's instructions when selecting the method of disinfection.

3.3.4 HEAT DISINFECTION

- Washer/disinfectors can be used to clean and disinfect equipment such as bedpans/urinals that can withstand wet heat
- The wash cycle uses detergent to remove soiling; however dried organic matter may require manual cleaning with detergent and warm water prior to placing in washer/disinfector
- The washer/disinfector achieves disinfection at either 70 °C for 3 minutes or 80 °C for 1 minute or 90 °C for 1 second
- Many washer/disinfectors may have a heat assisted drying cycle. Bedpans that are not fully dried must be stored in such a way to allow the item to fully dry i.e. on a rack or inverted
- Steam can be used to clean and disinfect hard surfaces and fabrics that cannot be laundered (See Appendix B)
- The steam cleaner produces a micro fine vapour at temperatures exceeding 130 °C. The microscopic water particles penetrate the fabric and vacuum extraction removes contaminated water into a separate dirty water tank
- Steam can damage fabrics, set stains, and may affect fire retardancy on items such as curtains.
- Steam must not be used until confirming the compatibility with the item requiring decontamination
- Steam cleaning may not be cleaning option during times of a pandemic and in such instance IPT should be consulted

3.3.5 CHEMICAL DISINFECTION

- Chemical disinfectants are substances used to destroy many pathogenic/disease causing micro-organisms (See Appendix C)
- They are often irritant when allowed contact with skin, mucus membranes or when inhaled
- They may also be flammable or corrosive. A risk assessment under Control of Substances Hazardous to Health (COSHH) Regulations must be undertaken before chemical disinfectants can be introduced. (See Solent NHS Trust Control of Substances Hazardous to Health (COSHH) Policy (reference number Solent NHST/Policy/HS13))
- Disinfectants must be used and stored appropriately according to the safety data sheet. This is particularly important when using disinfectants within a ward or clinic environment where vulnerable children or adults may have access
- Disinfectants may be damaging to equipment. This may be exaggerated with excessive use or failing to follow manufacturer's instructions correctly. To remove residual chemicals the surface can be wiped with detergent and dried after the required contact time for the disinfectant has been achieved
- Disinfectants must be used following manufactures instructions. Dilution, duration, and application are all essential components in the disinfection process

- Different disinfectants are effective against different organisms and staff must ensure they use the correct product for the risk i.e. Clinell disinfectant wipes are not effective against *Clostridioides difficile* (C. diff)

3.4 CHLORINE DIOXIDE – i.e. Tristel

- 3.4.1 Medical devices may be identified as requiring quick turnaround medium/high level disinfection i.e. vaginal probes. These must be cleaned with a detergent before using Tristel wipes (See Appendix D). It is available in a combined solution i.e. Tristel Duo for cleaning and disinfection within sexual health services. A local Standard Operating Procedure (SOP) is in place.
- 3.4.2 Documentation of this process must be held locally as proof the process has been followed.
- 3.4.3 The use of high-level disinfection does not remove the need to cover probes with a barrier (condom).

3.5 VAPORISED HYDROGEN PEROXIDE (VHP)

- 3.5.1 Vaporised Hydrogen Peroxide (VHP) may be used to achieve high level disinfection of the environment. It is not currently used within Solent NHS Trust primarily as the area must be sealed and free of people, and our ward layouts do not easily facilitate this. Should an infection related outbreak be prolonged or due to a particularly pathogenic organism the Infection Prevention Team (IPT) in conjunction with the Director of Infection Prevention & Control (DIPC) may investigate its use.

3.6 STERILISATION

- 3.6.1 Sterilisation is the process of making something free from bacteria or other living microorganisms. Standard sterilisation may not eliminate prions for this reason some single use items are preferred. Refer to Solent NHS Trust Patients with or Suspected of having a Transmissible Spongiform Encephalopathy (TSE) / Creutzfeldt Jacob Disease (CJD) Management Policy (reference number Solent NHST/Policy/IPC/09).
- 3.6.2 Solent NHS Trust has minimal requirement for reprocessed sterile medical devices with the exception of dental services. All other services within Solent NHS Trust use single use sterile products.
- 3.6.3 Sterilisation of a medical device must be carried out in accordance with the manufacturer's guidance and National requirements.
- 3.6.4 Should a service wish to purchase a medical device that will require sterilisation, the process to undertake sterilisation must be arranged and on-going finances for the life of the device agreed prior to purchase. (Refer to Solent NHS Trust Management of Medical Devices (Equipment) Policy reference number Solent NHST/Policy/RK07)

3.7 RECOMMENDED CLEANING PRODUCTS

- 3.7.1 Many factors influence the standard of decontamination achieved; from products chosen, level of training, design of item to be cleaned, time allocated for the procedure.

- 3.7.2 The active ingredients within products vary greatly dependent upon their intended use. And choosing an inappropriate product may render the decontamination process useless.
- 3.7.3 In order to simplify choosing products the IPT regularly review products available and in-conjunction with colleagues in procurement produce a list of products we believe will suit general use. Whilst price will be considered we also look at active ingredients and which microorganisms they are effective against, ease of use, storage, training requirements, COSHH, disposal, compatibility with surfaces and staff feedback.
- 3.7.4 All of the products we recommend have been reviewed under COSHH and the Trust holds the safety data sheet on each product. Should a service deviate from our recommendations the responsibility to review the safety data sheet and discuss with health and safety falls upon that service.
- 3.7.5 The latest list of recommended products can be found on the Infection Prevention SolNet page under products along with the NHS supply chain order code.
- 3.7.6 The IPT will also work with services to review alternative products should a specific need arise.

3.8 CAN I REUSE THIS ITEM? REUSABLE, SINGLE USE AND SINGLE PATIENT USE ITEMS

- 3.8.1 Items may be available in reusable, single use or single patient use varieties so it is important the correct item is obtained and used.
- 3.8.2 It is the responsibility of the healthcare worker to ensure they are using the correct item and following manufacturer's guidance. In areas where stock is decanted manufacturers guidance can be found in original packaging or via an internet search.
- 3.8.3 Should a member of staff reuse an item against the manufacturer's instructions Solent NHS Trust assumes liability for any failure in the device or subsequent transmission of infection.
- 3.8.4 Disposing of items that can be safely reprocessed is detrimental to the environment and financially wasteful (refer to Solent NHS Trust Policy for the Safe Handling & Disposal of Healthcare Waste (reference number Solent NHST/Policy/HS09)).

3.8.5 SINGLE USE ITEMS

- **Single Use Items** are intended for one single procedure only and are not intended to be cleaned or reused even for the same patient i.e. standard syringes
- An item will be classified as single use and labelled with the symbol below when the manufacturer has evidenced the item cannot be effectively decontaminated at service level
- Reprocessing or reusing single use items involves a number of potential hazards
 - Inadequate cleaning
 - Material alteration
 - Mechanical failure
 - Cross infection risk
 - Chemical residues remaining on the surface or being absorbed by the material
- Staff must only use items bearing this sign once and then dispose of them. Staff can try to source items that can be reprocessed if they feel they can effectively decontaminate these at local level and have a system in place to document compliance with manufacturer's instructions

- Single use items will be marked with the following symbol or will state USE ONCE ONLY



3.8.6 SINGLE PATIENT USE ITEMS

- If a manufacturer has identified that an item may be used on the same patient for a specified period i.e. nebuliser, spacer, walker boot, feeding syringes, or intermittent urinary catheters, it will be deemed as single patient use
- Single patient use items will need decontaminating during that specified period and the manufacturer's instructions must be followed
- The manufacturer may stipulate the length of time the item can be used for (i.e. 2 weeks) or the number of times it can be decontaminated before it must be disposed of
- An example of this may be enteral feeding syringes where the manufacturer has stipulated this may be used for 28 washes in a domestic dishwasher or warm hand wash. The number of days this item may remain in use will depend upon the number of times per day it will be washed.
- It is the responsibility of the service/user to establish a local process to adhere to the manufacturer's instructions
- The service must be able to demonstrate through local SOP and documentation that this is being followed correctly and that the item is not being used longer than the manufacturer has specified
- If a suitable process following and recording manufacturer's instructions cannot be adequately established, an alternative such as single use items would be required that would need to be disposed of after each use. This would have financial and environmental implications

3.8.7 REUSABLE MEDICAL DEVICES

- Items classified as reusable or suitable for reprocessing are deemed by the manufacturer as suitable for decontamination at service or local level
- Under current legislation manufacturers of reusable equipment are obliged to provide advice about appropriate methods of decontamination
- If the instructions are unclear staff must seek advice from the IPT and a local SOP developed by the service and shared throughout all staff
- Services must ensure all medical devices/medical equipment are reviewed prior to purchase to ensure manufacturer's decontamination techniques are available, either at local level or by prior arrangement with a third party before purchase. (Refer to Solent NHS Trust Management of Medical Devices Policy (reference number Solent NHST/Policy/RK07))

3.9 STORAGE OF MEDICAL DEVICES

- 3.9.1 Failure to segregate and store reusable medical devices correctly can lead to re-contamination if items before and after decontamination are in contact with each other. Therefore items following decontamination must be:
- Stored in a clean and dry place

- Protected from dust, splashing and vermin
- Stored off of the floor on racks or shelving
- Segregated from dirty items
- Ensure stock is rotated
- Stored with a completed decontamination certificate attached (Appendix E)

3.10 DECONTAMINATION OF EQUIPMENT PRIOR TO SERVICING

- 3.10.1 Anyone who inspects, services, or repairs medical equipment has the right to expect that medical devices and equipment have been appropriately decontaminated (MHRA 2015).
- 3.10.2 Once an item has been decontaminated a decontamination certificate (Appendix E) must be completed and attached.
- 3.10.3 Without the appropriate decontamination certificate the item may be refused, and additional service charges may apply.
- 3.10.4 If a medical device is to be retained for investigation and the process of decontamination may alter or influence finding, the device must be double bagged in robust packaging and a decontamination certificate attached to the outside clearly identifying that decontamination was not undertaken. Prior warning must be given to the intended recipient to prevent accidental opening.
- 3.10.5 Medical devices returned directly by the general public must be assumed to be contaminated. The item must be decontaminated at point of arrival by Solent NHS staff before the item can be reissued or dispatched for servicing. A decontamination certificate must be applied as stipulated above.

3.11 LOAN EQUIPMENT

- 3.11.1 Any medical device or equipment loaned to a patient, family or another service must be clean and fit for purpose i.e. breast pump, enuresis mats. A decontamination certificate must be attached to the device (Appendix E).

3.12 TRANSPORTATION OF EQUIPMENT

- 3.12.1 Solent NHS Trust operates multiple community services and recognises this offers challenges regarding decontamination. Ideally, used equipment will be decontaminated before being transported in staff vehicles. Where this is not possible staff must undertake a risk assessment.
- 3.12.2 It is recommended that community staff carry plastic bags for placing contaminated equipment in and return to base. If bulky items are frequently transported the mattress disposal bags are large enough to accommodate most items expected to be transported in a car.

3.13 SOLENT NHS TRUST DENTAL SERVICES

- 3.13.1 Primary care dental services in Solent NHS Trust routinely decontaminate medium and high-risk items and must comply with essential quality and best practice detailed in Heath Technical Memorandum (HTM) 01-05 Decontamination in Primary Care Dental Practices (DH 2013).

- 3.13.2 All clinics comply with service standard operating procedures DS/011 which gives detailed instructions or compliance with HTM0105.
- 3.13.3 Each clinic has written systems of work document particular to the clinic with comprehensive details of procedures and instructions for running clinics and equipment specific to that location.
- 3.13.4 Each dental clinic is audited six monthly using Infection Prevention Society (IPS) audit tool for compliance with HTM005.

3.14 CLEANING OF TOYS USED FOR THERAPIES

- 3.14.1 Children will migrate to toys regardless of their condition or cleanliness. Damaged or dirty toys are a potential source of infection and reflect poorly on the service.
- 3.14.2 Services that require or choose to use toys as part of their assessment, therapy or for entertainment are responsible for ensuring they are fit for purpose in terms of safety and cleanliness.
- 3.14.3 Due to the need to ensure toys remain clean, services are encouraged to limit the number and type of toys. Toys must not be available in waiting areas. Services may wish to indicate this on appointment letters.
- 3.14.4 Fabric toys must only be used for therapy and not general entertainment due to the difficulties in cleaning. Services using fabric toys used for therapy must ensure a clear process to clean these toys regularly and as required according to risk.
- 3.14.5 Services that use shared facilities must ensure they are aware who is responsible for monitoring and cleaning of the toys in communal areas. This must include routine and exceptional cleaning should gross contamination occurs. Poorly maintained toys in communal areas will reflect badly on your service even if they are not your responsibility.
- 3.14.6 Cleaning of toys in the treatment and communal areas is the responsibility of clinical staff unless an alternative arrangement has been made with facilities team.

3.14.7 TOY CLEANING

- Toy cleaning requires a specific cleaning schedule which must be displayed for parents and carers to see. (See Appendix F)
- As a minimum toys must be cleaned weekly. However services that see high volumes of children, or children with easily transmissible infections i.e. cough and colds will need to increase this frequency
- Services working with immunocompromised children will need to establish a more frequent programme. The IPT can support any risk assessment
- Toys must be cleaned with a combined detergent and disinfectant wipe, allowed to have the 60 second contact time and dried thoroughly including any crevices/indents to remove any excess product. Staff must ensure the toy is thoroughly dry before using with a child. This process ensures the child is not at risk should the toy enter their mouth
- If toys have a build-up of dirt or grime, then a plain detergent wipe can be used first to lift the grime and then follow with a combined detergent and disinfectant wipe and dry thoroughly after the 60 second contact time

- If a toy is grossly contaminated and cannot be effectively cleaned it must be disposed of
- Toys must be stored within a suitable lidded container to prevent toys being a trip hazard. The container itself must also be kept clean and stored off of the floor

3.15 MATTRESSES, PILLOWS, COUCHES AND CRASHMATS

- 3.15.1 Services within Solent NHS Trust care for a wide variety of patients with differing needs relating to mattresses, pillows, couches, and crashmats.
- 3.15.2 The surface integrity of this equipment is vital to maintaining cleanliness.
- 3.15.3 Regardless of the type of equipment routine cleaning must be undertaken using detergent and then dried (This may be escalated to combined detergent and disinfectant in the instance of infection or outbreak). The responsibility for cleaning mattresses, pillows, crash mats and other clinical equipment remains with clinical staff unless a specific and detailed agreement has been passed through service line governance and Infection Prevention & Control Group (IPCG).
- 3.15.4 If an item cannot be cleaned in such a way a specific cleaning regime must be established for each item or group of items i.e. therapy chairs within our special school service.
- 3.15.5 If an item becomes grossly contaminated it may be possible to manage this at ward level using a combined detergent and disinfectant, where the disinfectant provides 1000ppm available chlorine, i.e. Actichlor plus. If the item cannot be cleaned in service or specialist products are being hired i.e. air mattresses may need replacing.
- 3.15.6 Where possible spare over sheets must be available for immediate use whilst soiled items are reprocessed.
- 3.15.7 Examination/treatment couches - cleaning must be undertaken between every patient; use of couch roll is at the discretion of the service however use of couch roll does not prevent contamination and the couch must be cleaned and dried between every patient.
- 3.15.8 Specialities that produce large levels of contamination i.e. skin debris or aerosols have a great risk of cross infection and must take additional time and precautions to ensure the couch including crevices/hinges are thoroughly cleaned between patients.
- 3.15.9 The use of disinfectant is at the discretion of the clinician based upon risk assessment (This may also be escalated during times of outbreak or pandemic on advice from IPT).
- 3.15.10 Services may wish to purchase long handled dust pans and brushes to make this process easier, however it must be remembered this equipment requires regular cleaning and maintenance or it becomes a risk in itself.
- 3.15.11 Pillows must be fully enclosed with a wipeable plastic cover that is sealed on all edges. If any breach in outer cover occurs this pillow must be replaced immediately.
- 3.15.12 Mattresses, pillows, and crash mats must be visually inspected following every patient discharge from an inpatient area or at least every month and every day in an outpatient setting.

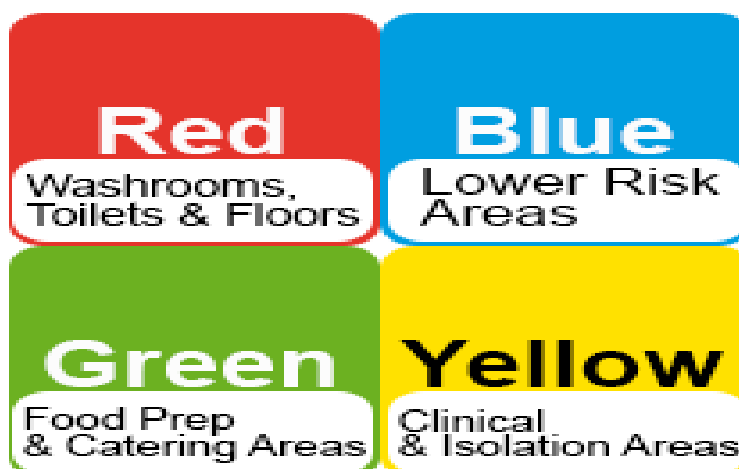
- 3.15.13 The items must be checked for wear and tear, damage, odours, and visible staining/soiling. Any hole, no matter how small, to the mattress cover or treatment couch allows fluids to contaminate the inside of the mattress. (Appendix G & MHRA)
- 3.15.14 All mattresses and pillows must be formally audited monthly as a minimum. Any damage must be reported to senior staff and replacements arranged immediately.
- 3.15.15 An example of the audit tool for crash mats/mattresses can be found at Appendix G. These audits must be held locally and be available for inspection upon request.

3.16 ENVIRONMENTAL CLEANING

- 3.16.1 Routine environmental cleaning is the regular cleaning which is carried out on a scheduled basis.. Within Solent NHS Trust all cleaning services (our own or external companies) are expected to follow the National Standards of Healthcare Cleanliness 2021 to adhere to and maintain standards in accordance to National Guidance.
- 3.16.2 Clinical environments are expected to follow Solent NHS Trust design guides.
- 3.16.3 The aim of environmental cleaning is to remove organic matter and dust to reduce the microbiological load in the environment.
- 3.16.4 The World Health Organisation (WHO) define the patient zone as all inanimate surfaces that are touched by or are in direct physical contact with the patient such as the bed rails, bedside table, bedside chair, medical equipment as well as surfaces frequently touched by healthcare staff. These areas are identified as increased risk of contamination and are the areas environmental cleaning must focus on.
- 3.16.5 Whilst there is some debate within the wider NHS to the advantages of using combined detergents and disinfectants for general everyday cleaning the evidence does not support this use (EPIC 3) (HPS 2017). Based upon current evidence and the client group currently all clinical areas within Solent NHS Trust services a satisfactory level of cleanliness can be adequately achieved using detergent based products followed by drying the surface. Combined detergent and disinfectants will be used when a risk assessment determines the need i.e. in instances of infection, outbreak & pandemic on advice from the IPT.
- 3.16.6 It is essential that staff understand dilution and application impact on effectiveness of the process.
- 3.16.7 Staff undertaking environmental cleaning must receive training and standards will be monitored by use of routine visual inspection and audit.
- 3.16.8 Where cleaning services are provided by a third party the same standards are expected to be maintained. Any concerns must be raised at local level in the first instance and escalated via governance structure swiftly if unresolved including IPT in correspondence.
- 3.16.9 If environmental standards of cleanliness are implicated in an acquired infection IPT must be made aware via incident reporting.

3.17 GENERAL PRINCIPLES

- 3.17.1 Within clinical areas everyone is responsible for maintaining standards of cleanliness.
- 3.17.2 Cleaning equipment has the potential to spread infection if not fit for purpose, cleaned, and correctly maintained.
- 3.17.3 Cleaning trolleys and equipment must be kept clean to prevent cross contamination and bacteria build-up.
- 3.17.4 Mop buckets must be cleaned, rinsed, and stored inverted to allow any water to drain.
- 3.17.5 Mop heads must be changed daily using either disposable or laundered.
- 3.17.6 In clinical areas any fabric or disposable curtains and blinds must be changed or laundered 6 monthly and additionally if soiled.
- 3.17.7 Clinical areas must not be carpeted unless specifically agreed with Infection Prevention i.e. audiology.
- 3.17.8 A written cleaning schedule (provided by the facilities) must be displayed outlining domestic services responsibilities.
- 3.17.9 A cleaning checklist for medical devices/clinical items must be displayed within staff areas (See Appendix H).
- 3.17.10 Any concerns regarding cleanliness must be reported internally and escalated rapidly if unresolved.
- 3.17.11 Outside of domestic services working hours it is the responsibility of clinical staff to safely clean and disinfect an area as required. Staff must ensure all cleaning products and equipment are correctly disposed of, cleaned, and stored away.
- 3.17.12 Colour coding is required for reusable cleaning items however it is not required for single use microfiber or single use PPE.



3.18 ENHANCED ENVIRONMENTAL CLEANING

- 3.18.2 When increased risk of infection is identified enhanced or additional environmental cleaning using chemical disinfectant is required.
- 3.18.3 When enhanced cleaning is requested patient confidentiality must be maintained. It is important to share with any visiting or cleaning staff the mode of transmission and any PPE they should use whilst cleaning the area.
- 3.18.4 All isolation rooms must be cleaned at least daily with Actichlor Plus at a dilution of 1000ppm available chlorine. This is achieved by dissolving one 1.7g tablet in 1 litre of cold water gives 1000ppm (0.1%) available chlorine.
- 3.18.5 If the area is at risk of very heavy environmental contamination the IPT may request more frequent cleaning of frequent touch points such as door handles, light switches, and call bells ie outbreak/pandemic.
- 3.18.6 If cleaning staff are not available to facilitate this during evenings and weekends the responsibility must be passed to the clinical staff to ensure this is undertaken.
- 3.18.7 The room must be kept clean and uncluttered, and horizontal surfaces must be free of unnecessary items to enable effective cleaning.
- 3.18.8 Minimal stock and equipment that is required must be taken into the room.
- 3.18.9 Equipment inside the room must be dedicated to the patient until the patient is discharged or no longer deemed to be infectious. If equipment cannot be restricted to single patient use it must receive a thorough clean with chlorine releasing agent (i.e. Actichlor Plus) before leaving the room.
- 3.18.10 All patient charts and notes must be kept outside the room to reduce the risk of contamination.
- 3.18.11 All waste/ rubbish generated from an isolation room must be treated as infectious waste. Waste generated from an infectious patient must be sealed before removing from the room. If a ligature risk is identified waste must be bagged and sealed within the room and removed for immediate disposal.
- 3.18.12 All linen from an isolation room must be treated as 'infected linen' and bagged and sealed at the bedside in a red alginate (water soluble) laundry bag, followed by a clear outer laundry bag to minimise the risk of environmental contamination.

3.19 TERMINAL OR DEEP CLEAN

- 3.19.2 When an episode of infection is considered to be over it is essential that any residual environmental contamination is removed. This is achieved by undertaking a thorough clean and disinfection of the room which includes changing all curtains.

- 3.19.3 Failing to do this may result in pathogenic microorganisms remaining within the environment resulting in possible reinfection of the original patient or resulting in staff or other patients becoming infected by inadvertent onward transmission.
- 3.19.4 A deep clean may also be requested during a period of on-going infection when the environmental load is believed to be high (Solent NHS Trust Isolation Policy for Inpatients Areas (reference number Solent NHST/Policy/IPC02)).
- 3.19.5 All attempts will be made for the patient to leave the room for the period of deep cleaning however there may be occasions where this cannot happen, and the patient will remain in the room whilst this occurs.
- 3.19.6 It is acknowledged that providing a thorough deep clean takes time, effort, and resources. Clinical staff are requested to alert the domestic teams as soon as possible that a deep clean will be required so that resources can be arranged. If a deep clean cannot occur within a reasonable time frame and affects patient flow or results in prolonged isolation, please advise IPT.
- 3.19.7 A combined detergent and disinfectant, where the disinfectant provides 1000ppm available chlorine, i.e. Actichlor plus must be used for a deep or terminal clean.
- 3.19.7 Principles to follow (Not exhaustive)
- Isolation sign must remain on the door until the terminal clean is complete because the room remains a source of potential contamination.
 - The patient must be moved to a fresh bed in an alternative bed space to facilitate effective cleaning where appropriate to do so.
 - Curtains must be removed and replaced with clean ones (if fabric) or new disposable ones.
 - Disposable equipment must be discarded into orange infectious waste bags or correct sharps container.
 - All clinical equipment, including bed frames and mattresses must be thoroughly cleaned by clinical staff prior to the domestic team entering to complete the terminal clean. The mattress must be checked for any contamination inside the cover – if found this mattress must be condemned immediately and disposed of in a mattress disposal bag and property.managementteam@solent.nhs.uk informed to arrange disposal.
 - All areas of the room must be cleaned using disposable cloths with particular attention paid to touch points and horizontal surfaces e.g. door handles, taps, dispensers, call bells, toilet areas, bed frame, tables, lockers, chairs.
 - In the event of patients being cohorted due to an outbreak, the domestic team may want to decontaminate the room in a staged process whereby bed spaces are cleaned individually (considering that patients will still be within the area).

3.20 CROCKERY & CUTLERY

- 3.20.2 Patients with a known infection within Solent NHS Trust can use standard crockery and cutlery without it posing a risk to others.
- 3.20.3 These items can be decontaminated safely in a hospital dish washer and do not need to be washed separately.

3.20.4 If there is no dishwasher is available, or the dishwasher is broken; crockery and cutlery must be washed by hand in hot soapy water, rinsed and dried.

3.21 FANS IN CLINICAL ENVIRONMENTS

3.21.2 Portable fans in clinical areas have been linked to cross infection (MHRA EFA/2019/001)

3.21.2 Portable fans must not be used during outbreaks of infection or within isolation rooms unless specifically discussed with IPT.

3.21.3 Manufacturers guidance on decontamination must be followed.

3.21.4 Fans must be cleaned as soon as visible dust is seen on the blades. Cleaning guidance for fans is available on SolNet (Cleaning and Management of Portable Fans) See appendix P

3.21.5 Fans must be cleaned, dried, and bagged before storage.

3.21.6 Solent NHS Trust does not allow the use of bladeless fans with internal filters i.e. Dyson type.

3.21.7 Purchase of any fans must be in conjunction with Medical Devices Group and through procurement to ensure they meet the required specifications.

3.21.8 Fans outside clinical areas are not covered within MHRA alert however must be visibly clean and well maintained.

3.21.9 Fans may be cleaned by staff within the department if the blades are accessible (as per Cleaning and Management of Portable Fans (Appendix P)), if this is not possible fans must be grouped together and a requisition raised with current estates team.

3.22 WATER COOLERS

3.22.1 Water coolers are a potential source of infection if not correctly installed, operated, cleaned, and maintained. Water coolers must only be considered where access to a nearby drinking water tap outlet is inhibited.

3.22.2 Water coolers must be cleaned in the same way a drinking water tap would be, as a minimum this must involve wiping the waterspout daily with a food standard cleaning product i.e. D20.

3.22.3 Where a drip tray is present, the drip tray must be cleaned and dried at least daily and if overflowing.

3.22.4 Water coolers must be requested and registered via the water safety group to ensure correct contractual control and maintenance is undertaken. The Water Safety Group will issue approval for any subsequent cooler installation.

3.22.5 The refilling of water drinking bottles is discouraged due to the high possibility of cross contamination with saliva onto the waterspout. A health advisory poster that can be downloaded, printed, and displayed alongside the cooler explaining can be found on the IPT SolNet page under the resources tab.

- 3.22.6 There is a significant risk that where installed water coolers may become little used especially during seasonal temperature changes. Due to the low diameter supply pipework of plumbed in solutions an aggressive three times weekly flushing regime must be deployed by the designated responsible person to support biofilm strip-out with formal documentation of this routine being sought by the Water Safety Group

3.23 BLOOD & BODY FLUID SPILLS

- 3.23.1 Blood and body fluids can potentially contain blood borne viruses or other pathogens. Therefore, dealing with spills of blood or body fluid may expose the healthcare worker to blood borne viruses and spills must be dealt with quickly, safely, and effectively (See Appendices J, K and L).
- 3.23.2 Spills of blood and body fluids in clinical areas are the responsibility of clinical staff to remove. Once initial contamination has been removed using chemical disinfectant or designated spill kit a subsequent clean by facilities staff may be requested.
- 3.23.3 In communal areas of the Trust the most appropriate person to deal with the spill maybe from the nearest clinical area or from facilities. Food handlers must not be responsible for removing high risk spills due to the risk of cross contamination.

3.24 COSHH Regulations

- 3.24.2 Please refer to Solent NHST/Policy/HS13 Control of Substances Hazardous to Health (COSHH) Policy.

4 ROLES & RESPONSIBILITIES

4.1 The Chief Executive and Trust Board

Have a collective responsibility for infection prevention and control within the Trust.

4.2 The Director of Infection Prevention and Control (DIPC) & Decontamination Lead

- Is responsible for effective and technically compliant provision of decontamination services. The implementation of an operational policy.
- Is responsible for ensuring that this policy is implemented and adhered to across the organisation.
- Ensures the Infection Prevention and Control Group monitor the effectiveness of this policy.
- In Solent NHS Trust this role is held by the Chief Nurse.

4.3 The Infection Prevention Team (IPT)

- Are responsible for developing and updating the policy to ensure it complies with Department of Health, Health and Safety Legislation and other national guidance.
- All practice issues are reported via the Infection Prevention and Control Group, chaired by the DIPC the responsibilities for thorough implementation of this policy are discharged to service leads.
- The IPT will support the provision of training and education both mandatory and bespoke.
- The IPT undertake clinical visits and monitor standards of cleaning.

4.4 **Employees**

All staff working in Solent NHS Trust involved with patient services in either the healthcare setting or patients/service users own homes, have a responsibility to comply with this policy, be competent to undertake the procedure and report any incidents/risks that occur.

Appendix J outlines general areas of responsibilities for routine cleaning as agreed at IPCG. Some areas may need to be flexible with this due to local idiosyncrasies. If this cannot be sorted at local level, please liaise with the IPT.

5. TRAINING

- 5.1 The Trust understands its responsibilities in ensuring all relevant staff are trained in decontamination including the safe use and disposal of chemical disinfectants. The majority of this training will be undertaken as part of their local induction. Should staff feel this has not been adequate they must raise this with their line manager or IPT.
- 5.2 Decontamination training is also incorporated in the infection prevention eLearning modules that are mandatory for all Solent NHS Trust staff.
- 5.3 Requests for bespoke decontamination training must be made directly to the IPT and will be considered on an individual basis.
- 5.4 Decontamination advice prior to purchasing medical devices must be made directly to the IPT.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

- 6.1 This policy aims to improve safety and reduce risk of spread of infections and consequently improve patient/service user care and outcomes and staff safety. As part of Trust Policy an equality impact assessment (Steps 1 & 2 of cycle) was undertaken (See Appendix M). The IPT are not aware of any evidence that different groups have different priorities in relation to the use Standard Infection Control Precautions in their care or that any group will be affected disproportionately or any evidence or concern that this Policy may discriminate against a particular population group.

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 7.1 Service managers must ensure the policy has been implemented within their areas. It is essential staff at local induction understand their responsibilities and are aware how to escalate enquiries or concerns. It is also essential managers ensure staff remain compliant with this policy by visiting or delegating clinical sites and undertaking visual inspections. These can be undertaken alone, with facilities or IPT.
- 7.2 Service managers will be responsible for ensuring that any serious untoward incidents relating to cleanliness of equipment, or the environment are investigated, and appropriate actions fed back to the IPT.

- 7.3 The effectiveness of this policy will also be monitored through IPCG specifically looking at:
- The infection prevention and control audit programme
 - Audit reports of clinical environments via estates and facilities teams
 - Surveillance of communicable diseases by IPT
 - Monitoring incident reports related to decontamination and outbreaks of infection via Ulysses
- 7.4 Non-compliance with this policy must be reported to lead Nurse, Matron, Heads of Quality and Professions and IPT.

8. REVIEW

- 8.1 This document may be reviewed at any time at the request of either staff side or management, however, will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance, or non-compliance prompt an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

Control of Substances Hazardous to Health Regulations (COSHH) 2002. SI 2002 No 2677. HMSO, 2002 <http://www.hse.gov.uk/coshh/> (accessed 08.10.19)

Medicines and Healthcare Regulatory Agency September 2018. Single –use medical devices: implications and consequences of reuse.

Estates and Facilities Alert. EFA/2019/001 Portable fans in health and social care facilities: risk of cross infection 11.01.19

Department Of Health (2015) Health and Social Care Act (2008) Code of Practice for health and adult social care on the prevention and control of Infections and related guidance. HMSO <http://www.dh.gov.uk> (accessed 08.10.19)

Loveday HP, Wilson JA, Pratt RJ, Golsorkhi M et al (2014) epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. *Journal of Hospital Infection* 86: S1-S70

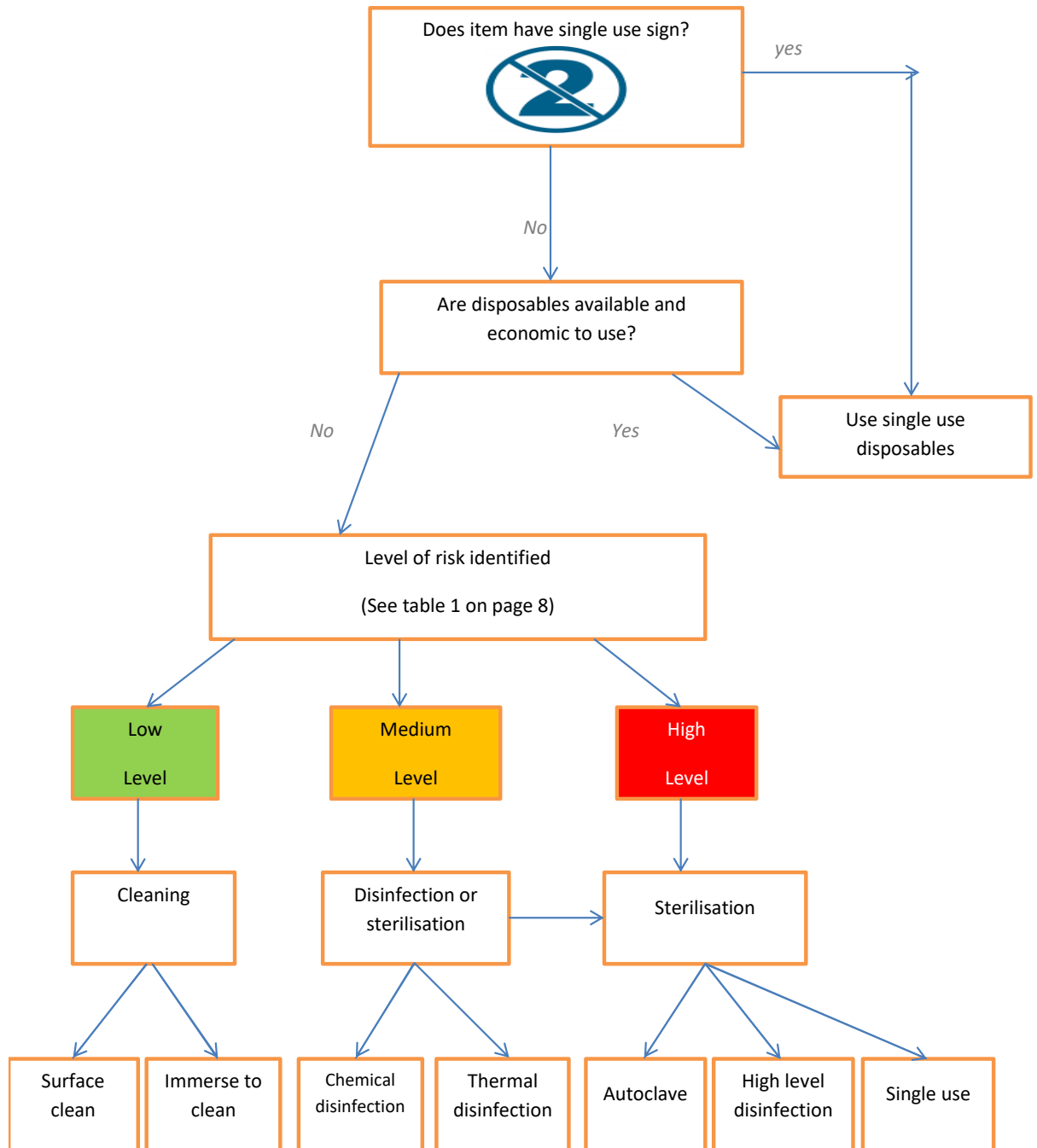
9.1 LINKED TO OTHER SOLENT NHS TRUST POLICIES

IPC10 Aseptic Technique and Aseptic Non-Touch Technique Policy
IPC08 Management of Diarrhoea and Vomiting Policy
IPC02 Isolation Policy for Inpatients Areas
RK07 Management of Medical Devices Policy
HS13 Control of Substances Hazardous to Health (COSHH) Policy
HR53 Equality, Diversity, Inclusion and Human Rights Policy
HS09 Policy for the Safe Handling and Disposal of Waste
RK10 Incident Reporting, Investigation and Learning Policy

10. GLOSSARY

Bare Below the Elbows (**BBE**)
Control of Substances Hazardous to Health (**COSHH**)
Chlorine Releasing Agents (**CRA**)
Creutzfeldt Jacob Disease (**CJD**)
Director of Infection Prevention & Control (**DIPC**)
Electronic Staff Record (**ESR**)
Health Technical Memoranda (**HTM**)
Healthcare Associated Infection (**HCAI**)
Infection Prevention and Control Group (**IPCG**)
Infection Prevention Team (**IPT**)
Medicines & Healthcare products Regulatory Agency (**MHRA**)
Personal Protective Equipment (**PPE**)
Parts per million (**ppm**)
Standard Operating Procedure (**SOP**)
Solent Workforce Information System (**SWIS**)
Transmissible Spongiform Encephalopathy (**TSE**)
World Health Organisation (**WHO**)

FLOW CHART TO IDENTIFY CORRECT DECONTAMINATION OPTIONS



Low level decontamination

Surface Cleaning e.g. detergent wipes, detergent, and water solution

Instruction	Rationale
Check item does not have single use symbol	Single use items must be discarded not decontaminated
Wear appropriate PPE, gloves and apron as minimum	To prevent contamination with soiled item or splashes
Use one detergent wipe at a time	Reduce waste
Working from clean to dirty	To prevent recontamination of clean areas
Wipe in an 's' shape	To prevent recontamination of clean areas
Cover entire surface	To ensure whole item is cleaned
Replace wipe when dry or soiled	To prevent recontamination
Dry the cleaned surface with clean dry paper towel or equivalent	To remove and residual contamination and to make environment harsh to bacterial growth
Detergent solutions must be changed at least every 15 minutes and prior to moving to a new location	To prevent recontamination
Do not macerate wipes but discard appropriate waste stream outlined below Domestic waste if no known infection risk and not visibly contaminated with blood or body fluids Infectious waste (Orange) if known infection risk or Offensive waste (Tiger) contaminated with blood or body fluids but no risk of infection.	To comply with waste policy

Low level decontamination

Immersion e.g. detergent solution.

This must only be undertaken in a dedicated decontamination sink and is not suitable in a clinical hand wash basin.

Instruction	Rationale
Check item does not have single use symbol	Single use items must be discarded not decontaminated
Check item is suitable for full immersion as per manufacturer's instructions	To prevent damage
Wear PPE, gloves, aprons and possibly eye protection	Prevent contamination with dirty water and detergent
Minimise splashing	To minimise risk of contamination to person and surroundings
Fill sink with tap water	
The temperature is determined by detergent used. Check packaging	Too hot and any enzymatic properties of cleaning product may be destroyed
Add correct dose of detergent for quantity of water	Offering most effective cleaning and cost effective
Dismantle/ open equipment	To clean all possible surfaces
Fully immerse and rotate item	To remove air bubbles
Brush, wipe, agitate item to dislodge all visible dirt. Keep item under water. All cleaning tools must be single use	To remove maximum amount of contamination, to minimise splashing and to prevent recontamination of other items
Remove carefully from sink 1 and drain any solution before placing in sink 2 to rinse. Finally rinse under clean water	To remove residue
Dry item either by using clean non linting cloth	Detergent does not contain substances to kill bacteria leaving item wet will promote bacterial growth
Examine item for damage and reassemble	Ensure item is fit for use
Cleaning material must be disposed of as per waste policy	To comply with waste policy
Clean sink	To remove any residual contamination and inhibit microorganism growth

Medium level decontamination

Steam Cleaners

Steam can be used to clean and disinfect fabrics and other surfaces unless specified otherwise by manufacturers.

Instruction	Rationale
Check item does not have single use symbol	Single use items must be discarded not decontaminated
Undertake steam cleaning in a well-ventilated room with sufficient space	Potential for items in the area to get splashed
Wear PPE, gloves, aprons, and eye protection	To prevent contamination with soiled item. Steam produces aerosol of water and soiling
Before steaming remove loose surface soiling. Dry substances brush or Hoover before steaming Wet substances remove with paper towel. Detergent must be used to remove lipstick or wax before steaming	To minimise contaminated aerosols and prevent substance 'fixing' onto surface due to heat
Dispose of in correct waste stream – Offensive waste (Tiger) – body fluids but no risk of infection Infectious Waste (Orange) – If known or suspected infection Domestic waste- chewing gum / food	
Working from clean to dirty	To prevent recontamination of clean areas
Run the steam cleaner over the fabric in a grid like fashion until all the areas of the item are covered.	To ensure whole item is cleaned
Allow item to air dry or if required sooner allow a minimum of 5 minutes contact time before drying with clean non linting cloth	To provide sufficient time for chemical to work

Medium level decontamination

Chemical Disinfection e.g. Actichlor plus.

Instruction	Rationale
Check item does not have single use symbol	Single use items must be discarded not decontaminated
Wear PPE, gloves, aprons and possibly eye protection	To prevent contamination with soiled item.
If chosen disinfectant does not contain detergent, ensure cleaning is undertaken before disinfection	Solent IPT recommend Actichlor plus as first choice and Clinell universal wipes only if Actichlor plus is not suitable as these are both combined one step disinfectant and detergent product
Pour Actichlor plus onto clean paper towel or J cloth or use one detergent wipe at a time	Reduce waste
Working from clean to dirty	To prevent recontamination of clean areas
Wipe in an 's' shape	To prevent recontamination of clean areas
Cover entire surface	To ensure whole item is cleaned
Use more Actichlor plus on a fresh cloth or replace disinfectant wipe when dry or soiled	To prevent recontamination
Do not macerate wipes but discard appropriate waste stream Domestic waste if no known infection risk and not visibly contaminated with blood or body fluids Infectious (Orange) waste if known infection risk or Offensive Waste (Tiger) if contaminated with blood or body fluids but no risk of infection.	To comply with waste policy
Allow item to air dry or if required sooner allow a minimum of 5 minutes contact time before drying with clean non linting cloth	To provide sufficient time for chemical to work.
Actichlor plus must always be used when C diff is suspected	Clinell Disinfectant is not effective against C diff

How to Clean Vaginal Probes



All vaginal probes need to be cleaned with a high-level disinfectant to be in line with national guidance.

When? In between patient use or if the probe has not been used for 3 hours or more

Where? Probes can be disinfected in any clinical room, including where patients are present. You do not need to move the probe to another room between patients to disinfect it.

How?

1. Wearing non-sterile gloves, remove vaginal probe cover, then remove gloves
2. Perform hand hygiene, and put on clean pair of non-sterile gloves
3. Using a Clinell detergent wipe, wipe down the probe from where it plugs in on the monitor all the way to the end of probe, ensuring you go in one direction only
4. Using a fresh Clinell detergent wipe, clean the probe holder where the probe sits and the hook for the tubing. Dispose of used wipes and remove gloves
5. Perform hand hygiene and put on fresh pair of non-sterile gloves
6. Take Tristel Duo foam and check expiry date on bottles
7. Squirt two pumps of Tristel Duo foam on to a lint-free dry wipe
8. Wipe down the probe from where it plugs in on the monitor to the end of the probe, ensuring you go in one direction only, and then wipe down the holder and the hook with the same wipe
9. Place the probe in its holder and leave for 30 seconds
10. Remove gloves, perform hand hygiene, and put on new pair of non-sterile gloves
11. Take individual Tristel Rinse Wipe and use it to wipe down probe from where it plugs in to end of the probe, ensuring you go in one direction and wipe down the probe holder and the hook with the same wipe.
12. Allow probe, holder, and hook to air dry
13. Document cleaning on patient notes (Inform) by ticking appropriate box

NOTE: If hands are not visibly soiled then alcohol gel can be used as a method of hand hygiene

Decontamination Certificate

From (consignor)	To (consignee):
Address:	Address.....
.....
.....

Type of medical device (equipment):

.....

Manufacturer:

Description of equipment:

Other identifying marks:

Model No. Serial No.

Fault:

Is the item contaminated? Yes/No Don't Know <i>Ring/delete as appropriate</i>
* State type of contamination: blood, body fluids, respired gases, pathological samples, chemicals (including cytotoxic drugs), radioactive material or any other hazard
.....
Has the item been decontaminated? Yes/No Don't Know <i>Ring/delete as appropriate</i>
Cleaning:
Disinfection:

This item has been prepared to ensure safe handling and transportation:
Name: Position:

Keeping toys and equipment clean

Item	How to clean	Frequency	Comments
Dolls	Clean with a combined detergent and disinfectant wipe, allow 60 second contact time and then dry thoroughly With paper towel	After each patient	<ul style="list-style-type: none"> Remove any damaged dolls and throw them away. Ensure dolls in storage are cleaned regularly when not in use Contact IPT if any queries with the cleaning of dolls
Play dough and plasticine	Wipe all the cutting tools using combined detergent and disinfectant wipe, allow 60 second contact time and then dry thoroughly with paper towels, if tools do not have wooden parts wash in a dishwasher if available.	After each patient	Before and after using play dough or plasticine, children and staff must wash and dry hands. Play dough and plasticine must not be used during any outbreak of infection (or if any child shows signs of infection). Playdough and plasticine must be patient specific and not shared. Store in an airtight container, replace if visibly soiled.
Toy box and storage box	Clean with combined detergent and disinfectant wipes, allow 60 second contact time and then dry thoroughly with paper towels	Minimum monthly unless soiled	Toys must be stored in a ridged lidded container when not in use.
Wooden toys	Wipe clean with combined detergent and disinfectant wipe, allow 60 second contact time and then dry thoroughly.	After each use	Wood can become heavily contaminated therefore needs regular cleaning. The combined detergent and disinfectant wipes can degrade the finish of the wood over time and so these must be regularly replaced.
Internal sand pits and containers	Clean the sandpit/ container with combined detergent and disinfectant wipe, allow 60 second contact time and then dry thoroughly with paper towel before refill.	3 monthly or sooner if visibly dirty or damp	Sandpits have been implicated as a potential source of infection. If required within your service a local SOP must be created and please seek advice from IPT.
Water play equipment	Clean with combined detergent and disinfectant wipe after each session, allow to have 60 second contact time and then dry with paper towels	After each use	Remove any damaged play equipment and replace if necessary

Appendix G

Play mats (plastic)	Clean with combined detergent and disinfectant wipes, allow 60 second contact time and then dry thoroughly with paper towels	After each patient	Inspect mats regularly to ensure they are intact, throw away any that are damaged and replace.
Play tables	Clean surfaces with combined detergent and disinfection wipe, allow 60 second dry with paper towel	After each patient	Tables must be replaced if not intact i.e. showing signs of damage

Daily Cleaning Checklist CLINIC

F	
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To be completed daily & submitted to the manager each week

clinic: _____

week commencing: _____

Item	Notes	Frequency	M	T	W	T	F
Oxygen cylinders	Stored in trolley or rack	Daily & after use					
Patient hoists	Use single patient hoist slings	Daily					
Weighing scales		Daily & after use					
Medical/clinical equipment	Blood pressure/ temperature or specialist items	Daily & after use					
Blood glucose monitoring	Cleaned after each use & daily. Check calibration	Daily & after use					
Clinic rooms & couches	Stocked, cleaned & bed rolls available	Daily					
Curtains/blinds	Change as required or every six months	Daily					
Clean & dirty utility	Clutter removed, cleanliness, no items on floor	Daily					
Alcohol gel dispensers	Clean & check, refill as required	Daily					
Drug fridges	Internal clean, record temperature, remove out of date medications	Daily					
Computers & printers	Free from dust, keyboard clean	Daily					
Linen storage	Cupboard is tidy no items on floor	Daily					
Dressing trolley	Clean daily prior to first dressing, when visibly soiled or after each patient use top & underneath	Daily & after use					
All staff bare below elbow	No watches, jewellery except plain metal band, nails short and clean	At start of each day					

Daily Cleaning Checklist Ward

To be completed daily & submitted to the manager each week

clinic: _____ week commencing: _____

	Signature of person in charge
M	
T	
W	
T	
F	

Item	Notes	Frequency	M	T	W	T	F
Actichlor plus	Made up fresh and labelled every 24 hours	Daily					
Patient hoists	Use single patient hoist slings	Daily					
Weighing scales		Daily & after use					
Medical/clinical Equipment	Dynamap/observations/equipment/drip stands etc or other specialist reusable medical equipment	Daily & after use					
Commodes & slipper pans	Clean after each use with Actichlor plus, check undersides, top, handles and cover/lid.	Daily & after use					
Blood glucose monitoring	Cleaned after each use & daily. Check calibration	Daily & after use					
Resuscitation trolley (if applicable)	Dust free/sharps bin labelled and empty	Daily check & clean					
Beds/tables & patients' lockers	Remove clutter/clean	After each episode of care & daily					
Patient bedside notes holders		Weekly					
Clinical rooms & couches	Stocked, cleaned & bed rolls available	Daily					
Curtains/blinds	Change as required or every six months	Daily					
Clean & dirty utility	Clutter removed, cleanliness, no items on floor	Daily					
Bath/shower areas	Remove clutter i.e. toiletries/cleanliness	Between patients/daily					
Alcohol gel dispensers	Clean & check, refill as required	Daily					
Drug fridges	Internal clean, record temperature, remove out of date medications	Daily					
Computers & printers	Free from dust, keyboard clean	Daily					
Linen storage	Cupboard is tidy no items on floor	Daily					
Notes trolley		Weekly					

Appendix I

Dressing trolley	Clean daily prior to first dressing, when visibly soiled or after each patient use top & underneath	Daily & after use					
All staff bare below elbow	No watches, jewellery except plain metal band, nails short and clean	At start of each day					

Solent NHS Trust
Roles/Responsibilities of Cleaning Furniture/Equipment and Patient Areas

Methods of Decontamination

Clean	Warm soapy water and disposable wipes or detergent based wipes
Damp dust	Use detergent wipes or disposable wipes moistened with water
Disinfect	If items are soiled with blood/body fluid then clean and decontaminate with hypochlorite as per Decontamination policy

Please note this list is not exhaustive and aims to provide guidance. Please refer to Decontamination policy or contact the Infection Prevention Team or Facilities team for further advice

Clinical	
Domestic/Hostess/Estate/Housekeeping	
Hostess	
Domestic/Clinical	

Cleaning task	Staff group responsible	Comments
Bath hoist	Clinical	
Beds/ Mattress	Clinical Domestic/Housekeeping	Clinical - Base mattress and above including head and bed rails, clean and check mattress integrity Domestic - Underside of base, frame, foot end, and below bed
Bedside patient TV	Domestic/Housekeeping	
Bedside tables	Domestic/Housekeeping /Clinical	Domestic - daily and post discharge Clinical – as required
Bins	Domestic/Housekeeping	This applies to external casing and lids
Catheter stands	Clinical	
CD player/radios	Domestic/Housekeeping /Hostess	Domestic on ward Hostess in kitchen
Chairs	Domestic/Housekeeping /Clinical	Domestic daily and post discharge Clinical - as required
Toys in Clinics and waiting areas	Clinical unless local arrangement	See protocol or guidance
Cleaning equipment/cupboard	Domestic/Housekeeping	
Commodes	Clinical	After each patient use, clean with Actichlor plus, minimum deep clean weekly
Conventional cookers, ovens and hobs	Hostess	
Crockery/Cutlery and serving implements	Hostess	
Curtains and blinds	Domestic/Housekeeping /Estates	If too high for domestic report to estates, unless contracted
Desks Desk equipment	Domestic/Housekeeping Clinical/ward clerk	Desk only Clinical desk equipment
Dishwashers	Hostess	
Drinks trolleys	Hostess	
Drip stand	Clinical	
Drug cupboards	Clinical	

Appendix J

Drug fridges	Clinical	
Electrical items	Domestic/Housekeeping	
External glazing	Estates	
Floors	Domestic/Housekeeping	
Fridge/freezers	Domestic/Housekeeping /Hostess Clinical	Hostess to check and clean kitchen, Domestic to check and clean external. Please note, that the internal cleaning of fridges must be managed by clinical staff
Gas cylinder holders	Domestic/Housekeeping /porter	
Handrails	Domestic/Housekeeping	
Hand wash/Alcohol dispensers	Domestic/Housekeeping	
Handling belts/stand aids/slides/easy slides/Pat slides	Clinical/Therapist	
High surfaces	Domestic/Housekeeping	
Hot water boilers	Domestic//Housekeeping Hostess	Hostess - to clean Kitchen Domestic - staff rooms and beverage bays
Internal glassing/partitions/vision panels	Domestic/Housekeeping	
Kitchen cupboards	Hostess	
Linen store Linen trolley	Domestic/Housekeeping Clinical	Domestic to clean floor, windowsills etc.
Low surfaces	Domestic/Housekeeping	
Macerators/bed pan washers	Domestic/Housekeeping /Clinical	Clinical initial clean/Domestic outside only
Leaflet/info racks and tables	Domestic/Housekeeping /Hostess	Domestic and hostess daily - clinical when required
Medical equipment, e.g. infusion pumps, nebulisers NOT connected	Clinical	
Medical gas equipment	Clinical	
Microwave/toasters	Hostess	
Mirrors	Domestic/Housekeeping	
Notes/COWS and drug trolley	Clinical	
Oxygen/suction equipment, portable	Clinical	
Paper towel holders	Domestic/Housekeeping	
Patient fans	Clinical/Estates	Clinical - Clip on front grill Estates - Screw fitted front grill
Patient washbowls	Clinical	
Pest control devices	Estates	
Planters/Large plant	Domestic/Housekeeping	
Radiators	Domestic/Housekeeping /Estates	Estates - to remove covers Domestic – to clean
Raised toilet seat	Domestic/Housekeeping /Clinical	Clinical – removal of body substance
Recycling/Waste bin	Domestic/Housekeeping	
Resuscitation trolleys	Clinical	
Showers/baths	Domestic/Housekeeping /Clinical	Clinical – rinse bath after use
Sinks	Domestic/Housekeeping	
Spillages of bodily substances	Clinical	
Switches, sockets and data points	Domestic/Housekeeping	
Toilets	Domestic/Housekeeping /Clinical	Clinical – removal of body substance

Appendix J

Urine bottles/slipper/bed pans	Clinical	
Ventilation grilles	Domestic/Housekeeping /Estates	Domestic – clean outside if can be reached without ladder Estates - Remove cover to clean inside, outside if domestic cannot reach
Walls, ceiling, doors	Domestic/Housekeeping	Domestic to clean areas within reach. Estates to carry out the high areas
Water coolers	Domestic/Housekeeping /Clinical	Domestic, all other staff to check water drip tray
Weighing scales manual handling equipment	Clinical	

Inpatient Staff

Infection Control Guidance on the Management of Blood Spills

This guidance is for use by Solent NHS staff in the inpatient setting where cleaning products available and materials in situ are regulated. Clinell spill kits are available and recommended where available. In their absence, follow the guidance below.

Dealing with spillages of blood or blood-stained body fluids may expose health care workers to blood borne viruses or other pathogens. It must always be assumed that any blood from any person poses a potential risk and consequently the safe and effective management of such spillages is essential.

Spillages of blood and body fluids must be dealt with promptly. The Chlorine Releasing Agents (CRA's) that are required in the management of a spillage are regulated under the Control of Substances Hazardous to Health Regulations (COSHH) and Healthcare staff must follow written guidance within the product data sheet.

Procedure

1. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
2. Place disposable paper towel/blue towel onto spill until absorbed.
3. Make up solution of Actichlor Plus according to manufacturer's instructions (In cold water) for blood spills use 1 litre of cold water and add ten x 1.7g tablets i.e. 10,000ppm solution. This will take a few minutes to dissolve, do not shake, or agitate container – it may splash or explode.
4. Gather other equipment required – Appropriate waste bags (Offensive (Tiger) bag if non-infectious or Infectious (Orange) bag if known or suspected infection and paper towels for cleaning.
5. Carefully pour fully dissolved Actichlor Plus solution over the paper towels.
6. Leave for a minimum of 2 minutes, ideally for 5 minutes, to neutralise any potential blood borne viruses.
7. Dispose of waste in appropriate waste bags.
8. Due to the high strength solution, clean the area thoroughly with general detergent solution or wipes to reduce damage to surfaces once the blood spillage is cleared.
9. Dispose of unused high strength Actichlor Plus solution immediately into drains with cold running water.
10. Remove PPE and dispose of as appropriate waste bag.
11. Wash hands thoroughly with soap and water.

In-Patient Procedure Blood Spills on Soft Furnishings including carpets

1. Always deal with a spillage immediately.
2. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.

3. Gather equipment as required –Appropriate waste bags (Offensive (Tiger) bag if non-infectious or Infectious (Orange) bag if known or suspected infection paper towels, water soluble laundry bags, detergent, water.
4. Carefully soak bulk of spillage using paper towels - dispose of directly into appropriate waste bag.
5. If the item can be removed i.e. curtains or cushions do so – place in appropriate laundry bag for soiled/infected items, secure and label. Follow internal processes for laundering.
6. If the item cannot be removed i.e. furniture or carpet - clean the area thoroughly with general detergent solution and warm water. (Actichlor Plus must not be used on soft furnishings).
7. Warning – Actichlor Plus is not compatible with soft furnishings therefore blood borne virus will not have been neutralised at this point.
8. Ensure that any contamination of surrounding surfaces is appropriately dealt with (see instructions above).
9. Staff must contact domestic services and request a 'steam clean' of the item. This item must remain out of use or cordoned off until fully cleaned and dried.

Warnings and Precautions

- Do not take Actichlor Plus internally.
- Do not spray Actichlor Plus solution.
- Do not use Actichlor plus on soft furnishings.
- Avoid eye and direct skin contact – follow first aid if required.
- Do not mix Actichlor Plus directly with acids including urine or vomit.
- Do not add any other detergents to Actichlor Plus solution.
- Avoid prolonged contact with stainless steel.
- Always dispose of used materials in appropriate waste stream.
- Store unused tablets in a secure dry place out of reach of children or vulnerable adults.
- Only standard strength solution of Actichlor plus can be retained in suitable screw top bottle correctly labelled for 24 hours. High strength solution used in management of blood spills must be discarded immediately after use.
- Whenever possible ensure good ventilation of area when using any chlorine product.

Further information can be obtained from

- Decontamination Policy
- Hand Hygiene Policy
- Standard Precautions Policy
- Safe Handling and Disposal of Waste Policy

For further advice contact Infection Prevention Team – 0300 123 6636 or ipc@solent.nhs.uk

For Inpatient staff

Infection Control Guidance on the Management of spillages of body fluids (excluding blood)

This guidance is for use by Solent NHS staff in the inpatient setting where cleaning products available and materials in situ are regulated.

Spillages of body fluids may potentially expose health care workers, patients, and visitors to pathogenic organisms. The safe and effective management of such spillages is essential.

Spillages of blood and body fluids must be dealt with promptly. The Chlorine Releasing Agents (CRA's) that are required in the management of a spillage are regulated under the Control of Substances Hazardous to Health Regulations (COSHH) and Healthcare staff must follow written guidance within the product data sheet.

Management of Spills on Hard Surfaces

- Always deal with a spillage immediately.
- Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
- Gather equipment as required – Appropriate waste bags (Offensive (Tiger) bag if non-infectious or Infectious (Orange) bag if known or suspected infection, paper towels, detergent, water.
- Carefully remove bulk of spillage i.e. vomit/faeces etc using paper towel or scoop - dispose of directly into appropriate waste bag.
- Remove gross contamination with cloth or detergent wipe.
- If the spill was contaminated with blood refer to the separate guidance – Management of Blood Spills.
- If the spill is believed to be infectious the area needs to be disinfected using a Chlorine Releasing Agent i.e. Actichlor Plus at 1000ppm.
- Make up solution of Actichlor Plus according to manufacturer's instructions - for general enhanced cleaning use 1 litre of cold water and add one x 1.7g tablets i.e. 1000ppm solution. This will take a few minutes to dissolve, do not shake, or agitate container as it may splash or explode. Allow the area to air dry if possible or allow contact time of 2 minutes before drying.
- Remove PPE and dispose of as appropriate into waste bag
- Wash hands thoroughly with soap and water.

Management of Spills on Soft Furnishings Including Carpets

- Always deal with a spillage immediately.
- Wear disposable gloves and apron or gown. If risk of splashing wear eye protection
- Gather equipment as required –Appropriate waste bags (Offensive (Tiger) bag if non-infectious or Infectious (Orange) bag if known or suspected infection, paper towels, water soluble laundry bags, detergent, water

Appendix L

- Carefully remove bulk of spillage i.e. vomit/faeces etc using paper towel or scoop - dispose of directly into waste bag
- If the item can be removed i.e. curtains or cushions do so – place in appropriate laundry bag for soiled items, secure and label. Follow internal processes for laundering
- If the item cannot be removed i.e. furniture or carpet - clean the area thoroughly with general detergent solution and warm water. (Actichlor Plus must not be used on soft furnishings)
- Ensure that any contamination of surrounding surfaces is appropriately dealt with (see instructions above)
- Staff must contact domestic services and request a ‘steam clean’ of the item. This item must remain out of use or cordoned off until fully cleaned and dried

Warnings and Precautions

- Do not take Actichlor Plus internally
- Do not spray Actichlor Plus solution
- Do not use Actichlor plus on soft furnishings
- Avoid eye and direct skin contact – follow first aid if required
- Do not mix Actichlor Plus directly with acids including urine or vomit
- Do not add any other detergents to Actichlor Plus solution
- Avoid prolonged contact with stainless steel
- Always dispose of used materials in appropriate waste stream
- Store unused tablets in a secure dry place out of reach of children or vulnerable adults
- Whenever possible ensure good ventilation of area when using any chlorine product

Further information can be obtained from

- Decontamination Policy
- Hand Hygiene Policy
- Standard Precautions Policy
- Safe Handling and Disposal of Waste Policy

For further advice contact Infection Prevention Team – 0300 123 6636 or ipc@solent.nhs.uk

Community Staff

Infection Control Guidance for the Management of blood and body fluid spillages within a client's home

This Infection Control guidance is for use by Solent NHS staff working in a client's home where the general environment and cleaning products available may present difficulties.

Spillages of body fluids may potentially expose health care workers, patients, and visitors to pathogenic organisms. Staff must ensure they manage the spillage in as safe a way as possible to minimise risks to themselves or others.

Management of body fluids (excluding blood)

1. Allow family member/client to clear spillage if appropriate.
2. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
3. Gather available equipment – i.e. plastic bag, paper towels, tissue, detergent, and water.
4. Carefully remove bulk of spillage i.e. vomit/faeces etc. using paper towel or pick up directly into waste bag by inverting bag over gloved hand.
5. Clean the area thoroughly with general detergent solution (if available) and warm water.
6. Products such as household bleach must NOT be used on soft furnishings. On other surfaces caution must be taken giving consideration to the surface material involved.
7. Remove PPE, dispose of waste and wash hands thoroughly with soap and water.
8. If staff cannot access soap and water and a clean towel, then a moist hand wipe such as Clinell should be used prior to applying hand gel.

Management of blood spillages

1. Allow family member/client to clear spillage if appropriate.
2. Warning - due to the environment and materials in situ use of high strength Actichlor Plus is not recommended, therefore any potential blood borne virus will not have been neutralised.
3. Wear disposable gloves and apron or gown. If risk of splashing wear eye protection.
4. Gather available equipment – i.e. plastic bag, paper towels, tissue, towels, detergent, and water.
5. Absorb as much fluid as possible with suitable material such as paper towels, towels etc.
6. Carefully place directly into waste bags. Staff must make a clinical decision if a 'one off' clinical waste pick up is required and arrange this based upon the situation.
7. Clean the area thoroughly with general detergent solution (if available) and warm water.
8. Products such as household bleach must NOT be used on soft furnishings. On other surfaces caution must be taken giving consideration to the surface material involved.
9. Remove PPE, dispose of waste and wash hands thoroughly with soap and water.
10. If staff cannot access soap and water and a clean towel, then a moist hand wipe such as Clinell should be used prior to applying hand gel.

Warnings and precautions

Appendix M

1. Chlorine Releasing Agents (i.e. Actichlor Plus) must not be used on soft furnishings and are not recommended for patients own homes.
2. Cleaning products provided in patients homes must be used with caution following manufacturer's instructions and not mixed
3. Dispose of waste in the HOUSEHOLD waste whilst in a patient's own home unless a clinical waste pickup is already in place. If the clinical staff feels it is appropriate a 'one off' clinical pick up can be arranged.
4. Always keep cleaning products out of reach of children, vulnerable adults, or pets.

Further information can be obtained from

- Decontamination Policy
- Hand Hygiene Policy
- Standard Precautions Policy
- Safe Handling and Disposal of Waste Policy

For further advice contact Infection Prevention Team – 0300 123 6636 or ipc@solent.nhs.uk

Equality Analysis and Equality Impact Assessment



Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

You can find further information via the Solent e-learning module:

<https://mylearning.solent.nhs.uk/course/view.php?id=170>

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	Infection Prevention	
Title of Change:	Policy Review	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes		

Step 2: Assessing the Impact

Appendix N

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: (e.g. adjustment to the policy)
Sex			X	
Gender reassignment			X	
Disability			X	
Age			X	
Sexual Orientation			X	
Pregnancy and maternity			X	
Marriage and civil partnership			X	
Religion or belief			X	
Race			X	

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	
Have you taken into consideration any regulations, professional standards?	Yes	

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	N/A		
Who will be responsible for monitoring and regular review of the document / policy?	N/A		

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:

S. Jay

Date:

07/11/2022

Protected characteristic	Who to Consider	Example issues to consider	Further guidance
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Appendix N

1.	Disability	A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	<ul style="list-style-type: none"> • Accessibility • Communication formats (visual & auditory) • Reasonable adjustments. • Vulnerable to harassment and hate crime. 	Further guidance can be sought from: Solent Disability Resource Group
2.	Sex	A man or woman	<ul style="list-style-type: none"> • Caring responsibilities • Domestic Violence • Equal pay • Under (over) representation 	Further guidance can be sought from: Solent HR Team
3	Race	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	<ul style="list-style-type: none"> • Communication • Language • Cultural traditions • Customs • Harassment and hate crime • "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic 	Further guidance can be sought from: BAME Resource Group
4	Age	Refers to a person belonging to a particular age range of ages (e.g., 18–30-year-olds) Equality Act legislation defines age as 18 years and above	<ul style="list-style-type: none"> • Assumptions based on the age range • Capabilities & experience • Access to services technology skills/knowledge 	Further guidance can be sought from: Solent HR Team
5	Gender Reassignment	"The expression of gender characteristics that are not stereotypically associated with one's sex at birth" World Professional Association Transgender Health 2011	<ul style="list-style-type: none"> • Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use. 	Further guidance can be sought from: Solent LGBT+ Resource Group
6	Sexual Orientation	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	<ul style="list-style-type: none"> • Lifestyle • Family • Partners • Vulnerable to harassment and hate crime 	Further guidance can be sought from: Solent LGBT+ Resource Group
7	Religion and/or belief	Religion has the meaning usually given to it, but belief includes religious and philosophical beliefs, including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	<ul style="list-style-type: none"> • Disrespect and lack of awareness • Religious significance dates/events • Space for worship or reflection 	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8	Marriage	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	<ul style="list-style-type: none"> • Pensions • Childcare • Flexible working • Adoption leave 	Further guidance can be sought from: Solent HR Team
9	Pregnancy and Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	<ul style="list-style-type: none"> • Employment rights during pregnancy and post pregnancy • Treating a woman unfavourably because she is breastfeeding • Childcare responsibilities • Flexibility 	Further guidance can be sought from: Solent HR team

Industrial Washing/Drying Machine SOP for use in community hospitals

- It is recommended that soiled patients clothing is given to patient's family or friends to launder whenever possible
- If gross soiling has occurred remove gross contamination, and place in a plastic bag fully sealing the neck of the bag. The person taking the bag must be advised of the state
- Do not place patient's laundry into hospital grade water soluble alginate bags for use in domestic washing machines as these will not fully dissolve and may damage the machine
- Where patients do not have anyone to undertake laundry this may be done on the ward if facilities allow
- Only industrial washing/drying machines must be used for laundering on site, clothes soiled with body fluids
- For any new builds/refurbishments, washing machines must be housed in a specifically designated launderette area and no other activities must be carried out there
- The walls and floor must be washable
- Washers must have a sluice and disinfection cycle and dryers must be vented to outside.
- The machines must be sited on a plinth so that pumps can be omitted
- There must be provision of a separate hand wash basin and all necessary protective clothing such as gloves, aprons etc
- The washing process must have a disinfection cycle in which the temperature in the load is maintained at 65°C for not less than 10 minutes or, preferably, at 71°C for not less than 3 minutes. (Hospital and laundry arrangements for used and infected linen. NHS Executive HSG (95)18)

Process:

- There must be segregation of clean and dirty linen and sufficient storage facilities for both.
- Wear gloves and an apron when handling dirty washing
- One patients' laundry must not be washed with another under any circumstances.
- Sort the washing by care labels or single use, manufacturers washing instructions and colours.
- If patients clothing, empty pockets for foreign objects, close any zips, fasten hooks and eyes before washing. Knitted garments, trousers, T shirts and sweatshirts must be turned inside out.
- DO NOT wash any items in this machine which are specified by the manufacturer as not washable on the care label/symbol 40.
- DO NOT overload the drum as this causes creases and reduces the cleaning efficiency.
- Add the correct amount of detergent: Pull out the detergent drawer/compartment and add detergent as above.
- Close the detergent drawer.
- Select correct programme and switch on:
- Select a programme from the programme selection menu
- Press the start button.

Remove the laundry:

- Only remove laundry from the washing machine once the drum has stopped turning.
- Reaching into a moving drum is extremely dangerous and could result in injury.
- If the washing machine does not have an integral tumble dryer, then place wet washing into the tumble dryer.
- Set timer to appropriate drying temperature.
- When the load is dry, all the clean laundry items must be folded.

Appendix O

- Patients' laundry must be stored under the correct name; all personal items must be labelled and transferred via a clean container back to the ward area.

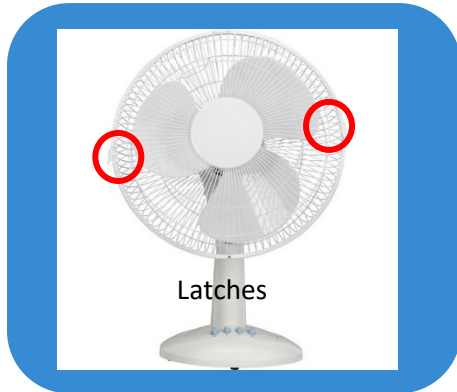
Safety:

- Wear gloves and a disposable when handling dirty laundry.
- Perform hand hygiene after task.
- Ensure equipment is switched off after use at the mains and is unplugged.
- Ensure the laundry room door is kept locked when you are not actually working in there.
- Ensure there is a maintenance contract for washing machines and regular servicing.
- In general areas cleanliness of the care environment must be monitored by visual inspection.
- label using a biological washing agent where possible. Relatives taking this washing home must be advised to follow the same guidance.

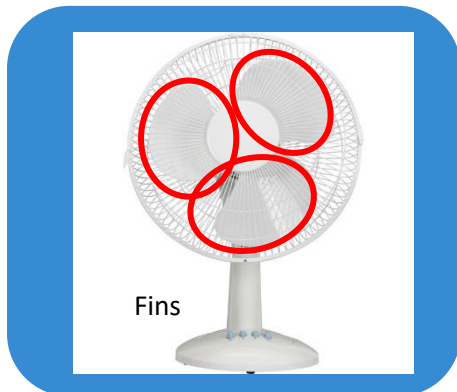
Within an inpatient facility staff must then run a dedicated sluice wash or run an empty wash program before used for anyone else.

- Staff must take responsibility for heavily soiled linen.
- Hospital bedding for a patient with a known infection risk must follow local procedure for handling of infected/soiled linen – using water soluble inner bags and designated outer bags.
- A signed daily cleaning checklist should be in use and used as evidence of cleaning.

Cleaning and Management of Portable Fans



Ordering of fans should be done through procurement. Ensure that latched fans are ordered instead of fans with screw fixings on the cage.



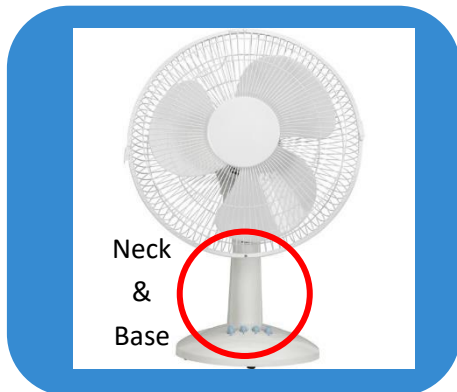
The fan **MUST** be unplugged and placed on a clean flat surface.

Unlatch all latches around the outside of the fan cage and remove the front cage. Fans with screw fixings are being phased out in place of fans with latches. If screws are removed to open the cage, they **MUST** be put back in once fan is clean.

Clean the cage with Green Clinell wipes and ensure all dust and debris is removed, allow to air dry.
(More than one wipe may be required to clear debris at all stages)

Gently wipe the front and back of the fins with Green Clinell wipes to remove any dust/debris, allow to air dry

Clean the back of the fan including the rear cage with Green Clinell wipes to remove all dust and debris, allow to air dry.



Clean the neck and then the stand of the fan including buttons with Green Clinell wipes, allow to air dry (Work from top to bottom).

Once all components are free from contamination and have air dried, match up the front cage with the back cage and re latch the latches (Or insert screws if removed).

Ensure all latches are correctly secured.

Plug in the fan and test to make sure the fan is still in good working order – **If the fan does not work or any damage is noted the fan should be removed from use and reported to estates.**

Attach a green 'I am clean' label once the fan is cleaned and ready for use again.



If the fan is not going to be used it must be placed in a plastic bag and remain covered until returned to use to prevent contamination.

See [Guidance for the Provision and Use of Portable Fans and Air Conditioning Units on SolNet](#) for further guidance on the appropriate use of fans.