

## **Infection Prevention Policy**

### **Decontamination of Reusable Communal Equipment and the Environment**

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Relevant Regulations and Standards	

## Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & location	Details of significant changes
1	Aug 2011	Jane Balderson	IPT	First version
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## **1 Introduction & Scope**

This policy outlines the principles of decontamination and the products recommended for use in cleaning and disinfection of reusable equipment and the environment.

Bacteria, viruses and fungi (micro-organisms) are ubiquitous, the hospital environment being no exception. The majority of these micro-organisms are non-pathogenic but some, given suitable conditions, will infect and cause disease.

Decontamination is the combination of processes (including cleaning, disinfection and sterilisation) used to make a reusable item safe for further use on patients and handling by staff. The effective decontamination of re-usable medical devices, clinical equipment and the environment is essential in reducing the risk of transmission of infection.

## **2 Definitions**

Cleaning – a process that physically removes infectious agents and the organic matter on which they thrive, but does not necessarily destroy infectious agents.

Disinfection – a process used to reduce the number of viable infectious agents but which may not necessarily inactivate some microbial agents, such as certain viruses, bacterial spores and prions.

Sterilisation (NB: this is not covered in this policy – refer to Trust Decontamination Policy) – a process used to render an object free from viable infectious agents including viruses and bacterial spores. Prion proteins are not removed by sterilisation.

Disinfectants – are chemicals that destroy micro-organisms (not prions). They are not suitable for use on the skin or tissue.

## **3 Policy Statement**

### **3.1 Decontamination methods**

All non-disposable equipment and the environment will require cleaning. Some will also require disinfecting or sterilising. Decontamination will be difficult on items that are difficult to clean, and/or in a poor condition. These should be removed from use.

Manufacturers of medical devices are required to provide decontamination guidance for re-usable products. The choice of

products for cleaning and disinfection needs to reflect manufacturers' advice.

### 3.2 Cleaning

Surface cleaning is the minimum requirement for any decontamination process and should precede disinfection unless the product cleans and disinfects.

Product	Used for
Detergent wipes (eg Clinell wipes)	Visibly clean reusable equipment (eg commodes, BP cuffs)
Hot water and neutral detergent	Visibly clean reusable equipment (eg mattresses)
Microfibre system	Environment (eg floors, walls)

### 3.3 Disinfection

Disinfection reduces the number of viable infectious agents and is required when

- The equipment or environment is visibly soiled
- The patient is known to have or suspected of having an infectious disease
- Blood spills

#### 3.3.1 Key elements for effective disinfection

- Dilution - Chemical disinfectants must be used at the recommended strength.
- Preparation - Many disinfectants deteriorate after dilution. Solutions should always be freshly prepared, used once and thrown away.
- Contact time - No disinfectant acts instantaneously. Therefore, it is essential that the correct contact time be observed.

Some disinfectants combine cleaning with disinfection.

Product	Dilution regimens	Cleaning required?
Clinell wipes	Pre-soaked wipe	No
Sporicidal wipes	Pre-soaked wipe – needs to be moistened with warm water	No
Chlor Clean	1 tablet diluted in 1 litre of water = 1,000ppm Do not use for gross blood spills	No
Hypochlorite solution i.e. Haz Tabs	4x2.5 gm tablets dissolved in 1 litre of water = 1% or 10,000ppm	Yes – <b>after</b> using Haz tabs

**3.4 Decontamination of medical devices/ equipment and environment** (Note – all products used for decontamination must be approved by the IPT)

**3.4.1 Decontaminating medical devices/ equipment** including items that come into contact with the patient or service user (eg commodes, beds, mattresses, hoists, slings).

For a complete list of items to be cleaned and the frequency of cleaning refer to the department/ ward 'Clinical equipment cleaning schedule' poster. This should be displayed in all clinical areas.

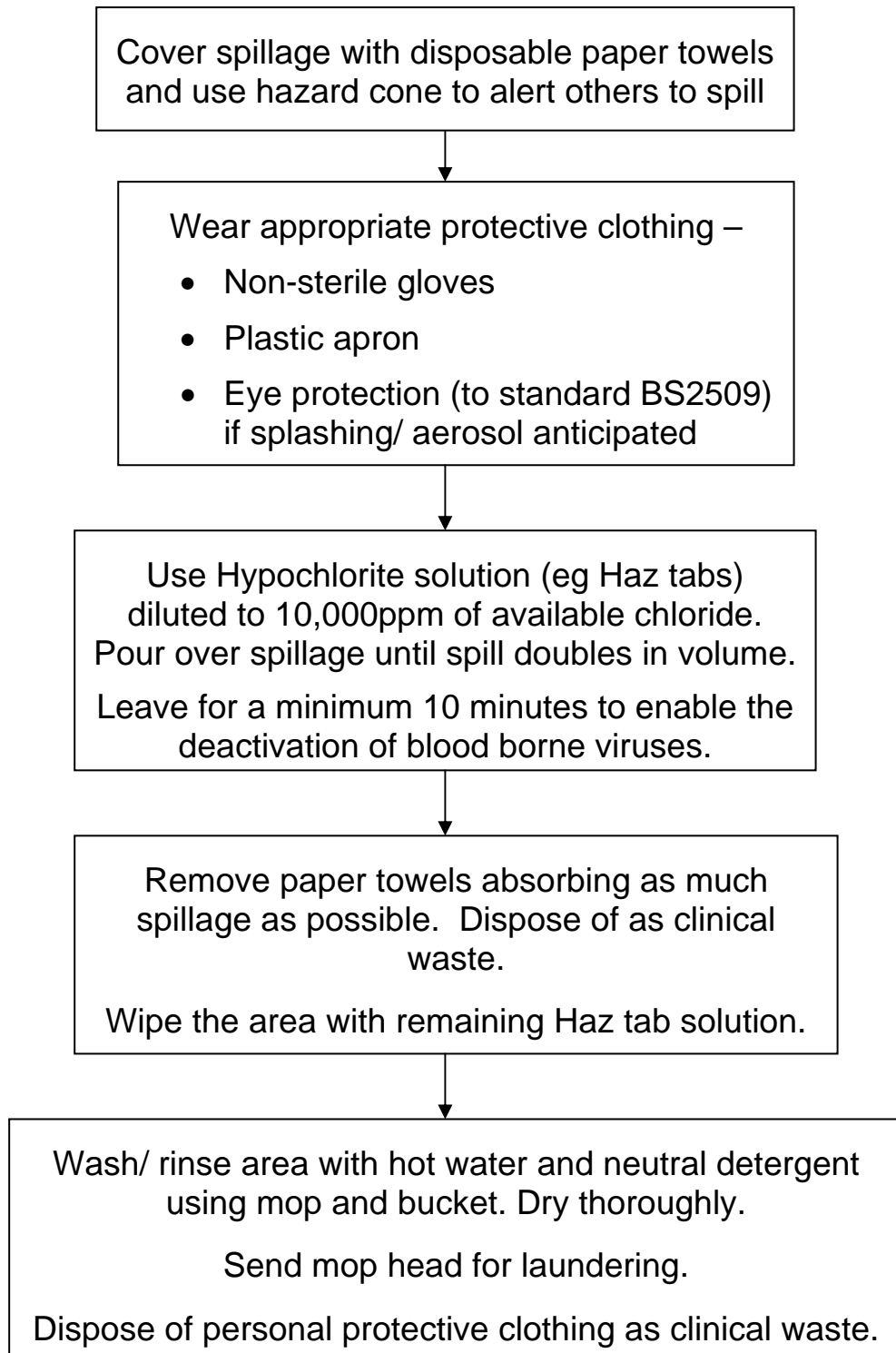
Level of contamination	Decontamination product
Visibly clean	Clinell wipes
Visibly soiled	Clinell wipes or Chlor clean diluted to 1,000ppm available chlorine
Patient has known <i>Clostridium difficile</i> infection	Sporicidal wipes or Chlor clean diluted to 1,000ppm available chlorine
Minor blood splashes	Clinell wipes
Major spill of blood or body fluids containing blood	Haz tabs diluted to 10,000ppm available chlorine

**3.4.2 Decontaminating the environment** including fabric, fixtures and fittings of a building or vehicle (eg walls, floors, ceiling and bathroom facilities).

Level of contamination	Decontamination product	Frequency of cleaning
Visibly clean	Hot water and neutral detergent using microfibre system. Cloths and mops laundered daily by Domestic Services following use	At least once daily Toilets at least 3 x daily
Visibly soiled	Chlor clean diluted to 1,000ppm available chlorine	As required
Patient has known or suspected infectious disease	Contact IPT for advice	IPT will advise
Patient(s) symptomatic with diarrhoea +/- vomiting (including norovirus outbreaks)	Chlor clean diluted to 1,000ppm available chlorine	Affected areas once daily and toilets 4 times a day
Patient has enteric infection (eg <i>Clostridium difficile</i> infection)	Chlor clean diluted to 1,000ppm available chlorine	Whole ward twice daily and toilets 4 times a day
Blood or body fluids containing blood	Haz tabs diluted to 10,000ppm available chlorine	As required
<b>Enhanced decontamination of the environment</b>		
AMU, SSW, ICU, wards with extra beds in bays	Chlor clean diluted to 1,000ppm available chlorine	Whole ward daily and toilets 4 times a day



### 3.4.3 Procedure for dealing with blood spillages from any patient/ source



#### In the event of eye or skin contact with hypochlorite solution –

- Wash area with copious amounts of water. Consult Occupational health or Emergency Department.

## **4 Equality Impact Assessment**

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at an unreasonable or unfair disadvantage over others.

In the development of this policy, the Trust has considered its impact with regard to equalities legislation.

## **5 Accountability**

All healthcare professionals and volunteers are responsible and accountable for the correct implementation of this policy.

## **6 Consultation, Assurance and Approval Process**

### **6.1 Consultation Process**

This policy has been reviewed by the Hospital Infection Prevention Committee (HIPC)

Methodology used has been through open consultation with the parties involved.

### **6.2 Quality Assurance Process**

### **6.3 Approval Process**

## **7 Review and Revision Arrangements**

A review of the policy will be undertaken with the collaboration of all parties involved in 2 years or earlier if there are changes in recommended practice or legislation.

## **8 Dissemination and Implementation**

### **8.1 Dissemination**

This policy is available in alternative formats, such as Braille or large font, on request to the author of the policy.

### **8.2 Implementation of Policies**

The policy will be disseminated through staff training, Infection Prevention web pages, and emails to senior staff.

## **9 Document Control including Archiving Arrangements**

### **9.1 Register/Library of Policies**

This policy will be stored on the Trust's electronic portal, Horizon, on the policies and procedures site and will be stored both in an alphabetical list as well as being accessible through the portal's search facility.

### **9.2 Archiving Arrangements**

On review of this policy, archived copies of previous versions will be automatically held on the version history section of each policy document on Horizon. It is the responsibility of the Publisher(s) to ensure that version history is maintained on Horizon.

### **9.3 Process for Retrieving Archived Policies**

To retrieve a former version of this policy from Horizon, the Compliance Unit should be contacted.

## **10 Monitoring Compliance With and the Effectiveness of Policies**

This policy will be monitored for compliance with the minimum requirements outlined below. Where the minimum requirements for the policy are prescribed by the NHSLA Risk Management Standards, the Criterion number must be quoted.

### **10.1 Process for Monitoring Compliance and Effectiveness**

In order to fully monitor compliance with this policy and to ensure that the minimum requirements are met, the policy will be monitored as follows:

Minimum Requirements	Monitoring
a. Reusable medical devices/ equipment is clean when checked	Matron Environment Audit High Impact Intervention 8
b. Environment is clean when checked	Domestic services monitoring PEAT inspections
c. Correct product for decontamination is used	Domestic chlor clean protocol records Staff training
d. Safe management of blood spills	Staff training

## 10.2 Standards/Key Performance Indicators

National specifications for cleanliness in the NHS (NPSA)

### 11 Training

Any theoretical training requirements identified within this policy are outlined within the mandatory training profiles accessed via the Statutory & Mandatory Training Link that can be found on the home page of Horizon or on Q:\York Hospitals Trust\Mandatory Training. You will be required to create your own mandatory training profile using the tool and support materials available in these areas and agree your uptake of this training with your line manager. The training identification policy and procedure document describes the processes related to the review, delivery and monitoring of mandatory training, including non attendance.

### 12 Trust Associated Documentation

Trust Decontamination Policy

### **13 External References**

DH *Clostridium difficile* infection – how to deal with the problem

### **14 Appendices**

There are no appendices