University Hospitals of Leicester NHS
NHS Trust

Cleaning and Decontamination for Infection Prevention UHL Policy

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Board Director Lead:	Chief Nurse
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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

August 2023 – links refreshed.

KEY WORDS

List of words, phrases that may be used by staff searching for the Policy in PAGL

Cleaning, Decontamination, Equipment, Disinfectant, Wheelchair, Blood Spillages, ICE, Machine, Fans

1 INTRODUCTION AND OVERVIEW

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for cleaning and decontamination of medical devices for infection prevention, superseding any previous policies or past approved guidelines.

1.2 The Trust must comply with guidelines and standards that relate to the decontamination of medical devices.

1.3 The Health and Social Care Act (2008) *Code of Practice on the prevention and control of infections and related guidance* criterion 2 requires the Trust to provide and maintain clean and appropriate environment including equipment. Health and safety legislation (1974, 2002) also requires the Trust to control the risks associated with transfer of microorganisms.

1.4 Patients can be protected against infection by ensuring that disease producing microbes are reduced as much as possible from potential sources of infection. This involves the cleaning, disinfection and sterilisation of contaminated materials, equipment and surfaces. The choice of method can be based on the infection risks to the patient, which can be classified as high, intermediate and low risk (Ayliffe *et al* 2002).

2 POLICY SCOPE

2.1 The aim of this policy is to prevent and control the spread of infection via reusable medical devices by the provision of sound decontamination principles

2.2 This policy applies to all staff employed within University Hospitals of Leicester NHS Trust that are required to decontaminate equipment.

2.3 The policy also applies to all staff within the Trust responsible for the purchase and maintenance of equipment where decontamination is necessary.

2.4 The policy applies to all areas within UHL that uses reusable medical devices.

3 DEFINITIONS AND ABBREVIATIONS

- *Decontamination* – This is a general term to describe the destruction or removal of microbial contamination to render an item or the environment safe. Decontamination is a combination of processes which if undertaken correctly decreases the likelihood of micro-organisms being transferred to patients or staff. Three processes are commonly used in decontamination. These are: cleaning, disinfection and sterilisation.
- *Cleaning* – A process which physically removes dirt, large numbers of organisms and organic matter, such as blood and faeces but does not necessarily destroy micro-organisms. This is usually done using a detergent. Cleaning is a pre- requisite to disinfection or sterilisation
- *Disinfection* – A process used to kill most but not all viable micro-organisms. It does not necessarily inactivate all micro-organisms such as viruses and spores but reduces them to a level that they are not harmful. Disinfection must be preceded by cleaning.

- *Sterilisation* – A process used to render an object free from micro-organisms including viruses and bacterial spores. Sterilisation may however not inactivate prions. Sterilisation is normally preceded by cleaning and disinfection.
- *Single Use Device* – Any device deemed by the manufacturer unsuitable for reprocessing.
- *Reprocessing* – The procedure of cleaning, disinfection or sterilisation of a reusable piece of equipment.

Spaulding Classification for Medical Devices and Levels of Disinfection

The classification system first proposed by Dr. E. H. Spaulding divides medical devices into categories based on the risk of infection involved with their use. This classification system is widely accepted and is used by the Food and Drug Administration (FDA), the Centres for Disease Control and Prevention (CDC), epidemiologists, microbiologists, and professional medical organizations to help determine the degree of disinfection or sterilization required for various medical devices. Three categories of medical devices and their associated level of disinfection are recognized.

Critical:

A device that enters normally sterile tissue or the vascular system or through which blood flows should be sterile. Such devices should be sterilized, which is defined as the destruction of all microbial life.

Semi critical:

A device that comes into contact with intact mucous membranes and does not ordinarily penetrate sterile tissue. These devices should receive at least high-level disinfection, which is defined as the destruction of all vegetative microorganisms, mycobacterium, small or viruses, medium or lipid viruses, fungal spores, and some bacterial spores.

Noncritical:

Devices that do not ordinarily touch the patient or touch only intact skin. These devices should be cleaned by low-level disinfection.

Patient Contact	Examples	Device Classification	Minimum Inactivation Level
Intact skin		Non-Critical	Cleaning and/or Low/Intermediate Level Disinfection
Mucous membranes or non-intact skin		Semi-Critical	High Level Disinfection
Sterile areas of the body, including blood contact		Critical	Sterilization

4 ROLES

4.1 Executive Decontamination Lead

4.1.1 The Chief nurse is the Executive lead and the Director of Infection Prevention and Control (DIPC) is the nominated person and is accountable to provide status feedback to Trust Board with regard to operational and strategic issues that are associated with delivery of decontamination processes for the organisation. The DIPC is responsible for providing Board Assurance on compliance regarding all Decontamination issues.

4.2 Decontamination Lead

4.2.1 The Decontamination Lead will ensure formal Trust wide decontamination assessments are conducted. Trust Decontamination policies and protocols will be produced and ratified at appropriate committee meetings including the Infection Control and Prevention Committee and the Decontamination Group. Provision of strategic documents to ensure future delivery of decontamination services achieves compliance with mandatory requirements and strives for continual improvement. Management of the operational elements for delivery of decontamination service falls to the Deconatmination Lead and Service Leads for those areas that use re-useable devices.

4.3 Authorising Engineer (Decontamination (AE (D))

4.3.1 This person is designated by management to provide independent auditing and advice on washer disinfectors, sterilizers and sterilization and to review and witness documentation on validation. Detailed role, responsibilities and qualifications are stated in HTM 01:01 Part A. This function is contracted from an external specialist company. He/She will also audit and document the training and competence of the Authorised Person(s).

4.4 User

4.4.1 The User is defined as the person designated by management to be responsible for the management of the process. In this organisation it is necessary to have more than one person designated to this role. The Users are responsible for local decontamination of the flexible endoscopes . Detailed responsibilities of the User are stated in Health Technical Memorandum (HTM) 01:01 Part A and include certifying that decontamination equipment is fit for useTo certify that the decontamination equipment is fit for use

4.4.2 To hold all documentation relating to the decontamination of endoscopy equipment, including the names of other key personnel

4.4.3 To ensure that decontamination equipment is subject to periodic testing and maintenance

4.4.4 To appoint operators where required and ensure that they are adequately trained

4.4.5 To maintain Validation records for endoscopy machines

4.5 Operator (For Endoscopy only)

4.5.1 This is any person with the authority to operate a washer disinfector or a sterilizer, including noting instrument readings and simple housekeeping duties. Operators and others concerned with the operation of decontamination equipment should know what action to take in the event of an incident or failure.

4.5.2 The Operators will receive external endoscopy washer training and then be part of an annual audit and revalidation of practical and theoretical knowledge

4.5.3 Training will be provided by the endoscopy washer manufacturer and also the company that repair the flexible scopes.

4.6 Decontamination Operational Group

4.6.1 This groups will monitor and oversee all aspects of decontamination within the organisation and ensure compliance with external standards, reporting through the Decontamination Lead to the Board via the Trust Infection Prevention and Control Committee. See Appendix 1

4.7 Microbiologist (Decontamination)

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

4.8 Infection Prevention Team (IPT)

4.8.1 The IPT are responsible for:

- Reviewing and helping to update this document
- Liaising with Medical Equipment Service in providing advice prior to the purchase of new equipment to ensure it can be decontaminated within the organisation
- Agreeing decontamination procedures in specialist areas for specialist equipment
- Assisting with the provision of specialist advice prior to the purchase of decontamination equipment
- Assisting with the provision of generic decontamination training as part of induction and infection prevention updates.

4.8.2 Staff Involved in the deconatmaintion of medical equipment

- To ensure they are aware, have read and understood the policy to give assurances. This will enable all staff to perform their duties in accordance with requirements.

4.8.3 Heads of Nursings and Matrons

- To ensure all areas within the CMG ,who use medical equipment, undertake the yearly Decontamination audit and then attend the confirm and challenge with the the Decontamination Lead to ensure compliance with the policy and give assurance to the Chief Nurse.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 Cleaning and disinfection of equipment

5.1.1 The following chemicals/disinfectants are approved for use within the Trust for cleaning and disinfection of equipment. For a list of equipment and recommended methods of decontamination please see appendix 1

Product Name	Active Ingredient	Used for	Special Instructions
Chlorclean	Chlorine	Cleaning and disinfection of medical equipment.	Make up with 1 tablet to 1 litre of cold/warm water in diluter bottle (labelled Chlorclean). Not hot water as this may release Chlorine fumes. The product must be made up fresh every 24 hours. Clear documentation must be present on the bottle Requires contact time of 3 minutes
Chlorine releasing granules (Haztab or Presept)	Chlorine	Disinfection of major blood spillages (See appendix 5)	Leave for 2 minutes before clearing up
Clinell Wipes	Ammonium chloride	Cleaning and disinfection of medical equipment that cannot withstand Chlorclean	Use current approved wipes(Please speak to the Infection Prevention team / Decontamination Lead for advice)
Sanitizer powder	Troclosene Sodium	Cleaning and disinfection of sanitary ware such as sinks and toilets.	Use current approved wipes(Please speak to the Infection Prevention team / Decontamination Lead for advice)
Sodium hypochlorite 1%/ Milton		Disinfection of small blood spillages (See appendix 6)	Leave for 2 minutes before clearing up
Tristel 3 wipe system	Chlorine Dioxide	Cleaning and high level disinfection of non lumened invasive medical devices e.g. nasendoscopes, McGrath Laryngoscope handles.	Used with tracking book provides a track and trace system. Staff need to be trained by a cascade trainer and complete the package
Trophon	Hydrogen Peroxide	Cleaning and high level disinfection of non lumened invasive medical	Staff all need to complete training and ensure the traceability book is completed for each use. This

		devices e.g. nasendoscopes, transvaginal probes, transrectal probes	is auditable

5.2 Endoscope Washer disinfectors

5.2.1 A pre clean of all lumened / non lumened endoscopes is required in a designated decontamination area before placing into any Endoscope washer disinfector. This must be documented as per the paperwork approved by the decontamination committee and available from the print room

5.2.2 Endoscope washer disinfectors (EWD) must be used for the decontamination of all lumened endoscopes. All endoscopes must be manually cleaned with a non-enzymatic cleaner before being placed into the EWD. A double sink will be required. One sink is for manual cleaning after use on a patient and one is for rinsing after cleaning the scope.

5.2.3 a disinfectant approved by the EWD manufacturer and endoscope manufacturer must be used. Both detergent and disinfectant must be CE Marked

5.2.4 All staff undertaking reprocessing of endoscopes must be trained and be able to demonstrate their competency on a yearly basis

5.2.5 Managers of the areas must ensure that daily, weekly, monthly testing is taking place and documented in line with the documentation produced by the Decontamination committee.

5.2.6 Managers of areas where EWD'S are used must ensure that a formal schedule of validation tests is in place.

5.2.7 Yearly validation and testing of EWD's must be signed off by an Authorising Engineer (Decontamination).

5.2.8 Full details on flexible endoscope decontamination can be found in separate Policy for decontamination of flexible endoscopes B18/2015.

5.2.9 Lumened scopes are required to be used within three hours of cleaning. Non Lumened scopes are required to be used within 24 hours of being cleaned

5.3 Equipment requiring sterilisation

5.3.1 Equipment requiring sterilisation will be required to go to our off site provider who will undertake the process as agreed by the Trust.

5.3.2 All equipment that goes for sterilisation will be uniquely identified to allow tracking and traceability with the external provider

5.3.3 The external provider will be accredited to ENB 13485 and following guidelines from HTM 01-01

5.4 Purchase of new equipment

5.4.1 To ensure that any new piece of equipment is compatible with Trust decontamination requirements advice must be sought from the Trust infection prevention team, Medical Devices Committee and Decontamination Lead prior to purchase of any new equipment or medical device.

5.4.2 There must be clear instructions from the manufacturer regarding the appropriate method of decontamination. These must be approved by the Trust infection

prevention team and Decontamination Lead prior to purchase of the equipment. Evidence will be held centrally for all equipment.

5.4.3 Any electrical medical device must be approved by the equipment standardisation group.

5.4.4 Any decontamination equipment must be approved by the decontamination committee.

5.4.5 Further information on the purchase of medical equipment can be found in the Medical Devices Policy B26/2005

5.4.6 The Trust Pre Acquisition Questionnaire for the purchase of new equipment is available in Appendix 2

5.5 Loan Medical Equipment

5.5.1 Any equipment loaned to the Trust must be accompanied by the following

a) Decontamination certificate
b) Comprehensive list of item(s) loaned e.g. surgical instrument tray list
c) The manufacturer instructions for decontamination
d) Adequate training on dismantling and reprocessing

5.5.2 Loan of Equipment to, and from, external sources

a) Managers must ensure that indemnity forms have been completed for any loaned or trialled equipment and that responsibilities for the equipment have been identified and documented. These forms are available from the Medical Devices Management Centre.

b) Acceptance checking of equipment must be undertaken in accordance with manufacturer's instructions to include: instructions for use; list of contents; clear definition of responsibilities and maintenance/safety checks. Loan kit coming into the Trust must have a decontamination certificate provided by the previous User and clear instructions on decontamination requirements. After use, a Decontamination Certificate must be issued by this Trust for any loan or trial kit leaving UHL NHS Trust.

c) Instruction regarding all aspects of decontamination of reusable equipment must accompany the equipment.

d) Staff undertaking decontaminating, (disassembling etc,) or using the Equipment for the first time, must receive relevant training.

e) Decontamination of loan or trial equipment must be undertaken prior to and after use.

f) Contaminated items must not be returned to originating departments or companies.

5.6 Decontamination of equipment prior to service or repair

5.6.1 Under the Health and Safety at Work Act (1974), The Management of Health and Safety at Work Regulations (1992), COSHH Regulations (2002) and the Health and Social Care Act (2008) the Trust has a responsibility to ensure that staff,

patients, visitors and contractors are protected and not exposed to unnecessary risks.

5.6.2 Any equipment sent for service or repair must be decontaminated first using an appropriate method. A manufacturer or repair agent may recommend that this does not happen as it may cause further damage to the equipment. If this is the case written instruction must be sought from the manufacturer or repairer.

5.6.3 A decontamination certificate system is used within the Trust. This must be used to denote the decontamination method used. Further copies of the certificate are available via the print room quoting reference W804/0

5.7 Single Use and Single Patient use devices

5.7.1 Medical devices identified as single use are intended to be used on an individual patient during a single procedure and then discarded. It is intended that it is not reprocessed and used on another patient or the same patient again.

5.7.2 The following symbol is used on medical device packaging indicating “Do Not Reuse” and may replace any wording

5.7.4 "Single patient use" means - "more than one episode of use of a medical device on one patient only, the device may undergo some form of reprocessing between each use."

5.7.5 Unless the manufacturer specifies otherwise, "single patient use" devices are able to be reprocessed and reused on the same patient in accordance with the manufacturer's instructions. The intended purpose of the device has not changed, and the reprocessing for reuse is consistent with the manufacturer's instructions/intent. This may include items such as disposable slings, nebuliser masks. Please contact the Trust infection prevention team if further advice is required about decontamination of such devices.

5.8 Transmissible Spongiform Encephalopathy (TSE)

5.8.1 The patients TSE risk must be assessed prior to any surgical or endoscopy procedure as specific decontamination precautions may need to be taken.This needs to be documented on the pre assessment paperwork

5.8.2 Further details on the precautions required can be found in the UHL Transmissible spongiform encephalopathy policy.(B11/2008)

5.8.3 A robust tracking system of patients / equipment must be kept within the unit. Staff should contact the Infection control team or decontamination Lead when they have a high risk patient in their areas and refer to the policy.

5.9 Personal Protective Equipment

5.9.1 Personal protective equipment appropriate for the task must be worn when carrying out decontamination procedures. Gloves and aprons are the most

common types of personal protective equipment used. Where there isa risk of splashing into eyes or mouth then visors or eye protection must also be worn.

5.9.2 Some decontamination processes such as manual cleaning of flexible endoscopes requires the use of sinks. In this instance long sleeved plastic aprons or forearm protection must be worn as well as disposable gloves.

5.10 Supporting Procedures

5.10.1 This policy is supported by the following processes / procedures / standards found in the associated documents as detailed below, which must be used in conjunction with this policy:

Procedure / Process / Standard	Appendix
Quick Reference Guide on Cleaning Methods	1
Guidelines For Cleaning Ice Machines	2
Procedure for cleaning wheelchairs between patients (portering wheelchairs)	3
Procedure for Dealing with Blood Spillages	4
Procedure for Dealing with Body Fluid Spillages other than Blood	5
Procedure for Cleaning of Air Circulation Fans	6
Bed space Cleaning Checklist	7
Tristel 3 step process	8

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 General cleaning and decontamination training/competency is provided via infection prevention e-learning training package avialable on HELM

6.2 Specialist training on items such as endoscope washer disinfectors must be arranged by the department and details held centrally of all training by the Decontamination Committee

7 PROCESS FOR MONITORING COMPLIANCE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Cleanliness of Equipment	Matrons	Environmental audit tool	Monthly – Via Escalation plan if audit fails	Environmental audit scores reported and reviewed at CMG infection prevention group meetings
Compliance with Policy	Heads of Nursing	Equipment Decontamination Audit	Annually	Equipment audit results fed back to Clinical Management groups and reported to Trust Infection Prevention Assurance Committee
Decontamination of Medical Equipment	Decontamination Lead	Health and Social care act audit tool	Quarterly	Reported to the Infection prevention committee by the CMG infection prevention Lead

8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Ayliffe, G.A.J., Lowbury, E.J.L., Geddes, A.M. & Williams, J.D. (2002) *Control of Hospital Infection: A Practical Handbook* Chapman & Hall.

Department of Health (2010) The Health and Social Care Act 2008 - Code of Practice on the Prevention and Control of Infections and Related Guidance

Department of Health (2016) Health Technical Memorandum (HTM 01-01) Management and Decontamination of Surgical Instruments (Medical Devices) Used in Acute Care. DH,
London
https://www.england.nhs.uk/publication/decontamination-of-surgical-instruments-htm-01-01/

Department of Health (2016) Health Technical Memorandum HTM 01-06) Decontamination of Flexible Endoscopes. DH, London.
https://www.england.nhs.uk/publication/management-and-decontamination-of-flexible-endoscopes-htm-01-06/

National institute for Health and Clinical Excellence (2006) Patient Safety and reduction of risk of transmission of Creutzfeldt-Jakob disease (CJD) via interventional procedures. NICE, London
https://www.nice.org.uk/guidance/ipg196

UHL Medical Devices Policy B26/2005

UHL Transmissible Spongiform Encephalopathy Policy 811/2008

UHL Guidelines for Selecting, maintaining and Cleaning Toys 841/2006

UHL Decontamination of flexible endoscopes 818/2015

Appendix 1

UHL Decontamination Operational Arrangements

Trust Infection Prevention Assurance Committee

ITAPS Head of Operations

Infection Prevention Lead

Decontamination Lead

Decontamination Oversight Groups

Endoscopy User

Ward Department Decontamination

Joint Management Board Sterile

Medical Equipment

Governance and Assurance Remit

Endoscopy User Group
Endoscopy Machine Validation
Machine Water Quality
Compliance with guidelines

Ward Department Decontamination Group
Yearly comprehensive audit
Confirm and Challenge meeting with each CMG Head of Nursing

Joint Management Board Sterile Instruments Provide oversight of the UHL sterile instrument decontamination contract Ensure Governance and
Assurance processes are in place in relation to the contract

Medical Equipment Executive
Attendance by the Decontamination Lead to ensure equipment for UHL meets the required decontamination standards for purpose.

Appendix 2

Pre-Acquisition Questionnaire	University Hospitals of Leicester NHS NHS Trust **Appendix Two**

PAQ Form Addendum (Rev: 1) Decontamination / Reprocessing

University Hospitals of Leicester NHS
NHS Trust

1	Is the item intended to be processed / reprocessed? **If NO, do not reprocess.**							Yes	No
2	What designation is the device intended to be prior to use?	Clean	Yes No	Disinfected	Yes No	Sterile		Yes No	
4	Is there a recommended maximum number of uses / reprocesses?							Yes	No
5	If YES, describe:								
6	Are decontamination/reprocessing instructions supplied?							Yes	No
7	If YES, do manufacturer's instructions meet ISO 17664?							Yes	No
8	Is the device uniquely marked to allow tracking?							Yes	No
9	Are there any contra indications when used with other materials?							Yes	No
10	Are instructions available for safe disposal?							Yes	No
11	Is manual cleaning the ***ONLY*** cleaning method specified before disinfection or sterilization?							Yes	No
12	If YES, has this validation been carried out in operational use? Evidence will be required							Yes	No
13	If YES, how is the device disinfected to allow safe handling prior to sterilization? Describe:								
14	During the manual and /or automatic cleaning process what are the minimum and maximum temperature and time that can be used for washing/cleaning, thermal disinfection, rinsing and drying?								
15	Are there any restrictions on chemistries e.g. detergents, disinfectants and sterilants?							Yes	No
16	If YES, describe:								
17	Where chemical disinfection is to be used give the minimum/maximum time / temp / dosage parameters.								
18	Can the device withstand autoclaving at 134 - 137 °C for 3 – 3.5 mins?							Yes	No
19	Has validation been carried out for UK routine steam under pressure sterilization parameters 134 - 137 °C for 3 – 3.5 mins?							Yes	No
20	Is the item compatible with other sterilization methods?							Yes	No
21	If YES, describe:							Yes	No
22	Does reprocessing require the use of specified equipment?							Yes	No

	Minimum	Maximum
Time (Minutes)		
Temp (°C)		

Time (minutes)	Temp (°C)	Dosage (mls)
Min:	Min:	Min:
Max:	Max:	Max:

23	If YES, please state equipment type (e.g. containers, processors, etc) and, where appropriate, parameters of operation (e.g. temp, pressure, etc):		
24	Are tools required to aid dismantling/reassembly?	Yes	No
25	If YES, are they supplied with the device, describe :		
26	Are lubricants required?	Yes	No
27	If Yes, describe:		
28	Will lubricants affect the cleaning, disinfection or sterilization of the product	Yes	No
29	Do you provide decontamination / reprocessing training for your device?	Yes	No
30	If YES, is this free of charge? Describe:		
31	Are the trainers you provide appropriately qualified and hold evidence of this?	Yes	No

32	If YES, describe:		
33	Are reprocessing instructions available on the Web?	Yes	No
34	If Yes, give web address:		
35	Is the item single use but can be processed multiple times within a pack/tray until used? E.g. orthopaedic implants	Yes	No
36	If YES, how many times can it be reprocessed and how was this validated? Describe:		
37	What is the total weight of the product including any containers that are supplied?	Kg	
38	Are there any specific storage conditions before and after processing?	Yes	No
39	Has the device been involved in any “adverse incidents”?	Yes	No
40	If YES, describe:		

Appendix 3

Guidelines For Cleaning Ice Machines	University Hospitals of Leicester NHS NHS Trust **Appendix Three** **Cleaning and decontamination for infection prevention**

1.1 The environment around the machines must be kept sufficiently clear to allow for air circulation and prevent contamination. Organisms such as *Stenotrophomonas maltophilia*, pseudomonas and coliforms may cause infections to immunosuppressed patients if ice machines are not properly maintained.

1.2 Staff must:

1.2.1 Wash hands before handling ice; ensure ice is made from quality drinking water. Handle ice with care to avoid contamination; using only a designated scoop.

1.2.2 Do not pick ice out with hands or use a glass or jug to scoop out the ice. .

1.2.3 Store ice for the shortest practical time.

1.2.4 Ensure machine is cleaned weekly and is on a planned maintenance programme.

1.2.5 Maintain a visible record of defrosting and cleaning.

Procedure for Cleaning Ice Machines	
	Action
1	Daily: - Wash hands thoroughly before removing ice. - Remove ice using scoop. Ensure minimal contact with surfaces of machine. - Scoop is to be kept in a clean lidded container, and be available for use at all times. - Scoop and container to be cleaned and disinfected daily. Wash in detergent and hot water, rinse and dry, followed by disinfection with Sodium Hypochlorite 1% (10,000 ppm) and rinsed thoroughly before drying. - The scoop must be washed and disinfected immediately if contaminated. - Record date of cleaning and disinfection of scoop and container.
2	Weekly: - Prior to cleaning, switch off the machine, remove ice and drain the water. - Clean all interior surfaces with detergent and hot water, using a disposable cloth. Rinse and dry. - Disinfect all interior surfaces with Sodium Hypochlorite 1% (10,000 ppm). Rinse thoroughly before drying. - Record date of cleaning and disinfection of ice making machine.
4	Quarterly Maintenance: - The removable parts of the machine should be dismantled for cleaning and checked for breakage, according to manufacturer's recommendations. - A record of manufacturer's or Estate's department maintenance contract must be kept. - Once quarterly maintenance complete the machine must be cleaned as per weekly advice above - No articles or equipment must be stored on or around the ice machine which could block the air vents. - Ice in the ice machines shall be tested quarterly by Infection prevention

Appendix 4

Procedure for cleaning wheelchairs between patients (portering wheelchairs)

University Hospitals of Leicester NHS
NHS Trust
Appendix Four
Cleaning and decontamination for infection prevention

1. Introduction / Scope

For the safety of the next patient a wheelchair must be rendered free from contaminants. This assists in the prevention of the spread of infection. This procedure also provides reassurance and confidence to patients

Procedure for Cleaning Wheelchairs Between Patients	
	Action
1	Collect wheelchair
2	Ensure there are detergent wipes in the back of the chair's note holder (replenish pack if necessary)
3	Take wheelchair to patient's bed end
4	Put on disposable gloves and apron (Personal Protective Equipment – PPE)
5	Remove wipe from back of wheelchair
6	Wipe over all areas of the chair that has patient contact including arm rests
7	Remove PPE carefully wrapping the cloth within the gloves and dispose of into appropriate waste bin
8	Clean Hands
9	Return to patient and help into the wheelchair
10	Return wheelchair to a central point
11	Process must be repeated for the next patient movement

This procedure does not replace the weekly deep cleaning of wheelchairs using either steam or Chlor clean

Wheelchairs must be Chlor cleaned AFTER USE by Patient in Source Isolation
Wipes replacement packs are available in the porter's lodge
Chlor Clean is available on the ward/department

Wipes provided by the facilities portering department MUST NOT be removed from the back of the chairs and used for other duties.

Appendix 5

Procedure for Dealing with Blood Spillages	University Hospitals of Leicester NHS NHS Trust **Appendix Five** **Cleaning and decontamination for infection prevention**

1. Introduction

ALL spilled blood or blood stained body fluids must be regarded as potentially infectious, and must be treated accordingly.

When treating a spillage, staff must wear disposable non powdered latex gloves and a disposable plastic apron. Eye/face protection is required if there is a risk of splashing.

Procedure for Dealing with Minor Blood Spillages	
	Action
1	Determine if this is a minor or major blood spill – A minor blood spillage is considered as a splash or drip of blood. For larger volumes follow procedure for major blood spills
2	Gather all equipment • Disposable gloves • Apron • Eye protection • Orange Waste Bags • Disposable Wipes • Sodium Hypochlorite 1% Solution
3	Put on appropriate PPE
4	Wipe area with a cloth soaked in sodium hypochlorite 1% solution and leave to air dry or at least two minutes contact time.
5	Dispose of used wipes into orange waste bag and remove PPE
6	Clean hands

More extensive spillages of blood must be treated with absorbent, chlorine-releasing granules. The granules will ensure that the active disinfecting agent comes into contact with any micro-organisms throughout the spillage and will also limit the spread of liquid blood. Attempts to treat significant volumes of blood with a conventional solution will merely spread the spillage, without achieving homogenous mixing and effective disinfection. The granules are available through NHS Supply chain and each ward, clinic, theatre, and department must have at least one container in stock at all times, although some areas e.g. Accident and Emergency Department will need to maintain larger stocks. Each ward or department must also be equipped with 2 suitable plastic scoop and spatulas.

Procedure for Dealing with Major Blood Spills	
	Action
1	Gather all equipment • Disposable gloves

Procedure for Dealing with Major Blood Spills	
	˅ Apron ˅ Eye protection ˅ Orange Waste Bags ˅ Disposable Wipes ˅ Chlorine releasing granules and scoop ˅ Chlorclean
2	Because free chlorine gas is released during the inactivation process, windows should be opened to ensure adequate ventilation; if the spillage is in a confined, poorly ventilated area, staff and patients (where possible) should not remain in the vicinity of the spillage during the inactivation process.
3	Granules must be sprinkled evenly over the spillage until the whole surface is covered, leave undisturbed for 2 minutes.
4	If any areas of liquid blood remain after this period, more granules must be applied and left for a further 2 minutes, to ensure complete disinfection.
5	Once all liquid blood has been absorbed, the granule mass can be scooped up and placed together with the scoop and spatula in a clinical waste bag.
6	Wipe area with Chlorclean and dry.
7	Dispose of used apron, gloves, and paper towels in a clinical waste bag.

Blood Spilled on Staff

(a) **On intact skin.** The spilled blood should be washed off with copious warm water and soap, paying particular attention to the finger nails. No further action is necessary.

(b) **On broken skin.** The spilled blood should be washed off with copious warm water and soap. The incident must then be reported. Follow the UHL Management of Exposure to Blood Borne Virus Policy B42/2007

(c) **On mucous membrane.** Splashes of blood or body fluids entering the eye should be removed by immediate irrigation. Ideally sterile saline "eye-wash" packs should be used if available, but if not, running mains water (drinking water) can be used instead. Irrigation should be continued until all traces of the contaminating material have been removed. The incident must then be reported. Follow the UHL Management of Exposure to Blood Borne Virus Policy.

Procedure for Dealing with Body Fluid Spillages other than Blood

Introduction

At the present time, the risk of blood-borne virus transmission through body fluids other than blood is low.

If the body fluid is blood stained then follow procedure for dealing with blood spills.

Body Fluid Spillage/Splash	
	Action
1	Gather all equipment • Disposable gloves • Apron • Eye protection (if required) • Orange Waste Bags • Disposable dry Wipes/Paper towels • Chlorclean
2	protection and face mask must be worn if risk of splashing into face
3	Disposable non powdered latex gloves and a plastic apron must be worn.
4	The spillage should then be cleaned up using disposable wipes
5	Use Chlorclean and leave to air dry
6	Gloves, apron and all paper towels, dry cloths etc., must be discarded into an orange bag for incineration.
7	If bed clothes contaminated, treat as infected linen

Appendix 7

Cleaning Of Electrical Air Circulation Fans	University Hospitals of Leicester NHS NHS Trust **Appendix Seven** **Cleaning and decontamination for infection prevention**

1. Introduction

1.1 The aim of the guideline is to prevent the spread of Pathogenic Micro Organisms from becoming airborne. When in operation, wall mounted and portable electric air circulation fans draw air through the blades, blowing it through the fan guard back into the area. Fans require checking weekly to see if it requires cleaning. A full clean is recommended as part of the monthly routine to keep all fans free of dust. **Fans must not be used within a bay where source isolation precautions are being carried out.**

2. Recommendations

2.1. Fans with grills that are secured with screws must not be purchased as they require tools to undo them. Fans are available with clips that are easier to clean

22 Wall mounted fans will be cleaned by estates. It will be the responsibility of the ward/department to inform the Estates department, via the help desk on extension 7888 that the fan requires cleaning. The customer services department will create a works request for the work to be carried out. At the time of the request being made, the operator will issue a job reference number for the cleaning procedure.

23 Personal Protective Equipment

Personal Protective Equipment	
	Personal protective equipment (PPE) may be required for cleaning of the fans. To determine whether PPE is required a task appraisal will be carried out by the ward/department. • Suggested PPE:- • Appropriate type of gloves • Apron • Disposable dust mask

24 Procedure for cleaning fans

Procedure / Process for the cleaning of fans	
	Action
1.	Check the fan after each use and clean as necessary. Fans must be cleaned weekly when in use Isolate electrical supply i.e. unplug from the socket outlet. Wall mounted fans, which are connected to the power supply other than by a plug top, will be isolated from the electrical supply by a qualified electrician.
2.	Take portable fan to a cleaning area away from patients
3.	Remove front fan guard – DO NOT REMOVE SCREWS
4.	Remove loose dust with a vacuum cleaner from fan blade and front and back

Procedure / Process for the cleaning of fans	
	guards.
5.	Wipe the fan blade and front and back guards with Chlorclean on a damp cloth, **not wet**, to remove any remaining dust. Do not get the electrical parts wet.
6.	Re-assemble the fan guard and allow the fan blade and guards to dry
7.	Put fan back into operation or label as clean using green tape and place in store room
8.	If there is a problem with the fan after cleaning, it should not be put back into use. Contact Help desk on 7888 for Estates to check the fan. IF IN DOUBT - ASK

Appendix 8

Bed Space Cleaning Checklist

University Hospitals of Leicester NHS
NHS Trust

Appendix Eight
Cleaning and decontamination for infection prevention

Date **Ward**
Bed space **Hospital**
Person who cleaned this space

The following action has taken place prior to your admission

Item	Tick when completed	Item	Tick when completed
Curtains changed if necessary		Television and earphones cleaned	
Locker cleaned inside and out		Ear phone covers replaced	
Unused suction canister and all intact tubing packaging cleaned		Sanitizer is available within the bed space	
Oxygen mask and Yanker sucker replaced if packaging not intact		Shelving/window ledges cleaned	
Table cleaned		Call bell cleaned	
Chair cleaned		Floor cleaned	
Drug box cleaned			

Patient label

Once the **bed space** has been occupied, place a patient label on the form and file in the patients notes

Bed cleaning check list

Date **Ward**
Person who cleaned the bed **Hospital**

The following has taken place/cleaned with Chlor-Clean prior to you occupying this bed

Mattress has been unzipped. Foam inside the cover inspected and is visibly clean	Control panel for the bed and cord cleaned
Mattress cover has been cleaned top, sides and underneath	Linen pull-out rest cleaned
Bed frame and hand rails cleaned	Mattress base and bed base cleaned
Foot board and head board cleaned	

Once the **bed** has been occupied, place a patient label on the form and file in the patients notes

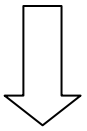
Patient label

Appendix 9

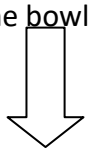
Standard Operating Procedure: *for the cleaning of single patient use pessaries in the outpatient departments for use by the Women's CMG and the Alliance.*

Introduction and Background:
Pessaries have been devised that can be used by patients multiple times. However when they are removed they require cleaning prior to reinsertion. This will provide a step by step guide to the cleaning of pessaries identified as single patient use.
Procedure:
Clean and decontaminate a trolley using Chlorclean or Clinell wipes. Wear Appropriate PPE. Prepare a cleaning solution of detergent in tap water (in line with manufacturers instructions) in a disposable bowl. A second bowl with plain rinse water. ⇩ Pessary removed as recommended by the manufacturer. ⇩ Submerge the removed pessary in the bowl with detergent and leave for a minimum of 5 minutes to soak. ⇩ Following the 5 minute soak scrub the pessary below the water line to prevent aerosolisation of the containments. This should be for a minimum of 15 seconds, using a single use soft bristled brush such as a toothbrush or a pipe brush. Inspect for visible soil residue and repeat as necessary. ⇩

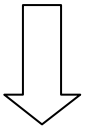
Once the pessary is clean, rinse in the plain water for 30 seconds. Dispose of PPE and clean area



Remove from the bowl and allow to dry.



Reinsert pessary following the manufactures instructions.



Take the trolley and the bowls to the dirty utility to dispose of the bowls and the brush. Then clean and decontaminate the trolley with Chlorclean or Clinell wipes.

References to other standards, alerts and procedures:

. UHL Decontamination of Medical Equipment Policy B5/2006 .
Infection Prevention UHL Policy B4/2005

END

Appendix 10

UHL *Decontamination of portable inflatable home birthing pools* Standard Operating Procedure

Introduction and Background:
The portable inflatable home birth pools are brought back to base to be cleaned and decontaminated in accordance with UHL's cleaning and decontamination policy.

Pool emptied with submersible pump at patient's home

↓

Pool liner removed and disposed of in clinical waste

↓

Pool decontaminated in the patient's home if there is space. If not the pool is deflated and packed away for transport back to base

↓

Pool inflated back at base

↓

Inside of pool cleaned with Chlorclean and left to dry unless the liner was damaged on removal in which case decontaminated with Milton and then cleaned with chlorclean.

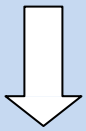
↓

Outside of pool cleaned with Milton 2% and left to dry

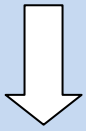
↓

Number of times pool used marked on outside of pool

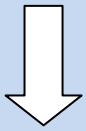
Cleaning of the Pump



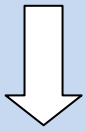
Run approximately 30 litres fresh water through submersible pump in to drain using an uncontaminated hose pipe within 30 minutes of emptying the birth pool



Submersible pump submersed in to Milton 2%. Uncontaminated hose pipe to recycle water in the same bucket whilst the pump is turned on for a 1 minute flush



Submersible pump left to soak in Milton 2% solution for 10 minutes, then pump solution in to drain



Submersible pump dried out in well-ventilated area and put back in to plastic container

References to other standards, alerts and procedures:

UHL Cleaning and Decontamination for Infection Prevention Policy B5/2006
UHL Decontamination of Equipment: Community Midwives V2 C46/2009
UHL Infection Prevention Policy B4/2005
UHL Water Birth – Guidelines for the use of water for labour and birth C68/2004

END