

Compliance Team – Health Records

Kestrel House
Hellesdon Hospital
Drayton High Road
Norwich
Norfolk
NR6 5BE

Tel: 01603 421687
Fax: 01603 421411

FOI REQUEST NUMBER 94 2015

Request:

I am carrying out doctoral research into the infection potential of mobile devices when used in the healthcare environment.

As such, please can you provide me with all current policies or guidelines that make reference to the use and management of mobile phones and tablet devices in the healthcare environment, by staff, service users, and visitors – this applies to both personal and institutionally-owned devices.

I would prefer it if these documents were sent in reply to this email, but my postal address is available in my signature block below, if needed.

Definition of terms:

- Tablet devices – any handheld/mobile tablet computer, for example, but not restricted to, the Apple iPad.
- Healthcare environment – institution or area where NHS patients or service users are cared for.

Response:

Thank you for your recent request under the Freedom of Information Act. We do not have any specific policies relating infection potential for mobile phone devices or tablets. Our ICT policies relate to Information governance issues only.

I attach the Cleaning and Disinfection Policy – although not specifically referenced as mobile phones or tablets, it refers to cleaning keyboards and telephones.

The Trust provides a complaints procedure to deal with complaints about the Trust's handling of requests for information. If you feel you need to make a complaint, in the first instance, you should contact a Non-Executive Director via the Chair of the Trust. If you feel you have exhausted our internal complaints procedure, you also have the right and may feel you wish to write to the Information Commissioner who can be contacted on telephone number 01625 545740 or at www.ico.gov.uk.

Title:	<p>Cleaning and Disinfection Guidance for Healthcare Workers (including Post Infection cleaning and disinfection; decontamination of re-usable medical devices; single use medical devices) <u>This Guidance MUST be read in conjunction with C:78 Medical Devices Policy - for purchasing, maintenance and disposable of equipment</u></p>
Outcome Statement:	<p>This policy must be followed by all Trust staff to ensure that service users are cared for in a clean and safe environment and to ensure effective cleaning of clinical equipment, near patient equipment and the patient environment. All Trust environments and equipment will be maintained in a clean, tidy and uniform manner.</p>
Written By:	Lynne Fuller, Deputy Director of Infection Prevention and Control
Reviewed By:	N/A as Version 1
In Consultation With:	<p>Sara Fletcher, Director of Infection Prevention and Control Lynne Wyatt, Medical Devices Lead, The Physical Health Team Modern Matrons Community Service Managers Local Infection Prevention and Control Supporters The Trust Procurement Department</p>
Approved By and Date:	Infection Prevention and Control Committee 18 th July 2014
With Reference To:	<p>Department of Health (2010) The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance; DH, London. Department of Health (2009) Saving Lives: reducing infection, delivering clean and safe care; High Impact Intervention No 8; Care bundle to improve the cleaning and decontamination of clinical equipment; DH, London Department of Health (2004) A Matron's Charter: An action plan for cleaner hospitals; DH, London Loveday HP et al. (2014). epic 3: National Evidence- Based Guidelines for Preventing Healthcare-associated Infections in NHS Hospitals in England Journal of Infection 86S1 Health Protection Agency's Norovirus Working Party (2012) Guidelines for the management of Norovirus outbreaks in acute and community health and social care settings. Health & Safety at Work etc Act (1974) NPSA, (2009)The NHS cleaning manual NPSA (2007) The national specifications for cleanliness in the NHS MHRA (2011) Single-use Medical Devices: Implications and Consequences of Reuse NICE (2012) Infection prevention & control of healthcare associated infections in primary & community care www.nice.org.uk Public Health England (2013) Updated guidance on the management of Clostridium <i>difficile</i> PHE London RCN, (2011)The selection and use of disinfectant wipes, Wilson, J. (2006) <i>Infection Control in Clinical Practice</i>; Elsevier; London Professional Experts Communication Forum: Decontamination of medical devices July 2013 Public Health England (2013) Updated guidance on the management of Clostridium <i>difficile</i> PHE London RCN, (2011)The selection and use of disinfectant wipes, Wilson, J. (2006) <i>Infection Control in Clinical Practice</i>; Elsevier; London.</p>

Associated Trust Policies and Documents:	C:78 Medical Devices C:33 Pressure Ulcer prevention and management IPAC-a1 Hand Hygiene Policy IPAC-a2 standard precautions policy
Applicable To:	All Trust staff
For Use By:	All Trust staff
Reference Number:	IPAC-i
Version:	01
Published Date:	18 th July 2014
Review Date:	June 2015
Impact Assessment:	 J:\IPAC NSFT\Lynne Fuller Work in progress
Implementation	Available in the Document Centre section of the Trust's intranet. Disseminated via the Infection Prevention and Control Committee membership, Service Leads, Modern Matrons and Local Infection Prevention and Control Supporters.

Review and Amendment Log

Version Number	Reasons for Development/Review	Date	Description of Change(s)
01	Developed/reviewed to merge previous policies and incorporate any new guidance.	June 2014	To include updated national guidance on cleaning body fluid spillages. The standardisation of Trust wide cleaning products, methodologies and record keeping.

Contents

	Clinical Standards	4
1.0	Introduction	5
2.0	Purpose	5
3.0	Definitions	5
4.0	Duties	5
5.0	Cleaning Products	6
5.1	Liquid detergent	6
5.2	Wipes	6
5.3	Chlorine releasing agent (Actichlor)	6
5.4	Dilution table	6
6.0	Cleaning of skin	6
7.0	Decontamination of the environment	7
7.1	Spillages	7
7.1.1	Procedure for dealing with body fluid spillages	7
7.1.2	Procedure for dealing with body fluid spillages (except blood)	7
7.1.3	Procedure for vertical surfaces	7
7.1.4	Procedure for surfaces that cannot withstand a chlorine releasing agent	7
7.1.5	Procedure for blood spillages	7
7.2	Terminal cleaning following service user discharge or bed movement (in-patient areas) and post infection cleaning	8
8.0	Decontamination of equipment	8
8.1	Categories of medical devices and equipment	8
8.1.1	Single Use	8
8.1.2	Single person use	8
8.1.3	Re-usable	9
8.2	Choosing the appropriate method of decontamination	9
8.3	Sterilising of medical/surgical equipment	9
8.4	Disinfection of special fabrics (manual handling aids, hoist slings, pressure reliving mattresses and cushions)	9
8.5	Sending equipment for service or repair	9
9.0	Cleaning records	10
	Monitoring Statement	11
Appendix A	A to Z of equipment and decontamination method	12
Appendix B	Cleaning of toys and therapeutic equipment	21
Appendix C	Trust standardised cleaning and disinfection products	22

1.0 Clinical Standards	Audit Criteria
<p>Standard 01 – Training All staff will receive training on the cleaning and disinfection products, methodology and record keeping used in the Trust as part of their Local induction training.</p> <p><i>Did all staff receive training on the cleaning and disinfection products, methodology and record keeping as part of their local induction?</i></p>	<p>Annual audit conducted by Local Infection Prevention and Control Supporters</p>
<p>Standard 02 – Appropriate use of the correct cleaning and disinfection products.</p> <p>All staff must use the correct cleaning and disinfection products when cleaning near patient equipment and the environment.</p> <p><i>Do all staff use the correct cleaning and disinfection products appropriately?</i></p>	<p>Annual audit conducted by Local Infection Prevention and Control Supporters</p>
<p>Standard 03 – Appropriate use of the correct cleaning and disinfection methods.</p> <p>All staff must use the correct cleaning and disinfection methods when cleaning near patient equipment and the environment.</p> <p><i>Do all staff use the correct cleaning and disinfection methods?</i></p>	<p>Annual audit conducted by Local Infection Prevention and Control Supporters</p>
<p>Standard 04 – Cleaning and disinfection cleaning schedules.</p> <p>The Trust standardised cleaning schedule must be completed that identifies the level of risk, the frequency of cleaning, the person or group of persons responsible for ensuring cleaning and disinfection is undertaken and how the item should be cleaned.</p> <p>The cleaning schedule must also be signed and dated when cleaning has occurred.</p> <p><i>Is there a Trust standardised cleaning schedule available in all clinical areas?</i></p> <p><i>Has the level of risk, frequency of cleaning, responsible person or group of persons and method of cleaning been recorded?</i></p> <p><i>Has the cleaning schedule been signed and dated?</i></p>	<p>Annual audit conducted by Local Infection Prevention and Control Supporters</p>

1.0 Introduction

There is evidence demonstrating that shared equipment becomes contaminated with microorganisms (Loveday et al, 2014; NICE, 2012). A number of studies demonstrated that microorganisms can be recovered from a range of non-invasive clinical equipment, including stethoscopes, manual handling equipment and blood pressure cuffs (Loveday et al, 2014).

Shared equipment in a clinical environment usually comes into contact with intact skin and is unlikely to introduce infection; however, it can act as a vehicle by which microorganisms are transferred between patients, which may result in infection. Therefore such equipment must be appropriately decontaminated after each use with detergent and water and if visibly contaminated, follow this with disinfection with a chlorine releasing agent (Actichlor) (Loveday et al, 2014).

Clinical staff are responsible for removing the bulk of contaminated substances from a surface and for disinfecting hard surfaces thus rendering the area safe for routine cleaning by contracted cleaning staff.

2.0 Purpose

The purpose of this policy is to ensure that there is a Trust wide consistent approach to cleaning and disinfecting equipment and where appropriate, the environment by clinical staff.

This policy sets out the responsibilities of healthcare workers (as opposed to contracted cleaners) for the effective cleaning of areas and items not covered by the contracted cleaners.

3.0 Definitions

Cleaning is a process which physically removes contaminants, e.g. dust, dirt, grease and body fluids but does not necessarily destroy micro-organisms. The reduction of microbial contamination cannot be defined and will depend upon many factors including the efficiency of the cleaning process and the initial bio-burden. Cleaning can be achieved manually using a detergent and hot water; prepared in clean container and using a disposable cloth. Drying is essential to prevent any remaining bacteria from multiplying.

Disinfection is a process used to reduce the number of viable micro-organisms, which may not necessarily inactivate some viruses and bacterial spores. Disinfection will not achieve the same reduction in microbial contamination levels as sterilisation. Two methods exist, heat and chemical disinfection. A chlorine releasing agent, Actichlor, is commonly used in the Trust.

Sterilisation is a process used to render the object free from viable micro-organisms, including spores and viruses.

Single use items must only be used once and then discarded, for example hypodermic needles.

Single patient use items can be used on an individual patient more than once but must not be used for any other patient, for example razors.

4.0 Duties

The Trust has a legal duty to have policies, designed for the individual's care that will help to prevent and control infections (DH, 2010; criterion 9).

Service Leads, Modern Matrons and Team Leaders must ensure that all staff they line manage are aware of, read and implement this guideline.

All Staff

- To adhere to this guidance and the related policies
- To undertake Infection Prevention and Control update training at least annually, as set out in the Trust's training need's analysis.

5.0 Cleaning Products

There are three main cleaning products that can be used by clinical staff.

5.1 Liquid detergent for cleaning – for example, Hospec. When using hot water and liquid detergent for cleaning, you should use a pulp product (bowl) and paper towels/single use cloth or bucket and mop, remembering to remove the mop head after every use. Clean in a sweeping or “figure-of-eight” motion, starting at the top of the item and working your way to the bottom.

5.2 Wipes for cleaning/decontaminating – wipes are increasingly being used to decontaminate low risk (see table 8.2) patient equipment or environmental surfaces (RCN, 2011). The main purpose of wipes is to remove contamination from surfaces. Additionally, some wipes may provide some antimicrobial activity by the inclusion of a disinfectant although this activity might be limited based on contact time (the length of time the surface must stay wet to achieve a safe reduction in microbial load - if the wipe is too dry, it will be non-effective), type of surface (soft, absorbent, intact or hard) and contamination (type of microbe and level of contamination) (RCN, 2011). However, there is little evidence to support the antimicrobial properties of a disinfectant wipe (RCN, 2011). Clean in a sweeping or “figure-of-eight” motion starting at the top of the item and working your way to the bottom.

CAUTION: Detergent and disinfectant wipes can damage plastic surfaces of medical devices if they are not compatible with the surface material.

Damaged surfaces may compromise the ability to decontaminate medical devices adequately and / or may interfere with device function (MDA/2013/019)

5.3 Chlorine releasing agent for disinfecting

The solution must be prepared in bottles provided by manufactures. The solution can **only** be kept for **24hrs** before disposal. It is currently recommended that Actichlor is the chlorine releasing agent which is used in this Trust.

5.4 Dilution table for Actichlor

Chlorine releasing agent dilution instructions	Blood spillage (10,000ppm)	All other body fluid spillages (1,000ppm)
Number of 1.7g tablets	10	1
Amount of water in litres	1	1

6.0 Cleaning of Skin

Procedure	Product
Skin Hand Washing Refer to: IPAC-a1 Hand Hygiene Policy	<ul style="list-style-type: none"> For normal hand washing liquid soap is adequate. Service users should be encouraged and supported to clean their hands after going to the toilet and before meals Service users should be offered detergent impregnated wipes if unable to access soap and water
Skin Hand rubs	<ul style="list-style-type: none"> Alcohol-based hand sanitiser should be used if hands are visibly clean and there has been no contact with service users with gastroenteritis symptoms.
Skin Injection Sites	<ul style="list-style-type: none"> Clean with 70% isopropyl alcohol (for example: steret / mediswab) prior to giving an injection unless otherwise contra-indicated by the manufactures (i.e. insulin, influenza, antibuse). Ensure the patient’s skin is clean. Wash with soap

<p>Venepuncture</p> <p>For wound cleansing refer to C:33 Pressure Ulcer prevention and management (Wound Care Policy due out later in the year)</p>	<p>and water and dry thoroughly. Use alcohol wipe if above is not available and allow to dry.</p>
---	---

7.0 Decontamination of the environment

7.1 Spillages

7.1.1 Procedure for Dealing with Body Fluid Spill

- Blood and body fluids may carry infectious micro organisms, therefore all spillages should be considered potentially infectious regardless of the patient's condition.
- Clinical staff are responsible for cleaning and disinfection of blood and body fluid spillages and should do so promptly wearing the correct personal protective equipment (PPE) (refer to: IPAC-a2 standard precautions policy).
- All waste materials generated when cleaning up body fluid spills, should be treated as hazardous and disposed of into a clinical waste bag.
- Hands must be washed following removal of PPE.

7.1.2 Procedure for cleaning body fluid spillages (except for blood-see below) on a hard surface able to withstand a chlorine-releasing agent (Actichlor)

1. Wear disposable single use nitrile gloves and apron.
2. Dissolve one 1.7g Actichlor tablet in 1 litre of cold tap water (1000 parts per million) in an Actichlor dilution bottle.
3. The lid provided with the bottle must be used during tablet dispersal and for transport of the dilution to the point of need.
4. Remove as much of the spillage as possible using paper towels and place in clinical waste bag (or pulp product for maceration).
5. Clean area with hot soapy water and paper towel. Dispose of paper towel into clinical waste bag.
6. Remove gloves and aprons, wash hands and don clean gloves and apron.
7. Place clean paper towel over contaminated area.
8. Gently pour the prepared Actichlor over the paper towel to achieve saturation.
9. Leave for 2 Minutes.
10. Remove paper towel, place in clinical waste bag
11. Remove gloves and aprons, wash hands

7.1.3 Procedure for vertical surfaces,

1. Follow steps 1 to 6 above
2. Then "dab" contaminated area for 2 minutes with paper towel soaked in Actichlor.
3. Remove gloves and aprons, wash hands

7.1.4 Procedure for surfaces that cannot withstand a chlorine-releasing agent

1. Follow steps 1, 4 and 5 above
2. Remove gloves and aprons, wash hands
3. Request a steam clean from contracted cleaners

7.1.5 Procedure for blood spillages

1. Don gloves and apron.
2. Dissolve one 1.7g Actichlor tablet in 100mls of cold tap water (10,000 parts per million) in an Actichlor dilution bottle.
3. Place paper towel over blood spillage and gently pour the prepared Actichlor over the paper towel to achieve saturation.
4. Leave for 2 minutes, remove paper towel and place in clinical waste bag.

5. Clean area with hot soapy water and paper towel. Dispose of paper towel into clinical waste bag.
6. Remove gloves and apron and wash hands.

Special precaution for urine and vomit spillages:

- Chlorine releasing agents must never be poured directly onto urine or vomit as this causes chlorine gas to be released.

7.2 Terminal cleaning following service user discharge or bed movement (in-patient areas) and post infection cleaning

- 7.2.1** Service user bedrooms or areas (to include bed, table, locker, chair and all other equipment used in that area i.e. commodes, hoists and stand aids) must be cleaned thoroughly with hot water and liquid detergent following discharge before next service user can be admitted into that bed space.
- 7.2.2** Areas occupied by service user with a known or suspected infection should be cleaned using hot water and liquid detergent then disinfected using a chlorine releasing agent (Actichlor).
- 7.2.3** NB Any contamination of the walls should have been cleaned immediately therefore terminal wall washing should not be required.

8.0 Decontamination of equipment

The Medical and Healthcare products Regulations Agency (MHRA) defines the following terms:

Cleaning is an essential prerequisite of equipment decontamination to ensure effective disinfection or sterilisation can subsequently be carried out.

The aim of decontaminating equipment is to prevent potentially pathogenic organisms reaching a susceptible host in sufficient numbers to cause infection.

Those involved in the purchase of equipment must consider how it will be cleaned prior to purchasing. Refer to Medical Devices Page under “medical devices instruction leaflets.”

8.1 Categories of Medical Devices and Equipment

8.1.1 Single use

The medical device is intended to be used once on an individual patient during a single procedure and then discarded. It is not intended to be re-processed or re-used on another patient. The symbol below indicates that a medical device is single use.



8.1.2 Single Patient use

The medical device can be used more than once on **one patient only**, for example razors. The device may need to be cleaned between each use; the manufacturer will provide details of the appropriate method of decontamination of the device in this instance. The duration of use is dependant upon manufacturer’s instructions, (instructions of each device is available on the medical devices intranet site) and undertaking a risk assessment of individual risk factors.

The Medicines and Healthcare Regulations Authority guidance advises that reprocessing and re-using single use and single patient use items is associated with significant risk and is in breach of legislation, if the reprocessing method has not been validated.

Norfolk and Suffolk NHS Foundation Trust

IPAC-i Cleaning and Disinfection Guidance for Healthcare Workers Version01

Page 8 of 23

The Consumer Protection Act 1987 will hold a person liable if a single use item is reused against the manufacturer's recommendations. Liability under this legislation continues for 10 years.

8.1.3 Re-usable

The medical device can be used for repeated episodes on different patients, but requires decontaminating between uses.

Re-usable equipment should be appropriately decontaminated between each patient using a risk assessment model (see 8.2 below). Use only the decontamination method advised by the manufacturer - using any other process may invalidate warranties and transfer liability from the manufacturer to the person using the equipment or authorising the process.

Medical equipment is categorised according to the risk that particular procedure poses to patients - by assessing the microbial status of the body area being manipulated during the procedure (see 8.2 below).

8.2 Choosing the Appropriate Method of Decontamination

Risk	Indication	Recommendation
High	Items that penetrate skin/mucous membranes or enter sterile body areas. e.g. hypodermic needles	Single use disposable items only
Medium	Items in contact with intact mucous membranes, or contaminated with blood/body fluids e.g. thermometers, auroscope ear pieces	Cleaning followed by disinfection or single use disposal
Low	Items in contact with intact skin or not in direct patient contact eg stethoscopes, furniture	Cleaning and drying

8.3 Sterilising of Medical/Surgical equipment

Equipment used to penetrate skin or that will be in direct contact with mucosal/open tissue **MUST** be sterile.

In this Trust, sterile items should be single use disposable option.

Check

- That the wrapping is intact and clean and dry;
- That the expiry date has not been reached;

8.4 Disinfection of special fabrics e.g. manual handling aids, hoist slings, pressure relieving mattresses and cushions

Refer to C78: Medical Devices Policy for purchasing guidance for all such items.

It is recommended that only items that can withstand being laundered at above 65C or can withstand full strength Actichlor (10,000 PPM) be purchased.

The manufacturer's cleaning and disinfection guidance **MUST** be followed.

8.5 Sending equipment for service or repair

All equipment being sent for service or repair **MUST** be cleaned and disinfected using the manufacturer's guidance.

A decontamination certificate must be completed. These can be found as an appendix in C:78 Medical Devices

9.0 Cleaning records (schedules)

The cleaning and disinfection of all equipment must be recorded. The record should include:

Norfolk and Suffolk NHS Foundation Trust

IPAC-i Cleaning and Disinfection Guidance for Healthcare Workers Version01

Page 9 of 23

- The item to be cleaned;
- Who is responsible for it being cleaned
- How often it should be cleaned
- How it should be cleaned.

NB All near patient equipment must be cleaned after each use.

Monitoring Statement (to be agreed prior to ratification of the policy)

Aspects of the policy to be monitored	Monitoring method	Individual/Team responsible for monitoring	Frequency	Findings: Group/Committee that will receive the findings/monitoring report	Action: Group/Committee responsible for ensuring actions are completed
All four clinical standards	Audit by Local Infection Prevention and Control Supporters (LIPACS)	Infection prevention and control team	at least annually or post infection	Infection Prevention and Control Committee	Infection Prevention and Control Committee

Appendix A A –Z of equipment and decontamination method
This list is not finite – please refer to manufacturers instructions for medical items

Item	Recommended Method	Comments
Acupuncture needles	Single use	Discard into sharps container conforming to British or United Nations current standards
Airways	Single use	
Ambu-bag/re-breathing bags	Dispose of filter and mask between uses and use disposable ambu-bags	
Auroscopes	Detachable earpieces are single use item	Disposable covers are available through procurement.
Baby changing mats	Cover with disposable paper roll and change between each baby. Clean with hot water and liquid detergent or detergent wipe at the end of the session. If contaminated with body fluids mop up excess soiling with paper towels immediately, clean as above then wipe with 70% isopropyl alcohol wipe	If the plastic cover becomes torn or damaged the mat must be discarded
Baths, bath hoists and seats, wash basins, shower chairs and seats	Clean with hot water and detergent after each patient	
Bath Mats / antislip mats	Should be single person use only	
Bed Cradles	Wash with liquid detergent and hot water and dry thoroughly	
Bed frames Bed sides	Wash with liquid detergent and hot water/detergent wipes and dry thoroughly daily.	Following use/discharge of a patient with a known infection or when contaminated with blood or body fluids clean with detergent and water followed by disinfection using a chlorine releasing agent
Bedside tables	Clean with liquid detergent and hot water and dry thoroughly daily.If contaminated with blood or body fluids clean with detergent and water followed by disinfection using a chlorine releasing agent	
Bed pans	Disposable – disposed of into macerator.	In the event of machine failure inform Maintenance Department immediately and dispose of bedpan / urinal contents into toilet or sluice then place bedpan / urinal into clinical waste bag for disposal.
Blood glucose monitoring pen	Use single use retracting needles - lancet	The lancet should be discarded into sharps container conforming to British or United Nations current standards

Item	Recommended Method	Comments
Blood pressure sphygmomanometer and cuff	Wipe with hot water and detergent at least weekly or sooner if visibly contaminated. If unable to clean following contamination discard. Blood pressure cuff should not be placed next to broken skin if this is unavoidable use a disposable cuff barrier For Doppler cuffs please follow manufactures instructions.	Ideally patients in isolation should have their own blood pressure cuff. When purchasing new products avoid cloth to improve the ability to clean
Bowls (kidney dishes)	Single use disposable pulp products	These should be stored off the floor. Dispose of into macerator or as clinical waste
Bowls (washing)	Single use disposable pulp products	These should be stored off the floor. Dispose of into macerator or as clinical waste
Catheter bag holders (catheter stands)	Clean with hot water and liquid detergent/detergent wipes between patients or at least weekly. If contaminated with blood or body fluids clean with detergent and water followed by disinfection using a chlorine releasing agent	If using metal plastic coated catheter stands the plastic should be intact.
Cleaning equipment 1. wet mops 2. Mop buckets	If mop head is disposable, remove after period of use and discard. If mop head is re-usable, remove after period of use and place in washing machine on a 95 degree wash Clean buckets with hot water and liquid detergent and store dry. Following contact with blood or body fluids clean with detergent and water followed by disinfection using a chlorine releasing agent	
Chairs	Clean with liquid detergent and hot water, rinse or use detergent wipes and dry thoroughly daily. Clinic room chairs are the responsibility of the clinic staff.	Fabric chairs are unsuitable for clinical areas as they are impracticable to clean. All chairs must be made of a fire retardant material
Commodes	Clean all surfaces with hot water and detergent/detergent wipes between uses between patients. If contaminated with blood or body fluids clean with detergent and water followed by disinfection using a chlorine releasing agent	Dismantle and clean commode thoroughly at least weekly. If used for patient suffering from diarrhoea disinfect commode following cleaning with 1000ppm chlorine releasing agent
Computers and IT equipment in clinical areas To include: Computer Keyboard mouse Printer Fax and telephone	Keep dust free. All equipment should be wiped with a detergent wipe (Sanisafe) weekly. Individual staff should take responsibility for the cleaning of this equipment	Decontaminate hands after using the keyboard by washing Ensure that electrical supply is turned off before cleaning.

Item	Recommended Method	Comments
Community equipment (depot) bags	Clean by wiping over the bag with damp cloth containing detergent and water/detergent wipe. This should be undertaken at least weekly.	
Couches (examination)	Cover with disposable paper which is changed between patients. Wash with liquid detergent and hot water/detergent wipes between patients and at weekly intervals, rinse and dry.	If the plastic cover becomes torn or damaged the couch should be re-upholstered or replaced Alcohol wipes should not be used to clean this equipment
Denture pots	Patients should have their own labelled denture pot. These must remain single patient use. Clean with hot water and detergent. Store dry when not in use. Discard after patient discharge	
Doppler (of leg) using an ultrasound probe	To be used on intact skin only. Remove the gel from the probe after each use with disposable paper towel. Then wipe the probe with a detergent wipe. The hand held ultrasound machine should also be wiped with a detergent wipe after each use.	
Dressing trolleys	Wash whole trolley with hot water and liquid detergent or detergent wipe before and after use. If contaminated with blood or body fluids clean with detergent and water followed by disinfection using a chlorine releasing agent	
Suction jars:	Where possible use disposable. Use Vernagel gelling granules. Place in double yellow bag for incineration. Non disposable i.e. glass and re-useable empty down sluice, clean with hot detergent and water and disinfect bottle in 10,000ppm chlorine releasing agent then allow to dry thoroughly	Store clean and dry and keep dust free when not in use For non disposable suction jars used for one individual patient the contents of the jar should be emptied into a toilet if a sluice is not available. Then clean the jar with detergent and hot water. It will require disinfection before use on another patient.
Drugs Cupboard / fridge / trolley	Clean with liquid detergent and hot water/detergent wipes weekly.	
Duvets	Clean weekly, on patient discharge or when visibly soiled, clean with hot water and liquid detergent / detergent wipes and dry thoroughly. If contaminated with blood or body fluids clean with detergent and water followed by disinfection using a chlorine releasing agent	Must be enclosed in a heat sealed plastic cover In the event of the outer plastic cover becoming damaged the item should be disposed of as clinical waste

Item	Recommended Method	Comments
Ear syringing equipment	<p>Propulse Before use, the propulse must be disinfected using chloride releasing agent at 1,000ppm. Fill tank with solution, run the machine to allow the solution to fill the pump and flexible tubing. Leave to stand for 10 minutes. Empty the tank, then rinse the system through with tap water before use</p> <p>After use, disinfect as above. Then rinse the machine through with running sterile water and dry thoroughly</p> <p>Jet tip Applicators Jobson Horne Probe Speculum for Otoscope Nootes Ear Tank Single use disposable to be used</p>	
ECG Equipment (machine and leads)	Wipe with detergent wipe. Wipe at least weekly and if soiled	Electrodes must be disposable. Store clean and dry and keep dust free when not in use
Endotracheal tubes	Single use only.	
Enteral feeding equipment.	Follow manufactures instructions for each product. The pump must be kept clean and dust free, wipe daily with detergent and water / detergent wipe	
Examination lamps	Wipe with damp cloth with hot water and detergent / detergent wipe daily and when visibly soiled.	Ensure that electrical supply is turned off before cleaning,
Enuresis mats	Single patient use – wash with detergent and water / follow manufactures instructions.	
Enuresis Alarms	As per manufacturers instructions	
Fans	Need to be kept dust free. To clean the blades fan must first be dismantled by an appropriately trained person.	Fans should be sent to the maintenance department annually to be dismantled and cleaned.
Flower Vases	Wash vases with hot water and detergent when changing flowers.	Store clean and dry and keep dust free when not in use.
Fridges (specimen and vaccines)	Clean weekly with detergent and water. If spillage occurs this should be cleaned up immediately	Prior to cleaning ensure that the electricity is turned off and if possible the appliance is unplugged
Gas cylinder holders	Clean with detergent and water/detergent wipes weekly and after use.	
Glucometer	Clean machine with hot water and detergent/detergent wipes weekly unless contaminated with blood or body fluids then clean immediately as above followed by 70% isopropyl alcohol wipe. Test strips – single use only	

Item	Recommended Method	Comments
Gym Equipment	Clean all equipment with either damp cloth of soap and water or detergent wipes at end of each gym session. If contaminated with blood or body fluids clean with detergent and water followed by disinfection using a chlorine releasing agent	
Handling belts webbing straps	If fabric belt is being used patients should have their own belt which is cleaned when soiled or on discharge as per manufactures instructions. If plastic covered belt is being used this should be cleaned after use with detergent and water. If contaminated with blood or body fluids clean with detergent and water followed by disinfection using a chlorine releasing agent	
Heat Packs (generally used by Physiotherapists)	The pack should be heated as per manufactures instructions. Before using on a patient, cover with paper roll or place the heated pack inside a fabric pillow case to prevent direct contact with patient skin. The pillow case must be sent for laundry after each use.	Follow manufactures instructions. Can't be used on patients with broken areas of skin. Do not put in microwave used for food heating
Height stick	Wipe with detergent and water or detergent wipes after use and store clean and dry.	
Hi-fis	Keep dust free clean with damp cloth containing detergent and water/detergent wipe weekly.	Ensure that electricity is turned off and Hi-fi is unplugged at the socket. before cleaning
Hoists	Clean between each patient use either with damp cloth or detergent wipes. Hoists are also subject to a pre-planned maintenance work through the works department.	
Hoist slings and slide sheets (fabric)	Hoist slings Patients should have either their own re-useable hoist sling or disposable sling for use until discharge. On discharge it should be laundered or disposed of. Sliding sheets Patients should have their own sliding sheet if required, which should be laundered on discharge from hospital.	Any soiling of fabric items must be laundered immediately and must not be washed by hand
Instruments i.e. forceps, clip removers	Single use items for disposable after use	
Jugs (non-sterile procedures i.e. those used measure urine)	Disposable pulp products should be used for emptying catheter bags.	
Kidney Dishes	Disposable - single use discard into macerator if available, if not dispose of empty receptacle in clinical waste bag.	Kidney dishes should not be used as vomit bowls.
Item	Recommended Method	Comments

Laryngoscopes	<p>Blades: disposable single use</p> <p>Handles: keep dust free wipe with hot water and detergent after use. If contaminated with blood or body fluids clean with detergent and water followed by disinfection using a chlorine releasing agent</p>	
Ligature cutters	Should be wiped with detergent wipe. If contaminated with blood or body fluids clean with detergent and water followed by disinfection using a chlorine releasing agent	
Linen Trolley / skip	Should be cleaned with hot water a detergent at least weekly. If contamination occurs it should be cleaned immediately. If this contamination is through blood or body fluids clean with detergent and water followed by disinfection using a chlorine releasing agent	
Locker Tops & tables	Clean with detergent and hot water and dry thoroughly daily, if soiled or if patient discharged. If contaminated with blood or body fluids clean with detergent and water followed by disinfection using a chlorine releasing agent	
Macerators	The outside of this machine should be kept clean i.e. lid. Clean weekly with detergent and water. Unless contaminated in which case clean at time of contamination. If visibly contaminated with blood or body fluids clean as per manufactures instructions.	
Mattress	Please see mattress policy IPAC-aa	
Medicine pots + spoons	These are single use items only.	
Microwaves	Clean weekly with detergent and water. If spillage occurs in between planned cleans this should be cleaned immediately.	
Monkey poles	See bed frame cleaning.	
Mop heads	See Cleaning Equipment	
Nebulisers, mask and tubing	<p>Single patient use. – between use wash chamber and mask thoroughly with hot water and detergent, rinse and dry thoroughly. Replace weekly or if heavily soiled. Once patient discharged discard single patient use item.</p> <p>The nebuliser machine must be kept dust free, to achieve this, the machine should be wiped over at least weekly with damp cloth containing detergent and water or detergent wipes.</p>	Clean the machine as per manufactures instructions.
Item	Recommended Method	Comments

Needles	Single use only	
Notes trolley	Clean with detergent and water or detergent wipes weekly.	
Oxygen tubing and mask	Single patient use. Each patient must have their own mask and tubing.	
Pat slide	Clean with detergent and water/detergent wipes after use.	Should be stored dry and off the floor.
Peak flow machines	Use single use disposable mouthpieces.	Where possible allocate patients their own machine.
Personal hygiene items, comb hair brush and tooth brush	Single patient use	
Pillows	On examination couches, pillows should be wiped with hot water and detergent / detergent wipes after use. Inpatient Services – wipe with hot water and detergent/detergent wipes when soiled, weekly and on patient discharge. If contaminated with blood or body fluids clean with detergent and water followed by disinfection using a chlorine releasing agent	Pillows must have a heat sealed plastic cover. In the event of the outer plastic cover becoming damaged the item should be disposed of as clinical waste
Pulse oximeter	Clean with detergent wipes between patient and weekly.	Clean the machine as per manufactures instructions.
Pressure relieving aids e.g. mattresses, cushion	Must be allocated to an individual patient, cleaned when soiled and on discharge with hot water and detergent and then dried.	If contaminated with body fluids refer to manufacturers instructions
Razors (wet shave)	Use disposable single use or patients own	Do not allow sharing of razors
Razors electric	Patients own only, clean as per manufactures instructions	Do not allow sharing of razors
Resuscitation bag	Cleaned before and after use with detergent and water/detergent wipes.	
Standing Scales	Wipe with damp cloth containing detergent and water or detergent wipes after use. If contaminated with blood or body fluids clean with detergent and water followed by disinfection using a chlorine releasing agent	Keep dust free
Scissors	Use single use sterile scissors for aseptic procedures Non sterile scissors should not be used for wound dressings. Any non sterile scissors used for non-clinical tasks (i.e. flower /admin) should be washed and dried thoroughly in detergent and hot water before and after each clean use.	
Specula (vaginal)	Single use items	
Item	Recommended Method	Comments

Sphygmomanometers		See blood pressure cuffs
Stethoscopes	Wipe the bell and diaphragm (the ends) with detergent wipes between patient contact. Earpieces should be removed and cleaned with detergent and hot water/detergent wipes for communal stethoscopes between staff.	Infection Control recommends that each member of staff has their own stethoscope.
Sticks, frames and crutches	Clean with hot water and detergent/detergent wipes between uses by different patients and when dirty.	
Suction equipment	All new suction machines purchased must be of a type that uses disposable collection bottle liners. Change liner daily when in use. Accessories e.g. Suction catheters – single use. Use once and discard. Filters – disposable – change as per manufactures instructions. Tubing must be single patient use. Machines – wipe weekly or when soiled with hot water and detergent/detergent wipes. Dry thoroughly.	Also see Drainage & Suction Jars Suction equipment must not be shared between patients unless it has been cleaned and new liners, tubing and suction catheters are in place. For filters please refer to manufactures guidance.
Telephones	Keep dust free. Phones should be wiped with detergent wipes and then dried weekly. It is expected that clinical staff take responsibility for the cleaning of this equipment.	
Thermometers	Use disposable thermometers or those with a disposable sleeve. Digital – use a new sleeve cover for each use. Wipe thermometer with detergent wipe between patients.	Mercury thermometers are NOT to be used.
Toilets (including raised toilet seats)	Cleaning should be undertaken daily and when soiled. Clean both sides of the seat with detergent and hot water. If patients using facilities are suffering from diarrhoea clean with detergent and water followed by disinfection using a chlorine releasing agent	It is the responsibility of clinical staff to ensure that once fixed raised toilet seats have been removed for cleaning they are securely refitted. However, if staff discover soiling of the toilet in between contracted cleans it is their responsibility to clean/disinfect.
Tourniquets	Wipeable tourniquets should be used and cleaned between patient use with detergent wipes. If contaminated with blood or body fluids these should be disposed of. Single use and single patient use tourniquets should be available for those service users with non-intact skin and / or have a known or suspected infection and should be disposed of on discharge.	Fabric tourniquets are not recommended as they are impracticable to clean.

Item	Recommended Method	Comments
Therapeutic equipment and toys	See appendix B	
Urinals	Disposable – disposed of into macerator. In the event of machine failure inform works department immediately and dispose of urinal contents into toilet or sluice then place urinal into clinical waste bag for disposable.	
Vacutainer (needle holders)	Single use, discard after each procedure.	
Volumatic	Single patient use	
Vomit bowls	Disposable - single use discard into macerator or dispose of contents into toilet and then dispose of receptacle in clinical waste bag.	
Water Cooler	The outside of this machine should be kept clean. Clean weekly with detergent and water. Unless contaminated in which case clean at time of contamination.	Prior to cleaning ensure that the electricity is turned of and if possible the appliance is unplugged
Wheelchairs	Clean weekly and when visibly soiled. Wipe over with hot water and detergent / detergent wipes. If contaminated with blood or body fluids clean with detergent and water followed by disinfection using a chlorine releasing agent	
Weighing scales (seated adult)	Clean with hot water and detergent / detergent wipe after use. If contaminated with blood or body fluids clean with detergent and water followed by disinfection using a chlorine releasing agent	Keep dust free
Work Surfaces	Clean daily with hot water and detergent / detergent wipes.	

Appendix B

Cleaning of toys and therapeutic equipment

Toys and therapeutic equipment are present in healthcare settings for a variety of reasons. Based on a risk assessment for decontamination of equipment (Medical Devices Agency 1996), toys are classed as a 'low' risk item.

Cleaning:

Is a process which physically removes contamination. The reduction of the contamination cannot be defined and the effectiveness will depend upon many factors – such as level of contamination and efficiency of the cleaning process.

It is recommended that toys and therapeutic equipment are made the responsibility of one individual with an area.

Soft Toys:

- Avoid where possible. Replace with 'hard' surface toys. Destroy frayed or poorly maintained toys.
- Only use soft toys which are machine washable and dry easily and completely.
- Wash whenever contaminated or at least monthly.
- Record the washing schedule.

Hard Toys:

- Destroy any with broken or sharps edges.
- Wooden toys – not ideal. If in use, ensure wood is thoroughly 'sealed'.
- Wash with detergent and warm water. If possible, items should be totally immersed. Wear protective gloves and aprons. Use disposable cloths. Keep a bowl/sink for this purpose. Dry thoroughly.
- Record washing schedule.

Play areas:

- Ensure kept tidy and clutter free.
- Play areas should be on a cleaning schedule within the cleaning contract. Contracted cleaners will clean play tables and chairs as part of a schedule.

Low risk therapeutic equipment

Hard, non-porous items in contact with healthy skin.

Clean after use with hot water and liquid detergent. Items that can withstand a dishwasher can be cleaned in this way (a separate load to cutlery and crockery)

If visibly soiled with either blood, faeces, urine or vomit, clean with hot water and detergent and then disinfect with a chlorine releasing agent solution, such as Actichlor.

Medium risk therapeutic equipment

Items that may be inserted into orifices or handled by individuals with non-intact skin.

Clean after use with hot water and detergent, such as Hospec.

If visibly soiled and contaminated with either blood, faeces, urine or vomit, clean with hot water and detergent and then disinfect with a chlorine releasing agent solution, such as Actichlor or steam clean.

Ensure that the item can be thoroughly dried, if not it must be disposed of.

Responsibility

It is the responsibility of the clinician to ensure toys used for therapy are cleaned and that cleaning is recorded.

For toys in waiting rooms, a senior clinician should allocate the responsibility for ensuring these toys are cleaned and that cleaning is recorded.

The cleaning of toys is not the responsibility of the contracted cleaners.

Appendix C

Trust standardised cleaning and disinfection products

PLEASE NOTE – this information is correct at time of publication and may change

Product	Order code	Description	Usage
Hospec	MFD589	Liquid detergent	Place Hospec and hot water in a pulp bowl or bucket clean with single use cloth or mop head.
Actichlor 1.7g tablet	MRB282 (this item can be ordered through Helleston pharmacy for those units that obtain their medication via that route)	Chloride releasing tablets	Must be diluted using the dilution bottle To be used to disinfect an area/item that has been contaminated with body fluid after cleaning with a detergent
Actichlor dilution bottle	MRB277 (this item can be ordered through Helleston pharmacy for those units that obtain their medication via that route)		Only for use with Actichlor tablets
Antibacterial Hand wipes Single packs	VJT177	1 wipe per pack	Can be used by community staff for hand decontamination or a pack can be given to a service user when an in-patient – single patient use.
Refreshing wipes 10 per pack	VJT311	Small pack of detergent wipes	Can be used by community staff for hand decontamination or a pack can be given to a service user when an in-patient – single patient use.
Detergent wipes	60 Maceratable (300x200mm) – VJT100 100 non-maceratable (300x200mm) – VJT165 225 bucket300x245mm) – VJT077 225 refill bag (300x245mm) – VJT010 150 canister (300X200) – VJT241 225 economy refill bag – VJT239 225 economy bucket – VJT238 225 dispensing bag – VJT199	Sani-cloth detergent	Can be used for general cleaning/damp dusting for areas that are not visibly contaminated with body fluids
Alcohol wipes	125 canister (180x130mm) – VJT057 125 refill bag (180x130mm) – VJT101 200 canister (220x200mm) – VJT078 200refill bag (220x200mm) – VJT168 200 canister (220x200mm) – VJT158 200 refill bag (220x200mm) – VJT164	Sani-cloth 70	For use on keyboards, computer monitors and telephones

Alcohol-free wipes with biocide	60 flow wrap (300x200)	Sani-cloth Duo	Can be used for cleaning hands and equipment/surfaces
Indicator tape	FSE127	Sani care	To be placed on equipment to indicate it has been cleaned.