

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Cleaning and Disinfection Procedure

Effective from: December 2011

Review Date: December 2014

1. Introduction

This Procedure clearly defines how to clean and disinfect patient equipment. It should be read in conjunction with [Guidelines for the Management of Patients with Blood-borne Viral Infections](#), the [Cleaning and Disinfection of Endoscopes Policy](#), [Waste Management Policy and Procedures](#), [Decontamination of healthcare equipment following patient use and prior to service and/or repair](#), [Decontamination of the Patient Environment \(including Terminal and Deep Cleaning\)](#)

2. Glossary of terms

DECONTAMINATION	The combination of processes (including cleaning, disinfection and sterilisation) used to render a re-usable item safe for further use on patients and handling by staff. Effective decontamination is essential in reducing the risk of transmission of infectious agents.
CONTAMINATION	The soiling or pollution of inanimate objects or living material with harmful, potentially infectious or unwanted material.
CLEANING	The process that physically reduces the level of contamination (organic matter, dirt, grease) but does not destroy all organisms.
DISINFECTION	The partial removal or destruction of organisms except spores.
STERILISATION	The process used to render an object free from all organisms including spores.
SINGLE PATIENT USE	Any device deemed unsuitable for re-processing and so stated by the manufacturers. Equipment so labelled may be used a number of times by the same patient only .
SINGLE USE/ DISPOSABLE	Any device deemed unsuitable for re-processing and so stated by the manufacturers. Dispose of after each use .

N.B. The terms **sterilisation** and **disinfection** are often used incorrectly, for example: it is not correct to refer to the immersion of baby bottles in a hypochlorite solution as sterilisation. In fact, this is a disinfection procedure that destroys some but not all organisms present.

3. Introduction/Basic Principles

A high standard of hand hygiene still remains the single most effective means of preventing cross-infection.

No new item of equipment intended for disinfection or sterilisation prior to re-use should be purchased without consulting a member of the Infection Prevention and Control Team **before purchase**.

The conscientious application of decontamination procedures and policies are of utmost importance in the prevention of cross-infection to individual patients and staff. **Always** refer to the manufacturer's instructions in the first instance. If further advice or clarification is required, then contact a member of the Infection Prevention and Control Team.

The thoroughness of cleaning/disinfection is as important as the agent used. It is important to emphasise that **thorough physical cleaning must** be the first step in decontamination. Failure to achieve this will subsequently render applied methods such as chemical disinfection ineffective. Heat disinfection is preferable to chemical disinfection and therefore should always be considered in the first instance.

4. Control of Substances Hazardous to Health (C.O.S.H.H. 1989)

The C.O.S.H.H. Regulations require employers to evaluate and control the risks to health for all their employees from exposure to hazardous substances at work. This includes microbiological agents and chemicals hazardous to health. A C.O.S.H.H. assessment should be undertaken by a competent person, e.g. Heads of Department

If in doubt about situations not specifically mentioned in this document please contact a member of the Infection Prevention and Control Team.

National Categories of Decontamination (Department of Health 2004a)

INDICATION	LEVEL OF DECONTAMINATION	METHOD	
HIGH RISK	Items that come into contact with or penetrate skin/mucous membranes or enter a sterile body area	Sterilisation	Autoclave; Ethylene Oxide
MEDIUM RISK	Items that have contact with mucous membranes or are contaminated with organisms that are easily transmitted	Disinfection; Sterilisation	Autoclave; Heat disinfection; Chemical disinfection
LOW RISK	Items used on intact skin	Clean	Wash with detergent, hot water/universal sanitising wipes

5. Cleaning Responsibilities for Healthcare Staff

Standard

- Equipment is free from all dirt e.g. soiling, smudges, dust, fingerprints and grease
- Equipment is free of tape/plastic etc., which may compromise cleaning
- Equipment legs, wheels and castors are free from mop strings, dust, soiling etc

Where Universal Sanitising wipes are recommended for routine cleaning of clinical equipment, this should be replaced by disinfection with combined detergent/chlorine releasing agent 1000ppm following use in an isolation area if in accordance with manufacturers guidance.

The table below gives general guidance on how to decontaminate patient equipment. However, this list is not exhaustive therefore if necessary advice should be sought from the Infection Prevention and Control Team.

EQUIPMENT	FREQUENCY	DECONTAMINATION REGIMEN
Anaesthetic Equipment	Following patient use	Single use, return to SSD for reprocessing, in accordance with manufacturers guidance
Anaesthetic Machines	Following each patient use	Disinfect with combined detergent/chlorine releasing agent 1000 ppm and dry thoroughly
ED Trolleys (including mattresses)	Following each patient use	Wash with detergent and hand hot water, dry thoroughly or decontaminate with universal sanitising wipes, (except in case of known/suspected infectious diarrhoea, use a combined detergent/chlorine releasing agent 1000ppm)
Baby Feeding Equipment	Following each patient use	Pre sterilised, single use bottles OR single patient use – rinse in cold water, wash thoroughly in hand hot water and detergent. Rinse thoroughly again, then immerse in hypochlorite solution of 125 ppm available chlorine for 30 minutes (minimum). Air bubbles must be expelled and items must be fully submersed. Dispose of at discharge or after 7 days, whichever is soonest. Breast feeding equipment, wash with hand hot water, rinse and dry thoroughly
Baths	Following each patient use	Disinfect with combined detergent/chlorine releasing agent 1000 ppm and rinse thoroughly

EQUIPMENT	FREQUENCY	DECONTAMINATION REGIMEN
Baths, Arjo	Following each patient use	As per manufacturer's instructions
Bed Pan Holders	Following each patient use	Disinfect with combined detergent/chlorine releasing agent 1000 ppm and dry thoroughly
Bed Pan Macerators/Washers (external body only)	Daily/following contamination	Disinfect with combined detergent/chlorine releasing agent 1000ppm
Beds, including mattresses, pillows, bed frames and duvets	Following each patient use / discharge Whilst patient is occupying bed space	Disinfect with combined detergent/chlorine releasing agent 1000ppm and dry thoroughly. Mattress must be rinsed with cold water and dried thoroughly Decontaminate with universal sanitising wipes Community - returned to Loan equipment for decontamination/servicing when no longer required.
Bowls (Washing)	Following each patient use	Wash with detergent and hand hot water after each use. Rinse and dry thoroughly. Store separately and inverted (pyramid style)
Blood Warmers	Following each patient use	Decontaminate with universal sanitising wipes
BP Cuffs	Following each patient use	Decontaminate with universal sanitising wipes
Commodes	Following each patient use	Disinfect with combined detergent/chlorine releasing agent 1000 ppm and dry thoroughly Community – returned to Loan equipment for decontamination when no longer required.
Computers/Computer keyboards /External surfaces of computer trolleys and carts	Daily or when keyboard cleaning indicator flashes	Decontaminate with universal sanitising wipes
Cots	Following each patient use Whilst patient is occupying bed space	Disinfect with combined detergent/chlorine releasing agent 1000ppm and dry thoroughly. Mattress and bed frame must be rinsed with cold water and dried thoroughly Decontaminate with universal sanitising wipes

EQUIPMENT	FREQUENCY	DECONTAMINATION REGIMEN
Dressing Trolleys	Following each patient use	Decontaminate with universal sanitising wipes at start of day when visibly soiled, and between each use
Drip Stands	Weekly/following patient use	Decontaminate with universal sanitising wipes
Drug Fridge	Weekly	Wash with detergent and hand hot water
Ear syringing equipment	Single patient use.	
Examination Couches/Podiatry chairs	Following each patient use	Daily decontamination with universal sanitising wipes Weekly clean with combined detergent /chlorine releasing agent 1000ppm, rinse with cold water and dry thoroughly
Fans	Weekly/when visibly dusty	Decontaminate with universal sanitising wipes externally. When dusty internally contact the Estates Department
Flower Containers	Weekly or following patient use	Wash with hand hot water and detergent, rinse, dry and store inverted
Fridge (Specimen)	Weekly	Wash with hand hot water and detergent
Hoists (Frame)	Following each patient use	Decontaminate with universal sanitising wipes Community – returned to loan equipment when no longer required.
Humidifiers (equipment)	Following each use	Single patient use. Clean mask with hot water and detergent and dry thoroughly after each use with the same patient N.B. Fluids, including water used for inhalation therapy MUST BE STERILE
Humidifiers (machine)	Daily	Wash with detergent and hand hot water or universal sanitising wipes
Incubators	Following each patient/weekly	Wash with hand hot water and detergent, rinse and dry
IV Pumps	Following each patient use/weekly	Decontaminate with universal sanitising wipes
Linen Skips	Daily	Decontaminate with universal sanitising wipes
Medicine Pots	Following each patient	Disposable OR wash with hand hot

EQUIPMENT	FREQUENCY	DECONTAMINATION REGIMEN
	use	water and detergent, dry thoroughly. DO NOT WASH IN HAND WASH BASIN
Medicine Trolley	Weekly	Wash with detergent and hand hot water or universal sanitising wipes
Monitors	Daily	Decontaminate with universal sanitising wipes
Nebulisers	Following each use	In most circumstances they are single use (refer to manufacturer's guidelines). For single patient use wash in a clean sink with hand hot water and detergent, completely immerse, rinse and dry thoroughly. See Critical Care Bedside Disposable Guidelines for drying procedure
Notes Trolleys	Weekly	Wash with detergent and hand hot water or universal sanitising wipes
Nurse Call System	Following patient discharge/transfer from bed area	Disinfect with combined detergent/chlorine releasing agent 1000 ppm and dry thoroughly
Outpatient Trolleys	At the end of each day - if trolley is used in conjunction with paper roll	Daily decontamination with universal sanitising wipes Weekly clean with combined detergent /chlorine releasing agent 1000ppm, rinse with cold water and dry thoroughly
Oxygen Point	Daily	Decontaminate with universal sanitising wipes
Oxygen Saturation Probe	Following each patient use.	Decontaminate with universal sanitising wipes
Patient Chart Holders	Weekly/following patient discharge	Decontaminate daily with universal sanitising wipes. Disinfect with combined detergent/chlorine releasing agent 1000 ppm on patient discharge
Pendants	Daily/following patient discharge.	Disinfect with combined detergent/chlorine releasing agent 1000 ppm
Plastic Storage Containers and Shelves in clinical areas	Weekly	Wash with detergent and hand hot water, dry thoroughly or universal sanitising wipes
Plastic IV Trays	Following each patient use	Decontaminate with universal sanitising wipes
Polypropylene urinals	Following each patient use	See Trust guidelines for using Polypropylene Urinals

EQUIPMENT	FREQUENCY	DECONTAMINATION REGIMEN
Polypropylene urinal bed holders	Daily	See Trust guidelines for using Polypropylene Urinals
Pressure Bags (reusable)	Following each patient use. Theatres - prior to and following each patient use.	Disinfect with combined detergent/chlorine releasing agent 1000 ppm
Pumps (IV)/Syringe Drivers	Daily/following each patient use	Decontaminate with universal sanitising wipes
Pulse Oximeters	Following each patient use	Decontaminate with universal sanitising wipes
Resus Trolley	Weekly	Decontaminate with universal sanitising wipes
Scales/baby scales	Following each patient use/weekly	Decontaminate with universal sanitising wipes
Slings	Following patient discharge	Single use/single patient use OR return to Laundry on discharge/if visibly contaminated
Stethoscopes	Following each patient use	Decontaminate with universal sanitising wipes
Storage cupboards eg pharmacy, SSD	Weekly	Wash with detergent and hand hot water, dry thoroughly or decontaminate with universal sanitising wipes
Suction Units	Weekly/following each patient use	Decontaminated with universal sanitising wipes
Syringe drivers	After each patient use	Decontaminate with universal sanitising wipe. If contaminated follow manufactures instructions.
Theatre Table, Procedure Stool, Lights	Table and stools, following each patient, lights at the beginning and end of the day	Wash with detergent and hand hot water, dry thoroughly or decontaminate with universal sanitising wipes in between patients. At the end of the list or after an infected case disinfect with combined detergent/chlorine releasing agent 1000 ppm
Theatre Trolleys	Following each patient use	Wash with detergent and hand hot water, dry thoroughly or decontaminate with universal sanitising wipes in between patients. At the end of the list or after an infected case disinfect with combined detergent/chlorine releasing agent 1000 ppm

EQUIPMENT	FREQUENCY	DECONTAMINATION REGIMEN
Toys	Weekly/following individual patient use	Refer to Trust Toy Cleaning Guidelines on intranet
Tracheostomy Tubes	Following patient use	Refer to local SOP
Tympanic Thermometers	Following each patient use	Decontaminate with universal sanitising wipes
Ventilators/Non invasive ventilators	Daily/following each patient use	Clean daily with universal sanitising wipes. Between patients disinfect with combined detergent/chlorine releasing agent 1000 ppm
Walking Frame/Walking sticks	Following each patient use	Wash with detergent and hand hot water or universal sanitising wipes. Community - returned to Loan equipment for decontamination when no longer required.
Wheelchairs, ward/department owned	Following each patient use	Decontaminate with universal sanitising wipes Community- returned to loan equipment for decontamination when no longer required.

- The responsibility for delegation of decontamination lies with the nurse in charge of the ward/department.
- The nurse in charge must ensure that staff are educated/trained to an appropriate level in their assigned cleaning tasks.
- Community staff have an individual responsibility to ensure any items of equipment are decontaminated in line with this policy.
- Frequency of cleaning activity may alter if/when contamination has occurred
- All stored equipment must be cleaned weekly. All stored equipment is considered clean and therefore indicative labelling is not required (except commodes)
- Trolleys/wheelchairs not belonging to a particular ward/department must be cleaned/decontaminated by the regular users, e.g. porters
- Cleaning regimens must be documented and available
- For specific anaesthetic/ventilation equipment refer to manufacturer's guidance
- Toys used on the SCIDS Unit, RVI are designated single patient use only

- For patients nursed in isolation, equipment should be cleaned/decontaminated according to Trust policy for Decontamination of the Patient Environment (including Terminal and Deep Cleaning)
- Any items of equipment used for patient care in the community which are to be returned to Loan equipment for decontamination, must be thoroughly cleaned with a universal sanitising wipe prior to collection by the Loan equipment Service.
- All static/dynamic mattresses used for patients in the community are returned to Loan equipment for decontamination when no longer required. Further advice on the decontamination of mattresses can be found in [Decontamination of the Patient Environment \(including Terminal and Deep Cleaning\)](#).
- Single use items must **NEVER** be re-used
- **All spillages must be regarded as potentially hazardous and be dealt with immediately**
- All appropriate PPE must be provided and worn when dealing with any spillages
- Responsibility for spillages:
Clinical Area – member of ward staff
Non-clinical Area – member of staff
During Transit – porter or driver

If equipment is contaminated with blood or blood stained body fluids it must be cleaned with **10,000ppm** chlorine releasing agent, rinsed and dried thoroughly. For further information on the management of blood spillages please refer to the information in the spill kits on wards/departments and Trust [Standard Precautions Policy](#).

6. Monitoring

The policy will be formally reviewed every three years, or more frequently if national or local policy or procedural change.

Clinical Assurance Tool (CAT) incorporating Matrons monthly cleanliness checks monitors standards of environmental cleanliness. The CAT scorecard is reported to Trust Board, IPCC and Directorate Managers on a monthly basis.

Community Environmental Action Team (CEAT) inspections monitor standards of environmental cleanliness and the results are reported to IPCC on a quarterly basis.

7. Policies

[Isolation Policy](#)

[Decontamination of the Patient Environment \(including Terminal and Deep Cleaning\) Cleaning and Environmental Strategy](#)

[Decontamination of Healthcare Equipment following Patient Use and Prior to Service and/or Repair](#)

8. References

COSHH 1989 National Categories of Decontamination

National Standards for Cleanliness

Health and Safety Executive (2005) COSHH: a brief guide to the Regulations: What you need to know about the Control of Substances Hazardous to Health Regulations 2002 (COSHH). London: HSE. Available from : www.hse.gov.uk/pubns/indg136.pdf

The NHS Cleaning Manual, National Patient Safety Agency (2009)

Policy Authors: IPCN

Matron IPC

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Cleaning & Disinfection Procedure	Policy Author:	Sharon Gordon Louise Hall
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)		
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	No	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	No	
4(b).	If so can the impact be avoided?	N/A	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
4(d).	Can we reduce the impact by taking different action?	N/A	

Comments:	Action Plan due (or Not Applicable):
------------------	---

Name and Designation of Person responsible for completion of this form: Maria Leader Date: 22/08/2011

Names & Designations of those involved in the impact assessment screening process: Sheila Morgan – Infection Prevention & Control Nurse Consultant
 (If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.