The Newcastle upon Tyne Hospitals NHS Foundation Trust

Decontamination of the Patient Environment
(including Terminal & Deep Cleaning) Policy

<table>
<thead>
<tr>
<th>Version No.:</th>
<th>4.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective From:</td>
<td>30 October 2015</td>
</tr>
<tr>
<td>Expiry Date:</td>
<td>30 October 2018</td>
</tr>
<tr>
<td>Date Ratified:</td>
<td>8 October 2015</td>
</tr>
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<td>Ratified By:</td>
<td>IPCC</td>
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</table>

1 Introduction

All patients under the care of Newcastle upon Tyne Hospitals NHS Foundation Trust must be cared for in a clean environment. In order to achieve this, cleaning takes place routinely on a daily basis, following spillage, following transfer/discharge, on cessation of isolation and following an outbreak.

This policy also contains a section on cleaning the patient environment in non-Trust owned community premises.

A flexible approach in terms of responsibility between clinical staff and Hotel Services/contracted third parties (as appropriate) must be adopted to ensure patient care is not compromised and that the environment and equipment is correctly cleaned without undue delay.

All Trust employees have a responsibility to ensure this policy is complied with. The Ward Sister/Charge Nurse/Service Lead has 24-hour responsibility to ensure this standard is achieved. Compliance is monitored through a range of daily, weekly, monthly and annual cleanliness checks.

The key principle underpinning this policy is the prevention and control of infection.

2 Policy Scope

This policy applies to all healthcare professionals working across acute and community services within Newcastle Upon Tyne Hospitals NHS Foundation Trust. This includes medical staff, nurses, allied health professionals and students, locum staff and contractors.

3 Policy Aim

This policy provides guidance for all staff that are involved in cleaning of the environment which includes bed frames, mattresses and other equipment in line with the Cleaning and Disinfection Procedure. For specialist equipment, staff should refer to manufacturer’s instructions and advice can be sought from Infection Prevention and Control (IPC) if required.
4 **Duties (Roles and Responsibilities)**

- The Chief Executive has overall responsibility for the implementation, monitoring and review of this policy; this responsibility is delegated to the Director of Infection Prevention and Control (DIPC).

- The Infection Prevention and Control Committee (IPCC) will review the policy and any new evidence base within the time frame set out in the policy.

- It is the responsibility of the Trust to ensure that policies, education, training, procedures and practices are in place to minimise the risk of infection.

- It is the responsibility of the Trust/line managers and service leads to ensure all staff have access to education, policies and procedures.

- It is the responsibility of all staff to ensure that they understand and implement this policy and attend education sessions as specified in their role.

5 **Definitions**

5.1 **Transfer/Discharge Clean**

A routine discharge clean is undertaken when a patient, **not in isolation**, is discharged or transferred. Routine discharge cleans are performed by nursing staff and ward domestic (out of hours performed by nursing staff only).

5.2 **Terminal Clean**

Terminal cleaning is undertaken when a patient is moved out of isolation; this may occur when the patient;
- is discharged or transferred
- no longer requires isolation and is transferred to a bay/another ward
- the patient no longer requires isolation (but remains in a cubicle for other reasons)
- exceptional circumstances at the specific request of the Infection Prevention and Control Team (IPCT)

Terminal cleans are performed by nursing staff and the Rapid Response Cleaning Team.

**Blinds must be cleaned and/or curtains changed as as part of every terminal clean.**

5.3 **Deep Clean**

Deep cleans are only initiated at the request of the IPCT but will be arranged by ward/department staff; this may occur when;
- an outbreak has closed
- exceptional circumstances at the specific request of an IPCT
A Deep Clean is performed by nursing staff, the ward domestic and the Rapid Response Cleaning Team.

5.4 Hydrogen Peroxide Vapour (HPV) Decontamination

Thorough and effective manual cleaning is essential to provide a clean and safe environment. Following a risk assessment and as an additional measure, HPV is available at Freeman Hospital and should be routinely deployed as part of a terminal clean, at the request of IPCT following closure of an outbreak and/or other exceptional circumstances at the specific request of the IPCT.

Deployment of HPV adds significant time to a terminal clean and there may be circumstances, following risk assessment, where HPV cannot be deployed for patient safety reasons. Ward refusal of HPV must be authorised by either a Matron or Patient Services Co-ordinator (PSC).

HPV may be deployed as part of a deep clean at the specific request of the IPCT.

6 Decontamination of the Environment and Equipment

6.1 Process

Prior to cleaning, all equipment should be inspected for signs of damage which renders cleaning ineffective. If there are concerns about the integrity of the equipment, replacement or repair should be discussed with the Ward Sister/Charge Nurse/Service Lead.

Refer to the Decontamination of Healthcare Equipment Following Patient Use and Prior to Service or Repair Policy for equipment that requires repair and Medical Device Management Policy for equipment which requires condemnation.

Staff undertaking cleaning must wear appropriate Personal Protective Equipment (PPE) in accordance with the Isolation Policy and the Standard Precautions Policy.

In order to achieve effective disinfection during routine cleaning, there is a five minute contact time for combined detergent/chlorine releasing agent 1,000ppm (e.g. Actichlor Plus) and a ten minute contact time for sporicidal cleaning e.g. for cases of C. difficile. Equipment/items must then be rinsed with cold water and thoroughly dried or left to air dry.

Disposable paper roll/disposable cleaning cloths must be used once and then discarded after one immersion into the chlorine solution. This will prevent reduction of the efficiency of the chlorine solution linked to the presence of organic material and reduce the transfer of microorganisms to the cleaning solution.
Equipment must be decontaminated and thoroughly dried or left to air dry at the patient bed space/environment prior to storage. Dirty equipment must not be transferred to a clean environment without being decontaminated first. All items in storage are deemed to be clean and ready for use. Refer to Appendix 1 for advice on mattress cleaning.

Containers/bottles from which cleaning agents are dispensed should be wiped down with chlorine solution as above on completion of terminal or deep cleaning.

Where possible windows must be opened to facilitate drying and reduce chlorine odour.

Following decontamination of all parts of a commode, decontamination tape must be attached across the commode seat and secured (refer to Commode Decontamination poster, January 2011). The person undertaking the cleaning must document the time, date and provide a signature. The tape must be removed at the patient bedside and disposed of immediately prior to use. For community services, refer to Section 6.3.

6.2 Acute Services

6.2.1 Routine Cleaning

Hotel Services perform routine cleaning of the environment using a combined detergent/chlorine releasing agent 1,000ppm which is adequate to remove dirt and dust.

Nursing staff routinely clean equipment with Universal Sanitising Wipes or a combined detergent/chlorine releasing agent 1,000ppm. (Refer to Cleaning and Disinfection Procedure).

All other staff have a responsibility to ensure any equipment they use is cleaned in accordance with Trust guidance.

6.2.2 Transfer/Discharge Cleaning

On transfer/discharge of patients from wards, the vacated area is identified by staff as ‘N/C’ (Not Clean) on the bed-communication board.

Upon completion of cleaning the bed-communication board must be amended to ‘C’ (Clean) and Patient Services Co-ordinator informed that the bed is available for use.

Bed/trolley area should be cleaned at the earliest opportunity and within a maximum of a 1-hour period following transfer or discharge.
Nursing and Hotel Services perform transfer/discharge cleaning using a combined detergent/chlorine releasing agent 1,000ppm. (Refer to Trust Cleaning and Disinfection Procedure for exceptions).

All other staff have a responsibility to ensure any equipment they use is cleaned in accordance with Trust guidance.

### 6.2.3 Terminal Cleaning

Following cessation of isolation, the environment and equipment must be decontaminated using a combined detergent/chlorine releasing agent 1,000ppm unless contraindicated by manufacturer’s instructions.

Routine wall washing is not always required unless a patient has been diagnosed with known/suspected *C. difficile* or suspected infectious diarrhoea, is nursed in a high risk area, walls are visibly dirty or a specific request from the IPCN. Advice may be sought from the IPCN where required.

At Freeman and RVI, terminal cleans are performed by the Rapid Response Cleaning Team; they must be informed immediately once nursing staff are aware of the requirement for terminal cleaning. The Rapid Response Cleaning Team can be contacted Monday - Friday via the Helpdesk on 21000 (out of hours phone 87860). At Campus for Ageing and Vitality (CAV) this will be undertaken by Hotel Services. At Freeman, HPV will be deployed as part of a terminal clean, refer to Section 5.4.

It is the responsibility of the nurse in charge of the ward/dept to organise a terminal clean, including co-ordination of the Rapid Response Cleaning Team (or Hotel Services at CAV) and Nursing staff.

Prior to terminal cleaning of the room/bed space, the patient must have vacated the area. Nursing staff must ensure that disposable/opened items are discarded; the area must be cleared of all personal effects, equipment (once cleaned), linen and clinical waste prior to access by the Rapid Response Cleaning Team.

When a patient is nursed in an open ward, the surrounding area up to the next bed should be cleaned and clean curtains hung upon completion. Walls in an open ward should not be routinely cleaned unless visibly contaminated. The bathroom and toilet facilities should also be included where necessary.

The Rapid Response Cleaning Team will remove the curtains/shower curtain prior to cleaning and send for laundering in accordance with Used Laundry Management Policy. On completion the Rapid Response Cleaning Team will re-hang clean curtains/shower curtains.

All linen from the area (regardless of whether or not it has been used) should be bagged before removal from the area and sent as foul or infected linen in accordance with Used Laundry Management Policy.
One yellow Microfibre mop is used per isolation room; two - three yellow mops are used per bay. Microfibre mops must be laundered following use.

Once all equipment and surfaces are clean and dry, the area may be used for other patients. Leaving an area for a period of time following terminal cleaning is not required.

Cutlery and crockery should be returned to the kitchen as normal for machine washing. However, items normally washed at ward level should be washed separately in the ward kitchen in hot, soapy water.

All waste from the isolation room should be disposed as clinical waste in line with the Waste Management Policy and Procedures. All clinical and non clinical equipment e.g. beds/chairs/tables etc must be decontaminated prior to transferring to a clean area.

Hotel Services Supervisors will undertake random spot checks following completion of a Terminal Clean using a standard checklist (see Appendix 2).

**6.2.4 Deep Clean**

During a deep clean all areas and equipment within a defined environment (including treatment room, clean & dirty utilities, linen and offices etc.) must be decontaminated using a combined detergent/chlorine releasing agent 1,000ppm unless contraindicated by manufacturer's instructions.

Deep cleaning of a ward or department may take a number of days to complete to ensure all areas, including equipment, are thoroughly decontaminated effectively. Refer to Appendix 3(a) & (b) and Appendix 4.

**6.2.5 Wall Washing**

Apart from the high risk areas stipulated below, routine wall washing is not required by other wards/departments unless the following criteria is met:

- a patient has been diagnosed with known/suspected *C. difficile*
- other known/suspected infectious diarrhoea
- walls visibly dirty or specific request from IPCN

High risk areas include:

- FH - Theatres, 21, 23, 25A, NCCC including 33, 34, 35, 36, 37/ITU,38 IOT, PICU, EAS
- RVI - Theatres, 3, 4,14, 18,19, 37, ITU, HDU, SCBU, PICU, ED, AS, CF Unit
6.3 **Community Premises**

If a patient is known to have an infection they should be seen at the end of a clinic session wherever possible. Surfaces, trolleys, couches, chairs and any equipment used must be cleaned with a universal sanitising wipe by community staff. Responsibility for cleaning of couches/chairs (above the base) is dependent upon local Service Level Agreement (SLA).

Domestic Service providers use their own products.

Wall washing is not routinely required in community clinical settings.

Non-critical multi-use equipment/devices used in the community such as syringe drivers, dopplers, bladder scanners, ear care machines and suction machines should be decontaminated on return to base. Prior to cleaning, all equipment should be inspected for signs of damage which renders cleaning ineffective. The staff member who decontaminates the equipment is responsible for completing and attaching the clean tape which should be applied to the non-critical multi-use equipment/devices prior to storage.

Any pieces of equipment which are to be returned to Newcastle Loan Equipment Service for decontamination must be thoroughly cleaned with a universal sanitising wipe.

Personal protective equipment including gloves and aprons should be worn when dealing with spillages. All waste should be disposed of in the clinical waste stream.

Curtains should be laundered quarterly or when visibly soiled; contact IPCN (community) for advice.

**N.B.** Cleaning products containing chlorine must not be used on patient’s furniture or carpets. Any blood/body fluid on these items must be cleaned using soapy water and disposable paper roll/towel.
### 6.4 Cleaning Responsibilities:

<table>
<thead>
<tr>
<th></th>
<th>Clinical equipment</th>
<th>Upper part of bed (including base where mattress lies)</th>
<th>Underside of bed (including orange lead)</th>
<th>Curtain change</th>
<th>Furniture (chairs/lockers/table etc)</th>
<th>Wall Washing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine</strong></td>
<td>Nursing</td>
<td>Nursing</td>
<td>Hotel Services (out of hours – Nursing staff)</td>
<td>Hotel Services</td>
<td>Hotel Services</td>
<td>N/A – unless instructed by IPCN</td>
</tr>
<tr>
<td><strong>Transfer/discharge</strong></td>
<td>Nursing</td>
<td>Nursing</td>
<td>Hotel Services</td>
<td>N/A</td>
<td>Hotel Services</td>
<td>N/A – unless instructed by PCN</td>
</tr>
<tr>
<td><strong>Terminal</strong></td>
<td>Nursing</td>
<td>Nursing</td>
<td>Hotel Services / Rapid Response Cleaning Team</td>
<td>Hotel Services / Rapid Response Cleaning Team</td>
<td>Hotel Services / Rapid Response Cleaning Team</td>
<td>Rapid Response Cleaning Team walls &amp; blinds following specific infections</td>
</tr>
<tr>
<td><strong>Deep</strong></td>
<td>Nursing</td>
<td>Nursing</td>
<td>Hotel Services / Rapid Response Cleaning Team</td>
<td>Hotel services / Rapid Response Cleaning Team</td>
<td>Hotel Services / Rapid Response Cleaning Team</td>
<td>Rapid Response Cleaning Team walls &amp; blinds</td>
</tr>
</tbody>
</table>

(For decontamination of mattresses, please refer to Appendix 1)
A range of staff have responsibility for ensuring the environment and equipment is clean and safe. Specifically nurses have responsibility to clean and decontaminate all patient equipment in line with the Cleaning and Disinfection Procedure. Other cleaning responsibilities are identified for Domestic and Estates staff, this list is not exhaustive and must be read in conjunction with the Cleaning and Environmental Strategy. The areas to be cleaned includes:

(a) Nursing Responsibilities
All clinical equipment including:
- IV stands / pumps
- Monitoring equipment, oxygen/suction etc
- Mattresses (See Appendix 1)
- Upper part of bed frame (including base where mattress sits)
- Trolleys
- Cots/cot mattresses
- Cot sides
- Pillows/duvets
- Clipboards/files/holders
- Vases
- Game Consoles/Toys (see Toy Cleaning Protocol)
- Radios
- Remove clinical waste bags and replace (FH site)
- Washing machines/tumble dryers
- OPD examination couches / chairs (above the base)

(b) Hotel Services/Rapid Response Cleaning Team Responsibilities
- Horizontal Surfaces, fixtures and fittings
- Floor
- Bed frame – underneath and orange lead
- Locker including Patient Medicine Box upon discharge
- Hospedia unit
- Macerators/Slop hoppers
- Table
- Water jugs and glasses
- Remove domestic waste bags
- Remove clinical waste bags and replace (RVI & Centre for Life only)
- En-suite facilities
- Wash hand basin where applicable
- Crockery and cutlery
- Curtains
- Shower curtains
- OPD examination couches / chairs (base)
- Wall washing following suspected/known infectious diarrhoea e.g. C.difficile and if visible contamination present

(c) Estates Responsibilities
- Ceiling ventilation grilles
- Wall mounted televisions (not Hospedia)
- Wall washing as annual planned preventative maintenance
(d) **Hospedia**

All Hospedia wall units must be removed and cleaned on a quarterly basis. Headphone ear pieces will be changed on a weekly basis and between each patient unless otherwise directed as above.

### 7 Training

All staff working on Trust premises, including all Trust employed staff, agency and locum staff are responsible for accessing IPC Policies in order to assist in the management of their patients.

Education on decontamination is included into the Trusts induction and mandatory e-learning programmes. It is the responsibility of the departmental manager/service lead to ensure that education is offered to all relevant staff in relation to decontamination.

### 8 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been appropriately assessed.

### 9 Monitoring

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
<th>Method</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>Environmental cleanliness is maintained</td>
<td>Audit of environment and equipment</td>
<td>Annual Heads of Nursing Cleanliness Audits</td>
<td>Reported to individual Directorates for action</td>
<td>Annually</td>
<td></td>
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<td></td>
<td></td>
<td>CAT</td>
<td>Trust Board</td>
<td>Monthly</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Trust wide Cleanliness audits</td>
<td>Trust Board</td>
<td>3 – 6 Monthly</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Credits4Cleaning</td>
<td>Trust Board</td>
<td>Quarterly</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Patient-led Assessments in the Clinical Area (PLACE)</td>
<td>Trust Board IPCC</td>
<td>Annually</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Community Environment Audit Team (CEAT)</td>
<td>IPCC</td>
<td>Quarterly</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Essential Steps</td>
<td>IPCC</td>
<td>Quarterly</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Mattress audits</td>
<td>Trust Board</td>
<td>Annually</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monitor HPV Usage</td>
<td>IPC</td>
<td>Reported to individual Directorates for action</td>
<td>Monthly</td>
<td></td>
</tr>
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</table>
10 Consultation and review

Consultation of this policy was undertaken by members of the IPCC and IPC nurses. This policy will be reviewed every two years by the IPCC or as and when significant changes make earlier review necessary.

11 Implementation of policy (including raising awareness)

Matrons/Sisters/Charge Nurses and Service Leads should ensure that staff are aware of this policy. All IPC policies are available for staff to access via NUTH intranet.

12 References

The Newcastle upon Tyne Hospitals NHS Foundation Trust (NuTH) Policies. Procedures and Guidelines:

- NuTH Cleaning and Disinfection Procedure
- NuTH Cleaning and Environmental Strategy
- NuTH Decontamination of Healthcare Equipment following Patient Use and Prior to Service or Repair Policy
- NuTH Isolation Policy
- NuTH Medical Device Management Policy
- NuTH Standard Precautions Policy
- NuTH Toy Cleaning Protocol
- NuTH Used Laundry Management Policy
- NuTH Waste Management Policy and Procedures
Appendix 1

Decontamination of Mattresses – acute services

As part of the decontamination process all foam mattress covers must be un-zipped and inspected for staining and/or ingress of fluids. This must be routine practice on transfer/discharge/terminal clean. Tissue Viability must be contacted via email if the cover is not intact to arrange replacement. Out of hours contact Patient Services co-ordinator.

Table 1 – How to decontaminate mattresses

<table>
<thead>
<tr>
<th>Transfer/Discharge/ Terminal Clean</th>
<th>Static Mattress</th>
<th>Dynamic Mattress</th>
<th>Linet Virtuosa Mattress (Critical Care only)</th>
<th>Crash Mats</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Combined detergent/ chlorine releasing agent 1,000ppm (Due to high patient turnover, RVI AS/RVI ED/FH EAS/ FH27 have agreement with IPC to use Universal Sanitising Wipes except in cases of known/suspected infectious diarrhoea)</td>
<td>The Loan Equipment Library will collect and send away for decontaminate via contractor. Transport in sealed clear plastic bag</td>
<td>Patients &lt;48 hour stay (no infection): Un-zip top cover and review for signs of ingress. Disinfect with combined detergent/chlorine releasing agent 1000ppm</td>
<td>Combined detergent/chlorine releasing agent 1,000ppm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Patients &gt;48 hour stay or known/suspected infection: Un-zip top cover and review for signs of ingress. Top sheet - remove and place in a sealed clear plastic bag, replace with new and clean top sheet. The Loan Equipment Library will collect and send away for decontamination by the contractor. Bottom sheet and mattress - disinfect with combined detergent/chlorine releasing agent 1000ppm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Static Mattress</td>
<td>Dynamic Mattress</td>
<td>Linet Virtuosa Mattress <em>(Critical Care only)</em></td>
<td>Crash Mats</td>
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<td>------------------</td>
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<tr>
<td>Daily Clean (where necessary)</td>
<td>Universal Sanitising Wipes <em>(except in cases of known/suspected infectious diarrhoea, use a combined detergent/chlorine releasing agent 1,000ppm)</em></td>
<td>Universal Sanitising Wipes <em>(except in cases of known/suspected infectious diarrhoea, use a combined detergent/chlorine releasing agent 1,000ppm)</em></td>
<td>Universal Sanitising Wipes <em>(except in cases of known/suspected infectious diarrhoea, use a combined detergent/chlorine releasing agent 1,000ppm)</em></td>
<td>Universal Sanitising Wipes</td>
</tr>
<tr>
<td>Contamination with blood/bodily fluids</td>
<td>Combined detergent/chlorine releasing agent 10,000ppm/Universal Sanitising Wipes</td>
<td>Place <strong>mattress</strong> in red transport bag <em>(provided by the contractor)</em> Place <strong>mattress cover</strong> in sealed clear plastic bag. The Loan Equipment Library will collect and send away for decontamination via contractor. Spare red bags can be obtained from The Loan Equipment Library.</td>
<td>Disinfect with combined detergent/chlorine releasing agent 1000ppm. Place in <strong>mattress</strong> in red transport bag <em>(provided by the contractor)</em> Place <strong>mattress cover</strong> in sealed clear plastic bag. The Loan Equipment Library will collect and send away for decontamination by the contractor. Spare red bags can be obtained from The Loan Library</td>
<td>Combined detergent/chlorine releasing agent 10,000ppm/Universal Sanitising Wipes</td>
</tr>
</tbody>
</table>
• Mattresses used for long term patients must be cleaned weekly with universal sanitising wipes to maintain a clean environment as per Table 1.

• **All mattresses must be rinsed with cold water and dried thoroughly following decontamination with combined detergent/chlorine releasing agent.**

• RIK top covers must be changed between each patient episode or earlier if contaminated and decontamination is not possible.

• In Critical Care RIK covers will be visually inspected in between patients for breaches in integrity then terminally cleaned with 1,000 ppm chlorine solution in between patients. These will be replaced if damaged or following an infected patient.

• Soiled Visio sheets and RIK covers can be replaced by the Loan Equipment Library.

• RIK and Visio covers **must be placed in a sealed clear plastic bag** (stocked at ward level). The Loan Equipment Library will collect the clear plastic bags and send to a contractor for decontamination.

• All tubing, the motor and the hanging bracket from dynamic mattresses must be decontaminated with combined detergent/chlorine releasing agent 1,000ppm. If contaminated with blood or body fluids use 10,000 ppm prior to return to the Loan Equipment Library.

• Contact Loan Equipment Library as soon as the dynamic mattress is no longer required; they will arrange collection from the ward by the contractor within 48 hours.

• Dynamic mattresses awaiting collection can be stored in the dirty utility area providing the clear bag is sealed.

• Static mattresses for storage must be decontaminated as per Table 1.

• Should a dynamic mattress or a bed frame appear faulty or broken, a Medical Device Fault Reporting and Contamination Status Form must be completed in accordance with Trust [Decontamination of Healthcare Equipment Following Patient Use and Prior to Service or Repair Policy](#). The Equipment Library will arrange repair of a dynamic mattress. Medical Electronics will arrange repair of the bed frame.

• Parent/relative beds must be decontaminated after every use and if visibly soiled with combined detergent/chlorine releasing agent 1,000ppm unless contraindicated by manufacturer’s instructions.
Appendix 2

Terminal Clean Checklist Hotel Services

<table>
<thead>
<tr>
<th>Ward including Bed Area/Cubicle Number</th>
<th>Date</th>
<th>Time Commenced</th>
<th>Time Completed</th>
</tr>
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<tbody>
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</tbody>
</table>

**Supervisor’s Name** | **Domestic’s Name**

<table>
<thead>
<tr>
<th><strong>SIGNED DOMESTIC</strong></th>
<th><strong>SIGNED SUPERVISOR</strong></th>
</tr>
</thead>
</table>

Do you know the correct cleaning product/dilution to use |

Is the area ready to be cleaned |

Remove curtains, place in soluble laundry bag, remove to outside door and place immediately inside red skip, remove to sluice |

Check the patient/nursing equipment removed |

Check the area has been wall washed |

Check the upper part of bed-frame, mattress, pillows, bed rails, base of bed where mattress sits have been cleaned by nursing staff |

Are the pillow protective covers intact (if you need to dispose of pillows, note how many) |

Have the following been removed from the area including bathroom: Hand Towels, Liquid Soap, Toilet Tissue, Laminated Notices, Alcohol Gel, Patients Wash Bowl

*If any of the above provide a negative response consult your Domestic Supervisor before commencing with the clean*

Thoroughly clean curtain rail around the bed space |

Thoroughly clean patient line TV including inside handset |

Thoroughly clean bed including headboard, footboard and frame |

Thoroughly clean bedside table including underside and wheels |

Thoroughly clean patient locker inside and out – (removing draw) Note: 2/3 staff members required to tip locker depending on size |

Thoroughly clean all bins (Clinical and Domestic Waste) – ward area |

Thoroughly clean all bins (Clinical and Domestic Waste) – Bathroom |

Thoroughly clean sanitary – ward area |

Thoroughly clean all hand rails |

Thoroughly clean all sanitary ware in bathroom |

Damp mop floor surface |

Replace all furniture
<table>
<thead>
<tr>
<th>Task</th>
<th>Domestic</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replenish all supplies, re-line waste bins with disposable bags</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-hang clean curtains ensuring they are the correct fit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bleep your Domestic Supervisor and advise her that the clean is</td>
<td></td>
<td></td>
</tr>
<tr>
<td>complete</td>
<td></td>
<td></td>
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Standard met

<table>
<thead>
<tr>
<th>Cleanliness</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curtains, hung correctly, can fully close, stain free</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All supplies replenished</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: Note any damage to fabric/environment

ATP Results

<table>
<thead>
<tr>
<th>Location</th>
<th>ATP Test Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inside door handle (cubicle)</td>
<td></td>
</tr>
<tr>
<td>Arm of chair</td>
<td></td>
</tr>
<tr>
<td>Patient table</td>
<td></td>
</tr>
</tbody>
</table>

Supervisors signature

Advise ward staff when area is ready for patient:

Name of member of staff informed


Appendix 3(a) - Deep Clean Process (patients in situ)

Deep clean requested by IPCT
- Meeting on ward with Nurse-in-Charge (Deep Clean Co-ordinator), IPCN/ICD, Hotel Services/Rapid Response Cleaning Team to agree plan for deep clean
- Matron to liaise with Head of Nursing; IPCN to liaise with Matron Patient Services
- IPCN to inform Waste Manager and Estates Building Officer
- Nurse-in-Charge to commence Deep Clean Proforma (Appendix 4)

Prepare area for decontamination - Bay/Cubicle
- Decant patient(s) to alternative area and all personal effects to be removed
- Remove curtains/shower curtains
- All medications removed and PODs left open
- All spare linen/beds stripped, laundry bagged before cleaning
- Any disposable/opened items to be discarded (including Hospedia ear covers)
- All crockery, cutlery to be returned to kitchen as normal for machine washing

Prepare area for decontamination – Treatment Room/Linen Room/Nurses Station/Offices etc.
- Remove curtains/shower curtains (if applicable)
- All linen removed and laundry bagged before cleaning (if applicable)
- Any disposable/opened items to be discarded (including stationary on open shelving, posters that cannot be cleaned etc.)
- All medications removed and PODs left open. Drugs stored in drug cupboards in Clean Utility do not require disposal or decontamination, however the cupboards must be cleaned

Decontamination of area
- All fixtures and fittings to be decontaminated (including all walls, radiators and covers, vent grilles etc.)
- All clinical and non-clinical equipment to be decontaminated before transfer to clean area; all parts of bed including mattress to be decontaminated
- After cleaning, deploy HPV where required

During deep clean all areas within defined environment and all equipment (unless contraindicated by manufacturer’s instructions) must be decontaminated with a combined detergent/chlorine releasing agent. Equipment must not be transferred from dirty to clean area without decontamination; consider equipment used in multiple areas on ward e.g. BP machine, scales etc.

Completion of decontamination in defined area
- Re stock equipment, make up beds and re-hang curtains/shower curtains
- Decant patient(s) into cleaned area
- Systematically repeat process until all bays/cubicles/other areas of ward are decontaminated

Nurse-in-Charge/IPCN/PSC/Hotel Services to meet every morning to agree plan for day; Nurse-in-Charge to update Deep Clean Proforma as each area is cleaned.

Completion of Deep Clean
Deep Clean Proforma to be signed off by Matron/Nurse-in Charge, IPCN/ICD and Hotel Services Manager/Supervisor prior to ward re-opening to admissions.
Appendix 3(b) - Deep Clean Process (ward decanted)

Deep clean requested by IPCT
- Meeting on ward with Nurse-in-Charge (Deep Clean Co-ordinator), IPCN, Hotel Services/Rapid Response Cleaning Team to agree plan for deep clean
- Matron to liaise with Head of Nursing; IPCN to liaise with Matron Patient Services
- IPCN to inform Waste Manager and Estates Building Officer
- Matron/Nurse-in-Charge to prepare decant ward
  - Ensure ward stocked with appropriate clinical and non-clinical equipment
  - Ensure no items of equipment are transferred to decant ward without cleaning
- Matron/Nurse-In-Charge to allocate staff to decant ward and identify staff to remain on ward to assist with deep clean
- Nurse-in-Charge to commence Deep Clean Proforma (Appendix 4)

Prepare area for decontamination – whole ward
- Decant patient(s) to alternative ward and all personal effects to be removed
- Remove curtains/shower curtains
- All spare linen/beds stripped, laundry bagged before cleaning
- Any disposable/opened items to be discarded (including stationary on open shelving, posters that cannot be cleaned, library books etc.)
- All medications removed and PODs left open. Drugs stored in drug cupboards in Clean Utility do not require disposal or decontamination, however the cupboards must be cleaned.
- All crockery, cutlery to be returned to kitchen as normal for machine washing

Decontamination of area
- All fixtures and fittings to be decontaminated (including all walls, radiators and covers, vent grilles etc.)
- All clinical equipment to be decontaminated before transfer to clean area; all parts of bed including mattress to be decontaminated
- After cleaning, deploy HPV where required

During deep clean all areas within defined environment and all equipment (unless contraindicated by manufacturer’s instructions) must be decontaminated with combined detergent/chlorine releasing agent. Equipment must not be transferred from dirty to clean area without decontamination; consider equipment used in multiple areas on ward e.g. BP machine, scales etc.

Systematically repeat process in all areas of ward, including corridors. Nurse-in-Charge/IPCN/PSC/Hotel Services to meet every morning to agree plan for day and Nurse-in-Charge to update Deep Clean Proforma as each area is cleaned.

Completion of Deep Clean
- Deep Clean Proforma to be signed off by Matron/Nurse-in-Charge, IPCN/ICD and Hotel Services Manager/Supervisor
- Once proforma signed off
  - Re stock equipment, make up beds and re-hang curtains/shower curtains in bays and cubicles
  - Re stock all other areas of ward
  - Transfer patients back on to ward and re-open to admissions
## Appendix 4
### Deep Clean Proforma

<table>
<thead>
<tr>
<th>AREA</th>
<th>DATE CLEANED</th>
<th>NAME/SIGNATURE OF NURSE-IN-CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Bay/Bed-space</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bay 1 (including bathroom)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bay 2 (including bathroom)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bay 3 (including bathroom)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bay 4 (including bathroom)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cubicle 1 (including bathroom)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cubicle 2 (including bathroom)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cubicle 3 (including bathroom)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cubicle 4 (including bathroom)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cubicle 5 (including bathroom)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cubicle 6 (including bathroom)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cubicle 7 (including bathroom)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cubicle 8 (including bathroom)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Rooms/Offices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean Utility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dirty Utility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors Office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sisters office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day Room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quiet Room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kitchen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dominics Cupboard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Circulating Areas/Corridor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main Corridor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurses Station</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled Toilet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shower Cubicle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Storage Areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Store Room 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Store Room 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Store Room 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linen Room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stationary Store</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventilation grilles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiators and covers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Visual inspection following deep clean:

<table>
<thead>
<tr>
<th>Final review by</th>
<th>Date</th>
<th>Name/Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Matron/Nurse-in-Charge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• IPCN/ICD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Hotel Services Manager/Supervisor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date ward to re-open:
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis  Form A

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

PART 1

1. Assessment Date: 27/10/15

2. Name of policy / strategy / service:
   Decontamination of patient environment including terminal and deep cleaning Policy

3. Name and designation of Author:
   Louise Hall, Matron IPC

4. Names & designations of those involved in the impact analysis screening process:
   Dr Ashley Price, DIPC

5. Is this a: Policy [x] Strategy [ ] Service [ ]
   Is this: New [ ] Revised [x] Service [ ]
   Who is affected: Employees [x] Service [x] Wider Community [x]

6. What are the main aims, objectives of the policy, strategy, or service and the intended outcomes? (These can be cut and pasted from your policy)
   This policy provides guidance for all staff that are involved in cleaning of the environment which includes bed frames, mattresses and other equipment in line with the Cleaning and Disinfection Procedure.

7. Does this policy, strategy, or service have any equality implications? Yes [ ] No [x]
   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:
   The policy refers to processes for cleaning. There is no difference in how this is carried out for people with protected characteristics.
### 8. Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>None relevant to this policy</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>None relevant to this policy</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>None relevant to this policy</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>None relevant to this policy</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Age</td>
<td>None relevant to this policy</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>None relevant to this policy</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td>None relevant to this policy</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>None relevant to this policy</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Maternity / Pregnancy</td>
<td>There are no identified hazards for pregnant or breast feeding women related to the solutions used for cleaning</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

### 9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

No

### 10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement?  Yes [ ]  No [x]
Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No

PART 2

Name: Louise Hall

Date of completion: 27/10/2015

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)