

Introduction to SECTION 6.0

Patient Equipment

This section of the Manual contains guidelines to assist with the cleaning/decontamination of blood and bodily fluid spillages and patient equipment. It has been compiled by infection control members of the Manual's advisory group.

It also contains a "Cleaning Checklist for Isolation Rooms" and "Processes of Decontamination".

It does not seek to cover these areas in an exhaustive fashion but provides cleaning staff with a general appreciation of the subject and requirements. More specific details should be accessed through the Trusts policies and procedures.

Patient Equipment is normally cleaned by a member of the ward team (rather than a member of the cleaning services team). The responsibility for other forms of cleaning may be the responsibility of the estates department. It is important that responsibilities are clear and documented and a form for this purpose is suggested at **Appendix 3**.

It is important that this section should be read and used in conjunction with previous sections

SECTION 6.0

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Decontamination of Blood and Body Fluid Spillages

- Spillages of blood and bodily fluids in clinical areas must be decontaminated promptly - this is usually undertaken by the nursing team caring to the patient. However, there is no actual reason why properly trained domestic staff could not undertake this task as they do in non-clinical areas.
- Disposable gloves and an apron must be worn for cleaning the spillage and these should be disposed of in a clinical waste bag.
- For a minor spillage the surface should be disinfected using 1% sodium hypochlorite solution (10,000 ppm).
- Larger spillages of blood can be absorbed using chlorine-based granules sprinkled directly onto the spillage.

OR granules should be left for a contact time of 2 minutes (to inactivate virus that may be present).

- Remove waste and place content into a clinical waste bag.
- The area should then be thoroughly cleaned with General Purpose Detergent (refer to appropriate cleaning procedure) and dried.
- Wash hands thoroughly with soap and water after the removal of protective clothing.
- Do **not** use sodium hypochlorite on urine as this will result in the release of toxic fumes.
- Absorb spillages of urine and faeces using paper towels and place into a clinical waste bag for incineration. Wash the area with detergent and hot water. It may be necessary to follow with a disinfectant; consult your local Infection Control Procedure
- The infectious agent associated with Transmissible Spongiform Encephalopathies (TSEs) is unusually resistant to inactivation techniques. Dilution is the most important element in cleaning up spillages on the hospital ward. Exposure to high-concentration (20,000 ppm available chlorine) sodium hypochlorite for one hour is known to be effective. Although its use is unlikely to be practical in a ward situation, since it is highly corrosive to many surfaces, it can be used in exceptional circumstances to clean up spillages of high-risk material.

- Therefore, standard infection control precautions should be followed to clear up spillages on the ward, including spillages of blood and cerebrospinal fluid (CSF). Potentially infectious materials should be removed using absorbent material, and any waste (including cleaning tools such as mop-heads) disposed of as clinical waste, in line with locally approved arrangements. Disposable gloves and an apron should be worn when removing such spillage(s), and disposed of in line with locally approved arrangements.
- Chemical spills must be managed according to COSHH/Risk assessment.

Occupational Exposure to Blood or Blood-Stained Body Fluids

Inoculation injuries such as needlestick, other sharp injuries, bites, scratches, splashes to broken skin require **immediate action**:

1. Wash area with soap and running water and encourage to bleed freely. Do not suck the wound
2. Apply a waterproof dressing.
3. Report the incident to your Manager and contact Occupational Health or Accident and Emergency for further advice (refer to local policy).

- **Intact Skin Exposure** - wash immediately with hot soapy water.
- **Non-Intact Skin Exposure** - follow steps 1, 2 and 3 above as for inoculation injury.
- **Mucous Membrane Exposure** - Mouth; wash out with copious amounts of water. Eyes; irrigate immediately with water or sterile saline from an eye station. Both incidents should be repeated in the same way as an inoculation injury.

NOTE For further information, please refer to your local blood exposure policy.

Summary of Methods for Decontamination of Patient Equipment

Important Points

- Managers must ensure that staff performing decontamination duties receive training appropriate to the equipment and practices within individual departments.
- Inadequately trained staff may fail to decontaminate equipment properly, thus placing patients or other staff at risk. They may also risk their own health and safety if they are unaware of safe practice standards.
- All staff involved in the use, maintenance and decontamination of medical devices must be properly supervised and their performance monitored.
- Appropriate risk assessments must be carried out prior to the decontamination of equipment and the use of chemicals.
- The local infection control team should provide specialist advice for the decontamination of equipment prior to purchase and during use.
- The choice of cleaning materials and cleaning chemical products must be discussed with the local infection control team.

Definitions

Decontamination	<ul style="list-style-type: none"> • Decontamination is the combination of processes (including cleaning, disinfection and sterilization)
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Processes of Decontamination

The three processes of decontamination commonly used are:

<p>1. Cleaning</p>	<p>A process, which physically removes contamination but does not necessarily destroy micro-organisms. The reduction of microbial contamination is not routinely measured and will depend upon many factors, including the efficiency of the cleaning process and the initial bioburden. Cleaning removes micro-organisms and the organic material on which they thrive.</p>
	<p>In order to decontaminate patient equipment effectively all organic debris (for example, blood, tissue and other body fluids) must be removed from the item prior to disinfection and/or sterilization. Effective cleaning of patient equipment prior to disinfection or sterilization is of the utmost importance in reducing the risk of transmission of infectious agents.</p>
<p>2. Disinfection</p>	<p>A process used to reduce the number of viable micro-organisms but which may not necessarily inactivate some microbial agents, such as certain viruses and bacterial spores. Disinfection may not achieve the same reduction in microbial contamination levels as sterilization.</p>
<p>3. Sterilization</p>	<p>A process used to render an object free from micro-organisms including viruses and bacterial spores. Normal sterilization methods will not destroy prions</p>

Choosing the Method of Decontamination

The choice of decontamination method may be related to the infection risk associated with the intended use of the equipment. Other factors that must be considered include:

1. The nature of the contamination.
2. The time required for processing.
3. The heat, pressure, moisture and chemical tolerance of the object.
4. The availability of the processing equipment.
5. The quality and risks associated with the decontamination method.
6. The manufacturers' guidance.

Spillages

Spillages should be removed prior to cleaning in accordance with local policy. See section relating to Decontamination of Blood and Body Fluid Spillages.

Equipment Or Site	Preferred Method (e.g. Routine)	Additional Recommendations
Arm Rests	Wash with General Purpose Detergent (refer to manufacturers' instructions), rinse and dry.	
Audiometer Headphones	Wipe with General Purpose Detergent (refer to manufacturers' instructions) and dry. Surface disinfect with alcohol wipe.	
Baby Changing Mats	Wipe with General Purpose Detergent (refer to manufacturers' instructions) rinse and dry, then wipe with alcohol wipe.	
Bath Hoist	Wash with General Purpose Detergent or bath/washbasin/shower/bidet/ cleaner (refer to manufacturers' instructions) or General Surface Cleaner, rinse and dry. Pay particular attention to connecting parts. If material, launder according to manufacturers' instructions. Surface disinfect with an alcohol wipe.	
Bed Frames & Cradles	Wash with General Purpose Detergent (refer to manufacturers' instructions) and dry	
Bedpans, Bedpan Carriers & Storage Racks	Washer disinfector or use disposables. Wash carriers for disposable pans with General Purpose Detergent (refer to manufacturers' instructions) and dry .	After washing bed pan holders surface disinfect using an alcohol wipe.
Blood Pressure Equipment	Wash or wipe with General Purpose Detergent (refer to manufacturers' instructions) and dry.	Consider using a disposable cuff for infectious patients.

Equipment Or Site	Preferred Method (e.g. Routine)	Additional Recommendations
Bowls (Washing)	Wash with General Purpose Detergent (refer to manufacturers' instructions); rinse and dry thoroughly.	Infected patients must use a designated bowl and heat disinfect on discharge
Breast Pumps	Single patient use accessories should be washed between uses with General Purpose Detergent, rinsed and dried. Wipe machine with General Purpose Detergent (refer to manufacturers' instructions) and dry. Accessories to be sent to SSD on patient discharge	Consider using single use accessories
Baby Scales	Wash with general purpose detergent, rinse and dry.	
Commodes	Wash with General Purpose Detergent (refer to manufacturers' instructions), rinse and dry	Wipe with alcohol wipe. Pay particular attention to arm rests and under the rim; clean from top to bottom taking care to get into all ridges.
Crockery And Cutlery	Machine-wash; heat-disinfect above 80°C and dry. Hand wash with hot water and general purpose detergent and air dry	
Drip Stands	Wash with General Purpose Detergent (refer to manufacturers' instructions) and dry	
Examination Couch	Wipe with General Purpose Detergent (refer to manufacturers' instructions) and dry. Wipe with an alcohol wipe.	
Flower Vases	Wash with General Purpose Detergent, rinse and dry.	

Equipment Or Site	Preferred Method (e.g. Routine)	Additional Recommendations
Furniture And Fittings	Damp dust with General Purpose Detergent (refer to manufacturers' instructions).	After discharge of an infected patient wipe 10,000 ppm available chlorine.
Hair Dressing Equipment (Patients Own - No Action Required)	Allocate to a patient and discard on discharge.	Avoid use of communal shaver heads
Infant Incubators	Wash with General Purpose Detergent (refer to manufacturers' instructions) and dry with disposable wipe.	Wipe with disinfectant as per local policy if baby has an infection
Infusion Pumps (Including Enteral Feeds)	Wipe with General Purpose Detergent (refer to manufacturers' instructions) and dry. Wipe with alcohol wipes.	
Locker-Tops	See furniture and fittings	
Mattresses	Wash impermeable cover, wash with General Purpose Detergent (refer to manufacturers' instructions), rinse and dry	After infected patients disinfect with 10,000 ppm available chlorine, if contaminated or alcohol wipe. Do not disinfect unnecessarily as this may damage the mattress cover. Special mattresses follow manufacturers' instructions
Medicine Pots Spoons Etc	Discard after single use.	
Mopheads	a) Dust Control – discard after use. b) Damp Mopping – launder after use or discard (see local policies).	

Equipment Or Site	Preferred Method (e.g. Routine)	Additional Recommendations
Moving And Handling Aids	See bath hoists	Disposable slings are available
Nail Brushes	Single use	
Pillows	Treat as mattresses	
Razors (Safety)	Disposable.	
Razors (Electric)	Use disposable heads.	
Sputum Container	Use disposable only	
Toilet Seats	Wash with General Purpose Detergent (refer to manufacturers' instructions) and dry	After use by infected patient or if grossly contaminated, wash then rinse and dry. Wipe with 10,000 ppm available chlorine.
Tooth Mugs	Disposable	
Toys And Play Equipment	Wash with General Purpose Detergent (refer to manufacturers' instructions) and dry but do not soak soft toys. If contaminated wash and disinfect surface with an alcohol wipe or 10,000 ppm available chlorine.	Heavily contaminated soft toys should be destroyed. Expensive or treasured toys may withstand low-temperature steam.
Trolley Tops	Clean with General Purpose Detergent (refer to manufacturers' instructions) and wipe dry	
Urinals	Use washer disinfectant or use disposables.	
Ventilator (Mechanical)	Damp dust daily.	

Equipment Or Site	Preferred Method (e.g. Routine)	Additional Recommendations
Walking Aids	Wash with General Purpose Detergent (refer to manufacturers' instructions) and dry	
Wheel Chairs	Wash with General Purpose Detergent (refer to manufacturers' instructions) and dry	Wipe with alcohol wipe after washing when used by an infected patient.
Weighing Scales	Wash with General Purpose Detergent (refer to manufacturers' instructions) and dry.	
TV and Handset Equipment	Damp dust with General Purpose Detergent (refer to manufacturers' instructions); Switch off, do not over-wet, and allow drying before use.	Wipe clean alcohol wipes in line with local policies.

NOTE - This list is not intended to be exhaustive and each area should identify any other equipment and write cleaning instructions which should be agreed with the infection control team.

Single Use Device

- Any device deemed unsuitable by the manufacturer for re-processing. Such products will be labelled with the words "single use" or other synonymous reference, and will have the symbol.



Ref: BS EN 980:1997 Graphical Symbols for use in the labelling of medical devices (British Standards Institute 1997)

- Users who disregard this information and prepare single use products for further use will be transferring legal liability for the safe performance of the product from the manufacturer to themselves, or to the organisation that employs them.

Decontamination of Equipment Prior to Service or Repair

- Anyone who inspects services repairs or transports medical devices and equipment has a right to expect that they have been appropriately treated so as to remove or minimise the risk of infection or other hazards for example, chemical or radiation.
- Wherever possible medical devices should be decontaminated and **all** devices presented for service or repair must be provided with a decontamination certificate according to the local procedure.
- Refer to MDA (Medical Devices Agency) document DB2003(05), Management of medical devices prior to repair service or investigation.

Reassembly

- It is essential that following decontamination equipment/devices etc are correctly reassembled according to manufacturers' guidance. Staff must be adequately trained to be able to disassemble and reassemble equipment and check that it is operating normally before re-use.