CH 07

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DECONTAMINATION OF EQUIPMENT

Community Infection Prevention and Control Policy for Care Home settings

Decontamination of equipment

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CH 07

DECONTAMINATION OF EQUIPMENT

Please note that the internet version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

This guidance document has been adopted as a policy document by:

Organisation: ..... …

Signed: .....

Job Title: .....

Date Adopted: .....

Review Date: .....

If your organisation would like to exclude or include any additional points to this document, please include below. Please note, the Community IPC Team cannot endorse or be held responsible for any addendums.

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DECONTAMINATION OF EQUIPMENT

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DECONTAMINATION OF EQUIPMENT

1. Introduction

Decontamination of equipment includes reusable medical devices and equipment. Medical devices and equipment are essential for safe and effective prevention, diagnosis, treatment and rehabilitation of illness and disease.

In order to ensure safe systems of work and to prevent transmission of infection, it is essential that decontamination of reusable medical devices and equipment after use on a resident is undertaken to prevent the transmission of infection. This is in accordance with the requirements of the *Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidanc*e.

2. Definitions

- **Contamination:** The soiling of an object with harmful, potentially infectious or unwanted matter
- **Decontamination:** A combination of processes that removes or destroys contamination
- **Cleaning:** A process that will physically remove contamination (blood, vomit, faeces, etc.) and many micro-organisms using detergent wipes or neutral liquid detergent, e.g. Hospec, and warm water
- **Disinfection:** A process to remove or kill pathogenic (disease causing) micro-organisms using an antimicrobial agent. The ability to kill spores is dependent on the type of disinfectant used
- **Sterilisation:** A process that removes or destroys all organisms including spores

3. Methods of decontamination

There are 3 levels of decontamination, cleaning, disinfection and sterilisation.

All reusable medical devices and equipment should be adequately decontaminated after use on a resident.

Those performing decontamination should be aware that detergent and disinfectant wipes can damage plastic surfaces of medical devices if they are not compatible with the surface material. Reports describe damage to devices such as tympanic thermometers, patient monitors, infusion pumps. This damage may compromise the ability to decontaminate the device adequately or affect the function of the device.

The method of decontamination to be applied will depend on the manufacturer's instructions, a risk assessment of the procedure and the item being used in accordance with Control of Substances Hazardous to Health (COSHH) Regulations (see Section 10 Infection risks and categories).

4. Cleaning

- Detergent wipes or neutral liquid detergent, e.g. Hospec, and warm water and single use cloths are recommended.
- Cleaning is **essential** before disinfection or sterilisation is carried out.
- All equipment that has been cleaned must be dried thoroughly before storage.

5. Disinfection

- A disinfectant should be used for equipment that has been in contact with a resident with a known or suspected infection, non-intact skin, mucous membranes or body fluids.
- Disinfectants can be in the form of a wipe, e.g. Clinell Universal, PDI Sanicloth Universal, Vernacare Tuffie 5 or as solution made from chlorine releasing tablets, liquids or granules, e.g. Milton, Haztabs, Presept, Chlor-Clean.
- At minimum, the disinfectant product should be bactericidal and virucidal. Sporocidal disinfectants should be used when a resident is known or suspected to have diarrhoea due to *Clostridium difficile* – refer to the '*Clostridium difficile* Policy for Care Home settings' for further information.
- A disinfectant will not be effective if there is dirt or visible soiling present, e.g. urine, blood. Therefore, if the disinfectant does not contain a detergent, the equipment should be cleaned before a disinfectant is used.
- Some disinfectant products contain both a detergent and a disinfectant, e.g. Chlor-Clean tablets, Actichlor plus, Clinell Universal wipes, PDI Sanicloth Universal and Vernacare Tuffie 5. This means equipment does not need to be cleaned before disinfection.
- When disinfecting equipment, always follow the manufacturer's instructions, some equipment will have specific instructions which should be followed.

To ensure a disinfectant solution works effectively, it is important that the correct amount of disinfectant and water are used. If a weaker solution is used, the micro-organisms will not be killed, too strong, and equipment or surfaces can be damaged.

- If a chlorine-based disinfectant solution is used it should be at a dilution of 1,000 parts per million (ppm) unless the item is contaminated with blood when a dilution of 10,000 ppm should be used.
- As diluted chlorine-based disinfectant solutions are unstable and become less effective after 24 hours, a new solution should be made each day.
- When using disinfectant products, always wear disposable gloves and apron and, if indicated, eye protection.
- COSHH regulations must be adhered to at all times.

6. Sterilisation

Reusable items requiring sterilisation after use must be sent to an accredited Decontamination Services Facility. Alternatively, single use disposable equipment should be used.

7. Evidence of decontamination

It is recommended that monthly audits to assess the standard of cleanliness of equipment be carried out. An audit tool is available to download at www.infectionpreventioncontrol.co.uk.

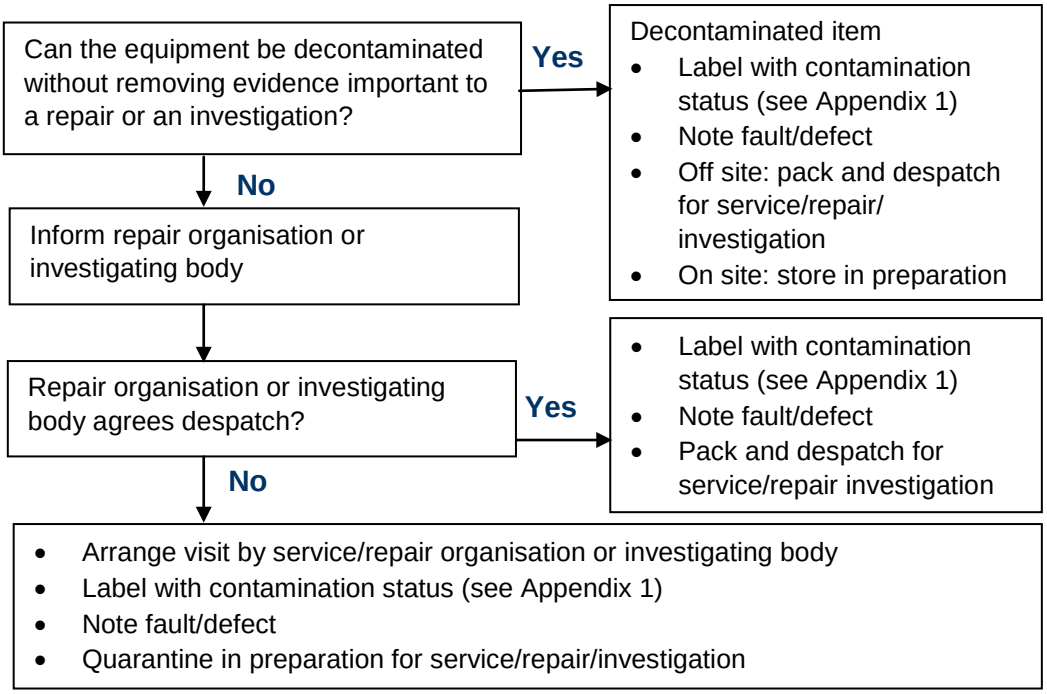
Reusable equipment that has been cleaned or disinfected should be labelled, e.g. with 'I am clean' indicator tape or label/documentation, giving details of the date of cleaning and signed by the person who performed the decontamination.

It is also recommended that equipment not in regular use should be checked on a monthly basis, decontaminated as appropriate and re-labelled.

8. Decontamination of equipment prior to inspection, service or repair

When equipment requires servicing or repair, documentation should accompany the equipment stating if the item has or has not been decontaminated (see Appendix 1).

Flow chart for handling of equipment prior to inspection, service, repair, return to lending organisation or investigation of adverse incident.
Note: It is illegal to send contaminated items through the post.



Ref DB2003 (05) October 2003 page 11

9. Symbols and their meanings

Single use

Items intended for single use are packaged with this symbol  or are labelled 'single use'.

Items labelled or marked for single use, e.g. disposable scissors, tympanic (ear) thermometer covers, some medicine pots, must not be used again as they are designed to be used only once.

Single patient use

Items intended for single patient use will be labelled with 'single patient use', e.g. nebuliser mask, spacers. These can be decontaminated after each use and re-used on the same resident, but cannot be used on another resident.

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

For any queries regarding reprocessing of equipment, advice should be sought from the manufacturer or your local Community Infection Prevention and Control or Public Health England Team.

10. Infection risks and categories

Risk category	Level of decontamination	Method	Examples
Low risk Items in contact with intact skin	Cleaning	• Clean using detergent wipes or neutral liquid detergent, e.g. Hospec, and warm water	• Mattresses • Blood pressure cuffs
Medium risk Items in contact with intact mucous membranes, or contaminated with blood/body fluids or in contact with a resident with a known or suspected infection	Disinfection (cleaning should be undertaken before disinfection)	• Disinfect using disinfectant wipes or a chlorine-based disinfectant • The use of single use items • Items sterilised by an accredited Decontamination Services Facility	• Equipment contaminated with body fluids
High risk Items in contact with a break in the skin or mucous membrane or introduced into a sterile body area	Sterilisation	• Single use • Items sterilised by an accredited Decontamination Services Facility	• Needles • PEG tubes • Urinary catheters

11. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with the *Health and Social Care Act 2008* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- Over 25 IPC Policy documents for Care Home settings

- 'Preventing Infection Workbook: Guidance for Care Homes'
- 'IPC CQC Inspection Preparation Pack for Care Homes'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Care Homes'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and 'Mock IPC CQC Inspections'. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

12. References

Department of Health (2015) *The Health and Social Act 2008: Code of Practice for the Prevention and control of healthcare associated infections*

Department of Health (2006) *Essential steps to safe, clean care*

Loveday et al (2014) epic3: *National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospital in England*

Medicines and Healthcare Products Regulatory Agency (2013) *Detergent and disinfectant wipes used on reusable medical devices with plastic surfaces – risk of degrading plastic surfaces MDA/2013/019*

Medicines and Healthcare Products Regulatory Agency (2014) *Managing Medical Devices Guidance for healthcare and social services organisations*

Medicines and Healthcare Products Regulatory Agency (2013) *Single-use medical; devices: implications and consequences of reuse*

NHS England and NHS Improvement (March 2019) *Standard infection control precautions: national hand hygiene and personal protective equipment policy*

Royal Marsden (March 2015) *The Royal Marsden Hospital Manual of Clinical Nursing Procedures 9th Edition*

13. Appendices

Appendix 1: Declaration of Contamination Status

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DECLARATION OF CONTAMINATION STATUS

From (consignor):	.....	**To** (consignee):	.....
Address:	.....	Address:	.....
	.....		.....
Reference:	.....	Reference:	.....
Emergency tel:	.....		

Type of equipment:	.....	Manufacturer:	.....
Description of equipment:	.....		
Other identifying marks:	.....		
Model No:	.....	Serial No:	.....
Fault:	.....		

Is the item contaminated? **Yes*** ☐ **No** ☐ **Don't know** ☐

* State type of contamination: blood, body fluids, respired gases, pathological samples, chemicals (including cytotoxic drugs), radioactive material or any other hazard .....

Has the item been decontaminated? **Yes (a)** ☐ **No (b)** ☐ **Don't know** ☐

(a) What method of decontamination has been used? Please provide details:

Cleaning: ☐ .....

Disinfection: ☐ .....

Sterilisation: ☐ .....

(b) Please explain why the item has **NOT** been decontaminated:

.....

.....

CONTAMINATED ITEMS SHOULD NOT BE RETURNED WITHOUT PRIOR AGREEMENT OF THE RECIPIENT

This item has been prepared to ensure safe handling and transportation:

Name:	.....	Position:	.....
Signature:	.....		
Date:	.....	Tel:	.....

Community Infection Prevention and Control, Harrogate and District NHS Foundation Trust
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