



Community Infection Prevention and Control Policy for Care Home settings

Safe management of care equipment

SAFE MANAGEMENT OF CARE EQUIPMENT

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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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1. Introduction

This Policy is one of the 10 'Standard infection control precautions' (SICPs) referred to by NHS England and NHS Improvement.

Management systems should ensure adequate supplies of reusable medical devices. 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 guidance*.

2. Definitions

| | |
|-------------------------|--|
| Equipment | Equipment used in care homes includes aids to daily living, e.g. wheelchairs, walking frames, commodes, urine bottles, raised toilet seats, shower chairs, pressure relieving mattresses and cushions |
| 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, such as bacteria, viruses and fungi, using detergent wipes or pH neutral 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

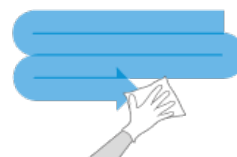
There are 3 levels of decontamination – cleaning, disinfection and sterilisation. All reusable medical devices and equipment should be adequately decontaminated after use on a resident before storing or use on another resident.

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. Check manufacturer's instructions to ensure cleaning products are compatible with the item.

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 procedure

- The correct personal protective equipment (PPE) must be worn, and hands cleaned after removing each item of PPE, e.g. pair of gloves, apron.
- When cleaning and disinfecting, clean all surfaces using an 'S' shaped pattern from clean to dirty, top to bottom, taking care not to go over the same area twice. This cleaning motion reduces the amount of micro-organisms, such as bacteria, viruses and fungi, that may be transferred from a dirty area to a clean area.
- Detailed guidance on how to perform common cleaning tasks can be found in the National Patient Safety Agency (NPSA) Guidance on specifications for cleanliness.



5. Cleaning

- Detergent wipes or pH neutral detergent, e.g. Hospec, and warm water and single use disposable 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.

6. Disinfection

- A disinfectant should be used for equipment that has been in contact with non-intact skin, mucous membranes, body fluids or a resident with a known or suspected infection.
- Disinfectants can be in the form of a wipe, e.g. 70% alcohol, or as solution made from chlorine releasing tablets, liquids or granules, e.g. Milton, Haztabs, Presept.
- 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 *Clostridioides difficile* – refer to the '*Clostridioides 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 and/or blood stained body fluids 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 apron and gloves and, if indicated, facial protection.
- Numerous agents and cleaning solutions are mentioned within this guidance. As with all substances, COSHH (Care of Substances Hazardous to Health) guidance and manufacturer's instructions must be followed in order to achieve safe practice.

7. Sterilisation

It is unlikely that invasive reusable medical devices, e.g. surgical instruments, endoscopes, would be used in a care home setting. Any such medical device would have to be identifiable throughout its use and decontamination cycles to ensure traceability. Decontamination must be performed at an accredited Decontamination Services Facility.

Alternatively, single use disposable equipment can be used.

8. 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 relabelled.

9. Decontamination of equipment prior to inspection, service, repair or disposal

When equipment requires servicing or repair, documentation should accompany the equipment stating if the item has or has not been decontaminated (see Appendix 1 'Declaration of contamination status' and flow chart).


It is illegal to send contaminated items through the post.

Equipment for disposal should be cleaned prior to disposal.

Equipment that is known, thought to be infected, e.g. been in contact with non-intact skin, mucous membranes, body fluids or a resident with a known or suspected infection, or heavily soiled, should be cleaned and disinfected prior to disposal as infectious waste. The items must be suitably bagged, securely sealed and labelled as biohazard. Removal must be sought via an approved contractor or the local council. Prior to removal, they should be stored in a secure area – refer to the 'Safe disposal of waste Policy for Care Home settings'.

10. Classification of care equipment

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. oxygen mask. These can be decontaminated after each use and reused on the same resident, but cannot be used on another resident.

Hoist slings should be single patient use, e.g. labelled for use by a named resident and should not be used by any other person. They should be on a cleaning schedule, laundered regularly and whenever visibly soiled. Records of laundering should be maintained.

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.

Reusable non-invasive equipment

Reusable non-invasive equipment, e.g. thermometers, wheelchairs, commodes, fans, often referred to as communal equipment, is reused on more than one resident following decontamination.

Use of reusable non-invasive equipment must comply with manufacturer's instructions and decontamination must be undertaken:

- Between each use
- After contamination with blood or body fluids
- Before inspection, servicing or repair

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.

11. Reusable personal protective equipment

After use, reusable personal protective equipment (PPE) e.g. safety glasses, face visor, should be cleaned appropriately, see section 5.

If worn when a resident has a suspected or known infection, or the PPE is visibly soiled with blood or body fluids, it should be cleaned and disinfected, see sections 5 and 6.

The decontaminated reusable PPE should then be stored appropriately in a clean place. Do not store on open surfaces where it may become contaminated.

12. How to decontaminate a face visor after use

Face visors can be reused and replaced whenever required. Please add your name to your face visor and store carefully between use:

NB: For effective decontamination, face visors must be cleaned then disinfected. See sections 5 and 6.

1. Clean hands
2. Put on a new pair of disposable gloves
3. Clean inside of the visor, foam/plastic and elastic strap
4. Clean outside of the visor
5. Dispose of wipe or cloth in an infectious waste bag
6. Repeat steps 4-5 for disinfection
7. Allow face visor to air dry - do not wipe dry
8. Remove and dispose of gloves
9. Clean hands
10. Store face visor safely until next use, preferably in a clean lidded container

13. Infection risks and categories

| Risk category | Level of decontamination | Method | Examples |
|--|--------------------------|--|--|
| Low risk Items in contact with intact skin | Cleaning | <ul style="list-style-type: none"> • Clean using detergent wipes or pH neutral detergent, e.g. Hospec, and warm water | <ul style="list-style-type: none"> • Mattresses • Blood pressure cuffs • Reusable PPE |

| Risk category | Level of decontamination | Method | Examples |
|--|---|---|---|
| <p>Medium risk</p> <p>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</p> | <p>Disinfection (cleaning should be undertaken before disinfection)</p> | <ul style="list-style-type: none"> Disinfect using disinfectant wipes or a chlorine-based disinfectant The use of single use items Items sterilised by an accredited Decontamination Services Facility | <ul style="list-style-type: none"> Equipment contaminated with body fluids Reusable PPE |
| <p>High risk</p> <p>Items in contact with a break in the skin or mucous membrane or introduced into a sterile body area</p> | <p>Sterilisation</p> | <ul style="list-style-type: none"> Single use Items sterilised by an accredited Decontamination Services Facility | <ul style="list-style-type: none"> Needles PEG tubes Urinary catheters |

14. 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: Code of Practice on the prevention and control of infections and related guidance* and CQC registration requirements.

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

- 29 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.

15. References

Department of Health (2015) *The Health and Social Act 2008: Code of Practice on the prevention and control of infections and related guidance*

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 (2018) *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 NHS Foundation Trust (2020) *The Royal Marsden Hospital Manual of Clinical and Cancer Nursing Procedures 10th Edition*

16. Appendices

Appendix 1: Declaration of contamination status



**Infection.
Prevention.
Control.**
You're in safe hands



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:

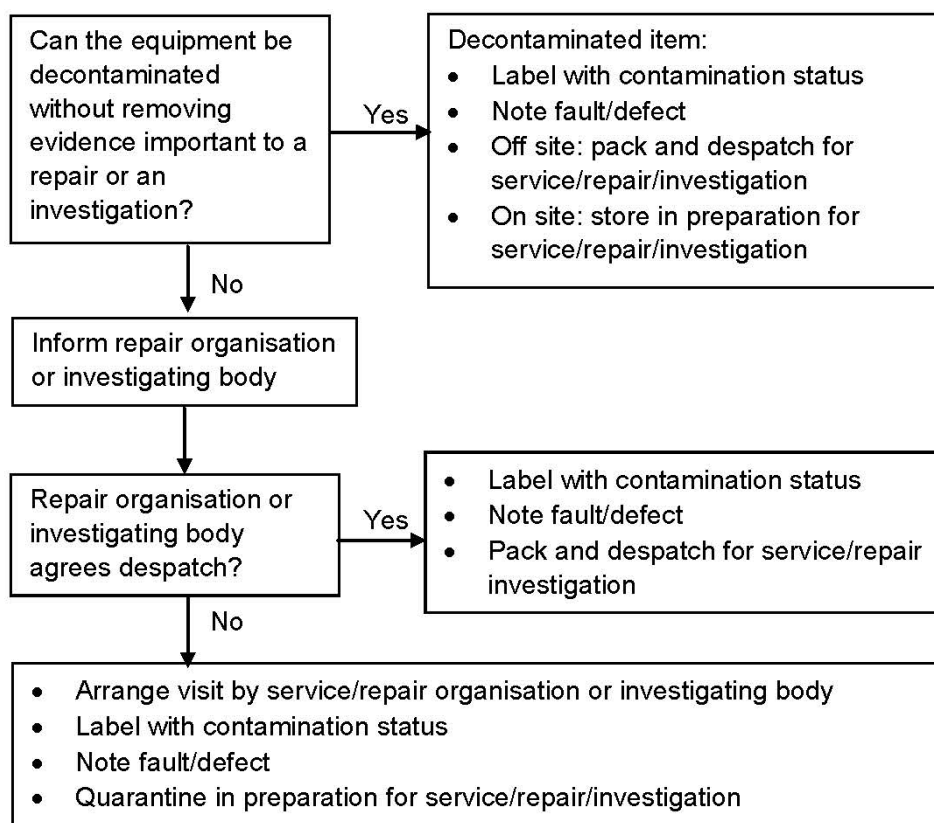
Signature:

Date: Tel:

Declaration of contamination status

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.



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