



**Community Infection Prevention and Control
Policy for Domiciliary Care staff**

Safe management of care equipment

SAFE MANAGEMENT OF CARE EQUIPMENT

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Community Infection Prevention and Control
Harrogate and District NHS Foundation Trust
Gibraltar House, Thurston Road
Northallerton, North Yorkshire. DL6 2NA
Tel: 01423 557340
email: infectionprevention.control@nhs.net
www.infectionpreventioncontrol.co.uk

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1. Introduction

This Policy is one of the 'Standard infection control precautions' (SICPs) referred to by NHS England in the *National infection prevention and control manual (NIPCM) for England*.

Microorganisms, e.g. bacteria and viruses, may be transferred between people through the use and handling of care equipment if it is not properly stored and cleaned. This Policy provides details on decontamination (cleaning and disinfection) of care equipment.

All staff should know and understand the importance of clean care equipment.

- Clean care equipment reduces the risk of spreading infection.
- Most microorganisms are found in dust and dirt.
- Some microorganisms are harder to kill and, therefore, cleaning followed by disinfection is required (see Section 5).
- Hands regularly come into contact with care equipment. If hands are not cleaned after contact with care equipment, they will transfer any microorganisms present. This risk is always present, but increases with inadequate decontamination of care equipment.
- Items to be cleaned and disinfected should be in a good state of repair to ensure effective decontamination is achievable.
- Cushions, e.g. pressure relieving, wheelchair, should be cleaned regularly. They should have removable covers to allow inspection of the inside surface of the cover and the cushion.
- Underneath surfaces and frames, e.g. commodes, raised toilet seats, shower chairs, wheelchairs, are often missed and should be inspected regularly.

Staff should clean their hands before putting on and after removing and disposing of personal protective equipment (PPE).

When using and decontaminating care equipment, always use SICPs and, when required, 'Transmission based precautions' (TBPs), refer to the 'SICPs and TBPs Policy'.

When caring for service users in relation to any new or emerging infection, staff should refer to national infection prevention and control guidance.

2. Colour coding of cleaning equipment

In a supported living or sheltered housing complex, to reduce the risk of transmission of infection between different areas, best practice is to adopt the 'National colour coding scheme for cleaning materials and equipment'.

Colour coding of cleaning materials and equipment ensures that these items are not used in multiple areas, therefore, reducing the risk of transmission of infection from one area to another, e.g. toilet to kitchen.

National colour coding scheme - for cleaning materials and equipment	
It is recommended to adopt the national colour code for cleaning materials. All cleaning items, e.g. disposable cloths, mops, buckets, aprons and gloves, should be colour coded	
RED	Bathrooms, showers, toilets, basins and bathroom floors
BLUE	General areas, including lounges, offices, corridors and bedrooms
GREEN	Kitchen areas, including satellite kitchen areas and food storage areas
YELLOW	Bedrooms when a service user has a confirmed or suspected infection and is cared for in their own room (isolation)

3. Methods of decontamination

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

All reusable care equipment must be adequately decontaminated after use on a service user. It must be clear who is responsible for decontaminating the care equipment, the frequency, and method of decontamination. The method recommended will depend on the manufacturer's instructions, a risk assessment of the procedure and the item being used (see Table below).

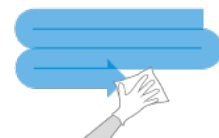
Risk category	Level of decontamination	Method	Examples
Low risk Items in contact with intact skin or not contaminated with blood/body fluids, or not in contact with a service user with a confirmed or suspected infection	Cleaning	<ul style="list-style-type: none"> Clean using detergent wipes or general purpose neutral detergent, e.g. washing up liquid, and warm water 	<ul style="list-style-type: none"> Wash bowl Mattress Pressure relieving cushion Hoist Shower chair

Risk category	Level of decontamination	Method	Examples
<p>Medium risk</p> <p>Items in contact with intact mucous membranes, e.g. eyes, nose, mouth, or contaminated with blood/body fluids, or in contact with a service user with a confirmed or suspected infection</p>	<p>Disinfection (cleaning should be undertaken before disinfection unless a '2 in 1' product is used)</p>	<ul style="list-style-type: none"> Disinfect using disinfectant wipes or a household bleach or equivalent product Single use items Items reprocessed by an accredited Decontamination Services Facility 	<ul style="list-style-type: none"> Commode Bed pan Care equipment contaminated with blood or body fluid Care equipment in contact with a service user with a confirmed or suspected infection
<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 tube Urinary catheter

4. Cleaning

Cleaning is a process that physically removes dust, dirt, including visible soiling, body fluids and a number of microorganisms.

- Detergent wipes or warm water and a general purpose neutral detergent, e.g. washing up liquid, and single use disposable cloths are recommended. If reusable cloths are used, they should be washed after use and stored dry.
- Cleaning is suitable for most care equipment. Always follow the care equipment manufacturer's instructions.
- Cleaning is **essential** before disinfection is carried out. A disinfectant solution is not effective if there is dirt or visible soiling, e.g. urine, faeces, blood.
- When cleaning and disinfecting, clean top to bottom, clean to dirty. Large and flat surfaces should be cleaned using an 'S' shaped pattern, starting at the point furthest away, overlapping slightly, but taking care not to go over the same area twice. This cleaning motion reduces the amount of microorganisms that may be transferred from a dirty area to a clean area.



- All cleaned reusable care equipment must be dried thoroughly before storage.

5. Disinfection

Disinfection is a process that removes or kills most, but not all, microorganisms, using a disinfecting agent or method. It is required when care equipment has been in contact with broken skin, mucous membranes, blood, body fluids or the service user has a confirmed or suspected infection. Cleaning is **essential** before disinfection is carried out.

- Unless the care equipment manufacturer advises against it, a household bleach solution should be used for disinfecting care equipment, see the disinfection dilution guide table below.
- If an item of care equipment is unsuitable for disinfecting with household bleach, an alternative product may be used. At minimum, the product should be effective against bacteria and viruses and if the service user is confirmed or suspected to have *C. difficile*, a sporicidal product must be used.

Note: Household bleach should not be used on soft furnishings, untreated wood and carpets, as it will cause ‘whitening/bleaching’. Therefore, only general purpose neutral detergent and warm water, an alternative disinfectant, a carpet shampoo machine or steam cleaner, should be used.

- Some disinfectant products are ‘2 in 1’, which contain both a detergent and disinfectant.
- Diluted chlorine-based disinfectant solutions, such as household bleach, become less effective after 24 hours. When a solution is made, the date and time should be recorded and the solution disposed of after 24 hours.
- To ensure that microorganisms are killed, always leave chlorine-based disinfectant solutions for the contact time as per manufacturer’s instructions.
- When disinfecting care equipment, always follow the manufacturer’s instructions, some items will have specific instructions which should be followed.

Disinfection dilution guide for household bleach

Care equipment, e.g. commode, shower chair, raised toilet seat, contaminated with **blood/blood stained body fluid**

Dilution of 1 in 10, e.g. 10 ml of household bleach in 100 ml of cold water or 100 ml of household bleach in 1 litre of cold water

Care equipment, e.g. commode, shower chair, raised toilet seat, contaminated with **body fluid (not blood/blood stained)**, or when the service user has a **confirmed or suspected infection**

Dilution of 1 in 100, e.g. 10 ml of household bleach in 1 litre of cold water

Instructions on cleaning a commode and commode pan are available to download at www.infectionpreventioncontrol.co.uk, 'Cleaning a commode for Domiciliary Care settings' Poster and 'Cleaning a commode pan manually for Domiciliary Care settings' Poster.



6. Sterilisation

Sterilisation is a process that destroys or remove all microorganisms. It is a specialist means of decontamination and is not undertaken in Domiciliary Care.

7. Equipment required for decontaminating care equipment


- PPE - disposable apron and gloves at minimum. Facial/eye protection if there is a risk of splashing to the eyes, nose or mouth.
- Best practice is to use disposable cleaning cloths and dispose of after use as per local policy. If reusable cloths are used, they should be washed after use and stored dry.
- Use separate cloths for cleaning toileting equipment, e.g. commodes, raised toilet seats and urinal bottles, to those used on other items of care equipment, such as a hoist, walking frame, wheelchair, wipeable bedframes and mattresses.
- Detergent wipes or detergent solution, e.g. warm water and washing up liquid, should be used for cleaning surfaces.
- Disinfectant - when disinfection is required. If bleach is used, it should be at the appropriate dilution shown in the table in Section 5.

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

When care equipment requires servicing, repair or returning to an equipment loan centre, documentation should accompany the equipment stating if the item has or has not been decontaminated (available to download at www.infectionpreventioncontrol.co.uk/wp-content/uploads/2018/12/Declaration-of-contamination-status-Form-November-2023-1.pdf and can be completed electronically).

9. Classification of care equipment

Single use

Items intended for 'single use', e.g. catheter bags, are packaged with this  symbol or are labelled 'single use'.

Items labelled or marked for single use, must not be used again as they are designed to be used only once.

Anyone preparing single use items for further episodes of use may be transferring legal liability for the safe performance of the item to themselves with the potential to cause harm to those in their care.

Single patient (service user) use

'Single patient use' means that, if required, the item can be decontaminated and used again on the same service user, but cannot be used on another person. Packaging on items intended for single patient use, e.g. oxygen mask, will be labelled 'single patient use'.

10. Reusable PPE

After use, reusable PPE, e.g. safety glasses, face visor, should be cleaned appropriately, see Section 4. Please add your name to your face visor. If worn when a service user has a confirmed or suspected infection, or the PPE is visibly soiled with blood or body fluids, it should be cleaned and disinfected, see Sections 4 and 5.

How to decontaminate a face visor after use

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 a plastic bag
6.	Repeat steps 4-5 for disinfection unless a '2 in 1' product has been used
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 or plastic bag

Do not store decontaminated reusable PPE on surfaces where it may become contaminated.

11. Infection Prevention and Control resources, education and training

See Appendix 1 for the 'Safe management of care equipment: Quick reference guide'.

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist Domiciliary Care 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:

- 24 IPC Policy documents for Domiciliary Care staff
- Preventing Infection Workbook: Guidance for Domiciliary Care staff
- IPC audit tools, posters, packs, leaflets and factsheets
- IPC Bulletin for Domiciliary Care staff

In addition, we hold educational study events in North Yorkshire.

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

12. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

Loveday et al (2014) epic3: *National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospital in England. Journal of Hospital Infection Volume 86; Supplement 1; Pages S1-S70*

Medicines and Healthcare Products Regulatory Agency (2021) *Single-use medical devices: implications and consequences of reuse*

NHS England (Updated 2024) *National infection prevention and control manual (NIPCM) for England*

13. Appendices

Appendix 1: Safe management of care equipment: Quick reference guide



Safe management of care equipment: Quick reference guide for domiciliary care



Introduction

In order to prevent the transmission of infection, it is essential that decontamination of reusable care equipment after use on a service user is undertaken.

Cleaning

- Wear appropriate PPE.
- When cleaning and disinfecting, clean top to bottom, clean to dirty. Large and flat surfaces should be cleaned using an 'S' shaped pattern, starting at the point furthest away, overlapping slightly, but taking care not to go over the same area twice.
- Detergent wipes or general purpose neutral detergent, warm water and single use disposable cloths are recommended.
- All cleaned reusable care equipment must be dried thoroughly before storage.

Disinfection


- Wear appropriate PPE.
- Cleaning is essential before disinfection is carried out, unless a '2 in 1' detergent and disinfectant product is used.
- Always follow manufacturer's instructions for dilution and contact time.
- Do not use chlorine-based disinfectants, such as household bleach, on wooden or fabric surfaces.
- Make new chlorine-based solutions, such as household bleach, each day and discard after 24 hours.
- If using household bleach:
 - ◊ Use 10 ml in 100 ml of cold water for blood or blood-stained body fluid contamination
 - ◊ Use 10 ml in 1 litre of cold water for body fluid (non blood/ blood stained) contamination or when the service user has a confirmed or suspected infection.

Which level of decontamination?

Cleaning is suitable for most care equipment in a domiciliary care setting.
Disinfection is required:

- When care equipment has been in contact with broken skin or a mucous membrane
- When contaminated with blood and/or body fluids
- When a service user has a confirmed or suspected infection

Classification of care equipment

 **Single use**
Items for 'single use' must not be used again. Single use items, e.g. syringe, catheter leg bag, medicine pots, will be marked with the single use symbol as shown, or will state it is 'single use'.

Single patient (service user) use
Items for 'single patient use', e.g. oxygen mask, can be decontaminated and used again on the same service user, but cannot be used on another person. It will be indicated on the packaging that the item is single patient use.

For further information, please refer to the full Policy which can be found at www.infectionpreventioncontrol.co.uk/domiciliary-care/policies/

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