

Decontamination of Medical Devices

(Infection Prevention and Control Policy: Appendix 12)

This Appendix must be read in conjunction with the
Infection Prevention and Control Policy

Version: 3

Summary:	This policy outlines: the principles of decontamination and current legislation which applies to the decontamination of re-useable medical devices. It provides guidance suitable methods of decontamination of re-usable medical devices and the standards of practice expected of staff to reduce the risk of cross- infection from a re-usable medical device.	
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Decontamination of Medical Devices

1. Introduction

The purpose of this policy is to:

- 1.1 Indicate safe systems of work to protect patients, visitors, staff (including those not directly employed by the Trust) from transmission of infection from medical devices.
- 1.2 To provide clear guidelines on the management and implementation of locally performed decontamination
- 1.3 To indicate when local decontamination is inappropriate e.g. re-processing of single-use items

2. Definitions

2.1 General Definitions

- 2.1.1 **Medical Device:** A medical device is an instrument, apparatus, appliance, material or any other article, used alone or in combination and intended by the manufacture to be used on human beings for the purpose of control of conception, diagnosis, prevention, monitoring, treatment, alleviation of disease, investigation, replacement or modification of the anatomy or physiological process; alleviation of or compensation for an injury or handicap.
- 2.1.2 **Single use, Single patient use and reusable items:** All medical devices including endoscopes and their accessories are designated either as single use, single patient use or reusable devices. The following definitions apply:
- 2.1.3 **Single-Use:** A device that is used once, on a single patient and then disposed of.

Items labelled “single-use” or “not for reuse” will display the international single-use sign.



Items displaying this sign must not be reused or reprocessed under any circumstances; they must be used once and discarded.

The problems associated with reuse and reprocessing of single use devices are:

- Lack of knowledge of the compatibility of a device with the cleaning, disinfection or sterilisation process chosen.
- Absorption of chemicals/agents used in the reprocessing of the device, which may be transferred to the patient during use.
- Inability to confirm that reprocessed devices have not deteriorated during reprocessing e.g. plastic materials may become brittle, lose flexibility or crack.

Such problems could lead to patient harm due to:

- Infection – because of decontamination failure
- Injury – because of structural damage to the device
- Exposure to harmful substances – due to absorption of reprocessing agents.

The consequences to the user and the Trust of reuse may be:

- Exposure to civil liability to pay damages for any injury caused to another person by the device, either on the basis of negligence or under the strict product liability provisions of part 1 of the Consumer Protection Act 1987, if the product is found to be defective.

- Prosecution for a criminal offence under the Health and Safety at Work Act 1974 by contravening the provisions relating to “general duties” by carrying out activities that expose patients or staff to risk.

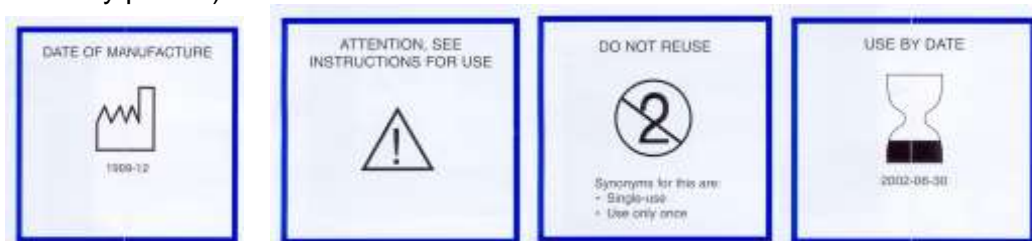
The Trust will not support the reuse of single-use medical devices under any circumstances.

2.1.4 **Single patient use:** A device that can be used more than once on a single patient. Single patient use items may be reprocessed in line with manufacturer’s instructions or where they are only used by the individual they have been issued to i.e. toe nail clippers and file.

The expression “**single patient use**” written on the packaging of medical devices means that the manufacturer:

- Intends the device to be used for one patient.
- The item may be reprocessed for use on more than one occasion for the same patient
- Manufacturers’ instructions will state the method of decontamination and the number of times it may be reprocessed.
- The device is to be disposed of when no longer required for that patient.

2.1.5 **Symbols relating to single use items:** All staff must be aware of and familiarise themselves with the following symbols and their meaning (not all symbols will appear on every packet).



2.1.6 **Reusable:** A device that can be reused on multiple patients provided it is adequately decontaminated between uses.

2.1.7 **Decontamination:** the total process used to remove organic matter and micro-organisms from an item and render it safe for use. There are three levels of decontamination: cleaning, disinfection and sterilization.

2.1.8 **Cleaning:** A process which physically removes infectious agents and the organic matter on which they thrive but does not necessarily destroy infective agents. The reduction of microbial contamination depends upon many factors, including the effectiveness of the cleaning process and the initial bioburden. Cleaning is an essential pre-requisite to ensure safe effective disinfection or sterilisation.

2.1.9 **Disinfection:** A process used to reduce the number of viable infectious agents but which may not necessarily inactivate some microbial agents, such as certain viruses and bacterial spores. Disinfection does not achieve the same reduction in microbial contamination levels as sterilisation.

2.1.10 **Sterilisation:** A process used to render an object free from viable infectious agents including viruses and bacterial spores

2.1.11 **Disinfectants** are chemicals that destroy micro-organisms; however they are not suitable for use on skin or tissue. The degree of microbial destruction caused by

disinfectants varies between different types of disinfectants, the exposure time and their concentration.

2.1.12 **Antiseptics** are (usually) non-toxic chemicals that destroy or inhibit the growth of microorganisms used on the skin or tissues.

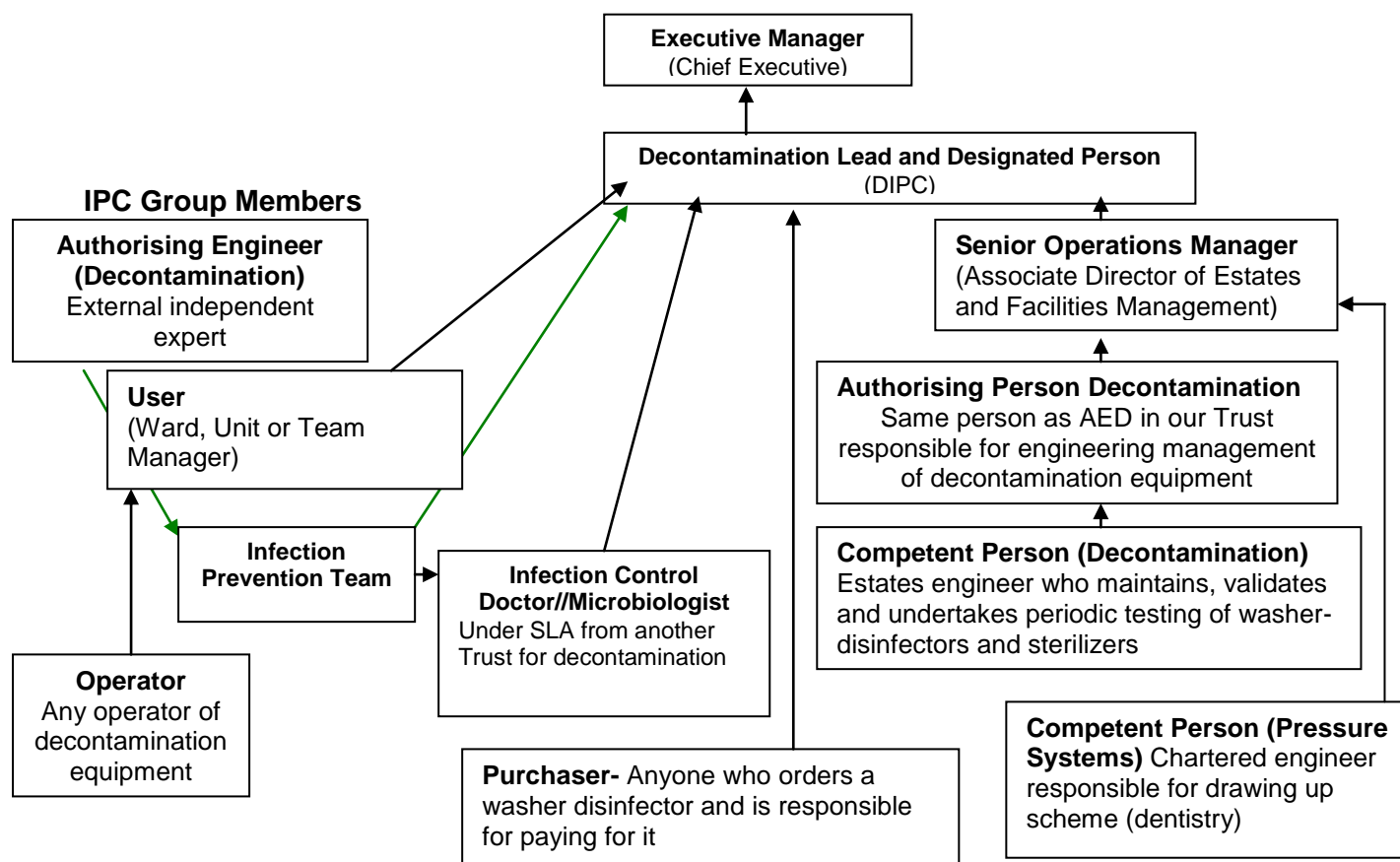
2.2 **Staffing Definitions** (*as taken directly from HTM 01-01 Part A).

2.2.1 **Key personnel (as outlined in HTM 01-01 Part A)**

The following key personnel have specific responsibilities within decontamination:

- **Executive Manager** – Chief Executive
- **Decontamination Lead** Director of Infection Prevention and Control
- **Designated Person** –Director of Infection Prevention and Control
- **Senior Operational Manager** - Associate Director Estates and Facilities
- **Authorising Engineer (Decontamination)** – expert who is independent from the Trust e.g. Tom Hall
- **Authorised Person (Decontamination)** –same person as AE(D) in our Trust
- **Competent Person (Decontamination)**- Estates engineer who maintains, validates and undertakes periodic testing of washer-disinfectors and sterilizers
- **Control of Infection Doctor /Microbiologist (Decontamination);** - Under Service Level Agreement from another Trust for decontamination
- **Operator**- Any operator of decontamination equipment
- **Purchaser** –Anyone who orders a washer disinfectant and is responsible for paying for it
- **User** – e.g. Ward, Team Unit Manager, GP, Endoscopy Unit Manager

Flow Chart Demonstrating Operational Management Structure (Decontamination)



2.2.2 **Management *** – is defined as the owner, occupier, employer, general manager, chief executive or other person of similar authority who is ultimately accountable for the safe operation of the premises, including decontamination

Line managers are responsible for maintaining training records of their staff. (HTM 01-01 Part A).

2.2.3 **Executive Manager ***- is the person with ultimate management responsibility, including allocation of resources and the appointment of personnel, for the organisation in which the decontamination equipment is installed (eg Chief Executive)

2.2.4 **Decontamination Lead *** - Every healthcare organisation should have a nominated Decontamination Lead (Director of Infection Prevention and Control) with responsibility for decontamination, either at board level or who has line management responsibility to a senior responsible person at that level.

The Decontamination Lead should report directly to the Executive Manager

The Decontamination Lead is organisationally responsible for:

- The effective, and technically compliant, provision of decontamination services.
- The implementation of an operational policy for decontamination. This responsibility is discharged to the 'User' (e.g. Ward/Unit Manager)
- Ensuring that the operational policy clearly defines the roles and responsibilities of all personnel who may be involved in the use, installation and maintenance of decontamination equipment. This responsibility is discharged to the Infection Prevention Team
- Monitoring the implementation of the policy as Chair of the Infection Prevention and Control Committee.

2.2.5 **Designated Person*** - This person (D.I.P.C) provides the essential senior management link between the organisation and professional support eg Infection Prevention and Control Team. The Designated Person should also provide an informed position at board level.

2.2.6 **Senior Operational Manager*** - is technically, professionally and managerially responsible (and accountable to the Decontamination Lead) for the engineering aspects of decontamination (Associate Director Estates and Facilities Management).

2.2.7 **User *** – is the person designated by Management to be responsible for the management of the process (e.g. Ward, Unit Team Manager, endoscopy manager). The User is also responsible for the Operators. The principal responsibilities of the User are as follows:

- To certify that the decontamination equipment is fit for use;
- To hold all documentation relating to the decontamination equipment, including the names of other key personnel;
- To ensure that decontamination equipment is subject to periodic testing and maintenance;
- To appoint operators where required and ensure that they are adequately trained;
- To maintain production records;
- To establish procedures for product release in line with the quality management system;
- To ensure that procedures for production, quality control and safe working are documented and adhered to in the light of statutory requirements and accepted best practice.

For further support and guidance the User may seek the advice of infection control team.

2.2.8 Authorising Engineer (Decontamination) (AE (D))* – The role of the AE(D) should be fully independent of the healthcare facilities' structure for maintenance, testing and management of the decontamination equipment.

The AE(D) is defined as a person designated by Management to provide independent auditing and technical advice on decontamination procedures, washer disinfectors, sterilizers and sterilization and to review and witness documentation on validation.

The AE(D) is required to liaise closely with other professionals in various disciplines and, consequently, the appointment should be made known in writing to all interested parties.

The AE(D) should assist healthcare organisations in the appointments and interviews of the AP(D)s and their consequent annual assessments.

The AE(D) should have a reporting route to the Decontamination Lead and should provide professional and technical advice to the AP(D)s, CP(D)s, Users and other key personnel involved in the control of decontamination processes in all healthcare facilities.

The principal responsibilities of the AE (D) are as follows:

- To provide to Management and others, general and impartial advice on all matters concerned with decontamination;
- To advise Management and others on programmes of validation and testing;
- To audit reports on validation, revalidation and yearly tests submitted by the AP(D);
- To advise Management and others on programmes of periodic tests and periodic maintenance;
- To advise Management and others on operational procedures for routine production;
- To advise Management on the appointment of the AP(D);
- To provide technical advice on purchasing and selection of decontamination equipment for the users;
- To provide technical advice on the relevant guidance on decontamination equipment and procedures.

2.2.9 Authorised Person Decontamination AP(D) - Is an individual possessing adequate technical knowledge and having received appropriate training, appointed in writing by the Designated Person (in conjunction with the advice provided by the AE(D)). who is responsible for the practical implementation and operation of Management's safety policy and procedures relating to the engineering aspects of decontamination equipment including the operation of the permit-to-work system . It has been agreed that the AE(D) can also act as AP(D) as the Trust has so few re-useable items of decontamination equipment in use that a service provided by a third party is adequate.

The AP(D) should be able to undertake the safe and effective management aspects of the service.

The role of AP(D) is intended to provide the organisation with an individual who, as part of the management infrastructure, will provide day-to-day operational management responsibility for the safety of the system (usually internal appointment from within the organisation).

The AP(D) should report to the Designated Person and be responsible for:

- The engineering management of decontamination equipment;
- The line management and/or appointment of the CP(D);
- The safe and effective systems of work for all installed decontamination equipment within his/her area of responsibility;
- The acceptance criteria for operational and performance testing of all installed decontamination equipment;
- Liaison with the AE(D), Decontamination Lead and other interested professionals;
- Authorising the use of decontamination equipment after major repair or refurbishment and after quarterly or annual tests

(HTM 01-01 Part B)

2.2.10 **Competent Person (Decontamination) (CP (D))** - a person designated by Management to carry out maintenance, validation and periodic testing of washer-disinfectors and sterilizers. The CP(D) reports to AP(D) or other appropriate member of Estates Department. The CP(D) principle responsibilities are :

- To carry out maintenance tasks
- To carry out repair work
- To conduct validation tests as given in HTM 01-01 Parts B, C and D
- To conduct periodic tests as given in HTM 01-01 Parts B, C and D

2.2.11 **Infection Control Doctor *** – a person designated by Management to be responsible for advising the User on all infection control aspects. In our Trust this is provided under Service Level Agreement from an Infection Control Doctor working in an acute Trust who also performs the Microbiologist role.

2.2.12 **Microbiologist (Decontamination)***- designated by Management to be responsible for advising the User and that Management on microbiological and infection prevention aspects of the decontamination of reusable surgical instruments.

The Microbiologist (Decontamination) should have a relevant degree or equivalent qualification (for example, microbiology or medicine) together with relevant experience.

2.2.13 **Operator ***- any person with the authority to operate a washer-disinfector or a sterilizer, including the noting of instrument readings and simple housekeeping duties.

2.2.14 **Contractor** (or supplier) – is defined as a person or organisation designated by Management to be responsible for the supply and installation of the washer-disinfector or sterilizer, and for the conduct of the installation checks and tests as specified in HTM 01-01 Parts C and D to the satisfaction of the CP(D) before the decontamination equipment can undergo full validation to allow acceptance. The Contractor (or supplier) may also be the manufacturer of the machine (HTM 01-01 Part B).

2.2.15 **Purchaser** – as the person or organisation that orders the washer-disinfector or sterilizer and is responsible for paying for it (HTM 01-01 Part B).

2.2.16 **Competent Person (Pressure Systems)*** – defined in the Pressure Systems Safety Regulations 2000 is not the same person as the Competent Person (Decontamination) defined in this Health Technical Memorandum. The former is a chartered engineer responsible for drawing up a written scheme of examination for the system. The latter is the person who carries out maintenance, validation and

periodic testing of washer-disinfectors and sterilizers. The appointment is made by the Associate Director of Estates and Facilities Management for our Trust.

2.2.17 Infection Control Team - To produce an operational decontamination policy which reflects current legislation and nationally agreed best practice, ensuring that the operational policy clearly defines the roles and responsibilities of all personnel who may be involved in the use, installation and maintenance of decontamination equipment.

To provide technical advice concerning the decontamination of medical devices to the Operator, User, Decontamination Lead and Designated Person.

3. Process

Decontamination: Choosing the Right Method

Prior to the decontamination of medical equipment, the level of risk should be established ensuring that the most appropriate decontamination method is selected. The level of decontamination required for an item is dependant upon the anticipated use of that item. The MHRA provides the following guidance:

Level of risk	Use of Item	Decontamination process required
Low risk	<ul style="list-style-type: none"> In contact with intact skin Not in contact with the patient 	Cleaning
Medium risk	<ul style="list-style-type: none"> In contact with broken skin In contact with mucus membranes Used on immunocompromised patients In contact with pathogenic micro-organism that is easily transmitted 	Cleaning Followed by Disinfection or sterilisation
High risk	<ul style="list-style-type: none"> In contact with broken mucus membranes Entering sterile body cavities 	Cleaning Followed by Sterilisation

Flexible endoscopes may fall into the high risk category if they enter sterile body cavities. However, they cannot be sterilised by autoclaving as they are heat sensitive. Therefore high level disinfection methods are used instead. Some manufacturers have developed chemical disinfectants that are very effective over relatively short contact times, providing near sterility. If staff are concerned about the processes used to decontaminate endoscopes in use within their clinical area they should contact the infection control team (See SH CP 135 Decontamination of Flexible Endoscopes Procedure (Appendix 20 of Infection Prevention and Control Policy)

Standard sterilization procedures will not eliminate 'prions' (e.g. agents of variant and classical Creutzfeldt Jacob Disease). Whenever a particular hazard from such agents is identified, refer to Infection Prevention Policy Appendix 17 (TSE) or Infection Prevention Team further advice. Single-use (disposable) items will generally be preferred;

3.1 **Cleaning**

Cleaning should always be performed before disinfection and sterilisation and in accordance with manufacturer's instructions.

Whenever possible, cleaning of instruments should be undertaken using an automated and validated process in preference to manual cleaning.

Avoid a delay in the cleaning of medical devices soiled with body fluids (HTM 0101 Part A).

Cleaning and decontamination must be carried out immediately following use of the equipment by the patient or staff member (Saving Lives HII 2011).

Maintain a 'dirty to clean' workflow to prevent recently cleaned items from becoming re-contaminated.

Equipment must be cleaned in a designated area or away from clean items (Saving Lives HII 2011).

Store cleaned equipment in a separate area from dirty equipment (Saving Lives HII 2011)

Gloves and apron must be worn during all cleaning procedures if:

- There is risk of body fluid contact
- The item for cleaning has been used on a patient with a known/suspected infection
- To protect staff from contact with harmful cleaning products

In addition glasses/visor and mask should be worn if there is likely to be splashing or the creation of aerosols.

Be able to provide a written system of assurance that cleaning has taken place (Saving Lives HII 2011). See Appendix 12.11 for example of Cleaning Checklist Template

The Trust uses the following methods of cleaning:

- Detergent and water + Drying (water temperature should be 35°C i.e. luke warm to touch).
- Sanitising wipes e.g. Clinell sanitising wipes
- Automated washer disinfectors
- Ultrasonic washer

3.1.1 **Detergent and water and drying**

Physically removes organic material and most micro-organisms from a surface.

- Items should be fully immersed (if not electrical) in order to avoid splashing and the creation of aerosols. Do not clean items under running water.
- A dirty-to-clean workflow should be maintained throughout. Two sinks are needed – one for cleaning and one for rinsing with separate areas for setting down dirty and clean instruments. If there is only sufficient space for one setting down area, the surface should be cleaned with a Clinell wipe between stages
- Manual cleaning of items should only be undertaken when automated methods are inappropriate or unavailable.
- The sink used for manual cleaning should not be used for other purposes (a separate hand wash basin is required in the immediate area)
- Cleaning should take place in a dedicated area which is not used for clinical

- procedures
- Fill the sink with a fresh detergent solution for each set of instruments
- The water should be 35°C (lukewarm to touch), or cooler
- All instruments must be disassembled as much as possible before cleaning
- Items must be cleaned using appropriate cloths and brushes, which must not be used for other purposes. They must be cleaned after use, and replaced regularly.
- Items must be washed thoroughly. Water should be changed during washing if it becomes heavily soiled.

3.1.2 Ultrasonic washers

Ultrasonic cleaning is dependant on rapid formation and collapse of minute bubbles in a liquid which is produced by introducing a high frequency (ultrasonic), high intensity, sound waves into a liquid. The use of ultrasonic baths and enzyme detergents solutions for cleaning devices is recommended when the process is compatible with the device.

- Ultrasonic cleaners must have a well fitting lid and a timer, supporting racks or trays. Some will have a heater, but the temperature must never exceed 35°C.
- Where possible, ultra-sonic washers should be used for small and intricate items in order to dislodge concealed debris. These must contain fresh water/detergent solutions for each batch of instruments
- Following washing the items must be rinsed thoroughly in cool fresh water.
- They should be drained of excess water.
- Gloves and apron should be removed and the hands washed, or alcohol gel applied to the hands
- New gloves should be applied and the instruments examined in a strong light to ensure they are clean and undamaged. If soiling is still visible, they must be returned to the washing process.
- If visibly clean, items must be dried of all visible water before moving on to the sterilisation phase of the process.
- Wet surfaces and equipment are more likely to encourage the growth of micro-organisms and to spread potential pathogens. Cleaning equipment and used cleaning solutions should be removed from patient treatment or a food preparation area as soon as cleaning is completed. Surfaces should be left as dry as possible following cleaning.

For more details see HTM01-05

3.1.3 Wipes

Clinell Sanitizing wipes (NHS Supplies code VJT118 for pack of 200) should be used as the standard cleaning wipe for Southern Health NHS Foundation Trust. Indications for use are outlined in Table of Recommended disinfectants on page 15. These wipes replace the need for detergent and alcohol based environmental wipes.

3.1.4 Automated washer disinfectator –

For guidelines on use of washer disinfectors see HTM 01-01 part D (2016) and Trust Endoscope Decontamination Guidelines

3.2 Disinfection

Disinfection is performed using either heat or chemicals. Chemical disinfection should only be used when heat treatment is impractical or undesirable.

When chemical disinfectants are used:

- Items must have been thoroughly cleaned with detergent prior to use of disinfectant

- Items should not be left soaking in disinfectant for longer or shorter than the time recommended
- Freshly prepared disinfectants should be used at recommended dilutions.
- Disinfectant containers should not be 'topped up' as contamination may occur
- Don't add detergent to a disinfectant; this may inactivate both.
- Check expiry dates.
- Don't store instruments or cleaning tools in a disinfectant.

3.2.1 Chemical Disinfection Process & COSHH Regulations

In accordance with Control of Substances Hazardous to Health (C.O.S.H.H.) Regulations (1988) the use of chemical disinfectants should be eliminated where possible. Under these COSHH regulations a risk assessment must be undertaken, identifying the risks and appropriate control measures before a product can be used.

- If there is a potential fire hazard associated with all chemical disinfectant products, it is advisable that these products are stored in an appropriate heat resistant cupboard.
- Hazardous chemicals must be kept in a locked cupboard
- All staff using chemicals must undergo COSHH training, and must not handle the chemicals until training is complete.
- Safety data sheets for chemicals must be kept in each department.

The following is a summary of the main risks arising from the use of disinfectants and is not intended to be comprehensive.

Substance	COSHH Hazards
Alcohols	Highly flammable; irritant to eyes, nose and throat; prolonged skin contact may cause dryness, toxic if consumed, slipping hazard if allowed to fall on hard floor.
Chlorhexidine	Generally of low toxicity. If concentrated may cause irritation of eyes and skin. In normal use is non-irritant, but prolonged contact can occasionally cause hypersensitivity. Risk of anaphylactic reaction see MDA /2012/075 alert
Hypochlorite (eg bleach)	Irritant to nose, eyes and lungs; contact with acid (e.g. urine) gives off chlorine gas therefore avoid applying directly onto urine spills
Povidone Iodine	Irritant to eyes and rarely to skin
Peracetic Acid	Corrosive unless used as a stabilized buffered solution. Advice from manufacturers must be sought before use.

Table of Recommended Disinfectants for Southern Health NHS Foundation Trust

Disinfectant	Key points	Examples
Chlorine-based Disinfectants	<ul style="list-style-type: none"> • Wide range of bactericidal, virucidal, sporicidal and fungicidal activity. • Disinfectant of choice for use against viruses, including HIV and HBV. • Rapid action. • Inactivated by organic matter, particularly at low concentrations. • Corrosive to some metals, and may bleach and rot fabrics. • Diluted solutions are unstable and must be freshly prepared daily. • Care should be taken not to allow contact with strong acids as chlorine gas will be released • Do not use in the presence of formaldehyde, as one of the by-products is carcinogenic. <p>Within Southern Health NHS Foundation Trust these agents are predominantly used to decontaminate body fluids and decontaminate the environment after an infected patient e.g. isolation rooms.</p>	<p>E.g. Sodium Dichloroisocyanurate –NaDCC E.g. Actichlor Plus Sanichlor Presept</p> <p>Hypochlorite solutions E.g. Milton</p>
Other Oxidising agents	<ul style="list-style-type: none"> • Good activity against bacteria, fungi and viruses • Superior sporicidal activity • May be incompatible with some endoscopes <p>Used on heat sensitive devices which will not tolerate heat decontamination eg endoscopes. These tend to be lower on the COSHH Essentials hazard group than alkylating agents.</p>	<p>Paracetic acid e.g. Nucidex Chlorine dioxide e.g. Tristel</p>
Alkylating agents	<p>Alkylation agents (aldehydes) are not recommended for use in Southern Health NHS Foundation Trust due to their potential risk to staff health.</p>	<p>Glutaraldehyde e.g. Cidex, ASEP Mixtures e.g. Gigasept Rapid</p>
Alcohols	<p>Within Southern Health NHS Foundation Trust routine use of alcohol for cleaning of equipment is not advocated, as it does not penetrate well into organic matter. It binds/fixes proteins to metals as well. (Doppler probes are an exception to this)</p>	
2% Chlorhexidine Gluconate w/v 70% Isopropyl Alcohol	<p>Indicated for decontamination of ports/bungs on medical devices before they are accessed eg intravenous line</p> <p>OR</p> <p>Indicated for skin decontamination eg prior to cannulation in an in-patient setting. (Saving Lives 2017)</p>	<p>E.g. Green Clinell wipe (VJT 120 - green wipe for medical devices)</p> <p>E.g. Blue Clinell wipe (VJT169 for skin)</p>
Quaternary ammonium compounds and polymeric biguinades	<ul style="list-style-type: none"> • Activate against bacteria, fungi, enveloped and non enveloped viruses • Compatible with most materials • Can be used on hands or to disinfect the environment <p>Recommended within Southern Health NHS Foundation Trust for cleaning and low level disinfection.</p>	<p>E.g. Clinell Sanitising wipe</p>

3.3 Sterilization

Re-usable medical devices requiring sterilization should only be reprocessed via a Central Sterile Services department (SSD), as these have the equipment and expertise to ensure that sterile items are always produced (MHRA

www.mhra.gov.uk). If working with heat sensitive endoscopes see SH CP 135 Decontamination of Flexible Endoscopes Procedure (Appendix 20 of Infection Prevention and Control Policy)

It is important that systems are in place to allow sets of surgical instruments to be tracked through decontamination processes in order to ensure that the processes have been carried out effectively. Systems should also be implemented to enable the identification of patients on whom instrument sets have been used (Health and Social Care Act 2008)

HTM 01-01 Part A reinforces the guidance issued in NICE IPG 196 (2006) when decontaminating surgical instruments. It states:

- Reduce instrument migration, supplementary instruments that come into contact with high-risk tissues (see IPC Policy Appendix 17 TSE) should either be single use or should remain with the set to which they have been introduced.
- A separate pool of new neuroendoscopes and reusable surgical instruments for high-risk procedures should be used for children born since 1 January 1997 (who are unlikely to have been exposed to BSE in the food chain or CJD through a blood transfusion) and who have not previously undergone high-risk procedures. These instruments and neuroendoscopes should not be used for patients born before 1 January 1997 or those who underwent high-risk procedures before the implementation of this guidance (see IPC Policy Appendix 17 TSE).
- The Medical Devices Regulations and Health and Social Care Act 2008 state there is a legal need to track and trace re-useable surgical instruments throughout their use and reprocessing. Records should be maintained for all instrument sets (and supplementaries for high risk procedures) identifying: cleaning and sterilization method used; a record of the decontamination equipment and cycle, the identity of the person undertaking the decontamination at each stage of the cycle, the patients on whom they have been used and the details of the procedures involved.
- Keeping instruments moist after use and prior to reprocessing (prions are hydrophobic proteins)
- Repairs –any instrument used on high risk tissues that are removed for repair should be returned to the instrument set from which it was removed.
- When single use surgical instruments are used they must be separated from re-useable surgical instruments and disposed of at the end of the procedure.
- Instruments dropped or which otherwise have their sterility compromised during use should be re-placed. There should where standard sets are being used, always be at least one readily accessible spare set so this can happen.

3.4 **Purchasing Medical Devices**

All medical device purchases will be done in-line with the Trust Medical Devices Management Policy. When deciding on the most appropriate medical device to purchase, it is imperative that the following questions are answered prior to orders being placed:

- Does the medical device have a CE mark and can the supplier provide their certificate of registration?
- Do the manufacturer's instructions have clear decontamination instructions and are they inline with best practice?
- Does the Trust have access to the appropriate decontamination facilities; if not, how will the device be decontaminated?
- Will you require additional cleaning materials and/or PPE?
- If you intend on using the HSDU or Endoscopy Unit, are they able to cope with the additional work load?
- How many of the devices will you require? You will need enough to allow for some being available for use, whilst some are being transported and/or reprocessed.

All new medical device purchases should be brought to the attention of the Medical Device Advisor and/or Medical Device Committee in writing via a Medical Device Request Form (SH-CP-41 on the Staff Intranet)

3.5 **Storage and Segregation of Medical Devices**

Effective decontamination procedures ensure a device does not pose a risk of cross-infection to the next patient. However, poor storage or segregation of equipment can lead to re-contamination of devices.

Decontaminated equipment must be:

- stored in a clean, dry place
- protected from dust and splashing
- segregated from dirty items and items waiting for decontamination
- rotated to ensure nothing is left 'at the back of the drawer' for months

3.6 **The Equipment Loan Store**

All equipment must be decontaminated prior to returning equipment into the community.

Protective clothing must be worn, as outlined in the IPC Policy Appendix 5 Standard Precautions), maintain hand hygiene prior to and after procedure is complete.

If equipment cannot be decontaminated adequately it must be destroyed.

Daily incoming used equipment must be collected and kept separate from clean equipment at all times.

3.7 **Maintenance of Equipment**

In order to meet the requirements of HTM 01-01, all mechanical decontamination equipment (e.g. washer disinfectors) must undergo periodic testing to ensure that it is functioning as it should be. Periodic tests on mechanical decontamination equipment (as outlined in HTM 01-01) should be carried out at daily, weekly, quarterly and yearly intervals. They are the shared responsibility of the CP (D) and the user.

Frequency	Responsibility
Daily tests	User
Weekly tests	CP(D) and User
Quarterly tests	CP(D)
Annual tests	CP(D)

All periodic tests should be documented. Those tests carried out by an external contractor will be supported by a written report that will be approved by the AED.

All ward/clinic staff are responsible for cleaning any equipment leaving a health care setting for repair, inspection or service. Prior to the equipment being made available for repair or maintenance, a 'permit to work' form Appendix 12.10 will need completing by the user. This is in accordance with Department of Health guidance & Safety Notice SN9516 (1995) and HSG (93) 26. It is illegal to send contaminated equipment through the post.

4. Training

Staff Group	On Induction	Decontamination as part of annual infection prevention update
Clinical staff	Attend Corporate Induction within 3 months of commencing employment	Annually
Clinical Staff Endoscopy	As above plus <ul style="list-style-type: none"> Before commencing decontamination of endoscopes the staff member must have received training (as part of local induction) as per <p>Trust Endoscope Decontamination Guideline</p>	As above and Additional training programmes as well as manufacturers training to validate initial training as identified by the manager assessing the worker competent to practice
Non-clinical staff involved in cleaning eg Housekeepers	As part of induction the contractor will provide training on: <ul style="list-style-type: none"> Colour coding of equipment How to clean efficiently How to prevent spread of germs from a dirty to a clean area. How to keep cleaning equipment clean Hand hygiene Practical process of cleaning 	Annual update on infection prevention and control to include cleaning (provided by contractor)
Staff who manually decontaminate nasendoscopes with Tristel wipe (ENT OPD)	Before commencing decontamination of nasendoscopes, the staff member must have received training from the manufacturer or their manager, on Tristel wipes and be in receipt of a certificate of training and competency assessment	Annually and Additional training on use of Tristel wipes assessing the worker competent to practice

It is the responsibility of the line manager of staff working in Endoscopy/ENT OPD to check and document staff competency to decontaminate equipment used in these environments as per SH CP 135 Decontamination of Flexible Endoscopes Procedure (Appendix 20 of Infection Prevention and Control Policy)

5. References

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National Specifications on Cleanliness in the NHS 2007

Transmissible spongiform encephalopathy agents: Safe working and the prevention of Infection, The Stationery Office (at <http://www.advisorybodies.doh.gov.uk/acdp/tseguidance/Index.htm> (accessed 19.12.17)

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Appendix 12.1 - Table of Decontamination Methods for Commonly Used Equipment

Device	Decontamination Method
Ambubag and mask	Use single use only
Auroscope earpieces	Use disposable (single use) or if using re-usable, sterilize in an autoclave (SSD) before use on another service user.
Baby mat	Cover with a disposable paper towel prior to use. After each baby use the paper towel should be disposed of as normal waste. The changing mats should then be wiped with a sanitizing wipe (e.g. Clinell) at the end of each session or whenever visibly contaminated as a minimum. For in-patient settings wipe after each use.
Baby scales	Cover with a disposable paper towel prior to use. After each baby, use the paper towel should be disposed of as normal waste. The baby scales should then be wiped with a sanitising wipe (e.g. Clinell) at the end of each session or whenever visibly contaminated.
Bath mat	Avoid bath mats unless there are safety issues if bath mats are not available e.g. falls risk, epileptic. If a bath mat is essential then it should be single patient use. After use clean with hot water and detergent, then hang to dry to stop the development of mould. The mats would need to be discarded if damaged, worn or mouldy and will need replacing as required.
Baths	Clean using detergent and water and a disposable cloth, rinse off with water after use.
Bath hoist/lift	Fabric slings - use disposable (single patient use) or if reusable - launder between patients and, examine material and clips for wear or damage before each use. Plastic seat - Clean with sanitising wipe (eg Clinell) after each use. Follow with disinfection with a chlorine based disinfectant (10,000ppm) if visibly contaminated with body fluids, rinse off disinfectant thoroughly to prevent skin irritation. Hoist frame - Surface clean with sanitising wipe e.g. Clinell. Clean using detergent and water and allow to air dry. Apply a chlorine releasing agent 1000ppm and rinse if evidence of body fluid staining.
Banana board	Use boards that are impervious to body fluids and easily wiped. Single patient/ service user use only; clean with a sanitising wipe (e.g. Clinell).
Blood spillage and blood stained body fluid spillage	Chlorine releasing solution 1% Equivalent to 10,000 parts per million of available chlorine e.g. Actichlor. Follow manufacturer's instructions.
Bed pan	Own home- Single patient use. Clean with detergent and water and dry or use sanitising wipe e.g. Clinell after each use In patient areas- If reusable, then heat disinfection in bedpan washer disinfectant (e.g. 80°C for 1 min.) Store dry or Disposable liners - macerate or put in orange hazardous waste bag. Clean holder with detergent wipe or detergent and water and dry after each use.
BP cuffs and machines	Machines and wipeable materials: Wipe sanitizing wipe (e.g. Clinell) wipes before use on another service user. (Purchase nylon (wipeable cuffs). Consider a disposable cuff for known infected cases.
Bladder scanner	As per manufacturer's instructions after each use.
Buckets (wound soaking)	Line with plastic liner e.g. a waste bag. After each use clean with a sanitising wipe e.g. Clinell and dry after each use. Do not stack

Device	Decontamination Method
	buckets together. Store dry and inverted.
Cautery tips	Single patient use or autoclave in Sterile Services between each patient.
Commodes	<p>Wipe with sanitising wipe (e.g. Clinell) after each use. Each week clean commode with a chlorine based disinfectant eg Actichlor Plus (1000ppm of av. Chlorine) and rinse off, in place of sanitising wipe.</p> <p>If commode used in an isolation area use a chlorine based disinfectant eg Actichlor Plus (1000ppm of av. Chlorine) in place of sanitising wipe and rinse off after 3 minutes.</p>
Couch	Change disposable paper towel after each service user. Wipe couch with sanitising wipe (e.g. Clinell) before and after each clinic, if service user has a known infection and if visibly soiled. Do not use linen sheets to cover the couch unless changing after each service user.
Carbon monoxide breath monitor (breath CO monitor)	<p>Cardboard tubes - Single-use only, change for every client</p> <p>Plastic adaptor/T-piece/D-piece - The adaptor contains a one-way valve that prevents inhalation from the monitor. Changing adaptors depends on manufacturers' guidance:</p> <p>Micromedical: the adaptor should be discarded and replaced every six months</p> <p>Bedfont (Pico): T- pieces should be discarded and replaced every six months</p> <p>Bedfont (Pico+ and Pico Compact): Once used, D-pieces should be discarded and replaced every month (or between each client receiving telephone support), regardless of number of times used as the gauze filter deteriorates over time.</p> <p>Monitor Care and Cleaning - The monitor should be wiped down using soap and water or NON-alcohol wipe at the beginning and end of every session, NEVER IMERSE IN LIQUIDS.</p> <p>Do not cover the small (3mm) exhaust hole at the back of the monitor, e.g. with a label, as this will prevent the machine operating correctly.</p> <p><i>NB Alcohol and alcohol fumes must not be allowed to come into contact with monitors as this can cause permanent damage. This includes e.g. alcohol on the breath and close contact with perfume bottles in handbag. Monitors should also not be stored in sunlight or exposed to extreme hot or cold, so take care if leaving e.g. in car overnight.</i></p> <p>All monitors should be calibrated every six months.</p>
Curtains	<p>Curtains/blinds should be visibly clean with no blood and body substances, dust, dirt, debris, stains or spillages.</p> <p>Launder (or discard if disposable):</p> <ul style="list-style-type: none"> • 6 monthly in high risk settings e.g. in-patient settings including mental health • yearly in significant risk settings e.g. out-patient settings (National Cleaning Spec for NHS 2007)

Device	Decontamination Method
Doppler probe and machine	After each use wipe probe with an alcohol wipe e.g. VJT078. Clinell wipes should not be used as they will cause damage. Cover prober with sheath if skin not intact and there is risk of body fluid contamination (e.g. GEB148). The sheath may affect the reading and a holistic assessment should be made.
Endoscopes	Nasendoscopes – see Appendix 12.3 Rigid scopes – single use disposable Flexible Endoscopes – See separate SH CP 135 Decontamination of Flexible Endoscopes Procedure (Appendix 20 of Infection Prevention and Control Policy)
Enuresis alarms	Decontaminate according to manufactures' instructions before re-issue. Do not re-use single use items. See Appendix 12.6
Enteral syringes	If using single patient use enteral syringes wash between each use and discarded after 7 days (follow manufacturer's guidelines). Must not be used if the dose markings are unclear. Clean IMMEDIATELY after each administration using fresh, warm, soapy water (domestic washing-up liquid). Draw plunger in and out several times until all traces of feed/medicine are removed from inside the tip, the barrel and from the plunger. Separate the barrel and plunger and wash both thoroughly in warm, soapy water ensuring ALL TRACES of feed/medicine are removed from inside the tip, barrel and plunger. Rinse under COLD tap and shake off excess water. Wipe dry with clean paper towel. Store in a clean, dry container (identified by patient/ service user name). Reassemble when required. If using 'single use' syringes these must be discarded after each use (MHRA).
Enteral feeding – giving sets	Single use only. Only one giving set is required in a 24 hour period, giving sets must never be washed and reused.
Enteral Feed Reservoir	Reservoirs may be used to administer reconstituted feeds or feed in non-compatible containers. If a sterile feed is decanted the reservoir should not be topped up. The most common use of reservoirs is to administer water. Reservoirs are sterile and should be discarded after 24 hours. If used for reconstituted feeds they should be discarded after 4 hours.
Environmental cleaning of surfaces and floor	Routine – detergent and hot water Isolation Room – Chlorine releasing solution 0.1% eg Actichlor Plus. Equivalent to 1,000 parts per million of available chlorine. Use daily and as part of final infectious terminal clean. Follow manufacturer's instructions
Ear (tympanic) thermometers	Use disposable covers. Change after each use Wipe machine casing regularly with a sanitising wipe (e.g. Clinell).
Fountains and water features	Avoid placing water features inside a health care building. They should not be situated under trees where fallen leaves or bird droppings may contaminate the water. Exposure to high winds should be avoided as they can disperse spray beyond the immediate confines of the basin/pond. The apex of the water column/jet should not exceed the distance to the nearest edge of the basin/pond, for the same reason. An overflow/outlet to a suitable drain should be provided for easy emptying and cleaning. Where possible, a permanently installed freshwater supply pipe with topping-up device should be provided. Any connection from a potable supply should be via adequate backflow protection.

Device	Decontamination Method
	They must be kept algae, slime free and clean (using a biocide). The frequency and dose depends upon condition and water volume.
Fire blankets	Machine wash in industrial washing machine at 71 °C and tumble dry on low heat. Check condition after use.
Glasses for sight tests	Wipe with a Clinell sanitising wipe at the start and end of each session, if child has an infection and if visibly soiled.
Handling belt	Launder belts before use on another service user, and if visibly soiled.
Hearing testing machine	Dispose of disposable parts (ear piece) and wipe over the machine with a sanitising wipe (e.g. Clinell) before use on another service user. If head phones and audio test machine are used, wipe head phones with a Clinell sanitizing wipe at the end of each session and if visibly soiled.
Head phones (Bedside TV)	Single use headphones – discard after each patient use, Re-usable headphones – nursing staff clean on discharge using a sanitising wipe (e.g. Clinell). Dispose of earpiece and replace TV screen. One full clean daily and on discharge (housekeeping staff).
Hair Clippers	Use trimmers with single use disposable heads. Disposal via sharps container. Wipe trimmer handles with detergent and water. For decontamination of hairdressing equipment see Appendix 12.5.
Hands	Visibly clean/no contact with diarrhoea – Soap and water or alcohol gel (See IPC Policy Appendix A6 Hand Hygiene). Clinell sanitising wipes can be used for hand hygiene but as they contain no emollient they should be reserved for infrequent use. Visibly soiled/Contact with diarrhoea – Soap and water Surgical procedure - Chlorhexidine gluconate Surgical Scrub 4% or Povidone iodine 10% alcohol or aqueous solution.
Hairdressing Equipment	See Appendix 12.5
Hospital Bed Frame	Clean bed with sanitising wipe (e.g. Clinell) between service users and when visibly soiled. Use a chlorine releasing agent if blood spillage visible(10,000ppm av.chlorine) or for infectious terminal clean of an isolation room/area (1000ppm of av.chlorine).
Laptops/computers	Remove gloves and clean hands before touching a lap top after giving clinical care. Office – If laptop/computer not used in conjunction with clinical care, wipe laptop with computer cleaning wipes weekly and if visibly soiled if you are sole user. If you are hot desking, wipe computer daily as you log on. Community Care Teams – Wipe with sanitising wipe (e.g. Clinell) if visibly soiled and daily (if taken into homes) taking care not to over wet electrical equipment. If not taken into homes and visibly clean wipe weekly. Dentistry/Theatre – use a water proof wipeable keyboard/or silicon skin that will tolerate a chlorine based disinfectant and clean with sanitising wipe after each patient. If soiled with visible blood decontaminate with a chlorine based disinfectant (1000ppm av chlorine)
Leicester height and weight measure	Keep dust free, wipe with Clinell sanitizing wipe if visibly soiled.
Laryngoscopes	Laryngoscope blades are single use disposable; if the handles are re-usable and are wiped over with a Clinell sanitising wipe.

Device	Decontamination Method
Macerators	ISOLATE FROM MAINS BEFORE CLEANING. Clean casing thoroughly using a sanitising wipe e.g. Clinell. DO NOT CLEAN INSIDE THE MACHINE BEYOND THE RIM. In the event of a breakdown: Follow local procedure for reporting breakdown/repair. NEVER USE YOUR HANDS TO REMOVE THE CONTENTS FROM INSIDE THE MACERATOR
Medicine pots	Single use disposable cups or if non-disposable wash in dishwasher after each use.
Mop heads	Machine wash at least at 71°C in industrial washing machine daily or use disposable mop heads.
Mini-Wright Peak Flow Meters	Disposable one way cardboard mouthpieces (between service users and weekly), Disposable bacterial filter single service-user use (change weekly),
Mattress – hospital bed Mattress- airflow e.g. Nimbus, Xcell	<u>On Service User Discharge:</u> Mattresses should be enclosed in a waterproof cover and routinely inspected for damage. On service user discharge unzip (if zipped) the mattress and check for ingress and that the cover is intact. Replace mattress if cover no longer impermeable. Re zip and wipe cover with a Clinell sanitising wipe on service user discharge. If mattress used in an isolation room use Actichlor Plus (1000ppm of av. Chlorine) in place of Clinell Sanitising wipe. If blood contamination clean as for airflow mattress below. <u>For longer term patients (over 2 months):</u> If the patient is not being discharged staff need to carry out the above mattress check every 8 weeks. Staff should make mattress checks at any time they consider that they may be factors which might impair the mattress in any way eg needs of the patient that might lead to other wear and tear or damage. Wipe cover with a Clinell sanitising wipe on service user discharge. If mattress used in an isolation room use Actichlor Plus (1000ppm of av. Chlorine) in place of Clinell Sanitising wipe. If cover contaminated with blood room use Actichlor (10,000ppm of av. Chlorine) in place of Clinell sanitizing wipes. If ingress found through the cover and into the mattress itself, arrange a deep clean via a qualified contractor eg Huntleigh Health Care or Bio-rite Healthcare Ltd.
Moving and handling equipment e.g. hoist slings/handling belts	Ideally by laundry contractor. Machine wash in industrial washing machine at 71 °C, tumble dry as per manufacturers instructions. Alternatively use single service user use items. See Appendix 12.7
Nebuliser compressors	Wipe casing with a Clinell sanitizing wipe if soiled, dusty or before use by another service user All nebuliser compressors require a yearly service and electrical test. In addition the filters require changing according to manufacturers instructions: <ul style="list-style-type: none">• Medic-Aid “PORTA-NEB” recommends that external filters are changed at 2-monthly intervals if used regularly. Practice staff can do this.• Henleys “AQUILON” recommend yearly filter change and service.

Device	Decontamination Method
	All filters should be replaced if a service user is suspected of suffering from pulmonary tuberculosis.
Nasendoscopes	Rigid – autoclave, flexible as per Appendix 12.3
Nebuliser mask and tubing	Single patient use disposable item. Named for individual service user, change weekly and when soiled and between service users.
Ophthalmology equipment which touches surface of the eye	See Section 12.9
Pillows	Cover with impermeable cover. Wipe cover with sanitising wipe (e.g. Clinell) before and after each clinic, if service user has a known infection and if visibly soiled. If pillow cases used as well: linen or disposable paper pillow cases must be changed at least at the end of each clinic session.
Rigid Proctoscope	Single patient use only
Propulse Ear Syringe	Disinfect with chlorine-based solution – disposable tips as per manufacturer's instructions.
Pulse oximeter probe	Wipe using sanitising wipe (e.g. Clinell) and allow to dry.
Service user notes folders	Discard service user notes punch pockets after each service user use. Wipe folders with a Clinell sanitising wipe.
Service user clothes	If relatives cannot take item home, machine wash at 40 °C in a washing machine and tumble dry in accordance with the manufacturer's instructions. (NB: If clothing is soiled with urine / faeces, it must be washed in an industrial washing machine) Follow the "Patient Laundry Instruction Poster" (Appendix 12.8).
Service user wash bowls	Detergent and water and a disposable cloth or paper towel or Clinell sanitising wipe can be used. Dry with a disposable towel. Alternatively use single-use wash bowls.
Slide sheets	Launder after each patient using laundry contractor. Machine wash in industrial washing machine at 71 °C and tumble dry on low heat. Check condition after use. Alternatively use single service user use item. See Appendix 12.7.
Scissors	Use sterile scissors for cutting sterile dressings. Single use only scissors must be discarded after each use. If not cutting a sterile primary dressing, scissors marked single patient use can be used more than once on the same patient if stored in a safe and hygienic manner.
Stethoscopes	Wipe ear pieces and disc with a sanitising wipe e.g. Clinell after each use.
Spacer	Single patient use. Wash using detergent and water and dry weekly.
Sigmoidoscopes (rigid)	Single use only
Skin	Chlorhexidine Gluconate - 2% in 70% alcohol - Prior to insertion of cannula or sub cut infusion e.g. Clinell skin disinfection wipes VJT169. MRSA suppression therapy- Octenisan body wash.
Syringe drivers	Dispose of syringe and tubing as single use items. Wipe machine casing with a sanitising wipe (e.g. Clinell) before issuing to another

Device	Decontamination Method
	service user
Toys	Clean regularly with detergent and water and dry or clean with sanitising wipe (e.g. Clinell). Only use toys which can be easily cleaned. Thermal disinfection in a washer disinfectant preferred. Avoid soft toys but if required for therapeutic purposes, launder in a washing machine. Toys should be decontaminated weekly (or after 5 sessions if the clinic is not held daily) and if exposed to a known infection. Discard if soiled with body fluid.
Tourniquet	Single patient use or if using re-usable only use products made of wipeable material and wipe after each use.
Tonometers	Single use
Tape measures	If not marked as a single use item, change if visibly soiled or torn or used on a service user with a known infection.
Vaginal Specula	Single use or sterilise in an autoclave (SSD).
Walking aids (sticks, frames, crutches)	Wash with detergent and water then dry before use by another service user or wipe sanitising wipe e.g. Clinell If heavily soiled discard.

Appendix 12.2 - Competency Statement

Competency Statement:

The Participant has knowledge and skills to perform decontamination as per this policy

<ul style="list-style-type: none"> All clinical staff who disinfectant or sterilise equipment require competency assessment Staff working in endoscopy must receive training prior to performing decontamination this should be arranged locally by their manager and they must have their competency to decontaminate assessed by a designated practitioner as per Trust Endoscope Decontamination Guideline <p>Competency to decontaminate in areas other than endoscopy must be assessed by line manager on commencing the role and reviewed at least annually by the Department manager as part of annual personal development planning (PDP)</p>				
Performance Criteria	Evaluation Method/ Evidence	Achieved/ not achieved	Date	Assessor
The Participant will be able to:				
Demonstrate				
<ul style="list-style-type: none"> An understanding the principles of decontamination The correct procedure of decontamination depending on the item for decontamination 				
Be aware of which disinfectants are Trust approved disinfectants	Questioning			
Demonstrate a knowledge of methods available for decontamination and when each are indicated	Questioning			
Demonstrate an awareness of COSHH and what to do in the event of an adverse event	Questioning			
Perform decontamination in endoscopy as per policy (see training needs analysis)	Observation and questioning			
Verbalise factors which can reduce the effectiveness of the decontamination processes e.g. correct dilution, correct time of application	Questioning			
Recognise the significance of a medical device which is labelled as single patient use.	Questioning			
Can describe the reason for the tracking and traceability of endoscopes, and their role in this	Observation and questioning			
Can describe what personal protective clothing is required and when this needs to be changed throughout the decontamination process	Questioning			
Can articulate the importance of 'clean' and 'dirty' work flows/areas and can demonstrate how to maintain clean and dirty work flows in their work space.	Questioning and Observation			

Additional Performance Criteria (for Nasendoscopes Only)				
Performance Criteria	Evaluation Method/ Evidence	Achieved/ not achieved	Date	Assessor
Has undergone training with the manufacturer of the Tristel 3 wipes system, Departmental Manager or person nominated by the Departmental Manager	Training log			
Can describe why a visible indicator is required to identify if the nasendoscope is clean or dirty (e.g. coloured tray or bowl system).	Questioning and Observation			
Can demonstrate how to use the Tristel tracking and tracing system	Observation			
Can locate Appendix 12.3 - Guidelines for manual decontamination of non-lumened nasendoscopes using the Tristel wipe system	Observation			

Competency Assessment Tool

Performance Criteria	Intended answer/outcome
<p><i>Assessor statement</i></p> <p>Sign:</p> <p>Date:</p>	
<p>Action if competency not demonstrated by participant during assessment:</p> <ul style="list-style-type: none"> • <i>Date for reassessment</i> • <i>Any training/CPD requirements</i> • <i>Action plan</i> <p>Sign:</p> <p>Date:</p>	<p>Action if competency not demonstrated by participant during self-assessment:</p> <ul style="list-style-type: none"> • <i>Date for reassessment</i> • <i>Any training/CPD requirements</i> • <i>Action plan</i> <p>Sign:</p> <p>Date:</p>

Appendix 12.3 - Guidelines for manual decontamination of non-lumened nasendoscopes using the Tristel Wipe System.

1. Introduction

This guidance is based on the Choice Framework for local Policy and Procedures (CFPP) 01-06 which offers guidance on the management and decontamination of flexible endoscopes (and can be found at www.gov.uk).

Nasendoscopes are used for the examination of nasopharynx, larynx and hypopharynx. They are short flexible endoscopes, usually without lumens (if using a lumened nasendoscope please follow guidance in Appendix 20 Decontamination of Flexible Endoscopes).

The decontamination of non-lumened nasendoscopes requires the same standards of cleanliness and disinfection as other flexible endoscopes. All Essential Quality Requirements outlined in the 'Policy and Management' Manual (CFPP 01-06) apply, except that nasendoscopes without lumens can be manually decontaminated using wipes and procedures validated for that purpose.

Irrespective of whether an endoscope has lumens or not, decontamination in an endoscope washer disinfector is likely to give enhanced risk reduction. (CFPP 01-06 Operational Manual). The Tristel 3 Wipes System is a practical and highly effective way to decontaminate heat sensitive, non-lumened flexible nasendoscopes but it should only be used if endoscopic washer disinfectors are unavailable or impractical. The wipe system must not be used as an alternative to automated decontamination processes without prior approval from the Infection Prevention Team.

The wipe system is designed to be used on flexible non-lumened nasendoscopes only

Rigid nasendoscopes must be autoclaved in a Central Sterile Service Department and are not suitable for decontamination with Tristel wipes.

2. Guidelines for the use of the Tristel 3 wipe system

The system uses three separate wipes, ensuring that all appropriate stages of the decontamination process are undertaken.

This involves a combination of three wipes; pre-clean, sporicidal and rinse as follows:



3. Equipment required:

Before using the wipe system, please ensure that you have the following items/facilities available:

- Hand cleaning facilities
- Non sterile disposable gloves (3 pairs) and apron (x1)
- Cleaning area that will allow segregation of dirty and clean devices.
- Clean disposable towelling to protect work surface
- Tristel Pre-clean wipe (at least one per device)

- Tristel Sporicidal wipe (one per device) and Activator Foam
- Tristel Rinse wipe (one per device)
- Orange bag in a waste container
- Access to patient medical records
- Eye rinse (water)
- Tracking and tracing log book

If tray system used gather:

- 2 trays, the receiver tray for the dirty scope must be lined with a single use plastic base liner,
- a red single use plastic cover for the dirty scope tray
- a green single use plastic cover for the clean scope tray

If a bowl system used gather:

- One red plastic bowl lined with a single use liner for receiving the dirty scope
- One green plastic bowl lined with a single use liner for receiving the clean scope
- Frimley Park Hospital nasoendoscope packaging tray

3a) Pre-cleaning

Prion proteins are extremely hydrophobic, making them far more difficult to remove from instrument surfaces – particularly after drying. Do not allow secretions to dry on (CFPP01-06 Policy and Management Manual).

Step 1

Place the used nasendoscope directly from patient, into a plastic tray which is lined with a single use liner and cover the tray and scope with a single use red plastic cover indicating the presence of a 'dirty scope'. If using the bowl system, place the used nasendoscope directly into a lined red bowl to indicate a 'dirty scope'.

Step 2

Clean hands and put on non-sterile disposable gloves and a disposable apron. Ensure there is a divide between clean and dirty areas in the room.

Step 3

Dispense a **Pre-clean wipe**, by taking a **Pre-clean wipe sachet**, tearing and removing the wipe (do not use if the wipe sachet has been damaged or is past its expiry date.)

Step 4

Unfold the wipe; lay out on the palm of your gloved hand

Step 5

Pick up scope and thoroughly wipe the nasendoscope surface until soil and organic matter have been visibly removed. Start from the eye piece and work down to the insertion tube (In cases of heavy soiling more than one wipe may have to be used). Do not rub or bend the instrument. Place the nasendoscope back into the tray/ bowl colour coded 'dirty'

Step 6

Discard the wipe and gloves to an orange hazardous waste bag.

3b) Decontamination

Step 1

Clean hands. Put on non-sterile disposable gloves

Step 2

To dispense a wipe, take one sachet, tear and remove one **Sporicidal wipe** (do not use if the wipe sachet has been damaged or is past its expiry date).

Step 3

Unfold the wipe and lay out on the palm of your gloved hand. Take the lid off the foam bottle. Note that the foam bottle label is identified as ACTIVATOR FOAM. If the foam bottle is being used for the first time, depress the pump two to four times to prime the foamer. The first output from the foam bottle can be left on the wipe, to be followed by two complete pumps. The foam bottle is then primed for subsequent Sporidical wipes.

For all subsequent wipes, pump two measures of Tristel Activator Foam onto the wipe

Step 4

Scrunch the wipe until it is covered with foam. When you have scrunched the wipe and evenly covered it with foam wait 15 seconds.

Step 5

Pick up the nasendoscope in one hand and wipe the surface of the nasendoscope until it has been covered with Tristel. Wipe the scope starting from the eye piece. All surfaces of the instrument must come into contact with the wipe at least once. Do not rub or bend the instrument

Once the entire surface has been wiped and covered with Tristel, wait 30 seconds before the rinse process.

Remember, activate the wipe as soon as you have removed it from the sachet and use it immediately. An activated wipe will have 'chlorine like odour'.

Step 6

Place the disinfected nasendoscope into a clean plastic tray. Alternatively, if using the bowl system, place the disinfected nasendoscope directly into a lined green bowl to indicate a 'disinfected scope'.

Step 7

Discard the wipe and disposable gloves into an orange hazardous waste bag and clean hands. Retain the wipe packaging to complete tracking and tracing log.

3c) Rinsing

Step 1

Put on non-sterile disposable gloves.

To dispense a wipe, take one sachet, tear and remove one **rinse wipe** (do not use if the wipe sachet has been damaged or is past its expiry date.)

Step 2

Unfold the wipe and lay out on the palm of your hand, pick up scope and then thoroughly wipe the nasendoscope that has been decontaminated. Once rinsing has been completed place the cleaned nasendoscope scope back in the 'clean' tray and cover the tray with a single use green plastic cover indicating that the nasendoscope is now ready for use. If using the bowl system, transfer the rinsed nasendoscope into the final Frimely Park Hospital packaging tray on clean side of the room indicating it is ready for use.

Step 3

Discard waste (wipe, gloves and apron) into orange hazardous waste bag, wipe work surface with a Clinell Sanitising wipe and clean hands. If using bowl system, discard liner and wipe bowl with Clinell sanitising wipe.

Step 4 – Tracking and Tracability

Once cleaning, disinfecting and rinsing wipes have been used complete the tracking and tracking log book.

Indicate the Pre-Clean Wipe has been used, by confirming 'yes' in the box in the 'tracking and tracing' logbook.

After using the Sporidical Wipe, peel off and affix the record book label part of the traceability label to the box identified in the 'tracking and tracing' log book (sporidical wipe traceability label). If the instrument is used on a patient, the 'Patient's Notes Label' part of the traceability label should be peeled off and attached to the patient's notes.



After the Rinse Wipe has been used, confirm 'yes' in the box in the 'tracking and tracing' log book. Please note that when a staff member confirms that the rinse wipe has been used, by stating 'yes' in the tracking and tracing log book, they are also confirming that they have performed a visual inspection of the nasendoscope to check it is clean and functional.

4. **Prion Risk:**

Advisory Committee Dangerous Pathogens (ACDP) Trans Spongiform Encephalitis Guidance 2013 (www.gov.uk) recommends that all patients about to undergo any surgery or endoscopy should be asked if they have ever been notified as at increased risk of CJD or vCJD. The response to this question should be recorded in the patient's notes. The olfactory epithelium is considered a medium risk area.

In patients where risk of a prion disease (CJD, VCJD) is identified **please seek further advice before** using the nasendoscope e.g. from the Infection Prevention Team and the Trust's Trans Spongiform Encephalitis (TSE) Policy.

Nasendoscopes used on prion infected patients, which have had contact with the olfactory epithelium, must be removed from use (ie must not be used on other patients) even if a sheath has been used (Appendix F ACDP TSE Guidance 2013).

Extra precautions are required when decontaminating endoscopes if a risk of transmissible spongiform encephalopathy TSE/Creutzfeldt-Jakob disease. (CJD) is identified. **Please refer to Appendix 17 Trust TSE policy for more information**

5. **Training and Competency:**

Anyone using the Tristel 3 wipe System to decontaminate nasendoscopes must have received training by manufacturer, Departmental Manager or person nominated by Departmental Manager.

It is the Departmental Manager's responsibility to ensure that any staff member using the 3 wipe system has received training and that this is recorded in the Unit's training log.

The User (staff member decontaminating the nasendoscope) is responsible for having documented training records demonstrating that they are competent to undertake assigned responsibilities CFPP01-06 Operational Manager)

All training and competence assessment given to individuals should be recorded (see Appendix 12.2) and reviewed at least annually by the Departmental Manager as part of an annual personal development planning (PDP) review (CFPP01-06 Operational Manager)

Staff should be trained to decontaminate the most complex nasendoscope that they will have to reprocess (CFPP01-06 Operational Manual)

6. Health & Safety

- COSHH risk assessments and Material Safety Data Sheets must be readily available to staff for all chemicals used within the unit. Material Data sheets can be printed off from your provider company websites e.g. www.tristel.com
- If at any point you experience an adverse reaction to the wipes such as skin irritation; stop using immediately, and contact your Occupational Health Department for consultation. Any reactions are to be incident reported and escalated to the Health & Safety Manager.
- If any of the Tristel agents come into contact with skin; rinse with water immediately.
- If any of the Tristel agents come into contact with eyes; rinse with water and seek medical advice.
- If ingested, do not induce vomiting. Drink milk or water and seek medical advice.
- Do not mix with other chemicals
- Keep away from children
- Trays should be wiped down with a Clinell Sanitising Wipe after each use.

7. Storage (CFPP 01-06 Operations Manual)

The storage of nasendoscopes requires that the equipment is stored in a secure clean area, e.g. a purpose built cupboard or cabinet made of non-porous material that is easy to clean. Contaminated and clean items must always be segregated and stored separately. Where nasendoscopes do not contain lumens, they do not need to be stored in a drying cabinet.

Non-lumened nasendoscopes need only be reprocessed between patients. They do not have to be reprocessed if they haven't been used for a certain time period e.g. 3 hours providing they have been stored in a hygienic manner away from dust and body fluid contamination.

8. Acquisition – new service or new equipment

If you are responsible for setting up a new endoscopy service, planning to purchase new equipment (e.g. EWD, drying cabinet, endoscope) or are planning to change the layout of an existing facilities please inform the Infection Control Team and the Authorised Engineer Decontamination AE(D) as soon as possible. Advice will be based on CFFP01-06 (Design and Installation Manual and Operational Manual 2013).

9. Maintenance

- All nasendoscopes must be adequately serviced and maintained via a service/ maintenance contract
- Reprocessed nasendoscopes should be inspected to show that are clean and safe for re-use.
- There should be a planned programme of nasendoscopes replacement

10. Tracking and Tracing (CFPP0106 Operational Manual)

- Throughout each decontamination cycle there must be a manual or electronic system of tracking of the personnel and tracing patient association of each nasendoscope. To enable this each nasendoscope must have a unique identification code or bar code.
- Each step of the decontamination cycle should be recorded, including the name of the person undertaking each step, and this information should be linked to each individual patient examined with that nasendoscope. Any detachable components should be kept with their corresponding nasendoscope, forming a

unique set. A record of the decontamination process should be retained in a log book or on computer database.

- A procedure for the withdrawal of endoscopes from service should be in place. This should include the management of prion-related incidents or other events that may render the nasendoscope unfit for purpose (such as damage).
- A record of the decontamination process must be recorded in the patient's notes. If a print out from the EWD is used, this must be used in conjunction with a log book if an electronic system is not in place.
- All nasendoscopes must have a record of their decontamination status such that they are fit to use on patients.
- Yearly the effectiveness of the tracking system should be evaluated by audit. This should consist of tracking a scope from patient to another and what information is carried with it.

11. Audit

All areas which carry out manual decontamination of nasendoscopes must compete:

6 monthly - a decontamination audit using the tool adapted from the IPS 2012 Endoscopy Audit tool (available on staff intranet Infection Prevention Page).

12 monthly – tracking and tracing audit (see Section 10 'Tracking & Tracing'). Pick a specific nasendoscope and gather the names and contact details of all patients on whom the chosen scope has been used, over the last 10 clinics.

References











ACDP TSE Risk Management Subgroup Annex F Endoscopy (updated Jan 2013) [online] available <https://www.gov.uk/government/publications/guidance-from-the-acdp-tse-risk-management-subgroup-formerly-tse-working-group> [6.9.13]

Choice Framework for local Policy and Procedures 01-06 – Decontamination of flexible endoscopes: Design and installation manual [Online], Available https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148560/CFPP_01-06_Design_and_installation_Final.pdf [6.9.13],

Choice Framework for local Policy and Procedures 01-06 – Decontamination of flexible endoscopes: Policy and management [Online], Available [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192522/Decontamination_of_flexible_endoscopes.pdf] [6.9.13],

Choice Framework for local Policy and Procedures 01-06 – Decontamination of flexible endoscopes: Operational management manual https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148559/CFPP_01-06_Operational_mgmt_Final.pdf [Online], Available [6.9.13].

Appendix 12.4 - Decontamination of Air Mattresses (e.g. Nimbus, Alpha Xcell)

1.		Remove all linen from the mattress into a laundry skip.
2.		Put on disposable non-sterile gloves and plastic apron.
3.	Decontamination of mattress cover (On discharge of a patient or if mattress visibly soiled)	
		If no known infection risk : Start at head end of the mattress; wipe entire mattress cover using Clinell Sanitising Wipes . Discard used wipes into orange waste bag,
	 1000 p.p.m.	If known infection risk (e.g. from an isolation room): Start at head end of the mattress; wipe entire mattress cover using Actichlor Plus solution (1000ppm of available chlorine) and a disposable cloth. Discard used cloths into orange waste bag.
	 10,000 p.p.m.	If blood soiling of mattress cover: Apply a chlorine releasing agent (10,000ppm of av. Cl) eg Actichlor , directly to the blood for 3 minutes, then remove blood using disposable paper towels. Clean the area with Clinell wipes. Discard used towels and wipes directly into orange waste bag. If large area is soiled with blood send for deep clean (see point 6).
4		Remove protective clothing, discard it into orange waste bag and wash hands.
5		Put on disposable non-sterile gloves and plastic apron.
6		Examine the mattress cover for rips, tears, then unzip the cover and check for breaching of the top cover . If rips or tears found in mattress cover or ingress (fluids/staining) visible inside mattress, arrange for a ' deep clean ' via contractor eg Biorite, Huntleigh There will be a charge for this service
7		Wipe tubing, motor (compressor) and hanging bracket with a Clinell sanitising wipe. Discard used towels and wipes directly into orange waste bag.
8		Remove protective clothing, discard it into orange waste bag and wash hands.

Appendix 12.5 - Infection Prevention for Hairdressers

Hairdressers do not carry out procedures that deliberately penetrate the skin. However, some procedures can damage the skin and knowledge about infection control and minimum hygiene standards is necessary to keep both service users and hairdressers safe from infection. The following recommendations are made to help achieve these standards.

Premises

- It is assumed that the hairdressing procedures on the ward will not penetrate the skin (as people carry out skin penetrating procedures must be registered with the local council).
- The area must be kept in a clean and hygienic condition at all times.
- The finish on all surfaces within the hairdressing area should be made of materials that are easily cleaned (e.g. not carpets where hairdressing is taking place).
- Adequate lighting is recommended (so that hair can easily be checked for infestations).
- Hairdressing should take place in an area where a hand wash basin with hot and cold running water, liquid soap and paper towels is readily accessible
- No hairdressing should take place on patients with a known or suspected communicable infection or rash/ open wounds on head.

Personal Hygiene

- Hairdressers must wash their hands before and after attending each service user.
- Keep cuts covered with a waterproof plaster
- A clean garment (which can be machine washed) should be worn at all times during work.
- If a hairdresser has a cut or open wound on their hands or fingers, they should cover it with a water proof sealed dressing.

Equipment

- ALL equipment should be cleaned between use, including combs, brushes, clippers, hair straighteners and scissors.
- It is not recommended to use manual clippers with non-detachable blades as they can not be easily cleaned.
- Dull tipped scissors should be used to reduce the risk of penetration injury.
- Detachable blades on clippers must be cleaned before being re-used.
- Equipment should not be soaked in solutions of disinfectant unless specified by the manufacturer's instructions. Cleaning scissors, brushes, clipper blades the equipment in warm water and detergent and allowing it to air dry should be sufficient (if the equipment is not blood soiled).
- If hairdressing equipment becomes soiled with blood eg scissors or clippers, the item must be sterilised before use on another service user eg send to Sterile Services Basingstoke or alternatively must be discarded.
- Hair straighteners– follow manufacturers' instructions for cleaning. Before you cleaning make sure the straighteners are unplugged and have cooled down. Use a disposable damp, clean, soft cloth to remove any excess styling product. Under no circumstances should you use a scouring, or rough pad to clean the heating plates. Dry off plates after cleaning
- Disposable razors are recommended for shaving. They should be used once and then discarded into a sharps receptacle.
- If the service user and/or the hairdresser/barber is accidentally cut, best practice is to sterilise any instrument such as scissors which may have blood contamination from an accidental cut.

- Capes and gowns used for the protection of the service user during a treatment do not have to be cleaned between each use unless visibly soiled, provided clean neck towels or single use neck towels are used on each service user.

Procedures


- Single use gloves should be worn (if not already wearing them) when skin is accidentally cut, punctured or penetrated.
- To control bleeding from an accidental cut, matchstick styptic applicators can be used but for one service user only. Liquid styptic can be applied to a single use cloth and then applied. Chapstick and roll-on style applicators are not recommended.

After Treatment

- All equipment should be cleaned after it has been used.
- A management plan should be in place to deal with accidental skin penetrations and all hairdressers should know the details of the plan. Standard precautions must be adhered to by staff if body fluid contact is anticipated.
- All waste should be bagged and disposed daily.
- All surfaces within the hair dressing area should be cleaned at least daily if in use with a sanitising wipe e.g. Clinell Sanitising wipe.

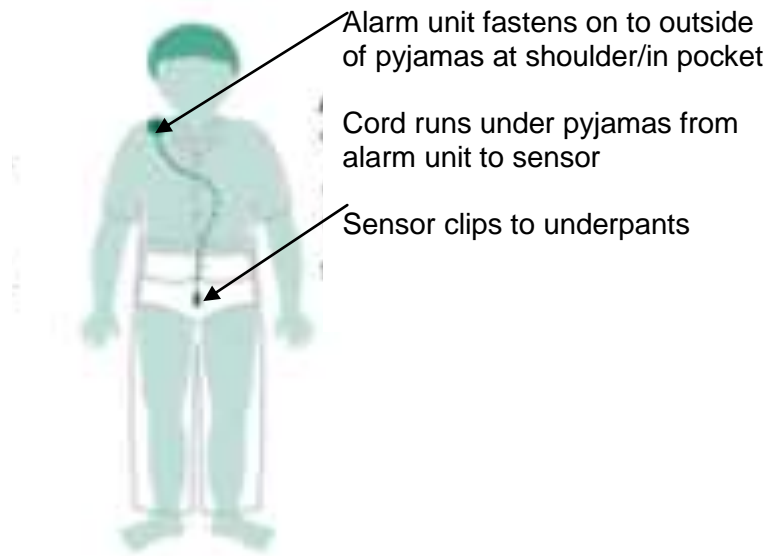
Appendix 12.6 - Decontamination Guidelines - Malem Enuresis Alarms

This guidance is intended for decontamination of alarms that the manufacturer has deemed suitable for multiple patient uses.

If the symbol  or the words "single patient use" appear on the alarm system or its packaging you have a legal obligation to discard the equipment and not use it on other patients/children.

Two types of system of enuresis alarms are in use within the Southern Health Foundation Trust

Type 1 (body worn)



Type 2 (bedside)



Section 1-Same Patient Use

Routine Cleaning by Parent /Carer is required if soiling occurs as follows:

Alarm Unit: Wipe clean alarm and safety pin using mild detergent and water solution on a damp disposable kitchen towel/cloth. Dry carefully with a fresh piece of disposable kitchen towel. Finally discard used towels and wash hands with soap and water.

NEVER IMMERSE IN WATER.

Standard sensor: Rinse with detergent and dry thoroughly.

Easy-Clip sensor: Lift lever and regularly clean in soapy water, rinse and shake dry.

Easy-Clip© - lift lever, wash in warm soapy water, rinse under the tap and shake dry.

Standard Sensor - wash in soapy water and dry thoroughly.

Bed-Mat - wash in warm soapy water and wipe dry.

Section 2 - Decontamination requirements before re-issue to another child or patient

Decontaminate the alarm unit by wiping with Clinell sanitising wipes, whilst wearing disposable gloves and plastic apron. Remove protective clothing and clean hands.

Replace the sensor or bed mat, lead (and safety pin if using body alarm) with a new one for the next child/patient.

Section 3 - Decontaminate requirements if sending alarm away for repair

As for section 2

Appendix 12.7 - Industrial Washing/Drying Machine SOP for use in community hospitals



Only industrial washing/drying machines should be used for laundering on site, clothes soiled with body fluids. For any new builds/refurbishments, washing machines should be housed in a specifically designated launderette area and no other activities must be carried out there.

- The walls and floor must be washable.
- Washers must have a sluice and disinfection cycle and dryers must be vented to outside.
- The machines should be sited on a plinth so that pumps can be omitted.
- There must be provision of a separate hand wash basin and all necessary protective clothing such as gloves, aprons etc.
- Washing machines must incorporate temperature recording equipment which is regularly monitored and calibrated by facilities staff.

The washing process should have a disinfection cycle in which the temperature in the load is maintained at 65°C for not less than 10 minutes or, preferably, at 71°C for not less than 3 minutes. (Hospital and laundry arrangements for used and infected linen. NHS Executive HSG (95)18).

Sort the laundry:

There must be segregation of clean and dirty linen and sufficient storage facilities for both.

- Collect the laundry
- Wear rubber gloves to sort the washing
- Sort the washing by care labels or single use, manufacturers washing instructions and colours.
- If patients clothing – empty pockets for foreign objects, close any zips, fasten hooks and eyes before washing. Knitted garments, trousers, T shirts and sweat shirts should be turned inside out.
- DO NOT wash any items in this machine which are specified by the manufacturer as not washable on the care label/symbol.



Load the drum:

- Open the drum door.
- Load laundry loosely in the drum, distributing the load evenly.
- DO NOT overload the drum as this causes creases and reduces the cleaning efficiency.
- Shut the door with a gentle swing.

Make sure no garments are caught between the drum door and seal.

Add the correct amount of detergent:

(Please insert the required amount for your washing machine below).

-
- Pull out the detergent drawer/compartments and add detergent as above.
 - Close the detergent drawer.

Select correct programme and switch on:

- Select a programme from the programme selection menu
- Press the start button.

Remove the laundry:



Only remove laundry from the washing machine once the drum has stopped turning. Reaching into a moving drum is extremely dangerous and could result in injury.

- If the washing machine does not have an integral tumble dryer then place wet washing into the tumble dryer.
- Set timer to appropriate drying temperature.
- When the load is dry, all the clean laundry items must be folded.
- Patients' laundry should be stored under the correct name; all personal items should be labelled and transferred via a clean container back to the ward area.

Safety:

- Wear rubber gloves when handling used laundry.
- Perform hand hygiene after task.
- Ensure equipment is switched off after use at the mains and is unplugged.
- Ensure the laundry room door is kept locked when you are not actually working in there.
- Ensure there is a maintenance contract for washing machines and regular servicing.

Items that require laundering on site in an industrial washing machine, in a community hospital.







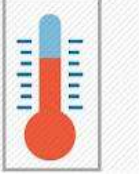

Items of laundry	Temperatures required for washing.	Temperatures required for tumble drying	Additional information.
Mop heads	71° c  Machine Wash	As per manufacturer's instructions.	
Slide sheets only	71° c	Low temperature. As per manufacturer's instructions.  Tumble Dry (Low Heat)	Ideally should be laundered by Trust laundry contractor. Only launder on site if no other slide sheets available. Use disposable slide sheets for patients with a known infection. Follow manufacturer's guidance re: - amount of wash cycles to maintain equipment integrity.
Fire blankets	71° c Can tolerate temperatures up to 80° c The buckles on the fire blanket should be fastened, prior to washing.	Low temperature is required to prevent the nylon material from becoming brittle and shrinking. As per manufacturer's instructions.	

The items listed below are laundered as part of the SLA with Salisbury Laundry service. The turn-around time is 7 days. If you need these items laundered more quickly on site due to extreme circumstances, follow the guidance below:-

Items of laundry	Temperatures required for washing	Temperatures required for tumble drying	Additional information.
Patient clothing	Minimum of 40°c	As per care labels, washing instructions and colours.	If no relatives to launder and limited supply of clothing.
Moving and Handling equipment e.g. hoist slings/ handling belts	71°c	As per manufacturer's instructions.	Ideally should be laundered by Trust laundry contractor. Only launder on site if: no other equipment available to use, a shortage of this equipment should be addressed with the clinical manager. Follow manufacturer's guidance re: - amount of drying cycles to maintain equipment integrity e.g. tears/brittle fabric.

Appendix 12.8 Laundry Instruction Poster

Patient laundry Instructions- *add ward name*

	<p>Make sure that your washing machine and tumble dryer are working well. For example, remove fluff from the tumble dryer filter.</p>
	<p>Wash the items as soon as possible.</p>
	<p>Please wear single use plastic aprons and gloves when handling used laundry.</p> <p>Remove aprons and gloves and clean hands after handling used laundry.</p>
	<p>Never hug used linen to your body always transport in a container and never leave it loose on surfaces.</p> <p>Always transport 'used' patient laundry to the washing machine in the red 'used' laundry basket.</p>
	<p>If the items are body fluid soiled or the patient is known to be undergoing isolation precautions, place the items in an alginate bag before transporting them to the washing machine. This bag can be placed directly into the washing machine. After the wash is complete discard the empty bag into a black waste bag.</p>
	<p>Add one scoop (or 30 mls) of laundry detergent per load.</p>
	<p>Select a wash cycle which washes the clothes on the hottest wash they will tolerate.</p> <p>At least 40 degrees Celsius and if body fluid soiled at least a 60 degrees wash.</p>
	<p>Do not add other linen or clothing to the machine, this allows full agitation of the bag.</p>

Appendix 12.9 Standard Operating Procedure For The Decontamination of Ophthalmic Medical Devices Which Come Into Contact With The Outer Surface Of The Eye

The Medical Devices Agency advise that wherever practicable a device that comes into contact with the ocular surface should not be used on more than one patient (MDA 1999). This S.O.P covers items which can not be centrally sterilised and are not available as single use items.

NB Southern Health NHS Foundation Trust requires that only single use disposable tonometer heads are used.

Background

Ophthalmic medical devices are any instruments that comes into contact with the ocular surface e.g. gonioscope lenses, electronic pachymeters, and other lenses to aid diagnosis of disease (Association of British Dispensing Opticians 2011)

Guidance on the decontamination of ophthalmic medical devices has been updated by the Department of Health Jan 2011. This guidance is supported College of Optometrists, Association of British Dispensing Opticians, and Royal College of Ophthalmologists and forms the bases of this S.O.P.

The risk of iatrogenic transmission of CJD/vCJD during a surgical or diagnostic procedure is dependant on the risk of tissue infectivity and the nature of the procedure itself.






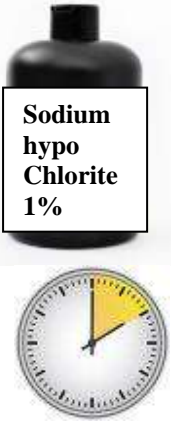
Any posterior eye surgery or procedure is considered high risk.






Any anterior segment eye surgery or procedure is considered low risk in terms of iatrogenic transmission of CJD/vCJD and the steps outlined in (DOH Annex L Appendix 3 2011) can further reduce the risk of transmission of CJD/vCJD and other pathogens eg adenovirus, herpes simplex, bacterial infections.

Equipment Required:

- Disposable gloves, apron, eye protection
- Hand washing facilities in room
- Plastic procedure tray
- Clinell wipe
- Liquid detergent
- 5 Disposable cups/containers
- Stop watch
- Sodium hypochlorite 1%
- Device holder and tray
- Whatman starch iodine paper test strip
- Paper tissues

Method

	<p>1. Allocate a cleaned (Clinell wipe) plastic procedure tray for the decontamination procedure</p>
	<p>2. Wash hands and put on fresh disposable gloves and apron.</p>
	<p>3. Decontaminate the device immediately after contact with the eye surface. It should not be allowed to dry at this stage. If this is not possible, immerse device in Water for Irrigation BP contained in a disposable container, and decontaminate as soon as possible thereafter</p>
	<p>4. Rinse device in Water for Irrigation BP for not less than 30 sec by pouring water from bottle into disposable gallipot/cup containing device (in procedure tray).</p> <p>NB Tap water must not be used as it carries a risk of <i>Acanthamoeba infection</i></p>
	<p>5. Place device in a clean disposable cup. Clean all surfaces by rubbing with your gloved hand using detergent and Water for Irrigation BP. Next raise the device out of the cleaning solution and rinse with Water for Irrigation BP for a further 30 secs.</p>
 <p>Sodium hypo Chlorite 1%</p>	<p>6. Immerse the device a in a ready prepared solution of sodium hypochlorite NaClO (10,000ppm or 1% available chlorine) for 10 min. You will need a stop watch to time this.</p> <ul style="list-style-type: none"> • To ensure correct immersion, use the device holder and tray recommended by the manufacturer. • Use NaClO, in well-ventilated areas only. • Protect eyes with safety specs. • Ensure you wear gloves and aprons for contact. • See COSHH data sheet for more details. • The solution must be fresh for each device decontamination.

 <p style="text-align: center;">x 3</p>	<p>7. Line up 3 disposable cups with enough water for irrigation BP to immerse the device. Immerse the device into cup 1 then cup 2 and finally cup 3, to rinse off the sodium hypochlorite (which is caustic to eyes)</p> <p>This process should take a minimum of 10 min.</p>
	<p>8. Starch iodide paper can be used to test the final rinse water in cup 3. In the presence of residual hypochlorite or chlorine, the paper that is initially white will turn blue/purple. If hypochlorite detected rinse and repeat test.</p>
	<p>9. The device should then be shaken to remove excess water, dried with a disposable tissue, and stored dry in a suitable container.</p> <p>The lens or device will often have its own dedicated case for dry storage, but if not, a suitable case will have to be procured</p>
	<p>10. Pour away waste fluid from cups into sink and discard cups in to black bag. Remove protective clothing and discard into black bag waste, clean hands.</p>
	<p>11. Wipe tray clean with Clinell sanitising wipe. Wipe taps clean with Clinell sanitising wipe and discard into black bag . Clean hands</p>

Reference

Royal College of Ophthalmologists Oct 2016 Ophthalmic Instrument Decontamination
<https://www.rcophth.ac.uk/wp-content/uploads/2014/12/Ophthalmic-Instrument-Decontamination.pdf> accessed 19.12.17

Appendix 12.10: Certificate of Decontamination of Equipment

From (consignor):	To (consignee)
Address:	Address:
Reference:	Reference:
Emergency Tel No:	

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

Is the item contaminated: <i>please circle</i>	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. Please provide details below:			
Has the item been decontaminated? <i>Please circle</i>	Yes†	No‡	Don't know
†What method of decontamination has been used? Please provide details below:			
Cleaning:			
Disinfection:			
Sterilisation:			
‡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:

Appendix 12.11: Ward/Department Weekly Cleaning Checklist

Ward / Dept Weekly Cleaning Checklist

Location: _____ Date: _____

Standard 1: All re-usable equipment will be decontaminated before use on another patient

Standard 2: In addition to standard 1, all other medical equipment will be cleaned on weekly basis or if visibly soiled

Item	Checked and cleaned	Medical Equipment: in date for maintenance test	Name of Staff checking
Drip stands			
Commodes (check underside)			
Clinical trolleys			
Medical equipment			
➤ Syringe pumps			
➤ Hoists/slings			
➤ Dinamaps (BP machine)			
➤ Enteral Feeding pumps			
➤ Beside O2 and suction connectors			
➤ Pulse oximeters			
Resus Trolley			
Drug trolley			
Examination couches			
Patient wash bowls (if not disposable)			
Alcohol gel dispensers free from drips etc			
Patient scales			
Ward computers/keyboards			
Drug/vaccine fridge			
Staff fridge			
Staff microwave			

On completion ward / Department Manager to retain a copy

12.12 Standard Operating Procedure for the Emptying and Disposal of a Rocket IPC Vacuum 600ml Bottle in the patient’s own home.

Background:

The Rocket IPC drain is an indwelling catheter designed to drain recurrent malignant effusion from the chest. The drain is used to prevent repeat admission into hospital and improve or help maintain a patient’s quality of life. The catheter has a one way valve which when operated will only let fluid out, and will not let air back into the chest.

Vacuum bottles are used to drain the chest, and it usually takes around 5 to 45 minutes. Between each drainage, the catheter is covered by a dressing and the patient can continue with their usual activities of daily living.

Following discharge from hospital, the patient may not necessarily require assistance in the drainage procedure, however advice and support may be required.

After the bottle has been used and the fluid is removed from the chest, the collection Device/ Vacuum bottle is disconnected/emptied and disposed of.

Prior to removing the vacuum bottle the measurements of its contents should be recorded.

Equipment Required:

Non sterile gloves, apron/ Dressing pack which contains PPE

Eye protection

Hand washing facilities

Toilet

Disposable bag from replacement collection device/ white bag from sterile pack



Disposal household general waste bag (and permission from the householder to discard)

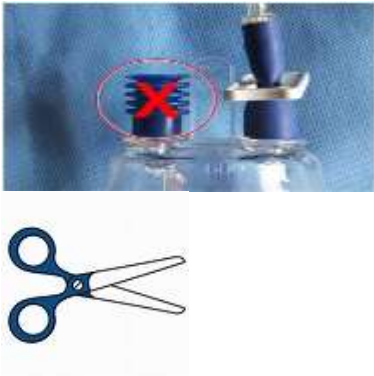





Single Use Disposable scissors

Sharps Bin

Clinell wipe

Method of Removal/ Disposal

	<p>1. Clean Hands with soap and water or alcohol hand sanitiser before changing the patient’s collection device.</p>
	<p>2. Put on fresh disposable gloves apron and eye protection.</p>

	<p>3. 600ml Bottles - You will need to cut 2 parts:</p> <ul style="list-style-type: none"> ➤ Push the white slide clamp upwards slightly, to expose the narrowest part of blue rubber. Close the clamp to its narrowest point and using single use scissors cut the blue tubing at the indentation below the clamp. ➤ The 2nd blue plastic to cut is the blue concertina tubing. This gradually moves upwards as the fluid is being drained until it gets to the point it is in picture. You can pull this upwards slightly and cut between one of the concertinas. ➤ Once these 2 pieces of blue tubing are cut, the bottle should pour easily and without splash back.
	<p>4. Dispose of single use scissors in a sharps bin.</p>
	<p>5. Pour the contents of the vacuum bottle into the toilet.</p> <p>Close the lid prior to flushing</p>
	<p>6. Most nurses use a dressing pack alongside the Drainage kits. They contain an apron, extra gloves and waste bag. It is recommended to place the empty bottle in the bag which the replacement Drainage Kits comes in and then put this into the waste bag (white) which comes within the standard DN dressing pack.</p> <p>IF A YELLOW BAG IS SUPPLIED – DO NOT USE IT</p> <p>Discard in the normal waste collection with the permission from the house holder. (Unless a Risk Assessment has deemed otherwise and a clinical waste collection may be required.)</p>
	<p>7. Removal of PPE</p> <p>PPE should be removed in the following sequence</p> <ol style="list-style-type: none"> 1. Gloves 2. Apron / gown 3. Eye protection (Decontaminate with a Clinell wipe if re-usable eye protection is worn) <p>Discard disposable items into the household waste stream.</p>
	<p>8. Clean Hands with soap and water or alcohol hand sanitiser after changing the patient's collection device.</p> <p>Reference http://sales.ro</p>