Infection Prevention and Control

Policy on the Cleaning, Disinfection and Decontamination of Patient Equipment and the Environment

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<th>6.0.0</th>
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<tr>
<td>Approved by:</td>
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<td>All Trust Staff</td>
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1. **Introduction**

The Health and Social Care Act (2008) *Code of Practice for health and adult social care on the prevention and control of infections and related guidance* places a statutory duty on all healthcare providers to ensure that they:

“provide and maintain a clean and appropriate environment that facilitates the prevention and control of infections”.

All clinical areas are responsible for ensuring that a clean and safe environment is provided which:

- Is suitable for purpose,
- Is maintained in a good physical repair and condition.
- Minimises and reduces the risk of healthcare associated infection cross contamination.

Effective arrangements need to be in place to ensure that patient equipment and the environment are effectively decontaminated (correctly and safely). This policy provides up to date information on the selection and use of appropriate methods of cleaning, disinfection and decontamination in relation to the decontamination of the environment (including the management of spillages of blood or body fluid and the decontamination of patient equipment i.e. equipment that comes into contact with the patient or service user, but are not invasive or reusable medical devices).

Please note, Decontamination of reusable medical devices is covered in the medical Devices Policy.

The Health and Social Care Act (2008) identifies the requirement for a designated “lead for cleaning”. The responsibility for the decontamination of the environment and decontamination of patient equipment (e.g. beds, commodes, mattresses, hoists, slings etc) is the remit of the Director of Infection Prevention and Control (DIPC).

The Department of Health (2010) High Impact Intervention (HII) No 8 published a care bundle to improve the cleanliness and decontamination of near-patient clinical equipment and the principles of this HII are included in this policy (Section 5.5)

Whilst this policy identifies the infection prevention and control principles relating to environmental cleanliness it does not detail exact requirements; these are identified in the Facilities Cleaning Strategy. Please contact the Associate Director of Facilities if you have any queries.

It is recognised that this policy cannot cover all eventualities so further information or advice can be obtained from the Infection Prevention and Control Team.

2. **Purpose**

The purpose of the policy is to inform all staff of the correct decontamination methods that should be used to ensure that the patient environment and patient equipment is decontaminated effectively thus minimising and preventing any risks of healthcare associated infections (HCAI).

This policy should be read in conjunction with the Facilities Cleaning policy. Please contact Louise Kiely, Associate Director of Facilities if you have any queries. The policy applies to all staff that work at Birmingham Children’s Hospital NHS Foundation Trust (BCHFT).
3. Duties

3.1 Duties within the Organisation

3.1.1 The Trust Board is responsible for ensuring that sufficient resources are made available to ensure the provision and maintenance of a clean and appropriate environment which facilitates the prevention and control of healthcare associated infections.

3.1.2 The Facilities Department are responsible for ensuring that:

- Cleaning arrangements detail the standards of cleanliness required in each part of its premises and that environmental cleaning is carried out, as appropriate, for each area.
- Cleanliness standards are monitored and appropriate actions taken, as needed.
- A schedule of cleaning frequency is available on request.
- Ensuring that cleaning schedules are agreed and publicly displayed in each area.
- A system is in place for staff, visitors and patients to raise any concerns that they may have in relation to environmental cleanliness.
- Any concerns raised, are actioned promptly (whoever they are raised by i.e. Ward Managers, Heads of Department, staff, visitors or patients etc).

3.1.3 The Trust Cleaning Lead is responsible for ensuring that appropriate staff are involved in all aspects of cleaning services, from contract negotiation and service planning to delivery at ward / department level; this should include senior nursing staff i.e. Heads of Nursing, Directorate Lead Nurses and the Infection Prevention and Control Team.

3.1.4 The Heads of Nursing, in conjunction with Directorate Lead Nurses, Ward / Department Managers, have personal responsibility and accountability for ensuring that a clean and safe care environment is provided. Effective arrangements need to be in place for the appropriate cleaning of equipment that is used at the point of care, for example hoists, beds, commodes etc and that there is a system in place to identify that items of equipment have been decontaminated (i.e. use of indicator tape, cleanliness tags, or equipment cleaning checklists). Appropriate designated areas and cleaning products must be made available for the cleaning of equipment and storage to take place.

3.1.5 Ward / Department Managers are responsible for ensuring that all staff:

- Are aware of, and comply with this policy.
- Are aware of their roles and responsibilities with regard to cleaning and decontamination of patient equipment and that they are aware of the correct cleaning and decontamination procedures outlined in this policy.
- Attend relevant training sessions as detailed in the Trust Infection Prevention and Training policy.

They are also responsible for ensuring that the importance of cleaning and cleanliness standards is embedded into the everyday work routine of the ward / department, raising and improving patient and relatives’ confidence. Clear identification of cleaned items and a visibly clean environment will provide reassurance to patients, families and carers.

They are also responsible for:

- Monitoring that equipment is being cleaned after patient use
- Participating in regular monitoring of the ward / department environment (with the Directorate Lead Nurse and a Domestic Supervisor, where appropriate) to ensure that the cleanliness of the patient environment and patient equipment is maintained.
- Ensuring that a cleaning schedule is publicly displayed.
• Raising any concerns with the Facilities Department about cleanliness standards within their department. Where ongoing environmental cleanliness concerns are noted, these should be reported using the Trust IR1 reporting system.
• Ensuring adequate supplies of cleaning materials and products are available, at all times.

3.1.6 The Nurse in Charge of any patient area is directly responsible for ensuring the maintenance of cleanliness standards throughout each individual shift. Any concerns in the cleanliness standards of patient equipment must be addressed immediately whilst concerns with cleanliness standards must be reported to the Domestic Supervisors.

3.1.7 The Infection Prevention and Control Team (IPCT) are responsible for:
• Ensuring that this policy is regularly updated and reflects national guidance.
• Ensuring that the policy is accessible to all groups of staff. It will be made available electronically on the Trust Intranet in the Infection Prevention and Control Manual.
• Providing education and training on decontamination methods and appropriate use of products, during induction and refresher training sessions, in line with the infection prevention and control training needs analysis (Infection Prevention and Control Training Policy).
• Ensuring that when new items of patient equipment are considered for purchase that infection control issues and cleaning recommendations have been considered and that appropriate disinfection (including the use of chlorine based products) can be undertaken.

3.1.8 All staff are responsible for:
• Ensuring that this policy, and procedures outlined in the policy, is adhered to at all times.
• Being aware of their roles and responsibilities with regard to cleaning and decontamination.
• Raising any concerns with the IPCT in relation to adherence with this policy.
• Attending infection prevention and control training as detailed in the Infection Prevention and Control Training policy and maintain an up to date knowledge base of decontamination practices and policy.

A clutter-free environment is conducive to providing a clean environment however this is sometimes difficult to consistently maintain, particularly where children are in hospital for long periods of time. Where clutter is felt to be an obstacle hindering the cleanliness of the environment, staff should report it to the Ward / Departmental Manager and / or Directorate Lead Nurse so that appropriate action can be taken.

3.2 Identification of Stakeholders

This policy is applicable to all disciplines of staff working at the Birmingham Children’s NHS Foundation Trust (BCHFT) who are involved in the cleaning, decontamination and disinfection of the environment and / or patient equipment.

4. Consultation and Communication with Stakeholders

Comments relating to this policy were sought from a wide range of staff working within BCHFT. This included the multi-disciplinary members of the Infection Prevention and Control Committee and the IPCIE Action Group; the policy was then amended, where applicable.
5. **Content**

5.1 **Definitions**

The decontamination process includes a combination of processes which includes cleaning, disinfection, and sterilisation. Definitions can be found in Appendix A.

5.2 **Cleaning**

5.2.1 General cleaning is normally sufficient for most environmental surfaces and patient equipment that are in contact with patient’s intact skin.

5.2.2 General cleaning is done using hot water with an approved detergent and a disposable cloth. Where surfaces or equipment is contaminated with blood / body fluids, please refer to Section 5.4.

5.2.3 **Notes on the use of cleaning materials**

- Only approved hospital detergent products must be used.
- The water used should be hot, and must be changed frequently.
- A disposable cloth must be used.
- After use, buckets and bowls must be washed thoroughly with detergent and water. After drying they must be stored inverted, and never stacked together.
- Detergent impregnated wipes are a convenient alternative in some situations when wetting of equipment is not recommended e.g. cleaning of infusion pumps or electrical equipment.

5.3 **Disinfection**

5.3.1 Disinfectants are used when a higher level of decontamination, greater than that achieved by cleaning, is required. Because disinfectants are poor cleaning agents, it is necessary to clean surfaces and equipment with hot water and detergent before disinfection.

5.3.2 All disinfectants are potentially hazardous, and Control of Substances Hazardous to Health (COSHH) assessments must be available for all products used. Relevant departmental safety policies must be followed and appropriate protective clothing worn, when handling disinfectants.

*Hypochlorites (See Appendix B for further information including dilution information and instructions on how to make up solutions)*

5.3.3 Hypochlorites are available in different strengths:

- **1,000 parts per million** (ppm). Used for the environmental disinfection as part of an isolation terminal clean and for disinfection of patient equipment after use with an isolation patient. This is usually done using Chlorclean. Chlorclean tablets are available in 1.8g size. (Chlorclean is a combined detergent and disinfection product – no need for prior cleaning with soap and water).
  - If Chlorclean is not available then Haztabs 1,000ppm should be used. Prior to using Haztabs, the area must be thoroughly cleaned with soap “detergent” and water first.
  - Wipes that are impregnated with hypochlorite 1000ppm are also now commercially available and can be used as an alternative for disinfection of patient equipment.
- **10,000 ppm.** Used for dealing with blood and body fluid spillages (see Section 5.4).

5.3.4 In addition to the above strengths, there are also mini Haztabs available (0.5g). Staff need to be aware that this strength is not routinely used however where there is a need for local disinfection (e.g. specific feeding teats or bottles), this is done using a 125ppm solution (i.e. 1 tablet in 2 litres of cold tap water).

5.3.5 Hypochlorites must always be used in a well-ventilated area.

5.3.6 Fresh solutions of hypochlorite products must be prepared daily (see Appendix B).

**Alcohols**

5.3.7 Alcohols are effective against many vegetative bacteria and enveloped viruses. Rapid evaporation leaves surfaces dry. As penetration is poor, alcohols must only be used for disinfection of clean hard surfaces i.e. dressing trolleys, aseptic non-touch technique (ANTT) procedure trays.

**Preparations available**

- **70% Isopropyl Alcohol (IPA):** For hard surface disinfection, especially large surface areas.
- **Alcohol-impregnated wipes:** For disinfection of smaller hard surface areas.

5.4 **Dealing with Blood and Body fluids Spillages / Splashes**

5.4.1 The following should be followed in the event of environmental contamination with:

- Blood and serous body fluids (risk of contamination with blood borne viruses).
- Faeces and vomit from patients with a suspected or proven gastrointestinal infection.
- Live vaccines (including Sabin oral polio vaccine, BCG, MMR, VZV)
- Any other clinical materials, on the instruction of the Infection Prevention and Control Team (e.g. urine from patients with urinary tract infection with antibiotic-resistant bacteria).

5.4.2 Spillages and splashes must be dealt with immediately using 10,000ppm hypochlorite. Areas should ensure that they have single use spillage packs readily available for use so that blood and body fluid spills/splashes can be dealt with immediately and appropriately.

- Where spill packs are not available, Haztabs, or chlorine-releasing granules may be used). A **fresh** working solution must be made up to the correct concentration to ensure the inactivation of blood-borne viruses (1.8g tablet dissolved in 100 ml cold water = 10,000ppm).

5.4.3 Where departments may experience larger blood spills, larger spill kits are available. Spillage packs are self contained and include specific instructions on how to deal with blood/body fluid spillages.

5.4.4 Appendix C details the procedure for dealing with blood and body spillages/splashes.

5.4.5 The Infection Prevention and Control Team can advise on alternative methods of decontamination for surfaces or materials that may be damaged by hypochlorites. Thorough cleaning is sufficient for most spillages of urine and faeces, and the routine use of disinfectant is not required.
5.5 Cleaning and decontamination of clinical equipment

5.5.1 All staff should be aware of their roles and responsibilities with regard to cleaning and decontamination of clinical equipment.

5.5.2 All equipment should be cleaned immediately after patient use.

5.5.3 Appendix D contains a list of equipment and the recommended procedure for that piece of equipment. This list is not exhaustive, but is intended to cover types of equipment that frequently cause confusion. Further advice can be obtained from the Infection Prevention and Control Team.

5.5.4 Where equipment cannot be cleaned effectively, advice must be sought from the Infection Prevention and Control team who can help assess the risk and give appropriate advice.

5.5.5 Appendix E details High Impact Intervention No 8 Care Bundle to improve the cleaning and decontamination of clinical equipment.

A. Cleaning equipment after use by or on a patient with a suspected or confirmed HCAI or in a contaminated area

B. Cleaning equipment after use on a non-infected patient and in a non-contaminated area
   ▪ Location of cleaning activity
   ▪ Correct hand hygiene
   ▪ Personal protective equipment
   ▪ Cleaning / Decontamination
   ▪ Storage
   ▪ Documentation

5.5.6 Equipment, used with patients with a suspected or confirmed HCAI, should be cleaned, and disinfected, prior to its removal from that area.

5.5.7 Cleaned equipment should be stored separately from used items and away from areas where cleaning is taking place, to reduce the risk of recontamination.

5.6 Education and Training

It is the responsibility of all staff to ensure they have appropriate training as advised through Trust appraisal processes with their line manager.

Training will be identified through the infection control training needs analysis which has been developed for Trust staff.

Training and development will be captured and monitored through the education and learning team’s quarterly processes. The results of which are discussed and published through the Education & Learning Forum, EMT and Clinical Risk and Quality Committee.

Activity data and monitoring of is a feature of Directorate reviews where risks are highlighted and mitigating actions implemented.

If in doubt please contact a member of the infection control team or a representative of the education and learning team.
6. Monitoring Compliance With and the Effectiveness of the policy

6.1 Process for Monitoring Compliance and Effectiveness

Ward/Department managers, Directorate Lead Nurses and Heads of Nursing have overall responsibility for ensuring that ongoing monitoring takes place.

Compliance will be monitored formally by the Environmental Inspection Team (which inspects both the general patient environment and patient equipment). Inspections will be carried out annually, as a minimum, and inspections will be co-ordinated by the Infection Prevention and Control Team. HII No 8 (Appendix E) may also be used as part of the audit and monitoring process.

6.2 Standards/Key Performance Indicators

All staff will perform decontamination practices in line with this policy however the Heads of Nursing, Directorate Lead Nurses and Ward/Department Managers have personal responsibility and accountability for ensuring that a clean and safe care environment is provided.

The patient environment and medical devices or other items of equipment will be effectively decontaminated to ensure that preventable health care associated infections to staff or patients are avoided.

Formal monitoring will be done by the Environmental Inspection team as part of the formal environmental inspection visits (see Infection Prevention and Control Environmental Inspection Proforma).

7. References


Medical Device Directive 93/42/EEC.


Appendix A  Definitions of the Decontamination Process  
(Cleaning, Disinfection and Sterilisation)

The decontamination process includes a combination of processes which includes cleaning, disinfection, and sterilisation.

- **Cleaning:** Involves the physical removal of matter. Cleaning will remove microorganisms and the organic material on which they thrive. In some circumstances cleaning alone is sufficient. However, cleaning is also an essential prerequisite to disinfection and sterilisation.

- **Disinfection:** Leads to a reduction in the numbers of viable microorganisms, but cannot reliably achieve the same reduction in microbial contamination as sterilisation. Cleaning is an essential prerequisite to disinfection.

- **Sterilisation:** Destroys all viable microorganisms, including bacterial spores. Cleaning is an essential prerequisite to sterilisation.
Appendix B  Hypochlorites

- Hypochlorites are corrosive, and should not be used for prolonged periods on metal.
- Many other materials are also damaged by hypochlorites. The Infection Prevention and Control Team can advise on the compatibility of materials with hypochlorites.
- Hypochlorites are effective against most viruses, including the blood-borne viruses, and some bacteria however different concentrations are required for different purposes (i.e. 10,000 ppm for use on blood spillages).
- Hypochlorites should be used in well-ventilated areas, and should not be mixed with acids, since free chlorine is released.
- Fresh solutions of hypochlorite products must be prepared daily.

Preparations available

- **Hypochlorite Sanitizer (for domestic use):** This contains a low concentration of hypochlorite, and is intended only for cleaning and low level disinfection of sanitary ware.

- **Chlorclean tablets 1.8g** (combined cleaning “detergent” and disinfectant product meaning that no prior cleaning is required).
  - 1,000 ppm is used for environmental cleaning and disinfection as part of an isolation terminal clean. To make up 1,000 ppm dissolve 1 tablet (1.8g) in 1 litre of cold water.

- **Hypochlorite tablets i.e. Haztabs (1.8g tablets).** Can be made up into either 10,000 ppm (required strength used in spill kits for dealing with blood spillages) or 1,000 ppm (if Chlorclean not available). If Haztabs are used instead of Chlorclean, the area must be thoroughly cleaned with soap “detergent” and water first
  - To make up **10,000 ppm** dissolve 1 tablet in 100mls of cold water
  - To make up **1,000 ppm** dissolve 1 tablet in 1 litre of cold water.

- **Hypochlorite granules i.e. granules in spill kits:** These are applied directly to spillages of infective material (e.g. blood or body fluids). NB: these should not be confused with simple gel granules that are available to consolidate spills of liquids – these granules have no disinfecting properties whatsoever.

- **Hypochlorite tablets i.e. Mini Haztabs (0.5g tablet):** Not routinely used however a solution of 125 ppm strength is used, as needed, for disinfecting specific feeding teats or bottles.
  - To make up **125 ppm** dissolve 1 tablet in 2 litres of cold water

N.B Where expressed breast feeding kits are used these should be disinfected according to Manufacturer’s instructions.

To make up the correct concentration of solution:

- Add the appropriate number of disinfectant tablets to the plastic dilution bottle provided (see above).
- Add most of the required volume of cold tap water.
- Allow to dissolve over two minutes.
- Make up to the precise volume with cold tap water.
- Fasten the cap tightly on bottle, and mix by gently swirling.
Appendix C  Dealing with Blood and Body Fluid Spillages/ Splashes

**Blood and Body Fluid Spillages**

**Equipment**
- Single use spillage kit (containing gloves, apron, hypochlorite granules, hypochlorite tablets and container, yellow bag, scoop and scraper).
- Disposable cloths and/or paper towels.
- Personal Protective equipment i.e. gloves, aprons, eye protection.
- Mop and bucket of hot water & detergent (for cleaning after disinfection).

**Procedure**
- Open windows or doors to ventilate the area, and if possible move patients from the immediate vicinity.
- Always wear disposable gloves and apron. Wear eye protection if required.
- Shake all Haztab hypochlorite granules over spill and leave for two minutes.
- Whilst leaving the granules for 2 minutes prepare the 10,000ppm solution
  - Add the 4 small 0.5g tablets to the empty container and carefully fill to the line with tap water. Set aside and leave for 2 minutes to dissolve.
  - When tablets have dissolved, close cap and mix by inversion.
- Prepare yellow disposable bag, removing backing strip, stick to suitable surface and allow to hang open. Retain backing strip as a tie.
- Carefully collect the spill and granules mixture using scoop and scraper and dispose of into the yellow bag.
  - NB If there is broken glass or other sharp items in the spillage, carefully dispose of the fragments into a sharps bin.
- Use 10,000ppm dissolved hypochlorite solution with disposable paper towels to wipe area of spill and any splashes on vertical surfaces.
- Dispose of any unused hypochlorite solution by flushing down a sluice or toilet.
- Discard protective clothing, disposable cloths, etc. into a yellow clinical waste bag.
- The area can then be mopped using either disposable mop heads or the appropriate colour mop for the areas.

**If larger spills**
- Deal with the spillage as above.
- Mop the disinfected spillage area with hot water and detergent using disposable mop head (or a red handled mop) and red bucket.
- Dispose of used mop heads into a clinical waste bag, and request a replacement from the Domestic Supervisor.
- Empty the bucket into a sluice hopper or toilet, disinfect bucket with detergent sanitizer, rinse, dry and store inverted.

When dealing with urine spills, note that chlorine gas is generated when hypochlorites are mixed with acidic fluids (such as urine). Where disinfection of a urine spill is necessary, carefully soak up the urine with paper towels or disposable cloths before disinfecting the area with hypochlorite.

**For small Blood Splashes (e.g. on patient equipment)**
Put on gloves and apron. Remove access blood splash with disposable paper towel. Disinfect area using a 10,000ppm hypochlorite solution (1 x 1.8g Haztab tablet dissolved in 100 ml cold water). Clean with hot soapy water. Allow area to dry.
Appendix D  Recommended Procedure for the Decontamination of Equipment

- Equipment should be cleaned in a designated area or away from clean items.
- Equipment used by or on a patient with a suspected or confirmed HCAI must be cleaned prior to its removal from that area.
- Hands must be decontaminated before and after cleaning equipment. Wash hands with soap and water after cleaning equipment.
- Gloves and aprons should be worn, where indicated.
- Clean equipment in a systematic sequence, using disposable cloths/ wipes.

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<tr>
<th>Equipment</th>
<th>Recommended procedure</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Baths, washbasins</td>
<td>Clean with detergent &amp; hot water.</td>
<td>Hypochlorite sanitizer used by domestics to disinfect on a daily basis.</td>
</tr>
<tr>
<td>Wash bowls &amp; baby baths.</td>
<td>A dedicated bowl for each patient is recommended. Rinse and dry thoroughly after each use.</td>
<td>Must be stored dry, above floor level and inverted.</td>
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<tr>
<td>N.B. top and tail bowls must be labelled accordingly.</td>
<td>Between patients clean bowl with detergent &amp; hot water, dry thoroughly</td>
<td>Infected patients: Clean and disinfect using Chlorclean (1,000ppm).</td>
</tr>
<tr>
<td>Beds</td>
<td>See Standard Operating Procedure for Bedspace / Isolation clean</td>
<td>Infected patients: Clean and disinfect using Chlorclean (1,000ppm).</td>
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<td>Bedpan carriers (used with a disposable bedpan liner)</td>
<td>Clean carrier with detergent &amp; hot water after each use.</td>
<td>Infected patients: Clean and disinfect using Chlorclean (1,000ppm).</td>
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<td>Commode</td>
<td>See Commode cleaning poster</td>
<td>Infected patients: Clean and disinfect using Chlorclean (1,000ppm).</td>
</tr>
<tr>
<td>Incubators &amp; cots</td>
<td>Clean with detergent &amp; hot water and dry</td>
<td>Infected patients: Clean and disinfect using Chlorclean (1,000ppm).</td>
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<tr>
<td>Manual Handling</td>
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<tr>
<td>• Hoists</td>
<td>Clean with detergent &amp; hot water after use.</td>
<td>Infected patients: Clean and disinfect using Chlorclean (1,000ppm).</td>
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<tr>
<td>• PAT slides</td>
<td>Clean with detergent &amp; hot water after use.</td>
<td>Infected patients: Clean and disinfect using Chlorclean (1,000ppm).</td>
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<tr>
<td>• Slide sheets</td>
<td>Dedicated to an individual patient – return to hospital laundry</td>
<td>See Policy for Handling Used Linen and also Manual Handling Policy.</td>
</tr>
<tr>
<td>• Slings*</td>
<td>Dedicated to an individual patient – return to hospital laundry</td>
<td>See Policy for Handling Used Linen and also Manual Handling Policy.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Disposable slings should be used for isolated patients. Dispose of after use</td>
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<tr>
<td>Mattresses &amp; pillows with impermeable covers</td>
<td>Wash with detergent &amp; hot water, and dry thoroughly</td>
<td>Infected patients: Clean and disinfect using Chlorclean (1,000ppm).</td>
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<tr>
<td>Weighing scales (infants)</td>
<td>Use liner or paper towel. Wash with detergent &amp; hot water</td>
<td>Infected patients: Clean and disinfect using Chlorclean (1,000ppm).</td>
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Appendix E  High Impact Intervention No 8

A. Cleaning equipment after use by or on a patient with a suspected or confirmed HCAI or in a contaminated area

Location of cleaning activity
- Patient equipment located in isolation areas must be cleaned prior to its removal from that area.

Correct hand hygiene
- Wash hands with soap and water before and after cleaning equipment.

Personal protective equipment
- Correct personal protective equipment (PPE) (gloves and apron as necessary) is worn.
- PPE is disposed of correctly (in line with local policy) after use.

Cleaning and decontamination
- Cleaning and decontamination is carried out immediately following use of the equipment by the patient or staff member.
- Equipment is cleaned with a neutral detergent followed by a 1,000 ppm chlorine-containing disinfectant solution or other sporicidal product, using a disposable cloth (products containing both detergent and chlorine can also be used). Follow local policy.
- Systematic cleaning of items (top down) is carried out in line with local policy if available; if the local policy is not available, follow manufacturers’ guidance.

Storage
- Cleaned and decontaminated equipment is stored separately from used items and away from areas where cleaning is taking place, to reduce risk of recontamination.

Documentation
- Cleaning is documented by the person who cleaned the item and the item is labelled as clean.

B. Cleaning equipment after use on a non-infected patient and in a non-contaminated area

Location of cleaning activity
- Equipment is cleaned in a designated area or away from clean items.

Correct hand hygiene
- Wash hands with soap and water before and after cleaning equipment.

Personal protective equipment
- Correct PPE (gloves and apron) is worn.
- PPE is disposed of correctly (in a black waste bag) after use.

Cleaning
- Cleaning is performed immediately following patient use.
- A neutral detergent-based product is used for general cleaning.
- Systematic cleaning of items (top down) is carried out in line with local policy if available; if the local policy is not available, follow the manufacturers’ guidance.

Storage
- Cleaned equipment is stored separately from used items and away from areas where cleaning is taking place to reduce risk of recontamination.

Documentation
- Cleaning is documented by the person who cleaned the item and the item is labelled as clean.