Cleaning and Decontamination of the Environment and Patient Equipment Procedures

(IPC Policy Manual)

(This document is a merge of the Cleaning Systems and Processes for the Environment, Patient Equipment and Medical Devices Policy and the Decontamination Policy)
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1. INTRODUCTION

Providing a clean and safe environment for healthcare is a key priority for the NHS and it is a core standard within the Care Quality Commission’s Essential Standards of Quality and Safety.

Publications such as A Matron’s Charter: An Action Plan for Cleaner Hospitals have emphasised this further by recognising the role cleaning has in ensuring that the risk to patients from healthcare associated infections (HCAIs) is reduced to a minimum.

All medical devices and equipment used in healthcare environments may become contaminated with biological, chemical or radioactive material and thus can present a risk to patients, as well as to those subsequently handling or using them.

Inadequate decontamination of medical devices and equipment has frequently been responsible for outbreaks of infection in healthcare establishments. Therefore the safe and effective decontamination and handling of these is essential in reducing the risk of cross infection.

In addition, the consideration of cleaning and disinfection should begin at the earliest stage of purchasing and acquisition of furniture, fixtures, fittings and any equipment used within healthcare. It is essential to establish effective and appropriate methods of decontamination prior to purchase and equipment that cannot be adequately and safely decontaminated should not be purchased. There are specific procedures and responsibilities in relation to the purchase, maintenance, repair and disposal of medical equipment and this is incorporated in the Trust’s Medical Devices Management Policy.

It is important to recognise that cleaning is not only carried out by support services staff and that cleaning covers much more than just fixtures and fittings, as it also applies to patient equipment and medical devices e.g. commodes, medical gas equipment, patient fans, blood pressure cuffs/machines, weighing scales, shower chairs etc.

Therefore it is important that all staff are clear about cleaning responsibilities for specific pieces of equipment and fixed assets they are responsible for. The National Specification for Cleanliness in the NHS: a framework for setting and measuring performance outcomes identifies a variety of equipment used in the delivery of healthcare including how often it should be cleaned and who is responsible for doing so. The document can be accessed via the hyperlink in Section 6.

Equipment that is not required for patient care should be discouraged from being brought into any patient environment as this may pose issues in terms of its appropriateness and ease of cleaning.

The purpose of these procedures are to explain the principles of cleaning within the care environment and to define the responsibility and accountability of each member of staff in ensuring that those principles are adhered to, so that the
Trust can be assured that cleaning measures for both the environment and equipment are robust and appropriate.

2. PROCEDURE

2.1 Decontamination of the Environment

Cleaning standards are undertaken in line with the Revised Healthcare Cleaning Manual June 2009, which categorise the service and auditing levels required in order to maintain cleanliness. The national specification has been adopted across the Trust and this document can be accessed via the hyperlink in section 6.

Cleaning must always be carried out in a way, so as to minimise the risk of recontamination. Staff should work from the cleanest surface to the dirtiest.

For areas/items contaminated with blood and body fluids refer to the blood and body fluid spillage procedure.

2.2 Cleaning Schedules

A cleaning schedule detailing the cleaning frequencies for the environment must be displayed in all patient/public facing areas. The cleaning schedules are in line with current national guidance.

A copy is held by the Matron/Service Manager and Ward/Team Manager and any changes must be jointly agreed.

2.3 Monitoring Systems

The ward/team manager is ultimately responsible for ensuring that cleanliness and environmental standards are maintained to the highest level. It is pivotal that robust monitoring, reporting systems are in place to support this. These systems play an important part in the on-going maintenance of high levels of cleanliness within the clinical areas, and within the Trust.

Audits are undertaken by the Facilities Monitoring Officer. The assurance ratings are defined as follows:

Full Assurance – systems of internal control has been effectively designed to meet the national Cleaning Standards and controls are consistently applied in all areas reviewed.

Significant Assurance – there is a generally sound system of control designed to meet the National Cleaning Standards, however, some weakness in the design or inconsistent application of controls put the achievement of particular objectives at risk.

Limited Assurance – Weaknesses in the design or inconsistent application of controls put the achievement of the National Cleaning Standards at risk in the
The table below indicates the frequency of audits and the timescales for remedial action to be taken.

Table of Monitoring Frequencies:

<table>
<thead>
<tr>
<th>Risk category</th>
<th>Areas</th>
<th>Frequency</th>
<th>Timescales for action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very high risk</td>
<td>Theatres and clinical areas that are carrying out invasive procedures (inclusive of podiatry services)</td>
<td>Monthly</td>
<td>Immediately.</td>
</tr>
<tr>
<td>High risk</td>
<td>Mental Health wards / Acute Wards / Medical Elderly Wards</td>
<td>Monthly</td>
<td>Immediately / or the following day dependant on the magnitude.</td>
</tr>
<tr>
<td>Significant risk</td>
<td>Outpatients and health centres</td>
<td>Quarterly</td>
<td>The following day or immediately dependant on the magnitude.</td>
</tr>
<tr>
<td>Low risk</td>
<td>Admin areas, offices, non sterile areas</td>
<td>Quarterly</td>
<td>Within 7 days</td>
</tr>
</tbody>
</table>

In addition to the process described above, cleanliness walk rounds are also undertaken by Modern Matrons/Managers, the Infection Prevention and Control (IPC) Team and the Support Services Supervisors. Areas of concern pertaining to the cleanliness of the environment are highlighted to the Support Services Supervisor for action. Concerns around the cleanliness of medical equipment/devices will be addressed by the Modern Matron/Service Manager.

Where services are provided by a contractor or NHS external provider they should ensure that audits are rectified within the agreed timeframe and are submitted to the Facilities Monitoring Officer.

Patients and visitors should be signposted to complete Your Opinion Counts forms to highlight any concerns or to pass on positive feedback to the relevant teams.

The cleanliness poster (appendix 6) accessed via the link below should be displayed in clinical areas.


2.4 Cleaning Products

A number of products are used within the Trust. Staff must have awareness on the products used within their area and what product is appropriate to use at any given time.

2.5 Neutral Detergent

This is the product of choice for routine cleaning. Always follow the manufacturer’s recommendations for dilution of neutral detergent. The usual strength for environmental cleaning is 0.1% e.g. 5mls of Hospec neutral
detergent in 5 litres of water.

The area or item of equipment must be cleaned thoroughly using neutral detergent and warm water, rinsed and dried.

When buckets of cleaning product are used, best practice is to change the water/solution between rooms or when the water is visibly dirty.

2.6 Disinfectant

A number of products are used within the Trust. Staff must have awareness on the products used within their area and what product is appropriate to use at any given time. Thorough cleaning must always precede disinfection.

Chlorine-releasing Agents (e.g. NaDCC tablets such as Haztabs, Chlor-Clean and Hypochlorites e.g. Milton) are the products of choice for disinfection. Chlor-Clean is a two stage product and both cleans and disinfects. Instructions on how to make up Chlor-Clean can be found in appendix 7 and Haz tabs in appendix 8, accessed via the link below: https://www.rdash.nhs.uk/46192/infection-prevention-and-control-manual/

The concentration of hypochlorite solutions is expressed as parts per million (ppm) of available chlorine. The strength for dealing with blood spillages in 10,000 ppm and for general environmental cleaning and disinfectant it is 1,000 ppm. Chlorine releasing agents can pit metal so must be rinsed off as part of the process.

Staff handling disinfectants must:

- Wear appropriate personal protective clothing e.g. plastic aprons, gloves and face/eye protection as appropriate.
- Work in a well-ventilated area with easy access to running water.
- Follow manufacturer’s instructions.
- Be trained in their use and a record kept by their line managers.

Some bacteria can grow in disinfectants. To prevent this from happening the following should always be observed:

- The expiry date on each solution must be checked before use. Out of date solutions must not be used and should be disposed of in accordance with product data sheets.
- A sterile solution, once opened, should be regarded as non-sterile.
- Container caps must be replaced securely after use.
- Water must never be left standing in clean buckets, even if it contains a disinfectant.
- Partially full bottles of disinfectant should never be ‘topped up’.
- Diluted disinfectants rapidly become inactive. Use the same day and dispose of any leftover via the correct disposal route.
- Always mix disinfectants in a clean separate vessel with fresh tap water.
• Products should never be decanted into an un-labeled bottle.
• Allow the area to dry naturally (not with a cloth) so that the disinfectant has time to work.

No new products must be introduced into the organisation without consultations with the IPC Team.

Staff should report to their line manager immediately any suspected reactions to products used for decontamination. The manager will refer the staff member to Occupational Health for assessment.

Alcohol hand rub must not be used to disinfect equipment, devices or surfaces.

2.7 Antimicrobial Wipes

Hard surface antimicrobial wipes may also be used. These are wet wipes impregnated with a detergent and a disinfectant, which is effective against viruses, fungi, bacteria and most spores, including Clostridium difficile. This is a one-stage process, eliminating the need to clean before disinfection. The wipes are single use and must be discarded in between each activity/surface/item.

Where wipes are used the cleaning process must be as thorough as with neutral detergent and water.

2.8 Storage of Cleaning Products and Chemicals

All cleaning products/chemicals must be stored in their original containers in a locked cleaning cupboard when not in use. A copy of the COSHH product data sheets must be held in the cleaning cupboard and be easily accessible by any member of staff using the product.

When the cleaning product is in use, the product should be kept in either its original container, or if a diluted solution has been made (in line with the manufactures instructions) the container must be clearly labelled in a bottle/spray gun with a secure lid. All hand held containers/bottles must remain with the Support Service Assistant at all times and when left on the cleaning trolley between cleaning tasks, the bottles/containers must be securely locked away on the lockable cleaning trolleys.

Buckets of cleaning product (which have been diluted with water in line with manufactures instructions) must remain with the Support Service Assistant at all times and must not be left unattended.

2.9 Cleanliness and Storage of Equipment Used for Cleaning

Prior to using any cleaning equipment, all support services staff will be trained in the correct use of that equipment as part of their local induction. All electrical devices should be inspected/tested in accordance with the Trust’s Electrical Systems Policy and it is the responsibility of the Support Services Managers to ensure all electrical equipment is safe to use. All staff have a responsibility to
routinely check all equipment prior to use and report any faults.

All equipment must be checked to make sure that it is clean before and after being used.

At the end of the service, all buckets must be emptied, cleaned and wiped dry and left inverted, in readiness for their next use.
All mop heads should be colour coded and disposable or able to withstand laundering in a washing machine and stored clean, with head uppermost.

Used mop heads which can be laundered are to be placed in a red alginate bag at the end of each clean and put into the green wheelie bins for processing by the laundry. If the mops are disposable, these should be placed in the domestic waste stream.

Under no circumstances must mop heads be rinsed in sluice sinks and left to dry.

Disposable cleaning cloths must be disposed of in the relevant waste stream at the end of each clean, (general cleaning – domestic waste stream and isolation or barrier clean – hazardous waste stream).

### 2.10 Discharge Cleaning

When a patient is discharged the bed space/room must be cleaned thoroughly in preparation for new patients being admitted.

The discharge clean checklist form (appendix 9) documents the responsibilities for nursing and support service staff and can be accessed via the link below:


The form must be completed and retained at ward level for a period of 3 months for audit purposes.

### 2.11 Terminal Cleaning

When areas are used for the isolation of patients with known or suspected infections, the whole environment will require thorough decontamination, using a combined detergent/chlorine releasing agent of 1,000ppm or two stage antimicrobial wipes, after the patient vacates the bed space/room or when isolation precautions have been discontinued. This must include all equipment and medical devices.

The terminal clean checklist form (appendix 10) documents the responsibilities for nursing and support service staff via this link:


The form must be completed and retained at ward level for a period of 3 months
2.12 Deep Cleaning

Where appropriate dedicated in-house teams will perform deep cleaning of wards and specific areas. This must be agreed by the Support Services Manager and Modern Matron/Service Manager subject to accessibility and need.

It may, on occasions, be necessary to arrange additional cleaning services from an external contractor e.g. wall washing or to undertake a full clean of a ward area resulting from closure.

Deep cleans can be arranged by contacting Domestic Services on 01302 796026/6071.

2.13 High Level Cleaning

Staff must not attempt to clean above a height that cannot be comfortably reached while standing on the floor, using appropriate equipment. If necessary high cleaning should be arranged with the Estates and Facilities Department on 01302 796059. Curtain changing is to be undertaken by two staff members using approved step ladders as determined by the Trust (step ladders with grab rail).

2.14 Window Cleaning

The cleaning of all external windows and glazing will be undertaken by an external contractor twice a year. It will be the responsibility of a nominated senior member of the ward/department team to check the standard of work prior to signing the work docket for payment. Any concerns over the standard of work undertaken by the window cleaning contractors are to be reported to the Head of Facilities.

2.15 External Contractors

Where cleaning is provided by external services the agreement should be reviewed jointly by the representative of the provider, Head of Facilities, IPC Team and the relevant Modern Matron/Service Manager to ensure it meets the needs of the client group and environment again in conjunction with guidance contained within ‘The National Specifications for Cleanliness in the NHS: a framework for setting and measuring performance outcomes’.

2.16 Cleaning Processes

Cleaning tasks are to be carried out in line with the training given by the Support Services Supervisor which is in line with the methods statements which can be found in the ‘Revised Healthcare Cleaning Manual 2009. The hyperlink to this document can be found in section 6.

When performing cleaning task, items or areas must be cleaned in an order so as
the cleaner areas are done first before moving onto dirty or high risk areas, for example when cleaning a bedroom and en-suite, the bedroom area must be cleaned first and the en-suite would be cleaned last. This will minimise the risk of cross infection.

The support service staff are required to complete cleaning check lists on the cleaning tasks which they are required to carry out each day and which are routinely checked by the support service supervisors as part of service monitoring.

2.17 Colour Coding Scheme

The Trust must adhere to the mandatory National Patient Safety Agency (NPSA) Colour Coding scheme (appendix 11), accessed via this link:


The adoption of nationally recognised colour coding for equipment and Personal Protective Equipment (PPE) helps to minimise the risk of cross-infection and extends to all cleaning materials and equipment used. The method used to colour code items should be clear and permanent.

When cleaning en-suite bedrooms, by local agreement the wearing of a blue disposable apron is to be worn when cleaning the bedroom, before moving on to the bathroom. A clean apron is to be worn between each en-suite bedroom.

2.18 Decontamination of Medical Devices

As detailed in the National Specification for Cleanliness in the NHS, the responsibilities for equipment cleaning is clearly defined. Ward and department staff are required to undertake cleaning duties on equipment and apparatus in their area in line with the frequencies detailed. All equipment must be adequately decontaminated after use and in between patient use.

The following risk assessment should be referred to when deciding on a method. Staff should be aware that items which will generally fall into a specific category e.g. cleaning for toilet seats, baths etc., may on occasions, dependent upon patient criteria/conditions fall into a higher category e.g. disinfection.

<table>
<thead>
<tr>
<th>RISK</th>
<th>USE OF ITEM</th>
<th>MINIMUM DECONTAMINATION REQUIRED</th>
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<tbody>
<tr>
<td>High</td>
<td>• In close contact with a break in the skin or mucous membrane</td>
<td>STERILISATION or Single Use Item</td>
</tr>
<tr>
<td></td>
<td>• For introduction into sterile body areas</td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td>• In contact with intact mucous membrane</td>
<td>DISINFECTION Preceded by cleaning</td>
</tr>
<tr>
<td></td>
<td>• Contaminated with particularly virulent or readily transmissible</td>
<td></td>
</tr>
<tr>
<td>RISK</td>
<td>USE OF ITEM</td>
<td>MINIMUM DECONTAMINATION REQUIRED</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Low</td>
<td>• Items in contact with healthy skin, or • Not in direct contact with patient</td>
<td>CLEANING</td>
</tr>
</tbody>
</table>

The choice of decontamination method should be related to the infection risk associated with the intended use of the equipment. Thorough cleaning must always be the first step in the decontamination process and PPE worn as appropriate.

Antimicrobial wipes (e.g. Clinell Universal wipes) are the current product of choice for routine cleaning/decontamination. If the equipment manufacturer instructions state that products containing quaternary ammonium compounds are not recommended, Clinell wipes must not be used and manufactures instructions must therefore be followed.

There must be evidence that patient equipment has been decontaminated appropriately using an indicator note/tape (green label) stating when the device was cleaned and by whom. The person in charge must complete the patient equipment and general cleaning visual/cleaning check (appendix 12), accessed via this link:


Devices which are not used on a regular basis will still need to be cleaned and also before being placed into and removed from long term storage.

If there is any doubt regarding suitable decontamination methods, the advice of the IPC Team must be sought.

Items which require heat sterilisation must be sent to the Sterilising and Disinfecting Unit (HSDU)/Sterile Services Department (SDD), which provides the contract for the Trust. Contaminated items must be transported in an appropriate container, at the earliest opportunity.

For areas which provide play facilities for infants and children, the locally introduced toy cleaning schedule (appendix 13) must be followed and ward/department staff must complete copies of the toy cleaning checklist (appendix 14), both of which can be found via this link:


The toy cleaning checklist maintained for 3 months for audit purposes.
2.19 Single Use Items

Manufacturer’s instructions must always be followed. Items supplied as ‘single use’ are commercially sterilised and supplied in packaging labelled for single use. Some items or their packaging will contain the single use symbol, which is the number 2 in a circle, crossed through with a diagonal line.

Items designated for single use must not be re-used or re-processed, as this may damage the item and invalidate product liability. In addition, re-use of single use item contravenes the Consumer Protection Act, which will render the user liable to prosecution.

2.20 Single Patient Use

Some items are deemed by the manufacturer to be safe to reuse on the same patient. Instructions for decontamination and storage along with the number of uses permitted must be supplied by the manufacturer.

Staff have a duty of care to ensure that these instructions are followed. Failure to do so may result in significant illness or even death.

If available use disposable (single patient) equipment on patients with known infections e.g. blood pressure cuff.

2.21 Prions

If equipment is believed to be contaminated with prions then the equipment must not be decontaminated and/or reused and advice must be obtained from the IPC team.

2.22 Declaration of Contamination Status

Those who inspect, service and repair or transport medical equipment have a right to expect this equipment has been appropriately decontaminated in order to remove or minimise the risk of infection. In order to comply with HSG (93)26, all items, including furniture, must be accompanied by a signed declaration of contamination statement or decontamination form, a copy of the form/certificate must be retained at ward/department level. Wards must ensure they maintain an adequate supply of forms. These can be obtained from RDaSH print room, stock item number PCT 211. Equipment must be decontaminated prior to being returned to storage.

2.23 Personal Protective Equipment

When undertaking cleaning PPE must be worn according to the risk of contamination and level of protection required.
2.24 Gloves

To help reduce the risk of infection, injury and cross-contamination, support services staff must use household-grade gloves (e.g. Marigold) for cleaning tasks in all sanitary areas and also when using cleaning products including Hypochlorite solution. House hold grade gloves can be reused and the gloves must be cleaned after use. Staff using these gloves must be provided with inner liners.

Gloves should be changed for each patient zone and between tasks (as appropriate) and removed when a task is finished or if task is interrupted for another reason.

The use of gloves does not replace the need for hand washing.

When cleaning rooms or areas for infectious patients, disposable gloves (e.g. nitrile) must be worn by all staff.

2.25 Aprons

Aprons must be worn to reduce the risk of contamination to clothing from organisms/chemicals.

2.26 Facial Protection

Facial protection must be worn if required following risk assessment, to reduce the risk of contamination from organisms/chemicals to eyes/mouth.

3. Definitions/Explanation of Terms Used

Decontamination – is combination of processes (cleaning disinfection and sterilisation) that removes or destroys contaminants such as micro-organisms or hazardous materials, including chemicals, radioactive substances, and infectious diseases.

Cleaning - is the physical removal of dirt and organic matter and removes up to 80% of micro-organisms and is an essential part of an infection prevention and control (IPC) programme. Given that organic matter will inactivate some disinfectants, cleaning must be undertaken before disinfection or sterilisation can be achieved.

Disinfection - is the removal and destruction of adequate numbers of potentially harmful micro-organisms to allow the item to be handled, transported or used safely.

The most effective method of disinfection is heat disinfection. However, chemical disinfection is more widely used, e.g. alcohol or chlorine releasing agents. It should be noted that spore-forming organisms such as Clostridium difficile are not destroyed by disinfection alone. Thorough cleaning must always precede disinfection.
Manufacturer’s instructions must always be followed regarding the recommended disinfection method/product.

**Sterilisation** - is the process of making something free from bacteria or other living microorganisms

**Prion** – an abnormal protein thought to be the causative agent of Transmissible Spongiform Encephalopathy's (TSE) e.g. Creutzfeldt-Jakob disease. The protein is remarkably resistant to conventional methods of disinfection and sterilisation

4. **RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES**

In addition to the core responsibilities, accountabilities and duties on the home page, section 4, of the Infection Prevention and Control Policy the following are applicable to this procedure:

4.1 **Chief Executive**

The Chief Executive is responsible for establishing and maintaining cleanliness and IPC arrangements across the organisation.

For IPC this responsibility is delegated to the Director of Infection Prevention and Control and the person with the lead responsibility is the Director of Nursing and Quality.

For cleanliness the person with the lead responsibility is the Director of Finance.

4.2 **Head of Estates and Facilities**

The duties of the Head of Estates and Facilities in relation to these procedures include:

- Ensuring that a high quality domestic service is delivered across the Trust both through in-house provision and services that are delivered through external contractors and Service Level Agreements.
- Having robust monitoring arrangements in place for both in-house services and those provided externally.
- The interpretation and implementation of any national guidance on cleanliness and associated environment initiatives (in conjunction with the Director of Finance and the Care Group Directors).
- Authorised Officer for external cleaning contracts including domestic service provisions and window cleaning.
- Feedback/escalate any issues to the IPC Committee.

The Head of Estates and Facilities delegates these responsibilities to the Head of Facilities and these duties are further delegated to the Support Service Manager.

4.3 **Modern Matrons/ Service Managers**

The duties of the Modern Matrons / Service Managers in relation to these
procedures will include:

- Having overall responsibility for all cleaning related issues within their service areas.
- Working closely with the Head of Facilities and Support Services Manager and/or the service provider/contractor.
- Participating in any audits required in relation to this procedure.
- Being responsible for overseeing the implementation of any action plans for their area of work which arise from either audit, or complaint investigation.
- Reporting on an exception basis through the Trust Cleanliness and IPC Reporting Assurance Framework.

4.4 **Head of Facilities/Support Services Manager**

The duties of the Head of Facilities/Support Services Manager in relation to these procedures will include:

- The provision of in-house domestic services being delivered in accordance with locally agreed specifications.
- Providing assistance and advice on issues where the service is delivered by an external or third party provider.
- Ensuring remedial action is undertaken in a timely manner where the service falls short of the required standard.
- Ensuring all domestic services staff are trained in the safe working practices and the local cleaning procedures as detailed in the NPSA Revised Healthcare Cleaning Manual (June 2009).

4.5 **Support Services Staff**

The duties of the Support Services staff include:

- Carrying out cleaning of the general environment in accordance with agreed specifications and the NPSA Healthcare Cleaning Manual (June 2009).
- Liaising with senior ward staff on a day-to-day basis to report difficulties that may arise and being aware of any issues that may affect the carrying out of their duties.
- Ensuring they attend mandatory and statutory training and apply safe working principles in their daily workplace activities.

4.6 **All Other Staff**

The duties of nursing and medical staff in relation to these procedures include:

- Maintaining high standards of cleanliness with regards to patient equipment and medical devices.
- Ward Managers must keep local records to demonstrate that equipment is being cleaned as per the agreed frequencies.
- Integrating the support services staff as part of the ward team, providing them with relevant information as appropriate on a daily basis regarding access to all areas.
• Assisting with allowing the support services team the appropriate access to all areas to enable cleaning duties to be undertaken as per the agreed schedule.
• Adhering to IPC procedures at all times.

The responsibilities around cleanliness and hygiene for each of the above roles will be clearly defined in the individual’s job description and will be reviewed as part of the Personal Development Review process.

5. TRAINING IMPLICATIONS

All new support service staff will receive a local induction by members of the Facilities Management and Supervision Team. The contents of the induction will vary between individuals and will be determined by their job specifications. This induction will include use of colour coded equipment, safe use of cleaning chemicals and materials and training in the use of cleaning equipment.

The local induction will stress the legal as well as the moral responsibilities of support service staff and they will be made aware of the importance of adopting hygienic working practices.

All training will make reference to relevant legislation, NHS guidelines and Trust policies and procedures.

All new support service staff will work alongside a peer/mentor who will explain and demonstrate the cleaning routine of a ward/department and will instil in them good practice.

Support service staff will be instructed on how to keep themselves and others safe whilst carrying out their work. This will include:

• Ward security
• Staff attack systems
• Use of plastic bin liners
• Safe use and storage of cleaning equipment and chemicals

There are no other specific training needs in relation to this procedure, but all staff will need to be familiar with its contents. Staff can be made aware through:

Team brief, team meetings, special meetings, one to one meetings/supervision, group supervision, posters, practice development days, local induction.

6. LINKS TO ASSOCIATED POLICIES/DOCUMENTS

Revised Healthcare Cleaning Manual

National specifications for cleanliness in the NHS

Trust Medical Devices Management Policy
7. REFERENCES/FURTHER READING


Health Facilities Scotland. The NHSScotland national cleaning services specification. Edinburgh: NHS National Services Scotland; 2016

8. APPENDICES

To access the following Appendices please see IPC Manual homepage https://www.rdash.nhs.uk/46192/infection-prevention-and-control-manual/

Appendix 6 – Cleanliness Poster
Appendix 7 – Chlor-clean Poster
Appendix 8 – Haztabs Poster
Appendix 9 – Discharge Cleaning Check List
Appendix 10 – Terminal Discharge Cleaning Check List
Appendix 11 – National Patient Safety Agency Colour Coding Scheme
Appendix 12 – Patient Equipment and General Cleaning Visual/Cleaning Check
Appendix 13 – Toy Cleaning Schedule
Appendix 14 – Toy Cleaning Checklist