**Patient Equipment and General Cleaning Guide and Checklist**

The safe decontamination of equipment between patients is an essential requirement of routine infection prevention and control practice. The transmission of infections associated with equipment is widely acknowledged. Inadequate decontamination processes have been frequently responsible for outbreaks of infection in healthcare settings.

Depending on the function of the patient equipment in use, cleaning frequencies may be classified as either:

* Between patients
* Daily
* Weekly
* Periodically

All equipment must be decontaminated thoroughly according to the risk of infection associated with the use of a particular piece of equipment. Equipment must be cleaned using neutral detergent and warm water or with detergent wipes. For disinfection purposes Chlor-Clean solution or antimicrobial disinfectant wipes (e.g. Clinell Universal wipes) are recommended. Equipment should be labelled using indicator tape once decontaminated thoroughly.

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| * If equipment is contaminated with blood or body fluids please must refer to the quick guide for blood and body fluid spillages.
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If any equipment is found to be damaged, it must be taken out of use and reported, repaired or replaced as per Trust guidance.

The clinical environment is also a reservoir for microorganisms and must be kept clean, tidy and free from clutter. Periodic cleaning of areas within treatment rooms, linen rooms, therapy/activity rooms and storerooms (e.g., cupboards and shelving) should be included on the nursing cleaning checklist.

Support services have responsibility for ensuring the ward/department is cleaned on a frequent basis; however, clinical colleagues must address any concerns they have if standards are not being met.

Any non-essential notices or displays should be removed to ensure that the tidiness of the general environment is maintained. Notices or posters should be laminated, if possible, in order that they can be cleaned/wiped as necessary.

**The visual check is designed to provide assurance that cleaning has been carried out in accordance with the requirements stipulated above**. The person in charge is responsible for walking around and visually inspecting the area/equipment to ensure cleanliness standards are of an acceptable level.

* The cleanliness of each piece of equipment should be assessed by visual inspection of all surfaces for visible dust, dirt, smears, splashes or other organic matter.
* Special attention should be paid to any hard to reach areas or the undersides of equipment such as commodes, shower chairs, hoists etc.
* Equipment or items used as part of therapy programmes or activity sessions are to be included as appropriate and fall within the same procedures.
* For any therapy or activity items which cannot be easily checked for cleanliness, wiped or kept clean (such as some craft materials, textile objects etc) their use should be assessed and managed as part of the usual therapy/activity *risk management and hazard control procedures* in line with local and Trust arrangements, with advice sought from IPC team as necessary. For some items bespoke cleanliness and usage guidance/SOPs may be required.

The contents of the cleaning schedule should be reflected in the checklist.

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| N.B. This list is not exhaustive. Any additional equipment used in your area should be added to this visual cleaning check and must be cleaned thoroughly and monitored according to its function. Adapt the contents as appropriate. |
| **Visual / cleaning check for clinical staff** |

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| **Week commencing:** | **Mon** | **Tues** | **Weds** | **Thurs** | **Fri** | **Sat** | **Sun** |
| General ward cleanliness/clutter, high dust, low dust |  |  |  |  |  |  |  |
| Kitchen (cleanliness/clutter) |  |  |  |  |  |  |  |
| Locker tops and tables (cleanliness/clutter) |  |  |  |  |  |  |  |
| Bathrooms/toilets |  |  |  |  |  |  |  |
| Raised toilet seats |  |  |  |  |  |  |  |
| Blood pressure monitor/cuffs/thermometers/stethoscopes |  |  |  |  |  |  |  |
| Hoists/rotunda standing aids/wheelchairs |  |  |  |  |  |  |  |
| Medicine room (cleanliness/clutter/check sharps bins) |  |  |  |  |  |  |  |
| Dressing trolley |  |  |  |  |  |  |  |
| Sluice (cleanliness/clutter) |  |  |  |  |  |  |  |
| Commodes (check for body fluid/hairs/underneath seat) |  |  |  |  |  |  |  |
| Bed pans/urinals (check for body fluids/hairs/stains) |  |  |  |  |  |  |  |
| Phlebotomy trolley |  |  |  |  |  |  |  |
|  **Person in Charge Initials** |  |  |  |  |  |  |  |
| **Date** |  |  |  |  |  |  |  |

**Person in charge details:**

**Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| N.B. This list is not exhaustive. Any additional equipment used in your area should be added to this visual cleaning check and must be cleaned thoroughly and monitored according to its function. Adapt the contents as appropriate. |
| **Visual / cleaning check for clinical staff** |

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| **Person in Charge Initials** |  |  |  |  |  |  |  |
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**Person in charge details:**

**Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Month/Year………..** | **April** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** |
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| **Store room shelves, cupboards and boxes** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Oscillating fans** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Mattress audit monthly (or on patient discharge)** |  |  |  |  |  |  |  |  |  |  |  |  |
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