Leicestershire Partnership NHS Trust

Cleaning and Decontamination of Equipment, Medical Devices and the Environment, (Including the management of blood and body fluid spillages) Policy

This policy describes the processes and procedures for cleaning and decontamination of the environment, equipment and devices within the healthcare setting.

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Which Relevant CQC Fundamental Standards?	Safety, Premises and equipment	

Contents

Version control and summary of changes

Version number	Date	Comments (Description change and amendments)
Version 2.0	16Sept 09	Replaces K027 V1 and K028 V1
Version 3,	Oct 09	Review by A. Howell;
Version 4	Nov 09	Changed from guideline to a policy and associated CQC requirement changes made
Version 5	Nov 09	CDT Core pathway incorporated into overall policy document
Version 5 Draft 1	Nov 09	Further changes made following consultation with LCCHS staff and external specialists
Version 5 Draft 2	Nov 09	Revisions to incorporate requirements of the NHSLA Standards
Version 5 Draft 3	Nov 09	Further changes made following consultation with LCCHS staff
Version 5 Final	May 10	Policy approved at the Clinical Governance Committee.
Version 6	Aug 10	Harmonised in line with LCRCHS, LCCHS, LPT (Historical organisations)
Version 7	November 2014	Review of document in line with changes to products used and the management of blood and body fluid spillages
Version 8	Apr 18	Review of document to reflect changes in current practice based on updated source material.
Version 9	20 August 22	Reviewed in line with new guidance for the Covid-19 pandemic dated 17 January 2022 and the updated Manual of Cleaning for Healthcare and the decontamination requirements processes. Further updates included that had been identified as part of the recent serious incident investigation regarding washer disinfectors.
Version 10	10 November 22	Further updates included in response to advice given by the authorised engineer for decontamination.

For further information contact:

Infection Prevention and Control Department (0116 2951668)

Definitions that apply to this Policy

Autoclave	A piece of equipment used for sterilisation, which uses steam under pressure. (Heat is commonly used in sterilisation; moisture and especially high-pressure steam increases the susceptibility of vegetative bacteria and spores).
Biological agent	Any bacteria, virus or toxin
Cleaning	A process which physically removes visible contamination but does not destroy micro-organisms; is an essential pre-requisite to disinfection and sterilisation.
Clinical Environment	Any area where clinical care is carried out. This includes a ward, clinic or the patient's own home.
Contamination	This term refers to the soiling of inanimate objects or living material with harmful, potentially infectious or unwanted matter.
Covid-19	A mild to severe respiratory illness that is caused by a coronavirus. It is transmitted chiefly by contact with infectious material (such as respiratory droplets) or with objects or surfaces contaminated by the causative virus, and is characterised especially by fever, cough, and shortness of breath and may progress to pneumonia and respiratory failure. Other symptoms may include fatigue, chills body aches, headache, loss of taste or smell, sore throat, runny nose, nausea, vomiting or diarrhoea. Covid-19 was first identified in Wuhan, China in December 2019
Disinfection	Refers to the removal of microorganisms such as bacteria, yeasts, fungi, viruses, mycobacteria and spores. The number of microorganisms removed defines the level of the disinfectant: low-level, intermediate-level or high-level. The first two are typically described as chemical solutions that kill microorganisms with the exception of bacterial spores (for intermediate-level disinfectants) and mycobacteria and bacterial spores (for low-level disinfectants). High-level disinfectants are more powerful and differ from this definition as being effective against bacterial spores.
Health Care Associated Infections (HCAI)	These are infections that occur in a healthcare setting that were not present before the patient entered the care setting. Furthermore, they include occupational infections among staff
Impervious	Incapable of being penetrated, a material impervious to liquid
Infectious	Caused by a pathogenic micro-organism or agent that has the capability of causing infection
Infection	This is an organism present at a site and causes an Inflammatory response or where the organism is present in a normally sterile site.
Organisms	This is defined as any living thing; in medical terms we refer to bacteria and viruses as organisms
Personal Protective Equipment (PPE)	Specialised clothing or equipment worn by employees for protection against health and safety hazards. Gloves, aprons, gowns, masks and eye protection
Sanitiser	A chemical that both cleans and disinfects.
Sterilisation	A process used to render objects free from viable micro-organisms, including spores and viruses but excluding prions.
UKHSA	United Kingdom Health Safety Authority, previously Public Health England

1.0 Purpose of the policy

The purpose of this policy is to inform healthcare workers of the different processes for cleaning and decontamination for both equipment (including medical devices) and the environment in relation to health care delivery. It outlines the products that should be used and the correct procedure when dealing with a blood or body fluid spillage.

The aim of this policy is to prevent and control the spread of infection via the environment, individuals and reusable medical devices by the provision of sound cleaning and decontamination principles

2.0 Summary and scope of the policy

This policy provides Trust–wide guidance for cleaning and decontamination of equipment, medical devices and the environment, where healthcare is delivered. It contains specific information on what type of products to use on the equipment, with specific reference to potential or real infections that patients may be experiencing; it also encompasses information in relation to aspects of decontamination.

This policy applies to all staff employed within Leicestershire Partnership NHS (LPT) that are required to decontaminate equipment, including all staff within the Trust responsible for the purchase and maintenance of equipment where decontamination is necessary.

3.0 Introduction

The provision of healthcare carries with it potential risks to the healthcare worker and the patient. The purpose of this policy is to ensure that all staff are aware of their responsibilities with respect to reducing the risk of health care associated infections. This supports the provision of appropriate precautionary measures to protect themselves, their co-workers and their patients. It identifies individual staff member's responsibilities and provides them with the information they require to enable them to minimise the risk of health care associated infections. It identifies the principles, responsibilities and methods associated with cleaning and decontamination of equipment and the environment. This policy also includes information regarding the cleaning and decontamination of equipment used or taken into a patient's own home/environment.

The general public and staff have a right to expect that any potential hazards in a healthcare environment are adequately controlled. All staff must possess an appropriate awareness of their role in cleaning and decontamination. Not only is this part of their professional duty of care to the patients with whom they are involved, but it is also their responsibility to themselves, to other patients and members of staff.

Under the Health and Safety at Work etc. Act (1974), The Management of Health and Safety at Work Regulations (1999), Control of Substances Hazardous to health (COSHH) Regulations (2002) and the Health and Social Care Act (2008) (revised 2015), the Trust has a responsibility to ensure that staff, patients, visitors and contractors are protected and not exposed to unnecessary risks.

Infection prevention and control safety is a legal requirement under the Health and Safety at Work etc. Act (1974). This policy provides information on the processes required for the cleaning and decontamination of equipment and the environment for

patients receiving healthcare. This will support the prevention of cross infection within the organisation and ensure equipment used by/on patients is cleaned appropriately. This information is relevant for all areas where care delivery is provided and is not restricted to health buildings.

4.0 Roles and Responsibilities

4.1 Executive Decontamination Lead Cleaning and Decontamination for Infection

The Executive Director of Nursing/AHP's & Quality and the Director of Infection Prevention and Control (DIPC) is the nominated person and is accountable to provide status feedback to Trust Board with regard to operational and strategic issues that are associated with delivery of decontamination processes for the organisation. The DIPC is responsible for providing Board Assurance on compliance regarding all Decontamination issues.

4.2 Decontamination Lead

The Decontamination Lead will ensure formal Trust wide decontamination assessments are conducted. Trust Decontamination policies and protocols will be produced and ratified at appropriate committee meetings including the Infection Control and Prevention Assurance Group and the Decontamination Group. Provision of strategic documents to ensure future delivery of decontamination services achieves compliance with mandatory requirements and strives for continual improvement. Management of the operational elements for delivery of decontamination service falls to the Service Leads for those areas that use re-useable devices.

4.3 Authorising Engineer (Decontamination (AE (D))

This person is designated by management to provide independent auditing and advice on washer disinfectors, sterilisers and sterilisation and to review and witness documentation on validation. Detailed role, responsibilities and qualifications are stated in HTM 01:01 Part A. This function is contracted from an external specialist company. He/she will also audit and document the training and competence of the Authorised Person(s).

4.4 User

The User is defined as the person designated by management to be responsible for the management of the process. In this organisation it is necessary to have more than one person designated to this role. Detailed responsibilities of the User are stated in Health Technical Memorandum (HTM) 01:01 Part A and include:

- To certify that the decontamination equipment is fit for use
- To hold all documentation relating to the decontamination of podiatry/dental 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 Validation records for relevant equipment

4.5 Operator (Podiatry)

This is any person with the authority to operate a washer disinfector or a steriliser, including noting instrument readings and simple housekeeping duties. Operators and others concerned with the operation of decontamination equipment should know what action to take in the event of an incident or failure.

The Operators will receive external washer disinfector and steriliser training and then be part of an annual audit and revalidation of practical and theoretical knowledge. There is a Standard Operating Procedure (SOP) and risk assessment for this task, which states safe working practices for staff to adhere to.

A registered provider will provide training/ and should include but is not limited to:

- Introduction to decontamination operations – this course details the organisations responsibilities and governance requirements and how the operational information feeds in. It is recommended that this training is completed by all staff involved in the management of decontamination and all those that will be a member of the decontamination group.
- Decontamination & Infection Prevention and Control – there are a number of courses which are available via a registered provider relating to decontamination, course access will apply to different roles within our organisation.

4.6 Decontamination Operational Group

This group will monitor and oversee all aspects of decontamination within the organisation and ensure compliance with external standards, reporting through the Decontamination Lead to the Board via the Trust Infection Prevention and Control Assurance Group.

4.7 Microbiologist (Decontamination)

Microbiology advice will be sought as required from the microbiologist at University Hospitals of Leicester or regional UKHSA

4.8 Infection Prevention and Control Team (IPCT)

The IPCT are responsible for:

- Reviewing and helping to update this document
- Liaising with Medical devices team in providing advice prior to the purchase of new equipment to ensure it can be decontaminated within the organisation
- Agreeing decontamination procedures in specialist areas for specialist equipment Assisting with the provision of specialist advice prior to the purchase of decontamination equipment
- Assisting with the provision of generic decontamination training as part of induction and infection prevention updates.

4.9 Staff Involved in the decontamination of medical equipment

To ensure they are aware, have read and understood the policy to give assurances. This will enable all staff to perform their duties in accordance with requirements.

5.0 Decontamination

5.1 Spaulding Classification for Medical Devices and Levels of Disinfection

The classification system first proposed by Dr. E. H. Spaulding divides medical devices into categories based on the risk of infection involved with their use. This classification system is widely accepted and is used by the Food and Drug Administration (FDA), the Centres for Disease Control and Prevention (CDC), epidemiologists, microbiologists, and professional medical organizations to help determine the degree of disinfection or sterilization required for various medical devices.

Three categories of medical devices and their associated level of disinfection are recognised.

Critical: A device that enters normally sterile tissue or the vascular system or through which blood flows should be sterile. Such devices should be sterilised, which is defined as the destruction of all microbial life.

Semi critical: A device that comes into contact with intact mucous membranes and does not ordinarily penetrate sterile tissue. These devices should receive at least high-level disinfection, which is defined as the destruction of all vegetative microorganisms, mycobacterium, small or viruses, medium or lipid viruses, fungal spores, and some bacterial spores.

Noncritical: Devices that do not ordinarily touch the patient or touch only intact skin. These devices should be cleaned by low-level disinfection

5.2 Washer disinfectors (HTM 01-01)

Equipment is subject to periodic testing and maintenance in line with national guidelines and standards.

A pre clean of all surgical and podiatry instruments is required in a designated decontamination area.

A washer disinfector (WD) must be used for the decontamination of all instruments that come into contact with blood or body fluids.

Instruments should be kept moist following use and up to the decontamination procedure to prevent drying of matter or body fluids, dried matter may then not be removed during the washer disinfector cycle.

Where a WD is not available single use instruments must be used for surgical procedures i.e., nail surgery.

Where a WD is not available for pre cleaning of all other podiatry instruments, they must be manually cleaned with a disinfectant cleaner prior to sterilisation (a disinfectant cleaner can only be used if the instrument is going to be sterilised) A double sink will be required. One sink is for manual cleaning after use on a patient and one is for rinsing after cleaning the equipment. Both detergent and disinfectant must be UKCA (UK Conformity Assessed) marked.

All staff undertaking reprocessing of equipment must be trained and be able to demonstrate their competency on a yearly basis

Managers of the areas must ensure that daily, weekly, monthly testing is taking place and documented in line with the documentation produced by the Decontamination group

Managers of areas where WD'S are used must ensure that a formal schedule of validation tests is in place.

Quarterly servicing of autoclaves and washer/disinfectors must be undertaken, which is recorded in the risk assessment for this task.

Yearly validation and testing of WD's must be signed off by an Authorising Engineer (Decontamination).

Protein detection tests should be carried out following reprocessing in a washer disinfector. This should be carried out weekly on one of the instruments that has been through the washer disinfector cycle.

To ensure that any new piece of equipment is compatible with Trust decontamination requirements advice must be sought from the Trust infection prevention team, Medical Devices Team and Decontamination Lead prior to purchase of any new equipment or medical device.

There must be clear instructions from the manufacturer regarding the appropriate method of decontamination.

Any decontamination equipment must be approved by the decontamination group

Further information on the purchase of medical equipment can be found in the Medical Devices Policy. The Trust Pre Acquisition Questionnaire for the purchase of new equipment is available (appendix 1).

5.3 Loaned or Donated Medical Equipment

Any equipment loaned or donated to the Trust must be accompanied by the following:

a) Decontamination certificate
b) Comprehensive list of items(s) loaned/donated e.g., surgical instrument tray list
c) The manufacturer instructions for decontamination
d) Adequate training on dismantling and reprocessing.

Any equipment sent for service or repair must be decontaminated first using an appropriate method. A manufacturer or repair agent may recommend that this does not happen as it may cause further damage to the equipment. If this is the case written instruction must be sought from the manufacturer or repairer.

A decontamination certificate system is used within the Trust (appendix 2). This must be used to denote the decontamination method used. Additional information about the loaning or donating of medical equipment can be located in the medical devices policy.

5.4 Medical devices

According to the Medical Devices Directive (MDD), a medical device is described as any instrument, apparatus, appliance, software, material or other article used alone or combined for humans to:

- diagnose, prevent, monitor, treat or alleviate disease
- diagnose, monitor, treat, alleviate or compensate for an injury or handicap
- investigate, replace or modify the anatomy or a physiological process
- control conception

Decontamination must always be carried out in line with both the manufacturer's instructions and LPT's Infection Prevention and Control Policy.

Decontamination must be appropriately documented for assurance purposes via an identified system.

If any medical devices need to be sent away for repair or need repairing in situ the device must have been adequately cleaned and decontaminated by the clinical team and a decontamination form completed and kept with the device to give assurance to the persons undertaking the repair or works.

If there is no decontamination form, the person undertaking the repair or works will refuse to continue until the item has been adequately cleaned and decontaminated and the paperwork completed. An annual audit to measure compliance with certificate of decontamination will be undertaken by a member of the medical devices team.

Further information can be located within the LPT Medical Devices Policy.

5.5 Tracking and Traceability

It is important to be able to track surgical instruments through the decontamination process. Where instruments are reprocessed locally, a system should be put in place that will support tracking and tracing of them.

5.6 Types of equipment

a. ***Single use only.***

This means that the manufacturer intends the item to be used once, then discarded.

Re-use of single use devices can affect safety, performance and effectiveness, exposing staff and patients to unnecessary risks. Therefore, the re-use of single use medical devices has legal, technical and economic implications for the user and may render them liable to prosecution. If in doubt, refer to the manufacturer's recommendations.

Single use symbol:

b. ***Single patient use***

This means that the item can be reused for the same patient after being re-processed using an appropriate method in accordance with the manufacturer's instructions.

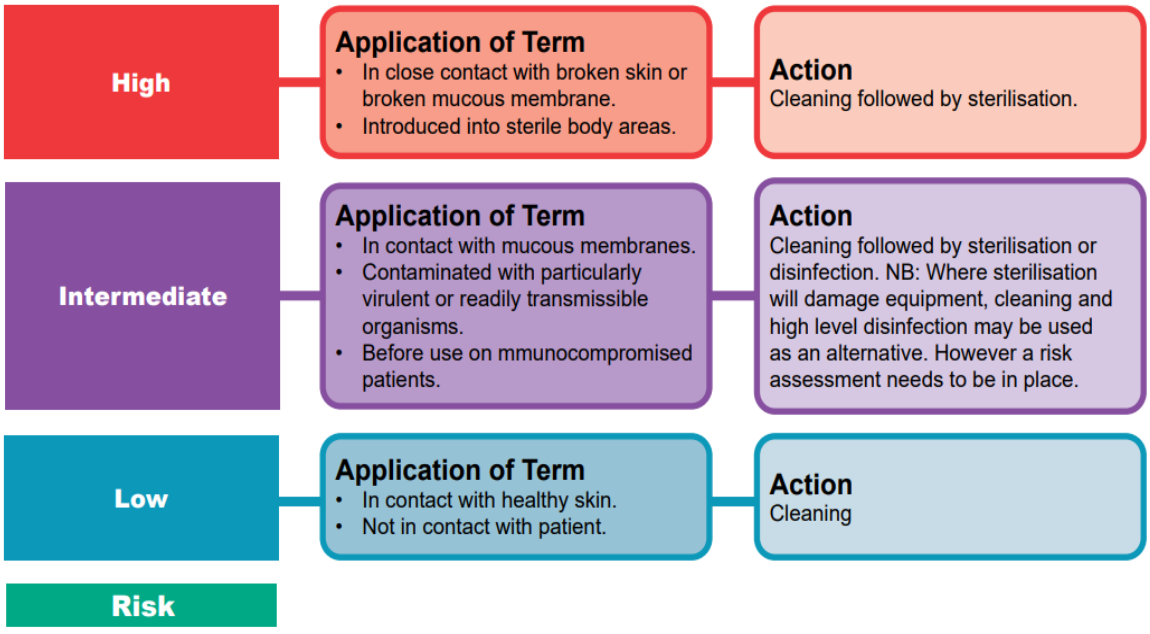
These items must be checked to ensure that they are still free from any defect and are fit for purpose prior to reuse.

c. ***Re-usable*** equipment

This equipment must be appropriately decontaminated between patients. These items must also be checked to ensure that they are free from any defects and are fit for purpose prior to reuse.

5.7 Classification of infection risk associated with the decontamination of medical devices

Patients can be protected against infection by ensuring that disease-producing microbes are removed from potential sources of infection. This involves the cleaning, disinfection and sterilisation of contaminated materials, equipment and surfaces. The choice of method can be based on the infection risks to the patient, which can be classified as high, medium and low risks (MHRA 2015).



6.0 Cleaning

The Trust has adopted the National Patient Safety Agency (NPSA) National Colour coding for Safer Practice Notice 15, see Appendix 3

6.1 Environmental cleaning

Good environmental cleaning is an integral and important component preventing healthcare-associated infections within inpatient areas, other healthcare settings and non-health care buildings where health care is delivered. The environment must be

visibly clean, free from dust and soil, with the overall appearance being acceptable to patients, visitors and staff. A clean environment reflects the quality of care, structure and efficient function of Leicestershire Partnership NHS Trust (LPT).

The environment is known to play an important role in cross infection which can lead to increased incidents or outbreaks of infection. Door handles, flush handles, taps, toilet roll holders etc. have all been implicated at some point in this potential risk. Therefore, accumulation of dust, dirt and liquid residues may increase the risks and must be reduced to the minimum. This can be achieved by regular cleaning and by good design features in buildings, fittings and fixtures. A programme for monitoring the standard of cleaning is in place across all clinical settings via the environmental audits and cleaning audit programme. For non-clinical areas a programme of cleaning should be displayed in line with the national standards.

Any areas that have patients with known respiratory symptoms and infections such as Covid-19, Influenza and Respiratory Synctal Virus (RSV) must comply with all high touch points being cleaned 2 hourly as a minimum to ensure they are kept free from contamination. Other areas must comply with all high touch points being cleaned 4 hourly as a minimum to ensure they are kept free from contamination.
High use touch points include, but are not limited to:

- All communal ward patient and staff toilets (light switch, taps, toilet handle, door handle,
- all communal ward areas/day rooms/patient kitchens - light switches, door handles, tabletops, chair arms,
- all staff areas within an inpatient area (office/clinic room) - light switches, door handles, table/ desktops, computers, chair arms, telephones etc.

6.2 Cleaning and disinfection of equipment

The following chemicals/disinfectants are approved for use within the Trust for cleaning and disinfection of equipment.

Product Name	Active Ingredient	Used For	Special Instructions
Chlorclean	Chlorine	Cleaning and Disinfection of medical equipment (contaminated with blood or body fluids, or used when and infection is suspected or known) **Appendix 4**	Make up with 1 tablet to 1 litre of cold/warm water in diluter bottle (labelled Chlorclean). Not hot water as this may release Chlorine fumes. The product must be made up fresh every 24 hours. Clear documentation must be present on the bottle Requires contact time of 3 minutes
Biohazard wipes	Chlorine	Disinfection of major blood spillages **Appendix 5**	Place a (dry) wipe over blood spillage to soak up excess fluid. Use a second wipe and dampen it using cold water. Use the damp wipe to clean up residue spill

Clinell wipes	Ammonium chloride	Cleaning and disinfection of medical equipment (not contaminated with blood or body fluids, or used when and infection is suspected or known)	Use current approved wipes
Sanitiser powder	Troclosene Sodium	Cleaning and disinfection of sanitary ware such as sinks and toilets	Use as directions

Alcohol preparations should not be used on medical devices as a cleaning agent, as they are protein fixatives and will potentially prevent full removal of organic matter and body fluids

6.2.1 Cleaning equipment

Cleaning equipment must be stored clean and dry in a designated area.

Colour coding of cleaning equipment with materials (mop heads, gloves and cloths) must be in accordance with NPSA National Colour coding Safer Practice.

Disposable mop-heads should be used wherever possible and must be used in areas where outbreaks of infection are occurring i.e., diarrhoea and vomiting, covid-19 and CDT. Where this is not possible, mop-heads must be laundered and replaced daily following use. All equipment used for wet cleaning must be washed, dried and stored inverted after use. Items must never be left soaking as gram negative micro-organisms can quickly contaminate solutions and wet residues.

6.2.2 Cleaning schedule

A written cleaning schedule must be displayed, which includes the regular removal of dust by damp dusting high and low horizontal surfaces. This should specify the persons responsible for cleaning, the frequency of cleaning required, and the methods used.

6.2.3 Couches, work surfaces, shelving and floors

Couches, seating, work surfaces, shelving and floors in clinical rooms and storage rooms must be made of materials that are impermeable to fluids, easy to clean and kept in good condition.

6.2.4 Carpets

Carpets are not supported for use in patient or clinical areas or any other areas that are a potential risk of being contaminated with body fluids.

Where carpets are already in place there should be procedures (or contracts) in place for steam cleaning and for dealing with spillages. If a large spill cannot be cleaned adequately, it may be necessary to remove the carpet. If the carpet is to be replaced for any reason it must be replaced with a non-porous floor covering. Advice must be sought from the infection prevention and control team (IPC).

6.2.5 Curtains

All curtains, including disposable should be changed:-

- When visibly soiled.
- After an outbreak or increased incident has been resolved.
- When a patient is discharged and has a known or suspected infection.
- Every 6 months in clinical areas and yearly in non-clinical areas. This is in addition to and ad-hoc curtain changes that are required.
- Records must be kept for the 6 monthly or yearly curtain changes for reusable curtains, for disposable curtains the date they are put up must be clearly marked on the curtain
- Prior to source isolation procedures being discontinued even if the patient is not being discharged or moved from the bed space/single room

An adequate supply of curtains should be purchased by the ward or department/area to facilitate this Certain window dressings may not meet infection prevention and control cleaning requirements, and advice must be sought from the IPC team when replacing such items. Where blinds are already in place, these must be part of an identified cleaning schedule and must be on a rota (as per curtains).

7.0 Methods of cleaning and decontamination

Clean	• Hot water and neutral detergent or detergent wipe (clinell)
Rinse	• Clean water
Clean and Decontaminate	• Chlor-clean solution • NB: Chlor-clean solution cleans and disinfects so negates the need to clean prior to disinfection
Source isolation precautions	• Chlor-clean solution
Following discontinuation of Source Isolation precautions	• Chlor-clean solution
Blood and body fluid spillages	• Biohazard wipes
Commodes	• Chlor-clean solutions at all times
Dry	• Disposable paper towels

7.1 Cleaning methods – Surgical instruments

The recommended method of cleaning surgical instruments is by using an automated system such as a washer-disinfector or ultrasonic cleaning bath.

Cleaning agents used for medical devices must be ‘UKCA’ marked, as they are classified as an accessory to a medical device. ‘UKCA’ is an abbreviation of UK Conformity Assessed and replaces the CE mark as of 01 January 2021.

Dish washing detergents are designed for washing dishes and not surgical instruments and may leave soil residues that cannot be seen by the naked eye, and therefore must not be used.

The cleaning agent also needs to be compatible with both the device and reprocessing equipment. Damage to the medical device, their components or reprocessing equipment may occur following contact with incompatible decontamination agents. Manufacturers of reusable medical devices are required to provide information on how to decontaminate their devices and these instructions must be adhered to.

7.2 Disinfection methods

Cleaning is an essential requirement prior to disinfection; disinfection should not be used as a substitute for sterilisation.

Chlor-clean contains a surfactant (detergent like chemical) that is compatible with the chlorine so that they dissolve in water to make a solution that will both clean and disinfect at the same time (Appendix 6)

7.3 Chemical disinfection

Chemical disinfectants can be toxic, flammable, corrosive or have other material incompatibilities. Chemical disinfection is not as effective as disinfection by heat and should never be used as a substitute for sterilisation or when alternatives such as single use items are available
Chemical disinfectants may be ineffective if:-

- used on items which have not been cleaned adequately prior to disinfectant use.
- not freshly made up
- made up to the wrong concentrations
- mixed with incompatible substances or materials

Chemical disinfectants must be stored, reconstituted and used in accordance with the Control of Substances Hazardous to health (COSHH) Regulations. A written task risk assessment must be made and kept on each chemical in use.

7.4 Selecting a chemical disinfectant

7.4.1 Chlorine preparations

These contain Sodium hypochlorite and Sodium Dichloroisocyanurate (NaDCC), which have good activity against viruses. They usually present in the form of tablets, powders or granules, which can be reconstituted into the required concentration.

Solutions must be changed within 24 hours to maintain its efficacy. In liquid form they are less stable and have a shorter shelf life.

NaDCC releases chlorine slowly and has a more prolonged effect than Sodium hypochlorite. Chlorine preparations are corrosive to metals and are inactivated by organic matter (NaDCC) to a lesser extent). Large amounts of Chlorine solution

products are not advised for direct use on urine/vomit as they may release hazardous vapour, care must be taken when using this product and safe systems of work must be put into place. (Appendix 4 and 6).

7.4.2 Alcohol preparations

Alcohol preparations are useful chemical disinfectants because they are ready diluted and can be used immediately. They are effective against most bacteria and viruses but have poor penetration so should only be used on physically clean surfaces. They are also flammable and must not be used near a naked flame. Store in a cool dry place, most commonly used is 70% isopropyl alcohol.

7.4.3 Combined detergent disinfectants (e.g., Chlor-clean, Actichlor plus)

Products are available that combine a detergent and a chlorine-based disinfectant for use when cleaning the environment including sanitary equipment. This product cleans and disinfects, which negates the need to clean prior to disinfection, however if heavily soiled/stained then cleaning with detergent first can be beneficial. See above information on chlorine preparations.

7.4.6 Sterilisation methods

Cleaning is an essential pre-requisite to effective sterilisation, as sterilisers are not designed to wash or clean equipment. Dirty instruments placed in an autoclave will not be sterilised as the contaminant will coagulate and form a barrier through which the steam will not penetrate. Such instruments must be regarded as non-sterile, and they must not be used until they have been cleaned thoroughly and re-sterilised.

The Medicines and Healthcare Regulatory Agency (MHRA) recommends the use of a Sterile Services Department (SSD) or Hospital Sterilisation and Disinfection Units (HSDU) wherever possible as they have the expertise, specialist equipment and economy of scale, they have also established methods of tracing instruments, which is a requirement in health care.

7.4.7 Benchtop steam sterilisers

Autoclaving (steam under pressure) is the most reliable way of sterilising equipment i.e., instruments.

Use of bench top sterilisers applies to Podiatry services within Leicestershire Partnership Trust. They must not be used by any other services within LPT unless an agreed service delivery model has been identified through the formal service development route.

Only LPT purchased bench top sterilisers must be used by LPT services.

7.5 Decontamination of equipment prior to maintenance/service request/decontamination status certificate

(Including equipment moved between locations for any reason including loan).

Infection can be transmitted from contaminated medical equipment and devices that

come into contact with patient or blood/body fluids.

All equipment must be cleaned and properly decontaminated in accordance with these procedures, prior to maintenance, repair, lending or returning a loan or any other reason for movement.

A Declaration of Contamination Status Certificate must accompany the items to ensure that procedures have been followed to manage and decontaminate the instruments/equipment. This must be completed by the clinical service utilising the equipment.

7.6 Medical equipment in patients own home

This refers to equipment the patient may use including clinical equipment i.e., walking aids, moving and handling equipment, thermometers stethoscopes, sphygmomanometer, blood glucose monitoring and INR monitoring etc.

If the equipment is owned by the patient and becomes contaminated the relatives and carers should be advised to clean with detergent and water. If the equipment is contaminated with blood, it should be cleaned with detergent and water and disinfected with non-diluted bleach providing the equipment can withstand bleach. (As the equipment belongs to the patient, they may choose to use an alternative product).

This does not refer to patients own furnishings.

Equipment provided by the Integrated Community Equipment Services (ICES) contract currently with Medequip will be cleaned and disinfected by them in accordance with this policy.

If LPT owned equipment is to be brought back to LPT premises and is contaminated with blood or body fluids it should be cleaned in the patient's own home with a biohazard wipe ensuring that the patient's property, flooring or furnishings do not come into contact with the biohazard wipe or any solution from it as it may damage their property. The equipment cannot be used on another patient until it has been cleaned and disinfected appropriately. Clean and Dirty equipment must be transported/transferred and stored separately.

7.7 Toys

Age-appropriate toys, games and equipment may be available for patients within the clinical setting as required.

All toys must be marked with the UKCA or CE brand to ensure they are safe for use. UKCA marking commences in July 2023. Any new purchases must be UKCA marked. Existing equipment or toys can still have the CE marking and are safe to use, until the item requires disposal or replacement with a new product.

To reduce the risk of cross infection, all toys must be made of a material that allows for effective cleaning and decontamination. Careful consideration must be given to how toys will be kept clean before they are purchased, and adjustments must be made to facilitate effective cleaning.

Toys/games should be chosen with hard non-porous surfaces (which can be thoroughly cleaned) wherever possible.

Where toys/games with fabric parts must be used, these must be able to be laundered in the washing machine at temperatures held at 71°C for 3 minutes or 65°C for 10 minutes to achieve thermal disinfection. The items must be dried in a tumble dryer. They must not be air dried. If they cannot be laundered and dried as above the toys must be single patient use.

All Toys must be cleaned/decontaminated on a weekly basis (HPSC 2012). In addition, toys must be cleaned/decontaminated after each use. A record of this cleaning must be maintained to evidence this.

Toys used by staff away from their base should be transported in plastic lidded containers. Used or 'dirty toys must be placed into a separate plastic lidded container if they are to be transported prior to being cleaned/decontaminated. ('dirty' or used toys must never be placed in a container with 'clean' toys).

After cleaning check all toys and equipment to ensure they remain fit for purpose.

Should any toy or pieces of equipment become contaminated with blood or body fluids or used by a child/patient with a known infection these will require cleaning and disinfecting with Chlor-clean. If this is not practical the item will need to be disposed of in the clinical waste stream.

Staff employed by LPT are not expected to clean toys belonging to other organisations; however, it is the responsibility of the staff to ensure that they are clean and fit for purpose prior to using them. If toys should become contaminated during activities it is the responsibility of LPT employees to bring this to the attention of that organisation to prompt decontamination, and they should not be used further until this process has taken place. Assurance should be sought that this has happened prior to using the toy.

For specific advice on toys see Appendix 7.

7.8 Procedure following a spillage of blood, other body fluids or known contaminated material

In clinical areas it is the responsibility of the clinical staff to ensure that spillages of blood, vomit, urine, faeces and other body fluids are cleaned up immediately and effectively. It is vital that all staff take all reasonable precautions to protect themselves and patients from transmission of infections.

Non-clinical areas are the responsibility of domestics/facilities staff who have undergone an appropriate level of training.

Disposable non-latex gloves and disposable plastic aprons must be worn for all cleaning and decontamination procedures. Appropriate face protection must be worn if there is a risk of splashing into the eyes or mouth. Where applicable the correct colour coding of equipment should be adhered to in line with the NHS Cleaning Manual and NPSA National Colour Coding Safer Practice.

7.9 Management of body fluid spillages

ALL spilled blood or body fluids should be regarded as potentially infectious, and should be treated accordingly, for patients and staff.

When treating a spillage, staff must wear disposable nitrile gloves and a disposable plastic apron. Eye/face protection is required if there is a risk of splashing.

Always improve the ventilation in an area where you are clearing a body fluid spillage (where possible).

Follow the task based COSHH risk assessment which provides product information including the safe system of work for its usage i.e., PPE required, check expiry date, check product label, and use of biohazard wipes poster (appendix 5).

7.9.1 Blood spillages of any size and all blood-stained body fluid spills (i.e., where there is visible blood):

Step 1

- Following the manufacturer's instructions, use a **DRY** biohazard Wipe to absorb the spill
- If one wipe is not enough use drier wipes to completely absorb the spill: each wipe will absorb approximately 30ml of liquid
- Discard used wipes as clinical waste.

Step 2

- Moisten a NEW biohazard wipe with cold tap water and gently squeeze any excess water out over the sink
- Use the moistened wipe to clean and disinfect the area of the spillage
- Dispose into clinical waste

7.9.2 All body fluid spillages where there is no visible blood:

Warn any persons in the area that in the case of urine there will be an unpleasant smell whilst the spill is treated; in the case of vomit there will be a slightly stronger smell of chlorine.

Step 1

- Remove any solid matter using disposable paper towels. Absorb any remaining liquid using either paper towels or a mop depending on the size of the spill.
- Dispose of all waste in clinical waste bags and remove the washable mop head for laundering. The mop head must be sent for laundering in the appropriate colour coded bag.

Step 2

- Clean and disinfect the area using either a Chlor-clean solution and a clean mop head or a moistened biohazard Wipe (as above)
- Dispose of any waste in a clinical waste bag and if a washable mop head has been used, bag for laundering.

7.9.3 Blood spillage on absorbent surfaces (carpets/soft furnishings) owned by LPT

Disposable nitrile gloves and a plastic apron must be worn. If blood is splashed or spilled onto soft furnishings the item must be condemned after being disinfected with Chlor-clean. Gloves, apron and all paper towels must be discarded into a clinical waste bag for disposal.

If blood is spilled onto clothes, treat as infected linen.

7.10 Blood spilled on staff

7.10.1 Intact skin

The spilled blood should be washed off with copious warm running water and liquid soap, paying particular attention to the fingernails. No further action is necessary.

7.10.2 Broken skin

The spilled blood should be washed off with copious warm running water and soap. The incident must then be reported to the line manager and occupational health and an incident form completed. The LPT Management of Sharps and Exposure to Blood Borne Virus Policy must be followed.

7.10.3 Mucous membranes

Splashes of blood or body fluids entering the eye should be removed by immediate irrigation. Ideally sterile saline "eye-wash" packs should be used if available, but if not, running mains water (drinking water) can be used instead. Irrigation should be continued until all traces of the contaminating material have been removed. The incident must then be reported immediately to the line manager and Occupational Health; an incident form must be completed. The LPT Management of Exposure to Blood Borne Virus Policy must be followed.

8.0 Training needs

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as mandatory and role development training.

The course directory e-source link below will identify who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training.:

https://www.ulearnlpt.co.uk
A record of the event will be recorded on uLearn
The governance group responsible for monitoring the training is Infection Prevention and Control Committee and Quality Assurance Committee.

9.0 References and bibliography

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MDA DB 2002(06) 'Bench Top Steam Sterilizers – Guidance on Purchase, Operation and Maintenance'

MDA DB 9501 The Reuse of Medical Devices Supplied for Single Use only Medical Devices Agency. 1995

Merrimean E, Corwin P & Ikram R, (2002) Toys are a potential source of cross infections in general practitioner's waiting rooms. British Journal of General Practice 52; 138 - 140

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Microbiology Advisory Committee to the Department of Health (1997) Sterilisation, Disinfection and Cleaning of Medical Equipment: Guidance on Decontamination Medical Devices Agency.

NHS National Patient Safety Agency , the national specifications for cleanliness in the NHS: Guidance on setting and measuring performance outcomes in primary care medical and dental premises (2010)

Leicestershire Partnership NHS Trust

Pre-Acquisition Questionnaire Form (v1)
Decontamination / Reprocessing / Purchasing of new equipment

	Is the item intended to be processed / reprocessed? **If NO, do not reprocess.**			Yes			No	
2.	What designation is the device intended to be prior to use?	Clean	Yes	Disinfected	Yes	Sterile	Yes	
			No		No		No	
3.	Is there a recommended maximum number of uses/reprocesses?			Yes			No	
	If YES, describe:							
4.	Are decontamination/reprocessing instructions supplied?			Yes			No	
	If YES, do manufacturer's instructions meet ISO 17664?			Yes			No	
5.	Is the device uniquely marked to allow tracking?			Yes			No	
6.	Are there any contra indications when used with other materials?			Yes			No	
7.	Are instructions available for safe disposal?			Yes			No	
8.	Is manual cleaning the **ONLY** cleaning method specified before disinfection or sterilisation?			Yes			No	
	If YES, has the validation been carried out in operational use? Evidence will be required.			Yes			No	
	If YES, how is the device disinfected to allow safe handling prior to sterilisation? Describe:							

9.	During the manual and/or automatic cleaning process, what are the minimum and maximum temperature and time that can be used for washing/cleaning, thermal disinfection, rinsing and drying?		Minimum	Maximum
		Time (minutes)		
		Temp (°C)		

10.	Are there any restrictions on chemistries e.g., detergents, disinfectants and sterilant?	Yes		No
	If YES, describe:			
11.	Where chemical disinfectant is to be used, give the minimum/maximum time/temp/dosage parameters?	Time (minutes)	Temp (°C)	Dosage (mls)
		Min:	Min:	Min:
		Max:	Max:	Max:
12.	Can the device withstand autoclaving at 134 – 137°C for 3 – 3.5 mins?	Yes		No
13.	Has validation been carried out for UK routine steam under pressure sterilisation parameters 134 – 137°C for 3 – 3.5 mins?	Yes		No
14.	Is the item compatible with other sterilisation methods?	Yes		No
	If YES, describe:			
15.	Does reprocessing require the use of specified equipment?	Yes		No
	If YES, please state equipment type (e.g., containers, processors etc) and, where appropriate, parameters of operation (e.g., temp, pressure etc):			
16.	Are tools required to aid dismantling/reassembly?	Yes		No
	If YES, are they supplied with the device? Describe:			
17.	Are lubricants required?	Yes		No
	If YES, describe:			
18.	Will lubricants affect the cleaning, disinfection or sterilisation of the product?	Yes		No
19.	Do you provide decontamination/reprocessing training for your device?	Yes		No

	If YES, is this free of charge? Describe:		
20.	Are the trainers you provide appropriately qualified and hold evidence of this?	Yes	No
	If YES, describe:		
21.	Are reprocessing instructions available on the web?	Yes	No
	If YES, give web address:		
22.	Is the item single use but can be processed multiple times within a pack/tray until used? E.g., orthopaedic implants	Yes	No
	If YES, how many times can it be reprocessed and how was this validated? Describe:		
23.	What is the total weight of the product including any containers that are supplied?		KG
24.	Are there any specific storage conditions before and after processing?	Yes	No
25.	Has the device been involved in any 'adverse incidents?	Yes	No
	If YES, describe:		

DECLARATION OF DECONTAMINATION STATUS – LPT MEDICAL EQUIPMENT

- Please complete all appropriate sections of the below form prior to the return & inspection of any Trust owned medical equipment.

- Equipment will **not** be accepted for service / repair without completion of this form.

Department: **Address:**	
Asset Number or Serial No:	**Equipment Type / Model:**
Nature of request: Routine Maintenance ☐ Fault ☐ Acceptance ☐ Other (Please State) ☐	**Give any details related to request:** …… …… …… …… ……
NB: Dispose of contents as per procedure. Please return equipment with all leads and accessories (e.g., batteries).	

CONTAMINATION STATUS

- ***Please tick box A if applicable. Otherwise, please tick & complete all parts of B on page 2, providing further information as requested or appropriate***

A ☐

This equipment/item has not been used in any invasive procedure or been in contact with blood, other body fluids, respired gases, or pathological samples. It has been cleaned in preparation for inspection, servicing, repair, or transportation.

B ☐

Has this equipment/item been exposed internally or externally to hazardous materials as indicated below?	***YES***	***NO***
Blood, body fluids, respired gases, pathological samples		
Other biohazards		
Chemicals or substances hazardous to health		
Other hazards		
Has this equipment/item been cleaned and decontaminated?	***YES***	***NO***
Indicate the methods and materials used:		
If the equipment/item could not be decontaminated indicate why:		
*** Such equipment must not be returned/presented without the prior agreement of the recipient whose reference or contact name must be given above.*		
Has the equipment/item been suitably prepared to ensure safe handling/transportation?	***YES***	***NO***

DECLARATION:

I, the undersigned, declare that I have taken all reasonable steps to ensure the accuracy of the above information in accordance with HSG (93) 26.

SIGNED:

PRINT NAME:

POSITION:

DEPARTMENT:

DATE:

TEL NO:

Appendix 3

NHS
National Patient Safety Agency

National colour coding scheme for hospital cleaning materials and equipment

All NHS organisations should adopt the colour code below for cleaning materials. All cleaning items, for example, cloths (re-usable and disposable), mops, buckets, aprons and gloves, should be colour coded. This also includes those items used to clean catering departments.

Red Bathrooms, washrooms, showers, toilets, basins and bathroom floors	**Blue** General areas including wards, departments, offices and basins in public areas
Green Catering departments, ward kitchen areas and patient food service at ward level	**Yellow** Isolation areas

Your local contact for hospital cleaning is:

Appendix 4

Leicestershire Partnership NHS
NHS Trust

HOW TO MAKE UP A DISINFECTANT SOLUTION

BEFORE YOU START

Always wear protective gloves and an apron.
Use eye protection as required.

Wherever it may be possible improve ventilation in area of use.

Be aware of the safety notes on the product label and always check the expiry date.

For Terminal Cleans, Isolation Cleans, Outbreak Cleans, etc.

NOT SUITABLE FOR USE ON BLOOD SPILLS – SEE BLOOD SPILL POLICY

NOTE: Make sure that the cold tap is RUNNING COLD first.

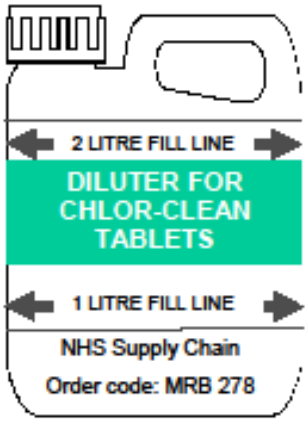
Then fill to the 1 or 2 litre line: Only add one tablet for each litre of COLD water.

NHS Supply Chain
Order Code: MRB 285

Use 2 tablets for 2 litres of cold tap water.

= 1,000 p.p.m.
Available Chlorine

Use 1 tablet for 1 litre of cold tap water



NHS Supply Chain
Order code: MRB 278

Use with disposable cloths or mops to clean and disinfect surfaces or floors.

Discard solution after use.

Flush sluice well both *before* and *after* discarding.

Always

- ✓ **Make a fresh solution every 24 hours.**
- ✓ Record the time and your name on the make-up chart.
- ✓ Always use in a well ventilated area.
- ✓ Store in accordance with safety notes.
- ✓ Change solution when it becomes dirty.
- ✓ **Only use water from the cold tap.**

If in doubt about when to use this product contact your Supervisor or your Infection Control Nurse

Never

- ✗ Never shake the container to mix.
- ✗ **Never** mix with any other cleaning agent or any other chemical.
- ✗ **Never use in a spray bottle.**
- ✗ Never make up with hot water.

Issue Date: March 2018

*CHLOR-CLEAN is manufactured by Guest Medical Limited of Aylesford, Kent. 01622 791895

Appendix 5

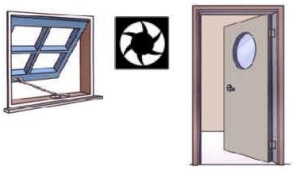
NHS
Leicestershire Partnership
NHS Trust

Order Code:
H 9730

Refer to safety notes on the pack and check expiry date.

BEFORE YOU START

Always wear protective gloves and an apron.



Wherever possible improve ventilation.

BIOHAZARD WIPES

Clinical wipes for the disinfection of commodes and other items of patient associated equipment including mattress covers.

Also use for Blood and Blood-Stained Body Fluid Spillages.

For Patient Associated Equipment Disinfection

Remove dry wipe and re-seal pack.

Moisten wipe with cold water for 1 second only.

Squeeze wipe over sink to remove excess water.

Clean & disinfect area with the wipes. Leave the area moist, not wet.

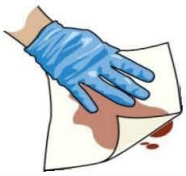
Dispose as clinical waste – see below:

For Blood and Blood-Stained Body Fluid Spills

Remove dry wipe and re-seal pack.

Large spills may need more than one wipe.

Absorb spill directly with the DRY wipe(s).



Use another wipe moistened as above, to finally clean and disinfect the area.

Dispose of all wipes as clinical waste.

Always

- ✓ Always use in a well ventilated area.
- ✓ Store in accordance with safety notes.
- ✓ **Only use cold tap water.**

Never

- ✗ **Never** use hot or warm water to moisten the wipes

- ✗ **Never** use on any chemical or cleaning agent.

If in doubt about when to use this product contact your Supervisor or your Infection Prevention and Control Nurse.

Issue Date: July 2019

***BIOHAZARD WIPES** are manufactured by **Guest Medical Limited** of Aylesford Kent. **01622 791895**

Cleaning/Decontamination of Toys/Play Equipment

- Toys awaiting cleaning should be stored in a box labelled as ‘dirty toys’ and kept in an area that children/patients/carers cannot access
- Evidence of the toy cleaning should be kept in each department.
- Play equipment and storage containers for use within the Trust, must be lidded and made of materials which can easily be cleaned using general purpose detergent and water or a disposable detergent wipe. They also need to be able to withstand Chlor-clean in case of blood or bodily fluid contamination.
- Each practitioner who comes into contact with play equipment must ensure play equipment and storage are checked weekly, cleaned as necessary and compliance documented in the cleaning reference file to be kept within each department.
- Each ward/department manager must have a written system in place for staff to ensure that toys are cleaned and examined between patient use.
- Staff must examine each toy/game after use to ensure that it is fit for re-use i.e., check for broken parts/faults/loose parts etc.
- Toys/games/play equipment will be cleaned using detergent and warm water or a detergent wipe, a single use brush can be used to access cracks and crevices (for patients in isolation a chlorine releasing agent should be used for cleaning) and dried prior to returning the toy to storage

Additional Cleaning Measures

- If toys become contaminated with any blood/body fluids, they need to be removed immediately from the area and cleaned using a chlorine releasing agent (1,000 parts per million) and rinsed afterwards.
- Where toys have been contaminated with specific microorganisms for example during an outbreak or when a patient is in source isolation, additional decontamination procedures may be required.
- If this is not possible the toy must be discarded (clinical waste stream).
- If uncertain seek guidance from the Infection Prevention and Control Team

Group Play/Therapeutic items

- Where children/patients may benefit from sharing toys/play equipment, staff has a responsibility to support safe play – this requires a documented risk assessment.
- All toys/equipment must be cleaned at the end of all communal use sessions before placing back into storage – this should also be recorded/documented.
- Discourage children from putting shared toys into their mouths.
- Twiddle mitts used for patients as a memory aid for therapeutic care must be single patient use. They should be disposed of if they become contaminated with any blood or body fluids.

Soft Toys

- Soft toys must not be kept for general use in healthcare settings because they are porous, support microbial growth and are difficult to decontaminate.
- There may be occasions when soft toys form an essential part of a therapy session; where this is the case soft toys must be subject to machine washing after each episode of care and thorough tumble drying (according to

manufacturer's instructions).

- On inpatient wards if for therapeutic reasons a patient requires soft toys it should be limited to one or two items at the discretion of the Nurse-in-Charge, these should be stored in the patient's locker when not in use.
- Soft toys should be single patient use and laundered between patients.
- Any soft toys that are contaminated with blood or body fluids must be disposed of.
- Repeated cleaning of soft toys can compromise the integrity of the fabric and crate a choking hazard, therefore ensure thorough checking takes place before and after use.
- Industrial washing machines and industrial tumble dryers must be used.

Hard Surface Toys

- All toys must have a smooth, non-porous surface that is easy to clean. Toys with moving parts or openings can harbour dirt and germs in the crevices.
- Use detergent wipes to wipe clean toys after use. If wipes are not available use a fresh solution of detergent made up as per manufacturer's instructions, using disposable cloth. Rinse and dry thoroughly. DO NOT store toys wet.

Mechanical/Electrical Toys

- Mechanical/Electrical toys must have the surfaced wiped after each use or weekly if not used using a detergent wipe and dried. These must be PAT tested if they are able to be connected to the electrical supply.

Note: Do not submerge electronic / battery operated toys / equipment in water.

Books

- Must be inspected after use for visible soiling/damage. As they may have a potential of soaking up liquid, any found with signs of dampness, soiling or mildew must be discarded.
- Surfaces wiped using a disposable detergent wipe.
- They may require frequent replacement.
- What happens if they are used with a patient in source isolation or become contaminated with blood/bodily fluids – should they be discarded

Ball Pools

- They should be inspected daily for cleanliness, debris and foreign items.
- Routine cleaning for the balls and pool must be carried out on a weekly basis using warm water and neutral detergent, rinsed and dried thoroughly. Ensure children wash their hands before and following ball pool play (HPSC 2012).

Dressing up Clothing

Dressing up can form an important part of a child's therapy or rehabilitation, however, only use when necessary for therapy the following should be taken into consideration

- Clothing must be kept in rigid plastic containers with lids.
- All clothes must be washable and washed at a temperature of 60 degrees centigrade for 10 minutes after each use and dried in a tumble dryer.
- Clothes should be inspected on a weekly basis and laundered, the storage bins must also be washed at the same time using a detergent wipe or detergent and warm water.

- An industrial washing machine and industrial tumble dryer must be used.
- If clothes are visibly stained, they must be removed immediately and disposed

Distraction boxes

- These are the responsibility of all staff and should be checked and cleaned following each individual use or on a weekly basis (if not in use).
- These should not be stored with general toys.

Preparation Toys

- These toys must be inspected and cleaned weekly using an appropriate cleaning method as described above.

Second Hand Toys

- Second hand toys must not be accepted by services within LPT

Play Dough

- This must be single patient use only and must not be shared with other children or patients.

Play Sand

- Sand pits are not to be used for general play purposes, however, for individual play therapy; sand may be used for that child and discarded after use.

Storage of Toys/Games

- Toys/games will be stored in a dedicated box/cupboard (or play area if large) which is fit for purpose and is the subject of an identified and documented weekly cleaning schedule.
- Only clean toys/games can be stored in this box/cupboard/area

Play Therapy

- Prior to use, children's or patients' hands must be cleaned before and after use and any skin lesions must be covered.

Staff undertaking home visits

Staff undertaking home visits or working in premises where cleaning of toys cannot be carried out on premises should work in line with the follow guidance:

- On arrival of the visit, only remove those toys likely to be used for the session. Where possible staff should use the toys that are available to them in the family home. (These must be clean and free from blood and body fluids)
- Any toy or piece of equipment contaminated with blood or body fluids or used by a child/young person with a known infection must be cleaned and/or decontaminated using biohazard wipes before it is re used with another child/young person. If it is not possible to do this immediately bag the toy and return to base for effective cleaning before re-use.
- Containers used for transportation must be cleaned on a weekly basis or when the container becomes contaminated whichever is soonest.
- Clean and dirty toys must be transported separately. The container carrying the dirty toys must be cleaned and decontaminated at the same time as the toys.

Appendix 7

PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.

The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	Cleaning and Decontamination of Equipment, Medical Devices and the Environment, (Including the management of blood and body fluid spillages) Policy		
Completed by:	Amanda Hemsley		
Job title	Head of Infection Prevention and Control	**Date**	22 July 2022

	Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.	No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations. For examples, health records, criminal records or other information that people would consider to be particularly private.	No
8. Will the process require you to contact individuals in ways which they may find intrusive?	No

If the answer to any of these questions is 'Yes,' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786
Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until approved by the Head of Data Privacy.

IG Manager approval name:	
Date of approval	

Acknowledgement: Princess Alexandra Hospital NHS Trust

Contribution List

Key individuals involved in developing the document

Name	Designation
Amanda Hemsley Laura Brown Clarissa Swann Claire King Eden Miller	Infection Prevention and Control Team

Circulated to the following individuals for consultation

Name	Designation
Anne Scott	Director of Nursing, AHP's and Quality
Emma Wallis	Associate Director of Nursing and Professional Practice
Fiona McGuigan	Deputy Head of Nursing LD Community
Alison O'Donnell	Head of Learning and Development
Michelle Churchard	Associate Director of Nursing and Professional Practice
Sarah Latham	Head of Nursing CHS
Kam Palin	Occupational Health Nurse
Helen Walton	Head of Facilities
Tejas Khatau	Lead Pharmacist FYPC
Katie Willetts	Senior Nurse, Specialist Nursing FYPC
Bernadette Keavney	Head of trust Health &Safety Compliance
Carmella Senogles	Deputy Head of Nursing FYPC
Robert Pride	Infection Prevention and Control Manager LLR ICB
Jane Martin	Deputy Head of Nursing DMH
Rachel Cooper Norton	Podiatry Lead
Lesley Weaving	Podiatry Lead
Kerry Palmer	Medical Device Asset Manager
Mathew Buxton	Interim Deputy Medical Devices Asset Manager
Mark Walker	Authorised Engineer