Public – To be published on the Trust external website

Decontamination of Equipment

Ref: IPC-0001-005-v3

Status: Approved
Document type: Procedure
Overarching Policy: IPC policy

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1 Introduction

Care equipment can be contaminated with blood, other body fluids, secretions, excretions, and infectious agents. As a result, it is easy to transfer infectious agents from communal care equipment during care delivery. Decontamination is a process, or combination of processes that removes or destroys contamination on an item or surface to make it safe for handling, re-use, or disposal, by preventing infectious agents or other contaminants reaching a susceptible site in sufficient quantities to initiate infection, or other harmful response. Decontamination may include cleaning, disinfection and/or sterilisation (NHS England, 2024a).

As a Trust providing mental health, learning disability and autism services, the risk of acquiring infection from contact with contaminated equipment is less than in an acute Trust, but is still significant. This is particularly so in clinical areas where patients' may be frail, older person, the young or have exposure to high-risk interventions and procedures.

This procedure supports Our Journey to Change (OJTC) as set out in the Infection Prevention and Control Policy Ref: IPC-0001. Our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our strategic goals as follows:

This procedure supports the trust to co-create a great experience for all patients by ensuring the equipment used in their care is decontaminated appropriately to prevent the spread of infection, therefore contributing to the shared goal of delivering outstanding care, all the time. This procedure will also contribute to the co-creation of a great experience for our colleagues by ensuring they are well led through a clear procedure that supports them to deliver the outstanding care to their patients.

2 Purpose

Following this procedure will help the Trust to:

- Reduce the spread of infection via care equipment used within our settings by guiding staff on how to appropriately clean the care equipment.

3 Who this procedure applies to

- This procedure applies to all Trust staff.

4 Related documents

- ✓ This procedures supports and adheres to the overarching Infection Prevention and Control policy and Medical Devices Policy.

The Standard (Universal) Precautions for Infection Prevention and Control defines the universal standards for IPC which you **must** read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:

- ✓ Hand Hygiene
- ✓ Medical Devices Policy
- ✓ COSHH Procedure

5 Safe management of care equipment

5.1 What is care equipment?

It is important we understand how to care for our equipment to prevent cross contamination.
Care equipment is classified as either:

- single use: equipment which is used once on a single patient then discarded. This equipment must never be re-used. The packaging will carry the symbol of the number two in a circle with a diagonal cross.

- single patient use: equipment which can be reused on the same patient and may require decontamination in-between use such as nebuliser masks.
- reusable invasive equipment: used once then decontaminated, eg surgical instruments and solid-state reusable equipment, such as, flexible endoscopes and transducers.
- reusable non-invasive equipment: (often referred to as communal equipment) – reused on more than one patient following decontamination between each use, eg commode, patient transfer trolley (NHS England, 2024a).

Equipment that is used on more than one patient can act as a vehicle, allowing the transfer of microorganisms between patients which may cause infection. Items of equipment such as commodes, ECG machines, blood pressure monitors, clinic couches etc. must be adequately decontaminated between each use (Loveday et al, 2014).

Single patient use: Certain devices may be used multiple times on the same patient. This must be in accordance with the manufacturer's guidance of the device and must not be re-used on other patients.

5.2 Declaration of decontamination status

All equipment requiring inspection, service, repair, or transportation should be accompanied by information that identifies the potential microbiological hazards e.g. blood/body fluids/infection, biohazard, substances hazardous to health and any other hazard. (Medicines and Healthcare Regulatory Agency, 2021).

A copy of the declaration of decontamination status is attached (Appendix 3). Where the equipment has been decontaminated for a particular reason e.g. prior to repair, a copy of the document should be attached to the equipment and a copy kept in the area where the equipment belongs. A carrier or supplier of service has the right to refuse to handle items which do not have the appropriate certification. Delays can occur and there maybe additional costs incurred. A copy of this certificate should be filed at ward level and a copy should also accompany the piece of equipment.

5.3 Procuring new Equipment

Before procuring re-usable equipment, consider the cleaning/decontamination methods required to make it safe for re-use.

An approved list of medical devices has been created and approved by the Medical Devices Group. Teams who wish to purchase medical devices not identified within the standardised approved list must follow the procedure outlined in Medical Devices Policy. Any new devices must conform to the latest relevant standards for Medical Device production.

5.4 Methods and levels of decontamination

All staff responsible for decontaminating care equipment must adhere to the COSHH Procedure. See appendix 4 for specific items and methods to decontaminate.

Term	Definition
Cleaning	• Cleaning is the physical removal of contamination (blood, faeces, sputum, urine etc. and must be a pre-requisite to any further process of disinfection or sterilisation. • Many microorganisms are removed with warm water and detergent; however, the product must be dried. • This is the most important part of the decontamination process and must be carried out to a high standard. • Can be used as a process for low-risk items. • A trust recommended wipe can be used for this purpose on many pieces of equipment and left to air dry as per manufacturers guidance. • Currently the trust uses a combined detergent and disinfectant wipe which contains detergent for removal of organic material and a disinfectant the equipment.
Disinfection	• Disinfection is the use of chemicals to reduce the number of pathogenic microorganisms on an intermediate risk items. Spores are not usually destroyed. These methods need to be used in combination with cleaning as they have limited ability to penetrate organic material (Loveday et al. 2014). • The use of a washer/disinfector is preferred (if available); • All chemical disinfectants must be correctly selected and COSHH regulations be adhered to at all times. • When diluting disinfectants, they must always be measured accurately, according to manufactures guidelines. Chlorine is the choice of disinfectant in the trust (Chlorclean) which should be made up to a concentration of 1:000ppm (Appendix 7) • Always wear disposable gloves, apron and eye protection, if indicated, when using disinfectants. • Ensure equipment is fully dry before it is used with the next patient. • Discard used disinfectant solution after each use or every 24hours, clean the container and dry before storage.
Sterilisation	• Sterilisation is a process that kills or removes all types of microorganisms, including spores. • Autoclaving is the most common method of sterilisation used in hospital

5.5 Infection risks and categories

Risk	Application	Examples	Recommendation
High	For invasive items, those in contact with a break in the skin or mucous membrane or introduced into a body area.	Surgical instruments, dressings, catheters, prosthetic devices	Sterilisation
Intermediate	For items in contact with intact mucous membranes, body fluids, or contaminated with particularly virulent or readily transmissible organisms, or items to be used on highly susceptible/immunocompromised patients or sites.	Gastrointestinal endoscopes, respiratory equipment, reusable bedpans, cutlery, reusable face masks, bed linen, auriscope earpieces	Disinfection
Low	For items in contact with normal and intact skin, or not in contact with the patient at all.	Drip stands, monitors, blood pressure cuffs, wash bowls, bath hoists, disposable bedpan holders, commodes, furniture, floors.	Cleaning and drying (see appendix 6 for instructions on how to clean a commode)

5.6 Re-usable non-invasive care equipment

Decontamination of reusable non-invasive care equipment must be undertaken:

- between each use/between patients.
- after blood and/or body fluid contamination
- at regular predefined intervals as part of an equipment cleaning protocol. Teams must set up a decontamination resource file, email tewv.ipc@nhs.net if a resource file is needed and the IPC team will send a resource file to set up.
- before inspection, servicing, or repair. (NHS England, 2022)

5.6.1 Flat Lifting equipment

It is the responsibility of the nursing clinical staff to clean this equipment after each use and weekly if not in regular use.

Specific guidance has been devised for decontaminating flat lifting equipment, this can be found in appendix 5.

6 Cleaning spillages of blood or body fluids

All blood spillages and other body fluids if blood stained **must** be regarded as infectious.
Spillages of blood and other body fluids may transmit blood borne viruses.
Spillages must be treated immediately by staff trained to undertake this safely.

6.1 Cleaning of a spillage on a ward

- It is the responsibility of the clinical staff within the clinical environment to clean up spillages of blood, vomit, faeces and other body fluids using the appropriate product for the spillage.
- Staff must routinely wear disposable apron and gloves when dealing with any body fluids.

Clinical staff must refer to the Management of blood and body fluid spills in appendix 8 for guidance.

6.2 Cleaning of a spillage in a public area within trust facilities

In the public areas of the trust the responsibility will fall to the member of staff who has identified the spillage. It may be that there is domestic staff or clinical staff available to call on however the spillage must be dealt with immediately. In staff only areas responsibility lies with the member of staff who has created the spillage.

On discovering a spillage, please follow the following steps:

- Ensure the area is made safe.
- Restrict access to the area until the spillage has been cleaned.
- Display a wet floor sign.
- Collect either a “urine and vomit” or “blood- and blood-stained body fluids” spill kit, and disinfectant wipes from the locations identified below.
- Wash your hands.
- Open spill kit and apply gloves and apron.
- Follow the instruction card located within the spill kit, if an alcohol wipe is included in the urine and vomit kit, please discard this, and use universal (green clinell) wipes at this point instead.
- Dispose of equipment in a clinical waste bag
- Wash your hands.
- Ensure a replacement spill kit is ordered via hotel services to replenish the kit used.

Spill kits are readily available within all trust areas, for all sites who have in patient units, spill kits are available on the clinical wards. There is also spill kits available at reception areas where there is no clinical staff.

If the spillage is major, widespread or a full terminal clean is required, the hotel services team responsible for the site should be contacted during office hours for further advice.

In areas of the trust where hotel services staff are on site and a spillage occurs in non-clinical area for example, public toilets, corridors, cafes, reception areas within office hours please report spillage to the hotel services team or reception desk to request cleaning. Please ensure that the area is made safe e.g.. If toilets close the facility, if corridor please sign.

6.3 Cleaning of a spillage in a patient's own home

In the event of a blood or bodily fluid spillage in the patient's own home, community staff can help in the cleaning of this, ensuring they wear the correct level of PPE but **must** respect the wishes of the family and the environment, taking into consideration the patient's preference for how they would like to clean the spillage.

7 Mattresses, covers, pillows and duvets.

Damaged mattresses and cover can lead to the growth of micro-organisms, which are a potential cause of cross infection. Cleaning and inspection of mattresses and covers is essential. Mattresses should also be checked to establish if they are fit for purpose from a pressure relieving perspective.

7.1 Inspection of mattresses, covers, pillows and duvets.

Mattresses are classified as a medical device therefore clinical staff **must i**nspect foam mattresses and covers every month and/or weekly if the patient has urinary or faecal incontinence. **A mattress audit tool devised in partnership with clinical staff is available for use by all wards, see appendix 10.**

- Completely strip the mattress of sheets.
- Inspect the cover for staining and splitting/tears.
- Unzip the cover and check the internal foam for staining and wetness (both sides)
- The mattresses that do not have removable covers should be checked monthly for tears/holes or damage that could affect the internal foam. If damaged the mattress should be reported and replaced.
- General weekly cleaning of the mattresses by housekeeping staff will be recorded in the weekly work schedule using the mattress

- Responsibility for general cleaning of the mattresses is with the housekeeping staff however in the event of blood or bodily fluid contact (including urine and faeces) the clinical staff are responsible for the decontamination of the mattresses.
- Mattress checks should be documented on the Clinical Work Schedule and stored within the ward.
- To check the pressure relieving aspect of the mattress please refer to the foam mattress check protocol within the mattress audit tool.

Pillows and duvets are also subject to the same cleaning and inspection regime as mattresses, and must be checked for cleanliness and signs of damage at the same time as mattresses:

- Inspect duvets and pillows every month, or weekly if the patient has urinary or faecal incontinence.
- Remove pillowcases and duvet cover.
- Inspect pillows and duvet for staining and splitting/tears.
- If damaged the pillows and duvets should be reported and replaced immediately.
- General weekly cleaning of the mattresses by nursing or housekeeping staff will be recorded on the weekly work schedule.

7.2 How to clean mattresses, covers, pillows and duvets

- Disposable plastic aprons and gloves must be worn when cleaning mattresses, duvets, and pillows.
- **Do not** use any other antiseptic solutions or alcohol-based solutions to clean mattresses as this can damage the mattress cover.

- Using a combined product of detergent and disinfectant (currently available in wipes).
- Clean patient mattresses, pillows, and duvets weekly and on patient discharge.
- To prevent mould growth, allow to air dry – ensure the mattress is placed in such a position that allows the air to flow around it.
- Only use a chlorine-based solution to clean these items if they become contaminated with blood or body fluids, or after use of a patient with an infection.
- Liaise with hotel services colleagues for guidance on cleaning mattresses as they have specific work procedures they follow for the following - Procedure for cleaning bed base and mattress, Procedure for specialised bed, Procedure for cleaning bed base and mattress against wall, Procedure for specialist bed with mesh base.

7.3 Action to be taken for damaged mattresses/duvets/pillows

Mattresses, mattress covers, pillows or duvets showing signs of damage or staining must be disposed of safely:

- Mattresses must be decontaminated and placed into a mattress sack ready for disposal (mattress sacks can be ordered via Cardea order code MVN003).
- Once this has been carried out, please contact the estates department to remove the mattress.
- Once decontaminated, duvets and pillows can be disposed of as general waste.

8 Toys

Toys are used in many settings for distraction, or act as therapeutic or educational stimuli. They may be used by staff to assist them to monitor patients' skills, assess and/or diagnose specific neurological conditions or for therapeutic purposes in our adult services.

8.1 Decontamination of toys

It is the responsibility of the clinical staff to clean any toys, they must be aware of the cleaning requirements. Before purchasing, careful consideration must be given to how toys will be kept clean. Toys should be kept to a manageable amount so that appropriate cleaning can be undertaken. Toys for general use must be able to be cleaned and decontaminated easily.

8.1.1 Inpatient areas

Soft fabric toys cannot be easily cleaned and should be discouraged from general use amongst a group of patients. However, it is acknowledged that some of our patients may benefit greatly from a specific toy that falls into this category, therefore we would encourage single patient use.

- All toys should be able to withstand cleaning using a combined detergent/disinfectant wipe.
- They should be inspected regularly for breakages and damage and discarded if not intact.
- Toys should be cleaned when visibly soiled and regularly at weekly intervals.

8.1.2 Outpatient departments and waiting areas

- All therapeutic toys including soft bodied toys must be made of wipeable material.
- Visibly soiled soft body toys that cannot be cleaned must be replaced

8.1.3 Visiting Areas

Toys that are used in visiting areas must be made from hard material that can be easily cleaned.

8.1.4 All areas

• All areas must ensure toys are cleaned after each use and when visibly soiled and at weekly intervals. **Toys must be stored in a designated cupboard or storage container that can be washed and dried thoroughly.**

- All play equipment used in communal play activities should be checked weekly and replaced as necessary.
- Children should be encouraged to wash their hands before playing and skin lesions covered with a waterproof dressing.

8.1.5 Therapeutic sensory equipment

Evidence shows that therapeutic sensory equipment can play a vital role in recovery and/or ongoing therapy for some of our patients (Creativity Activity, 2024).

Therapeutic water sensory equipment must only be purchased following agreement/discussion with the Infection Prevention and Control team and approved by the Water Safety Group.

Clinical Staff are responsible for cleaning all sensory equipment in line with individual manufacturer's instructions.

All equipment should be maintained and serviced as per manufacturer's instructions.

9 Definitions

[This section is a list of the terms used in this procedure and what they mean]

Term	Definition
Cleaning	• Cleaning is the physical removal of contamination (blood, faeces, sputum, urine etc. and must be a pre-requisite to any further process of disinfection or sterilisation
Decontamination	• Decontamination is a process which reduces, removes, inactivates or destroys contamination to ensure that infectious agents or other contaminants cannot reach a susceptible site in sufficient quantities to cause infection or any other harmful response. Decontamination can involve cleaning, disinfection and/or sterilisation as required and according to the infection risk.
Sterilisation	• Sterilisation is a process that kills or removes all types of microorganisms, including spores.

10 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

10.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All Healthcare staff	Mandatory training – IPC eLearning directs staff to the IPC team.	1hr	annually
All clinical staff	Support for Infection Prevention Specialists (SIPS) programme	1hr	Rolling programme

11 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	IPC clinical audit	Frequency = annual and when required Method = areas are either self-audited or audited by the IPC team – this alternates each year. Responsible = team managers and IPC team	IPCC – results discussed, and assurance given at the committee. Trust wide Clinical audit subgroup - Individual action plans disseminated to appropriate wards
2	Trust wide mattress audit	Frequency = Biennial Method = each ward is visited during a set time period whereby each mattress is checked. Responsible = IPC team in partnership with the tissue viability team.	IPCC – results discussed, and assurance given at the committee. Trust wide Clinical audit subgroup - Individual action plans disseminated to appropriate wards
3	IPC mandatory training compliance	Frequency = annually Method = ESR Responsible = team managers Frequency = quarterly and annually Method = report requested from the education team Person = IPC team	locality management IPC – quarterly to IPCC annual IPC assurance report

12 References

Creative Activity (2024) Case Study: Sensory Room at South West Acute Hospital (accessed 10/10/2024)

Loveday HP, Wilson JA, Pratt RJ, et al. (2014) Department of Health. epic3: national evidence-based guidelines for preventing healthcare-associated infections in NHS hospitals in England. J Hosp Infect. 2014 Jan;86 Suppl 1:S1-70.

Medications and Healthcare Regulatory Agency (2021) Managing Medical devices. Available from Safeguarding public health (publishing.service.gov.uk) (Accessed 30/08/2024).

NHS England (2024a) National Infection prevention and control manual for England. Available from NHS England » National infection prevention and control manual (NIPCM) for England. (Accessed 12/06/2025).

NHS England (2024b) Management of blood and body fluids. Available from Appendix 9 (england.nhs.uk) (accessed 12/06/2025).

13 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	08 July 2025
Next review date	08 July 2028
This document replaces	IPC-0001-005-v2.4 Decontamination of Equipment
This document was approved by	Infection Prevention and Control Committee (IPCC) (virtual)
This document was approved	08 July 2025
This document was approved by	Infection Prevention and Control Committee (IPCC) (retrospective formal recording of approval)
This document was ratified	01 October 2025
An equality analysis was completed on this policy on	12 April 2025
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
2.3	22 Oct 2021	Full review of document. Minor clarifications throughout document and amended to new template.	Withdrawn
2.4	20 Dec 2024	Full review of document. Amendments throughout: Updated references. Updated the mattress audit form. Merged foam mattress protocol with the mattress audit. (Separate foam mattress protocol to be withdrawn) Removed telephone number for major blood spillages after confirming with hotel services, this is a local arrangement not a trust wide one. Added in blood spillage flowchart in accordance with National Infection Control Manual. Removed indicator tape poster as it is out of date and no longer required. *Note: On 20th December 2024 – received virtual approval from members of the IPCC. January IPCC postponed, hence procedure retrospectively formally approved by the IPCC during the committee meeting held 13 February 2025.	Withdrawn
3	08 July 2025	Procedure amended to remove instruction to use Clean 'green' indicator tape that was formerly used to indicate multiple use patient equipment is decontaminated. Changes made at: • Section 5.2 - Removal of reference to green tape • Appendix 4 - Specific Items and Method to Decontaminate - Deletion of green tape column • Appendix 6 - Standard Commode Cleaning Guidelines for Clinical Staff - Change of picture in and removal of reference to green tape in corresponding picture. Term "Service users" changed to "patients". Amendments made to reference list and corrections within documents as per consultation feedback from library services.	Approved

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Nursing and Governance / IPC and Physical Healthcare
Title	Decontamination of Equipment v3
Type	Procedure
Geographical area covered	Trust wide
Aims and objectives	To set standards in practice to ensure the delivery of patient care is carried out safely and effectively by trust staff.
Start date of Equality Analysis Screening	10/04/2025
End date of Equality Analysis Screening	12/04/2025

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Trust Staff, patients, and visitors
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men and women) **NO** • **Gender reassignment** (Transgender and gender identity) **NO** • **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO** • **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families) **NO** • **Human Rights Implications NO** (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	None.
Describe any positive impacts / Human Rights Implications	Safe delivery of patient care for all patients, a safe environment for our staff to work in and a safe place for visitors.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See reference section
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Feedback sought from the IPC committee. Collaboration with some clinical teams to review the mattress audit tool.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	n/a
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	y	
Is it clear whether the document is a guideline, policy, protocol or standard?	y	
2. Rationale		
Are reasons for development of the document stated?	y	
3. Development Process		
Are people involved in the development identified?	y	
Has relevant expertise has been sought/used?	y	
Is there evidence of consultation with stakeholders and users?	y	
Have any related documents or documents that are impacted by this change been identified and updated?	y	
4. Content		
Is the objective of the document clear?	y	
Is the target population clear and unambiguous?	y	
Are the intended outcomes described?	y	
Are the statements clear and unambiguous?	y	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	y	
Are key references cited?	y	
Are supporting documents referenced?	y	

6. Training		
Have training needs been considered?	y	
Are training needs included in the document?	y	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	y	
8. Equality analysis		
Has an equality analysis been completed for the document?	y	
Have Equality and Diversity reviewed and approved the equality analysis?	y	
9. Approval		
Does the document identify which committee/group will approve it?	y	
10. Publication		
Has the policy been reviewed for harm?	y	
Does the document identify whether it is private or public?	y	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	y	
Do all pictures and tables have meaningful alternative text?	y	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	y	

Appendix 3 – Declaration of Contamination Status

Please complete prior to the inspection, servicing, repair or return of medical equipment.

	Date: **Ward/Department:** **Model and description of equipment (including manufacturer):** **Model/Serial/Batch Number:**	**Circle appropriate answer**
1	This equipment / item has not been used in any invasive procedure or been in contact with blood, other body fluid, respired gases pathological specimens. It has been cleaned in preparation for inspection, servicing, repair, or transportation.	Yes / No
2	Has this equipment / item been exposed internally or externally to hazardous materials as indicated?	Blood, body fluids, respired gases, pathological specimens. Yes / No Other biohazards. Yes / No Chemicals or substances hazardous to health. Yes / No Other Hazards Yes / No
3	Has this equipment / item been cleaned and decontaminated? * If the equipment **could not** be decontaminated, please indicate why: *Such equipment **must not** be returned / presented without prior agreement of the recipient.	Yes / No* Indicate the methods and materials used.

4	Has the equipment / item been suitably prepared to ensure safe handling / transportation?	Yes / No

I declare that I have taken all reasonable steps to ensure the accuracy of the above information in accordance with Managing Medical Devices (MHRA 2021).

Name: Position:

Signature: Ward:

Telephone Number: Date:

Appendix 4 - Specific items and method to decontaminate

Item	Method to decontaminate	Frequency	Staff responsible
Airways/Nasal and oropharyngeal	Single use	Single use (dispose of after use)	Nursing team
Auroscope	Use disinfectant wipes and allow to air dry	After each use / every 7 days if not used regularly	Clinical / nursing
Baby Bottles	Use pre-sterilised feeds where possible or clean with detergent and water followed by immersion into 125ppm available hypochlorite for 1 hour. Please contact IP&C to discuss logistics.	After each use	Nursing
Bag valve mask & reservoir bag	Single use	Single use	Clinical / nursing
Baths	Clean using detergent & water / or disinfectant wipes. If the patient has a suspected or confirmed infection, or if the bath becomes contaminated with body fluids use a solution of hypochlorite 1000ppm available chlorine such as Chlorclean.	After each use Daily	Nursing or patient with supervision Hotel services
Bed Pans	Pulp bed pans - dispose of into macerator or clinical waste if no macerator Multi patient use bed pans - washer/disinfector	Single use Washer/disinfector after each use	Nursing Nursing
Bed Pan Holders	Clean using disinfectant wipes. Store dry.	After each use or weekly if not used regularly	Nursing
Bed pan washer/macerator	Clean outer area using disinfectant wipes	Full clean after each use including touch points and remove visible soiling Full clean weekly if not in use	Nursing

Item	Method to decontaminate	frequency	Staff responsible
Bedrails	Clean using detergent & water or detergent wipes and dry.	Weekly unless soiled then clean as required	Hotel services weekly Hotel services / nursing as required
Bowls (patient wash bowls)	Disposable	Single use	Nursing
Blood glucose monitors & storage box	Clean with disinfectant wipes and dry before storing.	After each use or weekly if not used regularly	Nursing
Buckets (cleaning)	Wash with detergent & store dry.	After each use	Hotel services / nursing
Commodes	Decontaminate with a chlorine releasing agent such as Chlorclean if visibly soiled. If not visibly soiled use disinfectant wipes and leave to air dry.	After each patient use or weekly if not used regularly	Nursing
Cot side bumpers	Disinfectant wipes and allow to air dry.	Weekly unless soiled then clean as required & if returned to storage	Hotel services weekly Hotel services / nursing as required
Curtains	Launder or dry clean	6 monthly, change when visibly soiled, following discharge of a patient with a suspected or known infection and following an outbreak of infection	Hotel services
Dental Equipment	Dental equipment reprocessed as per contracted dental service.	After each patient use	Dental service

Item	Method to decontaminate	frequency	Responsible staff
Duvet (PVC type)	Disinfectant wipes and leave to air dry. If contaminated use a chlorine releasing agent (chlor-clean).	After each patient use and when visibly contaminated	Hotel services on discharge. Nursing if contaminated whilst in use
ECG machine	Disinfectant wipes and allow to air dry	After each use and weekly if not in regular use	Clinical
Fridges and freezers clinical (including but not limiting blood fridges, medicine fridges, ice freezers for physio departments)	Disinfectant wipes and allow to air dry	One spot clean daily including touch points (handles) Full clean weekly Defrost according to manufacturer instructions	Nursing
Intravenous drip stands	Clean with disinfectant wipes & store dry.	After each use and weekly if not used regularly	Nursing
Jugs for clinical use	Single use - pulp jugs dispose of into macerator or clinical waste if no macerator	Single use	Nursing
Keyboards and telephones **Electrical items in multi-use areas specifically computers and phones eg nurse station, computers on wheels (COWs) and work stations on wheels (WSOWs)**	Disinfectant wipes and allow to air dry	Full clean daily and touch points before and after each use – **refer to ''Cleaning your Workstation'' notice**	Clinical
Laryngoscope (blade)	Disposable/single use.	Single use	Nursing

Item	Method to decontaminate	Frequency	Staff responsible
Laryngoscope (handle)	Clean using disinfectant wipes and allow to air dry.	After each use	Nursing
Medical gases	Clean using disinfectant wipes and allow to air dry	After each use or weekly if not in regular use	Nursing
Medicine pots	Single use disposable	Single use	Nursing
Mops (Disposable mop head)	Yellow disposable mop heads. Store mops upturned to allow air to circulate for drying.	Single use Change mop head once a week.	Nursing/Hotel Services Hotel services
Moving & handling equipment	**Slings** – as per manufacturers guidelines **Hoists (general and bath)** – disinfectant wipes and allow to air dry. **Transfer board** – disinfectant wipes and allow to air dry.	Single patient use – clean/change if visibly dirty. After each use and weekly if not used regularly. After each use and weekly if not used regularly	Clinical
Nebuliser masks	Single patient use	Change every 24hours and if visibly dirty	Nursing
Physiological observations equipment including: **Sphygmomanometer (BP machine)** **BP cuff** **stethoscope** **Thermometer** **O2 sats machine**	Disinfectant wipes and allow to air dry	After each use	Nursing / Clinical
Pillows	Clean with disinfectant wipes and leave to air dry. If contaminated clean with a chlorine releasing agent (chlor-clean) Damaged pillows or pillow covers **must** be replaced.	After each patient use / if visibly dirty	Hotel services / clinical teams

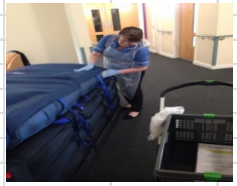
Item	Method to decontaminate	frequency	Staff responsible
Patients TV's and bedside entertainment system and headpieces and other equipment	Clean with disinfectant wipes and allow to air dry	Personal patient belongings are the responsibility of the patient under supervision and assistance of clinical team	Clinical
Patient trolleys and treatment couches	Clean with disinfectant wipes and allow to air dry	After each patient use	Nursing
Showers and shower Stools/chairs	Decontaminate with disinfectant wipes and allow to air dry	After each patient use or weekly if not used regularly	Nursing
Speculae (vaginal)	Disposable/single use.	Single use	Clinical
Spirometer	See manufacturers guidelines	After each use and change mouthpiece after each patient.	Clinical
Suction bottles	See manufacturer's instructions	After each use	Clinical
Suction bottle liners	Disposable/Single use.	Single use	Clinical
Suction Tubing	Disposable/Single use.	Single use	Clinical
Toilets, bidets, Urinals, and toilet brushes	Detergent & water and dry unless visibly contaminated then use chlorine releasing agent (chlor-clean).	Daily **Communal toilets** Full clean **+** one spot clean daily including touch points (flush handles/grab rails) During outbreaks Full clean/ wipe down of sanitary ware after each patient use including touch points (flush handles / grab rails)	Housekeeper Housekeeper Nursing
Toys	Plastic toys wash using disinfectant wipes and allow to air dry.	If used therapeutically decontaminate after each use.	Department staff

	Dispose of any soiled soft bodied toys and replace with new.	Toys in waiting areas must be cleaned weekly and as required if visibly contaminated.	
Trolley (Notes and drug and patient clipboard including dressing trolley)	Clean with disinfectant wipes and allow to air dry.	Before & after each use and weekly if not used regularly	Clinical
Urinals	Pulp bed pans - dispose of into macerator or clinical waste if no macerator. Multi patient use bed pans - washer/disinfector.	Single use Washer/disinfector after each use	Nursing Nursing
Weighing scales	Decontaminate with disinfectant wipes and allow to air dry.	Seated scales - after each patient use or weekly if not used regularly. Standing scales weekly or if visibly soiled	Nursing

Appendix 5 - Procedure for decontaminating flat lifting equipment

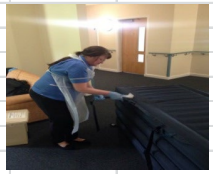
Flat Lifting Equipment must be cleaned by clinical staff following each use and weekly if not in regular use.
Wash and dry hands before and after decontaminating this equipment and wear gloves and apron.
A new wipe must be used for each new surface or when the wipe becomes visibly soiled.
Clean using an 's' shaped pattern; work from clean to dirty. Take care not to go over the same area twice

If the equipment is used with a patient who has a known or suspected infection, please use a chlorine releasing agent as per section 7.3



1. While the flat lifting equipment is still inflated and hose connected use a detergent wipe to clean the top of the transfer mattress using an 'S' shaped motion. Use further wipes to clean each of the sides and the bottom.

2. With a new wipe clean each of the straps, and the blower unit
Ensure the transfer mattress is dry before folding and storing.

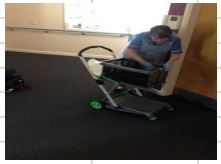


3.Whilst still inflated clean the top of the Flat Lifting Equipment with a new detergent wipe using an 'S' shape motion starting at the head end, repeat this process using a clean detergent wipe for each of the long sides and foot end including the air vents.

S' Shape Cleaning

4. Tip the Flat Lifting equipment onto the unclean top side and clean the base with a new detergent wipe – leave to air dry.

5. Once dry tip the Flat Lifting Equipment back onto its base and use a clean wipe to clean the remaining head end.



6. Ensure the flat Lifting Equipment is fully dry before deflating and folding for storage, Ensure the Flat lifting equipment storage trolley is also cleaned with detergent wipes on a weekly basis.

Appendix 6 - How to clean a commode (clinical staff)

- Wash and dry your hands and apply gloves and an apron.
- Commode cleaning must be undertaken using combined detergent and disinfectant solution eg Chlor-clean or combined detergent and disinfectant wipes eg Clinell universal wipes.
- A new wipe/cloth must be used for each new surface or if the wipe/cloth becomes visibly contaminated.
- Allow each surface to fully air dry.
- Following use wipes/cloths must be disposed of as clinical waste.
- If using liquid solution, empty the solution into the sluice or sluice hopper (not down a hand wash sink). Clean the container and store inverted.

Clean the commode using the following 5 step sequence

1

Using a clean universal wipe** clean all surfaces of the seat back rest.

2

Remove seat cover and clean all surfaces with a clean wipe.

3

Remove seat (if possible) and clean all surfaces with a clean wipe.

4

Using new wipes, clean all remaining parts of frame. Allow to fully air dry before replacing seat cover and completing step 5.

5

Remove PPE, wash hands

If the commode is used with a patient who has a known or suspected infection **always use a combined detergent/disinfection solution such as chlorclean. If the commode is blood stained, clean with detergent followed by a 10,000 ppm chlorine releasing agent such as Haz tabs.

Appendix 7 - How to make up chlorclean

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

HOW TO MAKE UP A DISINFECTANT SOLUTION

BEFORE YOU START

Always wear protective gloves and an apron.

Wherever 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.

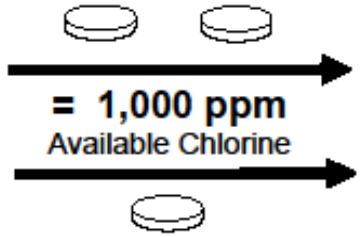
NOT SUITABLE FOR USE ON BLOOD SPILLS – SEE INFECTION CONTROL POLICY

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.

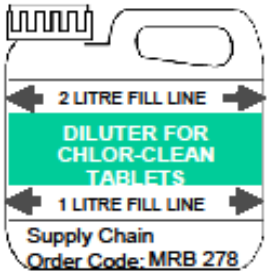
Supply Chain
Order Code: MRB 751

Use 2 tablets for 2 litres of water.



= 1,000 ppm
Available Chlorine

Use 1 tablet for 1 litre of water.



Supply Chain
Order Code: MRB 278

Use yellow disposable cloths and mops to clean and disinfect surfaces and floors.

Discard solution after use.

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

Always

- ✓ **Make a fresh solution each day or shift.**
- ✓ Always use in a well ventilated area.
- ✓ Store in accordance with safety notes.
- ✓ Change solution after each room.
- ✓ **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 : November 2017

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

Appendix 8 - Management of blood and body fluid spills on a ward

Adapted from NHS England (2024) Appendix 9: management of blood and body fluids.

*Refer to appendix 9 for how to make up Haz-Tab solution

Blood and/or Body fluid spillage

Wear appropriate personal protective equipment (PPE) e.g. non-sterile disposable gloves and aprons.

Is the spillage on soft furnishing e.g. carpets?

Yes

Discuss with IPCT and consider:

If the furnishing is heavily contaminated, you may have to discard it.

If the furnishing can withstand a chlorine releasing solution, then follow appropriate procedure for the type of spillage.

If it is safe to clean with detergent alone then follow appropriate procedure.

If it is not safe to clean with detergent, then the item should be discarded.

No

Is it a spill of blood or body fluid as specified in Box1 (below)?

Yes

Apply super absorbent peracetic acid pads (Spill Kit) for blood and body fluid or using a paper towel soaked with chlorine release solution 10,000ppm, (Haz-Tabs*) wipe the area, then Rinse and dry the area.

Wash area with disposable paper towels and a solution of general-purpose detergent and warm water.

Dry area or allow to air dry.

Discard paper towels and disposable PPE into healthcare waste bag.

Perform hand hygiene.

No

Spill contains ONLY urine/faeces/vomit/sputum:

Do not use a chlorine releasing agent directly on a urine spill.

Apply gloves and disposable apron.

Soak up spillage using disposable paper towels.

Prepare a solution of hot water and detergent.

Use mop and bucket to wash the area.

Erect wet floor sign.

Ensure bucket is washed with detergent and dried before returning to storage room.

Remove PPE, wash and dry hands.

Alternatively super absorbent peracetic acid pads for blood and body fluid spills can be used for minor spillages.

If spillage is known to be infectious, disinfect the area with Chlorine release agents 10,000ppm after completing the above.

BOX 1: Amniotic fluid, semen, vaginal secretions, breast/chest milk, any other body fluid with visible blood (excluding urine)

Appendix 9 - How to make up Haz-Tabs solution

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

USE OF CHLORINE DISINFECTANTS

BEFORE YOU START

Always wear protective gloves & an apron.

(Use eye protection if required)

Wherever possible ensure good ventilation when using all chlorine products.

Always make up a fresh solution for each use.

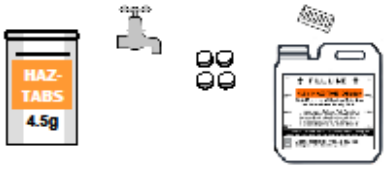
Refer to safety notes on product label.

Check product expiry date.

FOR BLOOD & BLOOD-STAINED BODY FLUID SPILLS

Make a 10,000 ppm available chlorine solution.

Add four Haz-Tab tablets to the 1 litre diluter and fill to the line with tepid water.



When the tablets have dissolved, screw down the white diluter cap and gently mix by inversion.
DO NOT SHAKE THE DILUTER!

Pour sufficient solution over the spill to double it's size.

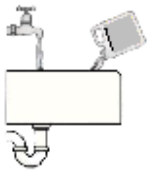
Leave for a few minutes.

Mop up using paper towels and ....

.....discard in a clinical waste bag.

Use more solution on disposable towels or cloths to wipe the area and remove drips or splashes on vertical surfaces:

discard as before



FINALLY
Discard all remaining solutions by flushing down the sink or sluice with plenty of cold water. Always flush both before and after discarding.
Keep the diluter for next use.

Place all used materials, gloves last, in a yellow clinical waste disposal bag.

NOW WASH YOUR HANDS!

IMPORTANT POINTS

- Never use on chemical spills or mix with any other cleaning chemicals.
- The solution and granules may bleach fabrics. If using on soft furnishings rinse off afterwards.
- For body fluids other than blood, see the Infection Control Manual or Chlor-Clean Poster
- If in doubt about the use of these products, contact your Infection Control team.

Date of issue: November 2017

***HAZ-TAB & CHLOR-CLEAN** products are manufactured by **Guest Medical** of Aylesford, Kent. **01622 791895**

Appendix 10 - Mattress audit form (including Foam mattress check protocol)

This document should be read alongside the Decontamination of Equipment Procedure and the Assessment, Prevention and Management of Pressure Ulcers Procedure. There is also a video available on the IPC intranet page, demonstrating how to carry out a mattress inspection.

Date:	
Ward/Department:	
Audit completed by:	
Job title/Designation:	

Frequency – all mattresses, pillows and duvets should be checked internally by nursing/clinical staff monthly and on patient discharge. Where bodily fluid contact occurs (such as if a patient is incontinent) the frequency should increase to weekly checks. N.B feedback from clinical staff indicates that checking all of the mattresses on the same day may not be practical, therefore if it suits the ward better then the mattress checks can be staggered, e.g. for a 20 bedded ward, beds 1-5 on the 1st of the month, beds 6-10 on the 8th, beds 11-15 on the 15th, beds 16-20 on the 22nd.

Process for checking zipped mattresses- please check the mattress cover is intact and free from stains, rips tears & damage. Unzip the mattress cover to inspect the foam and the inside of the cover- both must be free from stains, rips, tears or damage.

Process for checking sealed mattresses- please check the mattress cover is intact and free from stains, rips tears & damage. Replace full mattress is damage evident.

Process for checking pillows and duvets- please remove pillowcases and duvet covers and visually inspect equipment for signs of damage or staining.

Action to be taken if a mattress, duvet and/or pillow fail the audit.

Mattresses, mattress covers, pillows or duvets showing signs of damage or staining should be disposed of safely. Order replacement items from Cardea and await their arrival before contacting the estates department to remove this equipment. Mattresses must be decontaminated and placed into a mattress sack ready for disposal. Order replacement mattresses from the approved medical device template 34: Mattresses, mattress sacks are also available on this template.

check **Foam Mattress Protocol**

WHY

When exposed to long term pressure foam can become damaged, **increasing risk of pressure damage**.

Damaged mattresses and covers can lead to the growth of micro-organisms, which are a **potential cause of cross infection**.

Inspection of mattresses and covers is essential.

WHEN

Weekly if the patient has urinary or faecal incontinence

Monthly and on discharge/transfer for all others

HOW

1) Cover condition

Mattress cover should be examined both **internally and externally** for visible evidence of wear and tear which may include:

- **Visible damage e.g. tears, splits, punctures**
- **Broken seams**
- **Staining of zip lines, interior cover or exterior cover**

2) Foam condition

Fully unzip mattress cover and inspect the inner foam on **both sides** for any evidence of the following:

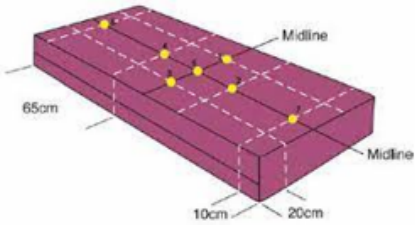
- **Dampness or moisture**
- **Staining**
- **Visible damage**

Please note mattresses that do not have removable covers should be checked monthly for tears/holes or damage that could affect the internal foam.

3) Bottoming out

This refers to the base of the bed being felt through the mattress. This is **checked via the 'fist test'**:

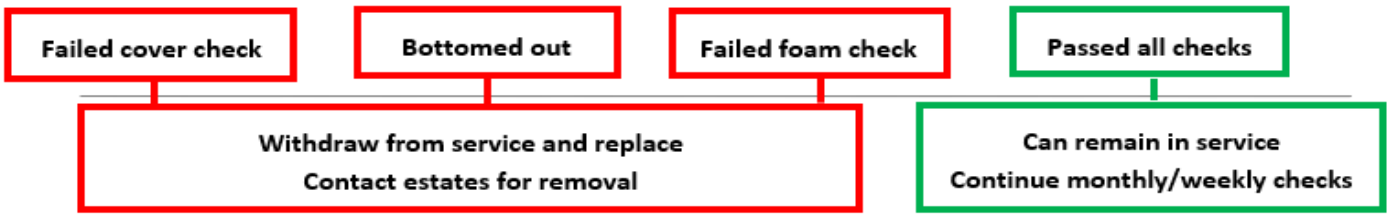
1) Keep top of mattress level with hip bone of auditor
2) Ensure mattress cover is in place
3) Stand at the side of the bed
4) Link both hands to form a fist, keeping elbows straight
5) Lean forward with body weight over multiple points as displayed below



If the base of the base of the bed can be felt through the mattress at ANY point then the mattress is bottomed out.

DOCUMENT ON MATTRESS CHECKLIST (SEE DECONTAMINATION OF EQUIPMENT PROCEDURE)

STORE DOCUMENTATION WITHIN WARD FOR HOTEL SUPERVISOR, IPC AND TISSUE VIABILITY AUDITS



Monthly and/or weekly audit

Mattresses, duvets and pillows.	**Bed 1**	**Bed 2**	**Bed 3**	**Bed 4**	**Bed 5**	**Bed 6**	**Bed 7**	**Bed 8**	**Bed 9**	**Bed 10**
1 Is there a breach in the integrity of the mattress/Duvet/Pillow cover, e.g. torn or damaged?										
2a Removable mattress covers: is the mattress cover fastening compromised, e.g., is the zip or any other cover fastening device broken? *(Mark as not applicable if a sealed mattress)* ***2b* Undo *the outer cover. Is the inner foam soiled or stained?***										
3 Does the mattress/Duvet/Pillow have an offensive smell?										
4 Does the mattress/duvet/pillow outer cover have any staining that cleaning cannot remove?										
6 Did the mattress fail the 'fist test'? please see foam mattress protocol and/or the instructional video on the IPC intranet page for instructions on how to do this. *(mark as not applicable for air mattresses)*										
Pass or fail?										

Page 2 of monthly and/or weekly audit

Mattresses, duvets and pillows.	**Bed 11**	**Bed 12**	**Bed 13**	**Bed 14**	**Bed 15**	**Bed 16**	**Bed 17**	**Bed 18**	**Bed 19**	**Bed 20**
1 Is there a breach in the integrity of the mattress/Duvet/Pillow cover, e.g. torn or damaged?										
2a Removable mattress covers: is the mattress cover fastening compromised, e.g., is the zip or any other cover fastening device broken? *(Mark as not applicable if a sealed mattress)* ***2b* Undo *the outer cover. Is the inner foam soiled or stained?***										
3 Does the mattress/Duvet/Pillow have an offensive smell?										
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Pass or fail?										