

CLEANING & DISINFECTION POLICY

Complied by: The Infection Control Team

In consultation with: Control of Infection Committee

Status: Approval date: August 2017

Ratified by: Clinical Governance Committee

Review date: August 2020

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History

Issue	Date Issued	Brief Summary of Change	Approved by
1	Nov 2007	New policy	Clinical Governance Committee
2	Jun 2010	Updated in line with the Trust's Policy Writing & Ratification Policy and the introduction of the Cleaning & Disinfection Procedure Manual.	Caroline Becher, Chief Nurse
3	Aug 2012	A-Z of Equipment reinstated. Cleaning Responsibility Manual reviewed.	Suzanne Rankin, Chief Nurse
4	Sep 2014	General review	Heather Caudle, Chief Nurse
5	Aug 2015	Universal wipes added to the approved disinfectants and detergents.	Heather Caudle, Chief Nurse

For more information on the status of this document, please contact:	
Policy Author	The Infection Control Team
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Audience	All Trust staff

CLEANING AND DISINFECTION POLICY

See also : **Policy on Decontamination of Equipment Before Service or Repair**
 Policy for Hospital Cleaning
 Decontamination Policy

1. INTRODUCTION

The transmission of infection in association with equipment and the environment has been recognised as a problem since micro-organisms were first perceived as the cause of infection. Inadequate decontamination has frequently been responsible for outbreaks of infection in hospital (Wilson 2006).

2. PURPOSE

To ensure appropriate decontamination processes are undertaken throughout the Trust for all reusable patient equipment in order to provide a safe patient environment.

Decontamination processes aim to remove or destroy contaminating micro-organisms and also the nutritive material on which they survive; moisture, dust, dirt, hence destroying them totally or reducing numbers to a safe level. Safe and correct decontamination of equipment between patients is an essential part of routine infection control practices.

3. INFECTION RISK TO PATIENT FROM CONTACT WITH AN ITEM

The method of decontamination selected should consider the risk of the item acting as a source or vehicle of infection and the process that it will tolerate.

RISK	APPLICATION OF ITEM	RECOMMENDATION
HIGH	<ul style="list-style-type: none"> – in close contact with a break in the skin or mucous membrane. – for introduction into sterile body areas. 	Sterilization
INTERMEDIATE	<ul style="list-style-type: none"> – in contact with mucous membranes. – contaminated with particularly virulent or readily transmissible organisms. – prior to use on immunocompromised patients. 	Disinfection
LOW	<ul style="list-style-type: none"> – in contact with healthy skin. – not in contact with the patient. 	Cleaning

(Medical Devices Agency 2005)

The environment is commonly an important source for infection especially where moisture is present. Most microbes cannot multiply in dry environments and therefore keeping the environment clean and dry is essential.

3.1 LEVELS OF DECONTAMINATION

Decontamination is the general term for the destruction and removal of microbial contamination. There are three levels of decontamination; cleaning, disinfection and sterilisation.

Method	Process
Cleaning	<p>Cleaning involves the use of detergent to remove visible contamination from equipment. Cleaning also removes a large proportion of micro-organisms. Cleaning alone is an adequate method of decontamination for a wide range of equipment. Cleaning is an essential preparation for equipment undergoing sterilisation or disinfection. Approved protective clothing (PPE) should be worn during all cleaning procedures. Glasses, visor/mask should be worn if there is likely to be any splashing or creation of aerosols.</p> <p>Cleaning should be performed using detergent and hot water or universal wipes.</p>
Disinfection	<p>Disinfection is performed using either heat or chemicals. Chemical disinfection should only be used when heat treatment is impractical or undesirable.</p> <p>When chemical disinfectants are used:</p> <ul style="list-style-type: none"> • Items must be thoroughly cleaned with detergent first. • Items should not be left submerged in disinfectants for longer or shorter than the time recommended by manufacturers. • Freshly prepared disinfectants should be used at recommended dilutions as per manufacturer's guidance. • Appropriate protective clothing should also be worn when handling disinfectants.
Sterilisation	Removes or destroys all micro-organisms, including spores

Note: Few methods of sterilisation or disinfection in routine use are effective in activating prions such as the causative agents of Crutzfield Jakob disease (CJD), scrapie, or Bovine Spongiform Encephalopathy (BSE), preferably by an automated and validated process of instruments is therefore vital to limit transmission of these agents.

4. APPROVED ANTISEPTICS, DISINFECTANTS AND DETERGENTS

Any brand names mentioned below may change.

<p>1. ALCOHOL</p> <p>Presentation</p>	<p>Alcohol is highly inflammable, so keep product as cool as possible. Never use near a naked flame. Store alcohol swabs in a cool, dry place.</p> <p>Alcohol does not penetrate well into organic matter and should only be used on physically clean surfaces.</p> <p>INDUSTRIAL METHYLATED SPIRIT (IMS) 70% (available from Pharmacy).</p> <p>ALCOHOL SWAB (small swab soaked in 70% Isopropyl Alcohol) available via Supplies.</p> <p>ALCOHOL WIPE (large wipe soaked in 70% Isopropyl Alcohol), available via Supplies.</p> <p>ALCOHOL HAND SANITISER e.g. Deb Cutan alcohol hand sanitiser (available from Supplies in cartridges or bottles).</p>
<p>2. CHLORHEXIDINE</p> <p>Presentation</p>	<p>Easily inactivated by soap, blood or other organic material. Should not be used on brain, meninges or perforated ear drum.</p> <p>a) Hand cleansers Chlorhexidine Gluconate 4% in detergent solution. For use in Theatres, Maternity, A&E, Haematology, Radiology, ITU and areas that undertake Minor ops.</p> <p>b) Skin preparations Chlorhexidine in spirit 2% Chlorhexidine / 70% alcohol (Chloraprep) available in various sizes and tinted preparation via Supplies.</p> <p>c) Wound cleaners AQUEOUS CHLORHEXIDINE 0.5% 25ml sterilised sachets (UNISEPT).</p>
<p>3. DETERGENT</p> <p>Presentation</p>	<p>General purpose detergent product can be obtained from Supplies Department.</p> <p>General purpose detergent bottles.</p>
<p>4. CHLORINE</p> <p>Presentation</p>	<p>NaDCC Tablets (Haz-Tabs)</p> <p>Active ingredient is chlorine. Good activity against viruses. Non toxic, but gloves should always be worn.</p> <p>Clorox chlorine wipe (5,200ppm) Wear Personal Protective Equipment and use one wipe at a time.</p> <p>Disinfection at ward level for equipment eg; Commodes, isolation, outbreak management</p>

	<p>HAZ-TAB DISINFECTANT TABLETS 4.5gms Tablets must be added to correct amount of cold water</p> <p>a) Environmental cleaning 1x4.5g tablet in 2.5 litres of cold water (1,000ppm)</p> <p>b) Blood 4x4.5g tablets in 1 litre of cold water or cover with Haz-Tab granules (10,000ppm)</p> <p>c) Baby bottles 500mg tablet - use 1 tablet in 2 litres of water (140ppm) (Mini Haz-Tabs)</p>
	<p>Do not use on metallic instruments or surfaces Corrodes metals and blackens silverware. Rots wool, carpets, silk and other protein fibres.</p> <p>Activity is greatly reduced by protein, organic matter and large numbers of organisms.</p> <p>Solutions decay rapidly and should not be used past the expiry date. Store in a cool place, protect from light.</p>
<p>5. IODINE</p> <p>Presentation</p>	<p>For use in skin disinfection.</p> <p>a) Hand cleanser Povidone Iodine 7.5% in detergent.</p> <p>b) Skin preparation Povidone Iodine 10% in 70% IMS.</p> <p>Povidone Iodine aqueous 10%.</p>
<p>6. TRISTEL WIPES</p> <p>TRISTEL FUSION</p>	<p>For use with nasendoscopes in Out-Patients and Transoesophageal Echocardiogram (TOE) probe in Cardiology.</p> <p>Disinfection of the environment. For enhanced cleaning, outbreak management.</p>
<p>7. PERACETIC ACID</p>	<p>Spill wipes For the management of diarrhoea, vomit and urine spills and small blood spills</p>
<p>8. UNIVERSAL WIPES</p>	<p>Simultaneous cleaning and disinfectant wipe for general surfaces and equipment.</p>

5. DISPOSABLE ITEMS

Manufacturers instructions should always be followed. Packaging of items may be marked “single patient use only” or “single use only”. The former should be discarded when the patient no longer needs it. The latter must be used once and then discarded. Single use only items should never be reprocessed. The symbol for single use is a figure 2 with a circle around it and a line across: 

6. RECOMMENDED CLEANING AND DECONTAMINATION METHOD FOR COMMONLY USED EQUIPMENT AND FURNITURE

Item	Recommendation
Acupuncture Needles	Disposable single use only. Put in sharps box after use.
Airways	Single use/disposable.
Ambu Bags Disposable	Discard after use.
Anaesthetic Equipment Re-usable Disposable	Send to SSD Discard after use.
Arterial Blood Pressure Monitor	Use disposable circuit. Wipe external surfaces with a universal wipe.
Auriscope Disposable	Single use, discard.
Re-usable	Clean with general purpose detergent wipe. Then wipe with 70% isopropylol alcohol wipe.
Audiometer headphones	Wipe over with universal wipe. Infected case –wipe with 1000ppm Haz Tab solution or chlorine wipe.
Baby Bath	Clean with detergent & warm water
Baby changing mat	Wipe over with universal wipe Infected case / body fluid – follow cleaning with 1000ppm Haz Tab solution or chlorine wipe.
Baby Feeding Bottles Pre-sterilised	Wherever possible, pre-filled bottles to be used.
Non-disposable	Freshly prepared chlorine disinfectant should only be used in small units where other methods are not available. Clean thoroughly with detergent and hot water, rinse then immerse in NaDCC solution 1x 0.5gram mini Haz-Tab in 2 Litres water 140ppm NaDCC. Change solution every 24 hours.
Baby Scales	Wipe over with universal wipe. Infected case / body fluids – followed by 1000ppm Haz Tab solution or chlorine wipe.
Bariatric hoists	Wipe over with universal wipe. Infected case / body fluid – follow cleaning with 1000ppm Haz Tab solution or chlorine wipe. Blood spillages – Wipe over with 10,000ppm Haz Tab solution.
Bath	Clean with cream cleanser and water. In the event of infected case followed by 1000ppm Haz Tab solution or chlorine wipe.

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Bathroom Hoists	Wipe over with universal wipe. Infected case / body fluid – follow cleaning with 1000ppm Haz Tab solution Blood spillages – Wipe over with 10,000ppm Haz Tab solution
Bed frames and cot frames	Wipe over with detergent & warm water / universal wipe Infected case / body fluid – follow cleaning with 1000ppm Haz Tab solution or chlorine wipe. Blood spillages – Wipe over with 10,000ppm Haz Tab solution
Bedpans/Urinals Disposable	Place bedpan/urinal and contents directly into the macerator. Content should only contain body fluids and toilet paper.
Bedpan Carrier	Wipe over with Chlorine wipe after use.
Bedpan Macerator	Clean outer surfaces and lid with chlorine wipe. In the event of machine failure, report to Works Department immediately.
Blood pressure testing equipment	Wipe over with universal wipe Patients in isolation should have disposable cuffs.
Blood spillages	Use 10,000ppm Haz Tab solution. Large blood spill - Clean spill then wipe over area with solution. Small spill - use spill pack Follow with general clean of area with detergent & warm water if required.
Breast pump – single patient use	Discard after use
Re useable	Send to SSD after use
Catheter Stands	Wipe over with detergent & warm water / universal wipe Infected case / body fluid – follow cleaning with 1000ppm Haz Tab solution or chlorine wipe. Blood spillages – Wipe over with 10,000ppm Haz Tab solution
Chairs	Wipe over with universal wipe. In soiled cases steam clean – when disinfectant cannot be used, or wipe with Haz Tab solution 1,000ppm or chlorine wipe.
Children’s large activity toys in waiting areas (No soft toys – only those that are washable & wipeable)	Individual use – Wash with detergent & hot water and dry / detergent wipe when visibly dirty but wash at least once per week. Shared use – Clean on a daily basis with detergent & hot water and dry / detergent wipe immediately if obviously contaminated. Children with known / suspected communicable diseases should not share toys. If not sent home with child, clean with chlorine wipe or Haz Tab solution before use.
Commodes	Clean daily and after each use with chlorine wipe. It is important that the handles, support racks and undersides are cleaned thoroughly.
Computers, monitors and keyboards	Wipe daily with universal wipe.
Crockery	A dishwasher must be used for this process due to high temperature water being used for the cleaning of shared use patient crockery and cutlery, Where this is impossible, due to mechanical failure for example the task will be risk-assessed and the hand dishwashing policy will be followed
Cryo Cuff	Discard after patient discharge.
Single patient use	Clean if in prolonged use.

Curtain and blinds	<p>Curtains – Disposable – all non infected curtains returned to Grosvenor for recycling. Material – Otex via Grosvenor. Blinds – Ultrasonic cleaning via Grosvenor or disposable. Change 6 monthly except in the case of infected bed spaces or heavily soiled with blood/body fluids. Where side rooms have blinds wipe with Tristel Fusion in a terminal clean.</p>
Cushions – pressure relieving (static or alternating)	<p>Wipe over with universal wipe. Infected case / body fluids– followed by 1000ppm Haz Tab solution or chlorine wipe. Blood spillages – wipe over with 10,000ppm Haz Tab solution.</p>
Cutlery & Serving Implements	<p>Due to very high temperature water being used for the cleaning of shared use patient crockery and cutlery, a dishwasher must be used for this process. Where this is impossible, due to mechanical failure for example the task will be risk-assessed and the hand dishwashing policy will be followed</p>
Drainage Bag Holders	<p>Wipe over with detergent & warm water / universal wipe Infected case / body fluid – follow cleaning with 1000ppm Haz Tab solution or chlorine wipe. Blood spillages – Wipe over with 10,000ppm Haz Tab solution</p>
Dressing Trolley	<p>Clean daily and when soiled, with universal wipe followed by 70% Alcohol and 2% chlorhexidine wipe. In between detergent clean.</p>
Drip stands	<p>Wipe over with detergent & warm water / universal wipe Infected case / body fluid – follow cleaning with 1000ppm Haz Tab solution or chlorine wipe. Blood spillages – Wipe over with 10,000ppm Haz Tab solution</p>
Ear syringe - electronic	<p>Place in dedicated sterile services box and send to Sterile Services for decontamination. Single use ear piece discard</p>
ECG leads	<p>Wipe with 70% Alcohol and 2% chlorhexidine wipe</p>
Electrical items	<p>Wipe over with 70% and 2% chlorhexidine alcohol wipe</p>
Examination couches	<p>Wipe over with detergent & warm water / universal wipe between patients. Infected case / body fluid – follow cleaning with 1000ppm Haz Tab solution or chlorine wipe. Blood spillages – Wipe over with 10,000ppm Haz Tab solution. Any blanket or cover used <u>must</u> be changed between patients.</p>
Filters (bacterial)	<p>Change in accordance with manufacturer's instructions.</p>
Floor – non-slip	<p>Microfibre mop & neutral detergent. Machine scrubbing to be carried out weekly – monthly dependant on area.</p>
Floor – polished	<p>Microfibre mop & neutral detergent. High speed burnishing to be carried out weekly – monthly dependant on area.</p>
Fridge and/or Freezer	<p>Wipe over with detergent & warm water.</p>
Furniture and fittings	<p>Damp dust daily or in accordance with cleaning regime. All furniture & coverings wipeable.</p>
Hoist Slings	<p>Refer to manufacturer's guidance.</p>

HoverJack	Wipe over with detergent & warm water / universal wipe Infected case / body fluid – follow cleaning with 1000ppm Haz Tab solution or chlorine wipe. Blood spillages – Wipe over with 10,000ppm Haz Tab solution				
Ice machine	Wipe daily with universal wipe. Defrost weekly and clean inside in accordance with the manufacturers instructions. Record for audit trail purposes.				
Infant incubator	Wipe over with detergent followed by 1,000ppm Haz Tab solution				
Jugs	Single use, dispose of after use. DO NOT reuse.				
Laryngoscope blades	Disposable – Discard into clinical waste Re useable send to SSD after use				
Laryngoscope Blade Holder	Wipe over with universal wipe followed by 2% chlorhexidine/70% alcohol wipe for medical devices. Infected case –wipe with 1000ppm Haz Tab solution/chlorhexidine wipe or send to SSD.				
Lin Bins – racking	Wipe over with universal wipe.				
Linen trolley	Wipe over with universal wipe.				
Mattress – pressure relieving	After patient use return to company via the equipment library.				
Mattress - static	Wipe over with universal wipe & warm water / universal wipe Infected case – followed by 1000ppm Haz Tab solution or use chlorine wipe. Blood spillages – wipe over with 10,000ppm Haz Tab solution then clean. Mattress should be visually checked after patient discharge and unzipped monthly checking cover and foam insert for any ingress.				
Mechanical ventilators – routine damp dusting of exterior	Wipe over with detergent & warm water / universal wipe Infected case / body fluid – follow cleaning with 1000ppm Haz Tab solution or chlorine wipe. Blood spillages – Wipe over with 10,000ppm Haz Tab solution				
Medical equipment including intravenous infusion pumps drip stands and pulse oximeters and feeding pumps	Wipe over with universal wipe. Infected case – followed by 1000ppm Haz Tab solution or chlorine wipe Blood spillages – wipe with 10,000ppm Haz Tab solution Always tag equipment after cleaning to demonstrate decontamination has taken place				
Medicine cups	Reusable - Wash in detergent and water, rinse and dry with paper towel. Single use – Discard after use.				
Medical gas equipment	Wipe over with universal wipe.				
Microwave	Wipe over with detergent & warm water after use				
Mortuary Trolley	Wipe with universal wipe after use. Blood/body fluids wipe with chlorine wipe.				
Moving And Handling Equipment Note – reusable equipment that can be washed can be taken to the equipment	<table border="0"> <tr> <td> Pat Slide Banana Board Rota Stand </td> <td>} Wipe after use with universal wipe</td> </tr> <tr> <td>Hoists</td> <td></td> </tr> </table>	Pat Slide Banana Board Rota Stand	} Wipe after use with universal wipe	Hoists	
Pat Slide Banana Board Rota Stand	} Wipe after use with universal wipe				
Hoists					

library and washed and dried using these facilities.	Standing & Sling Rope ladders	Wipe after use with universal wipe
	Fabric	Wash at 60°C
	Plastic	Wipe with universal wipe
	Leg raisers OPD/wards	Wipe with detergent or Wash at 60°C
	Handling belt OPD/wards	Wipe with detergent or Wash at 60°C
	One way glide	Wash at 60°C
	Slide sheet	
	Reusable	Wash at 60°C
	Disposable	Discard after patients discharge
	Slings	
Disposable	Discard after patient discharge	
Fabric	Wash at 60°C	
	Standing hoist sling	Wash at 60°C
	Scoop stretcher	
	Plastic & metal	Wipe with universal wipe after use
Nebulisers	Nebuliser chambers to be washed and rinsed and dried after each use. Use a disposable wash bowl and dispose of water in dirty utility. If single use dispose of after use.	
Notes and drugs trolleys	Wipe with universal wipe.	
Operating Table	Wipe over with ChlorClean after each case. Blood spillages – wipe over with 10,000ppm Haz Tab solution then clean	
Ophthalmoscope	Wipe with universal wipe after use.	
Patient fans	Clean with universal wipe.	
Patient Trolley's	Wipe over with detergent & warm water or universal wipe and change paper in between patients when used. Infected cases/body fluids – follow cleaning with 1000ppm Haz Tab solution or chlorine wipe. Blood spillages – wipe over with 10,000ppm Haz Tab solution then clean	
Patient Washbowls - Disposable	Place bowl and water into the macerator after use.	
Peak Flow Meter - mouthpiece	Use disposable.	
- filter	Inspect weekly. Replace in line with manufacturer's instructions.	
- holder	Clean external surface with alcohol wipe.	
Pillow	If the cover is not intact- dispose of the pillow. Wipe over with universal wipe. Infected cases followed by 1,000ppm or chlorine wipe.	

Raised toilet seats	Wipe over with chlorine wipe.
Resuscitaires	Wipe over with universal wipe.
Resuscitation trolleys	Wipe over with universal wipe.
Scanners	Clean in accordance with manufacturer's instructions
Shelves in Clinical areas	Wipe over with universal wipe.
Shower	Wipe over with universal wipe. Infected cases followed by 1,000ppm of Haz Tab solution
Spirometer	Wipe over with universal wipe.
Suction holders	Wipe over with universal wipe.
Surgical instruments – re-useable	Sterile or clinically clean presentation. Must be stored in a clean, dry area and used in date order. Sterilisation indicator should be dark in colour and the pack should be dry and undamaged. A label showing the 'use by' date must be present. Must be stored in date rotation.
Telephones	Clean with universal wipe.
Thermometers - Tympanic	Wipe over handle with universal wipe. Dispose of ear piece after single patient use.
Toilets	Clean with toilet cleaner.
Traction beams in ceilings.	Clean with universal wipe.
Trolleys – general	Clean with universal wipe.
Ventilator equipment	Decontaminate in line with manufacturer's instructions.
Ventilator equipment - Servo parts ITU only	Decontaminate in line with manufacturer's instructions.
Walking aids	Clean with universal wipe.
Weighing scales	Clean with universal wipe.

7. AUDIT TRAIL

After equipment has been cleaned label with dedicated tape, date and sign.

8. DISSEMINATION AND IMPLEMENTATION

The policy has been written by the Infection Control Team, agreed by the Control of Infection Committee and ratified by the Clinical Governance Committee. The policy will be available on TrustNet and as a hard copy at ward/department level for ease of access.

All staff will be instructed on the importance of cleaning and disinfection at Trust induction and thereafter annual mandatory updates.

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9. PROCESS FOR MONITORING COMPLIANCE WITH THE EFFECTIVENESS OF POLICIES

Compliance with the policy is included in the annual infection control audit.

Monitoring will be an ongoing activity by the infection control nurses.

10. EQUALITY IMPACT ASSESSMENT

The Trust has a statutory duty to carry out an Equality Impact Assessment (EIA) and an overarching assessment has been undertaken for all infection control policies.

11. ARCHIVING ARRANGEMENTS

This is a Trust-wide document and archiving arrangements are managed by the Quality Dept. who can be contacted to request master/archived copies.

12. REFERENCES

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- DOH (2005) National Decontamination Programme, National Standards, local delivery; Main Principles to be considered when setting up a Decontamination Service for PCTs
- NHS Estates (2004) Hospital Building Note 13, Sterile Services Department
- NHS Estates (2007) Decontamination Health Technical Memorandum 01-01: Decontamination of Reusable Medical Devices
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