



Policy:

FIN 017 - Decontamination – Environmental Cleanliness & Reusable Equipment

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Summary of policy

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

Target audience	All Directorates, SHSC staff and contractors
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Keywords	Decontamination, Reusable Equipment/Devices, Cleaning
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Storage

Version 3 of this policy is stored and available through the SHSC intranet/internet.. This version of the policy supersedes the previous version (V2 Oct 2016). Any copies of the previous policy held separately should be destroyed and replaced with this version.

Contents

Section		Page
	Version Control and Amendment Log	
1	Introduction	1
2	Scope	1
3	Purpose	1
4	Definitions	2
5	Details of the policy	3
6	Duties	3
7	Procedure	5
8	Development, consultation and approval	14
9	Audit, monitoring and review	15
10	Implementation plan	16
11	Dissemination, storage and archiving (control)	17
12	Training and other resource implications	18
13	Links to other policies, standards, references, legislation and national guidance	18
14	Contact details	18
	APPENDICES	19
	Appendix A – Decontamination Certificate	
	Appendix B – Departmental Cleaning Schedule	20
	Appendix C - Equality Impact Assessment Form	21

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1.0	New draft policy created	Oct 2010	New policy commissioned & approved
2.0	Full policy review	Oct 2016	Full review in all sections. New Trust policy template introduced & adopted. Comments included where appropriate during consultation phase prior to ratification.
3.0	Full policy review	July/2019	Full review in all sections. New Trust policy template introduced & adopted. Comments included where appropriate during consultation phase prior to ratification.
3.1	EIA Form added and author changed. as agreed at EDG on 24/09/2019 and outlined	27/07/2020	EIA added as part of an EIA Audit and author changed as agreed at EDG on 24/09/2020 and outlined in Katie Grayson's e-mail dated 2/07/2020.

1 Introduction

Health and Social Care settings contain a diverse population of micro-organisms. Equipment used in care settings becomes contaminated with blood, other body fluids, secretions and excretions during the delivery of care. Therefore, both the environment and the equipment or therapeutic devices used in the delivery of care must be managed appropriately in order to limit the risk of contamination from micro-organisms, which in turn, could potentially lead to the spread of infection.

Patients / service users within Mental Health & Learning Disability settings can be more susceptible to infection than their counterparts in the community. This is often related to pre-existing disease/physical health conditions, or needs associated with age, invasive procedures or immunosuppressive treatment. Older adults are especially susceptible to infection.

The risk of spreading infection is increased by the fact that patients or service users are admitted with existing physical health conditions, they share facilities within close proximity and have considerable contact with nursing, support and medical staff which provides ample opportunity for the spread of infection.

The high incidence of antibiotic use favours the emergence and spread of resistant bacteria which may be difficult to treat. Infections are costly in terms of prolonged patient stay; extra drug and operative therapy, there are also implications for the patient in terms of pain and suffering. There is an ethical duty to minimise risk to patients, and preventing healthcare associated infection should be an integral part of achieving quality care for patients & service users.

The aim of this policy is to reduce the risk of transmission of micro-organisms, and the subsequent spread of infection, by promoting effective cleaning and decontamination methods of the environment in which the patient / service user is accommodated; and of the reusable equipment or therapeutic devices used in the delivery of care.

2 Scope

The target audience for this policy includes all staff employed by Sheffield Health & Social Care NHS Foundation Trust (SHSCFT) whether seconded or not, students, agency staff, volunteers, contractors and apprentices.

Sterilisation requirements will not be discussed as part of this policy because no service will be undertaking any type of steam sterilisation (autoclaving) processes in the Trust.

3 Purpose

The over-arching purpose of this policy is to provide clean, safe care for our patients and to ensure that we as a Trust are compliant with Statutory Legislation.

- To ensure compliance with the Code of Practice on the prevention & control of infections and related guidance 2008 (2015).
- There is a managed environment, which minimises the risk of infection to patients, staff, visitors and carers.
- There is a system in place that ensures as far as reasonably practicable that all reusable medical devices are appropriately decontaminated prior to use and that the risks associated with decontamination facilities (dirty utility spaces) and processes are adequately managed.

- Health and Safety at Work regulations, which require employers to assess the risks to their employees and patients.
- Control of Substances Hazardous to Health regulations, provide a framework of actions designed to control the risk from a wide range of substances, including biological agents.
- EU council directive 93/42/EEC concerning medical devices; and EU council directive 93/94.EEC (product liability directive) concerning defective products.

4 Definitions

Patient - is used to refer to any individual to whom we, the Trust, provide care. It is interchangeable with service user, resident, client and where appropriate tenant. The term patient is using throughout this policy from here within.

Decontamination - is the term widely used to collectively describe the combination of processes of cleaning, disinfection and sterilisation (medical Devices Agency, 1993/1996) to make a reusable device safe for further use on patients and safe for the user.

Medical Device - is any instrument, apparatus, appliance, material or other article used alone or in combination, intended by the manufacturer to be used for humans for any of the following purposes:

- Control of conception
- Monitoring, diagnosis and investigation
- Treatment, alleviation or compensation for injury or incapacity
- Replacement or modification of anatomy and physiology

Therapeutic Device - pertaining to therapy e.g. Empathy doll

Cleaning – A process which physically removes visible contamination (blood, body fluids, debris and accumulated deposits) and the majority of micro-organisms normally using a general-purpose detergent. A high standard of cleaning is essential with all surfaces having contact with the cleaning agent.

Disinfection – A process used to reduce the number of viable micro- organisms to a safe level at which they are not harmful. The process may not inactivate some viruses and bacterial spores. Disinfection must be carried out after cleaning has taken place and is achieved by either heat or chemicals.

Sterilisation – A process that removes and destroys all micro-organisms including bacterial spores. This is achieved by the use of heat or chemicals to ensure that the item is sterile at the point of use.

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

Single Patient Use Equipment - as stated by the manufacturer, may be used a number of times for one patient only, which will usually be clearly stated on the packaging. These devices include such items as nebulisers. e.g. Such equipment needs to be marked with the appropriate patient's name, where possible, and disposed of when no longer required.

Single Use Equipment - as stated by the manufacturer, must be used once only and must never be reused. Equipment is marked with the single use sign (shown below). Single Use equipment must not be reprocessed under any circumstances.



5 Detail of the policy

The broad overview of this policy is as described in the introduction.

6 Duties

The Trust Board, via the Chief Executive will:

- Ensure there are effective and adequately resourced arrangements for complying with decontamination requirements within the Trust.
- Ensure there are effective arrangements for Decontamination & infection control throughout the Trust.
- Ensure that the role and functions of the Director of Infection Prevention and Control are satisfactorily fulfilled by appropriate and competent persons as defined by DH, (2008).

Director of Infection Prevention and Control (DIPC):

The DIPC reports directly to the Chief Executive and the Board. The DIPC duties are:

- Delegated executive responsibility for working strategically to deliver the trust's infection control agenda and maintain compliance with the Health and Social Care Act 2008 – Code of Practice on the prevention and control of infections and related guidance.
- Strengthening the prevention & control of communicable disease and monitoring the effectiveness of existing infection control processes across the trust.
- Ensure there is regular monitoring of standards of environmental cleanliness, reported at Board level with actions to improve in areas of developing risk.

Director of Estates and Facilities will:

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

Senior Operational Managers / Deputy Directors

Having overall responsibility for all cleaning related issues within their service areas will:

- Work closely with the Director of Facilities, Head of Soft FM, Hotel Services Manager, other Hotel Service Managers Building Managers/Site Services Managers, Senior Housekeepers and/or the service provider/contractor.
- Ensure any audits required in relation to monitoring standards (Monthly Environmental Cleanliness Scores).

- Be responsible for overseeing the implementation of any action plans for their area of work which arise from either audit, or complaint investigation.
- Report on an exception basis through Care Network Operational, Performance & Governance Groups.
- Establish a cleanliness culture across their areas of responsibility ensuring the Environmental Domestic Cleaning Schedule and Environmental Cleanliness Auditing is embedded & followed.
- Ensure every area has a written Departmental Cleaning schedule detailing the reusable equipment & devices which require decontamination between patient use
- Challenge poor practice and bring to the attention of the IPC team & Infection Control Committee situations where significant risks have been identified and where local control measures are considered to be potentially inadequate.
- Ensure individual management teams are responsible for ensuring that staff attend IPC core mandatory & mandatory update training and adhere to Trust IPC policies and procedures.

Ward/Unit Managers

- Will make sure that cleanliness standards are met, working with Housekeeping teams and Hotel Services Managers/Building Managers to help them fulfil their roles and achieve objectives
- The ward/unit manager is ultimately responsible for ensuring that cleanliness and environmental standards are maintained to the highest level.
- Ensure a departmental cleaning schedule is produced and embedded into the care environment.

Nursing/Clinical/Therapy Staff and Support Workers

- Carry out cleaning duties primarily associated with medical/therapeutic devices, equipment; and apparatus including being responsible for body fluid spillage management.
- In the absence of housekeeping staff, cleaning of the patient environment & equipment (including seclusion rooms)

Hotel Services Manager

In relation to this policy will support with:

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

Senior Housekeepers

Are responsible for:

- The operational supervision of housekeepers, supervising and co-ordinating daily cleaning activities on their respective areas, including enhanced cleaning tasks as required.
- Auditing environmental cleanliness scores, subsequent peer auditing and reporting scores timely.

- Ensuring sufficient supplies of cleaning products and equipment is stocked and stored in accordance with Health & Safety and CoSHH regulations.
- Ensuring any remedial actions are undertaken; liaising with Estates Department, Caretaking Services and Hotel Services Manager. Where access has been denied by patients for cleaning/water flushing must escalate to the Ward/Unit Manager.

Housekeepers

All housekeeping staff are responsible for ensuring that cleaning methodologies are rigorously applied and the frequencies are maintained. Where this is not possible, non-compliance (e.g. denied access to patient rooms/en-suites); must be escalated to Senior Housekeepers and Ward Manager. All Housekeeping staff (including Senior Housekeepers) shall play an essential role in ensuring that the care environment remains safe and hygienic, as well as aesthetically pleasing, promoting confidence in patients and visitors.

Estates Team

Have responsibility to maintain and repair of the 'fabric of the building' with any associated cleaning requirements.

Infection Prevention and Control Team

- Providing advice and support on specific/specialist cleaning requirements.
- Supporting the education of staff about the importance of following the correct processes for decontamination and cleaning.

7 Procedure

7.1. Single Use Medical Devices or Equipment

Some high-risk devices cannot be disinfected or sterilised and must be single use. All single use items carry the single use logo displayed previously on page 4. Medical devices designated for single use must never be re-used. Manufacturer's instructions must always be followed when using them.

If a health or social care worker re-uses a single use device they will transfer the legal responsibility for the safe performance & liability of the product from the manufacturer to themselves. After use these items should be disposed of as healthcare waste. If there is a choice between single use and reusable items, the single use item would normally be recommended. Legal issues include:

- If a **single-use** item is reused this may negate the manufacturer's warranty.
- The **organisation** would be liable under criminal law (Provision and Use of Work Equipment 1998) and civil law under the Tort of Negligence if damage or injury is caused by the reuse of single-use items.
- An **employee** could be held liable under criminal law (Health and Safety at Work Act 1974) for reusing a single-use item and in civil law under their duty of care.

7.2 Single Patient Use

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

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

7.3 Decontamination of Reusable Devices or Equipment

Decontamination is a term used to describe the process of eliminating contaminants, which include micro-organisms and other unwanted material which would otherwise be conveyed to a susceptible site and cause infection.

The effective decontamination of reusable devices is essential to reduce these infection risks. Decontamination methods will depend on the nature of the micro-organisms present and the infection risk associated with the surface, equipment, device or procedure.

A written **Departmental Cleaning Schedule** (Appendix B) must be devised by each care area/department detailing equipment and medical devices used in the delivery of health & social care; specifying the persons responsible for cleaning, the frequency of cleaning, the expected outcomes and what cleaning method/product to use. These schedules should be followed and available for audit purposes. Examples of equipment to include are: mattresses (including seclusion mattresses), blood pressure monitors/cuffs, BM kits, ECG machines, couches, stethoscopes, thermometers, saturation probes, phlebotomy chairs, hoist etc...

Due regard & consideration prior to purchase of all reusable medical & therapeutic devices must be given to how an object or item is to be decontaminated appropriately between subsequent uses. Those responsible for ordering equipment should follow the process as outlined in the Medical & Therapeutic Devices Policy and obtain the Pre-Acquisition Questionnaire (PAQ) which manufacturers must provide.

All medical devices/equipment must be decontaminated between each patient use by the user to prevent cross infection using a risk assessment model in section 7.4 Use only decontamination methods advised by the manufacturer – using any other process might invalidate warranties and transfer liability from the manufacturer to the person using or authorising the process. If the manufacturer does not provide clear guidance for decontamination please seek advice from the Medical Devices Safety Officer.

Therapeutic devices which are assessed as Low Risk (see 7.4 below) need to be cleaned between patient uses by an appropriate method.

7.4 Risk Assessment

Medical/Healthcare equipment is categorised according to the risk that the particular procedure poses during the procedure. For example, items that come into contact with intact mucous membranes are classified as medium risk and require disinfection between each use as a minimum standard. Items that enter normally sterile body areas, or items that come into contact with broken mucous membranes, are classified as high risk and must be sterile before use.

Risk	Application of item	Minimum standard
Low (non-sterile)	<ul style="list-style-type: none"> In contact with healthy skin e.g. furniture, office equipment, mattresses, surfaces, commodes frames, hoist 	Cleaning is usually adequate. Appropriate cleaning methods should be followed i.e. manufacturer's instructions
Medium	<ul style="list-style-type: none"> In contact with intact mucous membranes Contaminated with virulent or readily transmissible organisms (body fluids e.g. patients with MRSA/Norovirus) For use on immuno-compromised patients 	Cleaning and disinfection (or sterilization) Use single use equipment wherever possible
High	<ul style="list-style-type: none"> In contact with broken skin or mucous membranes For introduction into sterile body areas 	Cleaning and sterilisation or single use

7.5 Cleaning Reusable Equipment – General Information

Cleaning is an essential prerequisite to ensure effective disinfection or sterilization of equipment. It is a method of decontamination for non-invasive (low risk) items but should not be used as the only process for high or medium risk equipment, where sterilization or disinfection is required. Always refer to manufacturer's instructions

Nationally agreed technical method statements for cleaning tasks usually carried out by nursing/clinical/therapy/support workers can be found at:

<https://www.ahcp.co.uk/wp-content/uploads/NRLS-0949-Healthcare-cleaning-manual-2009-06-v1.pdf>

The reduction of microbial contamination will depend upon many factors including the efficiency of the cleaning process and the initial contamination. A further reduction will occur on drying, as some micro-organisms cannot multiply on a clean dry surface. Cleaning is the first step in the decontamination process. It must be carried out before disinfection and sterilisation to make these processes effective.

Ideally cleaning tasks should be undertaken in appropriate areas such as dirty utilities. Where appropriate facilities are not available, (within some community settings) only items of low risk should be cleaned locally.

Personal protective equipment, including aprons gloves and goggles/visors should be available for staff to wear along with adherence to performing hand hygiene following all cleaning tasks. Further details can be found in the Infection Prevention & Control Policy.

Disposable Wipes - Clinell Universal (Green) Wipes are useful for general cleaning activities following use (e.g. hoist, telephone, mouse, keyboard, blood pressure monitors, couch, phlebotomy chairs, work surfaces and mattresses). These wipes contain detergent & biocides which clean & disinfect in a one step process.

Ensure sufficient/recommended contact time between the cleaning product and equipment or item being decontaminated and allow to air dry.

7.6 Disinfection of Reusable Equipment – General Information

Disinfection will not achieve the same reduction in microbial contamination levels as sterilisation. Disinfectants can be used in food preparation areas and in contaminated situations where body fluids are present. Disinfection is defined as a process used to kill or remove harmful micro-organisms but it cannot usually kill bacterial spores.

Where a combination of cleaning and disinfection is normally required this includes the use of 'washer-disinfectors' such as bed pan washers, dishwashers and laundry. This also includes the use of detergent and water followed by a chemical product when cleaning hard surfaces and reusable equipment.

Disinfection may also be applied to the treatment of skin, mucous membranes, body tissues and cavities through the appropriate application of products.

7.7 Decontamination Certificates - Equipment for Maintenance, Repair, Loan or Disposal

A completed decontamination certificate must accompany each piece of equipment sent for repair or service whether internally or externally to the Trust. Failure to comply with this request will result in equipment being returned (Appendix A). Keep copies of certificates for 5 years.

The user of the device is responsible for ensuring that it is visibly clean and free from contamination with blood and /or body fluid following each procedure or care episode and prior to sending for service or repair.

Any medical device or piece of equipment which has been withdrawn from service & condemned from all care settings requiring final disposal should be visibly clean (following manufactures instructions). A decontamination certificate (Appendix A) will need to be completed and retained by the department/ward/unit disposing of the item; serving as a record that the item has been decontaminated. Areas are responsible for ensuring all devices or equipment is disposed of appropriately and in accordance with the Trusts Waste Policy.

Condemned Mattresses - clean to remove any visible dirt/contamination. Attach decontamination certificate to the mattress and write on the mattress cover the reason for condemning e.g. failed fist test. Large clear bags for mattress disposal can be ordered from Procurement. If you need to dispose of a mattress with a contaminated foam core, please contact the Waste Lead for advice and consult the Waste Policy.

Condemned Therapeutic Devices – to be bagged in accordance with the Trust's Waste Disposal Policy and sent for collection in the appropriate waste stream. Further advice can be obtained from the Trust's waste management lead.

Transferring Ownership of Equipment - Any medical device or piece of equipment transferring to another department within the Trust requires a decontamination certificate to accompany the item and the certificate should be retained by the receiving department. (Appendix A). Any equipment on short-term transfer or loan, must be visibly clean and assurance given verbally to the receiving area.

7.8 Decontamination of the Environment – Cleaning Processes

The 'environment' means the totality of patient's surroundings when in care premises or transported in a Trust vehicle. This includes the fabric of the building, related fixtures & fittings, and services such as water supplies. To facilitate the cleaning process, it is essential that premises are suitable, fit for purpose and maintained in good physical repair and condition.

In most care settings a daily clean with a detergent based product is adequate. The aim is to remove organic matter and dust and to reduce the bacterial load in the environment. Cleaning in Trust premises should be carried out in line with National Standards for Cleanliness. Housekeeping staff should have received training and standards should be monitored by Senior Housekeepers by completing the monthly Environmental Cleanliness Audit Tool. The Scores are submitted to the Hotel Services Manager on a monthly basis; i.e. by the 7th of each month for onward reporting.

The national colour-coding for cleaning equipment should be adopted in all Trust locations.



Currently Virusolve+ is the approved product which the trust has decided to adopt as its main product of choice for environmental cleaning activities. In areas where Virusolve+ isn't available, a Chlorine releasing product (e.g. Chlorclean or Actichlor Plus) mixed to a concentration of 1,000ppm will need to be used for all hard surfaces and hard floors.

In general the following applies for all areas that provide care to patients:

- Carpets are not recommended in care areas because of the risk of body fluid spillages.
- Where carpets are in place, there should be procedures or contracts for regular 6 monthly steam cleaning or shampooing and dealing with spills in the interim periods.
- Work surfaces and floors should be smooth finished, intact, durable of good quality, washable, sealed appropriately and should not allow pooling or ingress of fluids.
- Keep mops and buckets clean, dry and store inverted.
- Mop heads should be removable for laundering daily or disposable single use.
- Preference to disposable cloths and mops which are changed daily.
- Ensure colour coding, in line with the NPSA guidelines, is used for equipment used to clean, toilets, kitchens, general areas and isolation rooms – as displayed above
- Clean in a systematic way; from clean to dirty, top to bottom using an 'S' shaped motion.
- Use of chemicals requires a Control of Substances Hazardous to Health (COSHH) assessment to be carried out by a competent person.
- Areas undergoing 'decommissioning' should be left in a visibly clean state. Estate & Facilities colleagues will usually be co-ordinating and overseeing the closure of departments or areas.
- Reusable bedpans, commode pots and urinals require processing in a washer-disinfector which reached 80°C for a minimum of 1 minute (DH/HPA 2013). Alternatively areas should use Papier Mâché pulp disposable products and dispose of these in a macerator where in existence or via the appropriate healthcare waste stream.

Nationally agreed technical method statements for cleaning tasks usually carried out by housekeeping staff required in the healthcare setting can be found at: <https://www.ahcp.co.uk/wp-content/uploads/NRLS-0949-Healthcare-cleaning-manual-2009-06-v1.pdf>

Should urgent environmental cleaning be required e.g. due to adverse incidents; staff should contact Hotel Services Manager in the first instance.

7.9 Environmental Cleaning Schedules

The Hotel Services Manager in collaboration with the Senior Nurse Infection Control will produce a detailed housekeeping cleaning schedule template for use Trust wide. Each schedule will detail:

- Cleaning task and area
- Any associated hazards
- Method of cleaning
- Personal protective equipment required
- Frequency of cleaning

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

Senior Housekeepers (and delegated individuals) are responsible for recording of daily flushing of water outlets as outlined in the Water Quality Policy, (areas identified as out of use will be subject to enhanced flushing and this will be recorded separately). These are monitored by the ward manager.

The housekeeper will sign off the schedule after each shift detailing any areas that were not accessible for cleaning or water flushing and the reason why.

Any accessibility issues will be feedback to the senior nurse on duty by the senior housekeeper and then to the ward manager. As a minimum expectation, all patient en-suites must be cleaned on a daily basis and water flushing as per Water Policy/Water Plan carried out.

Discharge Cleaning

This is the term used to describe when a patient is discharged from the care facility. The bedroom/en-suite or bed space must be thoroughly cleaned in preparation for new patients being admitted. After the patient has been discharged all surfaces and equipment must be cleaned; with a suitable product ensuring all dust, dirt and any organic matter is completely removed.

Terminal Cleaning

Terminal cleaning is a term used to describe the cleaning of a room/en-suite or bed space when a patient with suspected or known/confirmed infection requires cleaning following the discontinuation of isolation precautions. All surfaces and equipment must be cleaned, using a suitable product ensuring all dust, dirt and any organic matter is completely removed. Curtains will require laundering or steam cleaning.

Terminal cleaning is also carried out throughout a whole ward/unit area or department at the end of outbreak situations. See Outbreak Toolkit.

Deep Cleaning

This term is used to describe periodic cleaning activities of the environment which enhance or supplement daily cleaning regimes. These include:

- Floor scrubbing
- Carpet shampooing
- Curtain changes
- Steaming cleaning
- Walls, ceiling and lights/ventilation grills – usually carried out by the Estates Department

High cleaning – staff must not attempt to clean above a height that you can comfortably reach while standing on the floor using telescopic cleaning tools.

Curtain changing should be undertaken by 2 members of staff using approved step ladders by the trust (step ladders with grab rail and maximum of 3 steps).

It may on occasion be necessary to arrange additional cleaning services from an external contractor. In the first instance this must be discussed with the Hotel Services Manager.

Enhanced Cleaning

Enhanced cleaning is carried out when there is a greater risk of infection or during outbreak situations and is at the request of the Infection Control Team. This increased cleaning activity involves cleaning all high touch surfaces in a care area twice daily.

External Window Cleaning

The cleaning of external windows and glazing will be undertaken by an external contractor. The frequency is four times per annum, a year for clinical inpatient care areas. This will be organised by the Hotel Services Manager and Estates & Facilities Department in conjunction with Procurement Services.

External Contractors

Where cleaning services are provided by external contractors, the agreement should be reviewed jointly by the representative from the Provider, Hotel Services Manager, Procurement, Senior Nurse Infection Control and the relevant Senior Operational Manager from the care setting. This is to ensure the 'contract' meets the needs of the service, patient and subsequent environment. Cleaning contracts should be devised in conjunction with the guidance within 'The National Specifications for Cleanliness in the NHS: A framework for setting and measuring performance outcomes'.

7.10 Storage of Cleaning Products and Chemicals

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

When the cleaning product is in use, the product should be kept in either its original container, or if a diluted solution has been made (in line with the manufacturer's instructions) the container must be clearly labelled in a bottle/spray gun with a secure lid. All hand held containers/bottles must remain with the member of staff at all times and when left on the cleaning trolley between cleaning tasks.

Buckets of cleaning product (which have been diluted with water in line with manufacturer's instructions) must remain with the Housekeeper at all times and must not be left unattended.

7.11 Cleanliness and Storage of Equipment Used for Cleaning

Prior to using any cleaning equipment, all Housekeeping staff will be trained in the correct use of that equipment as part of their local induction. All electrical devices should be inspected/tested in accordance with the Trust's Low Voltage Electrical Safety Policy and it is the responsibility of the Senior Housekeeper to ensure all electrical cleaning equipment is safe to use. All staff have a responsibility to routinely check all equipment prior to use and report any faults. All equipment must be checked to make sure that it is clean before and after being used.

At the end of the housekeeping service, all buckets must be emptied, cleaned and wiped dry and left inverted, in readiness for their next use.

All mop heads should be colour coded and preferably disposable or able to withstand laundering in a washing machine and stored clean and fully dry with head uppermost.

Used mop heads which can be laundered are to be placed in a red alginate bag at the end of each daily use for processing by the laundry. If the mops are disposable, these should be placed in the domestic waste stream; unless used in outbreak situations or where patients are being isolated (place in hazardous orange waste stream).

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

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

7.12 Decontamination of Linen

The provision of clean linen is a fundamental requirement of care. Incorrect handling, laundering and storage of linen can pose an infection hazard. Further information on linen management can be found in the Infection Control Policy.

All dirty and used linen must be handled with care and appropriate Personal Protective Equipment (PPE) worn by the healthcare/social workers. Linen should be removed from a patient's bed with care, avoiding the creation of dust and placed into the appropriate colour-coded category. This should stop laundry staff from 'manually sorting' the laundry out further upon arrival to the laundry room.

Linen should be divided into basic categories such as:

- Used/soiled linen or clothing – items either worn or used without the contamination of visible blood or bodily fluids
- Foul/infected linen or clothing – items contaminated with visible blood or bodily fluids
- clothing/heat-labile (Heat labile linen includes any fabric that the normal heat disinfection process and high temperatures could damage e.g. silks & wool - check the manufacturer's washing/care label instructions).

An alginate bag is a bag used for foul or infected linen. The bag dissolves away when in contact with water. Very wet linen can start the dissolving process from the inside; therefore the colour-coded alginate bag should be placed inside the appropriate colour-coded plastic bag before placing into the colour coded cotton laundry sack. This is to prevent cross-contamination of linen and to protect the healthcare worker and the laundry personnel during transportation and the laundering process. All foul linen or clothing should have a pre-wash or sluice cycle selected on the washing machine. **Never manually sluice any items.**

Laundry rooms should be physically separate and must have a dedicated accessible hand wash basin available. Clear processes must be in place; a clear working flow from dirty to clean to prevent cross contamination from used laundry arriving in the laundry room. It is acknowledged that in some community supported living accommodations this may not always be possible and the washing machine may be located in communal kitchens. It is recommended that food must not be prepared or cooked at the same time as the washing machine is being loaded or unloaded with laundry.

All purchases of washing machines must be discussed with and approved by the Head of Estates/Water Quality Responsible Person and Infection Control Team before an order is placed.

All washing machines must comply with the guidance in Health Technical Memorandum 01-04: Decontamination of linen for health and social care (2016) and be WRAS approved; provide a sluice cycle for foul laundry and reach satisfactory disinfection temperatures and holding times. Domestic-type washing machines or tumble dryers are not appropriate. Areas need to consider the ongoing maintenance, servicing and annual calibration arrangements.

The washing process should have a thermal disinfection cycle in which the minimum temperature in the load is maintained at 65°C (150°F) for not less than 10 minutes or preferably at 71°C (160°F) for not less than 3 minutes.

Trust washing machines or dryers must never be used for clothes of staff or relatives. Staff should follow the guidance in the Dress Code Policy regarding the laundering of staff uniforms or clothes worn for work.

7.13 The Management of Toys

Toys are known to harbour organisms and have been implicated in the spread of infection. It is acknowledged that toys pacify or distract babies / young children helping them to cope with unfamiliar surroundings and procedures. The risk may be modest but toys quickly become soiled rapidly acquiring a generous 'coating' of multiple flora; some of which potentially may be harmful. The following principles are to be followed:

- Toys should be included on the departmental cleaning schedule with a clear responsibility identified of who is responsible for them.
- The cleaning schedule should include what to clean them with, how to clean, and the frequency of cleaning. Cleaning daily at the end of the working day/clinic session would be acceptable; however cleaning intermittently if soiled or visibly dirty in the interim period.
- Check toys daily whilst cleaning them for defects and throw away as appropriate.
- Store toys in a plastic lidded wipeable box – recommend weekly cleaning frequency inside and out including the lid with detergent wipes & air dry. Spot check box daily and clean intermittently if soiled/visibly dirty in the interim.
- Toys should be CE marked and be made of hard washable/wipeable plastic wherever possible.
- Wooden toys are not recommended as they cannot be cleaned appropriately as they are porous.
- Remove items such as soft toys i.e. those made from teddy bear pile fabric, wool and dolls due to their hair. These type of 'furry' toys are not suitable for communal use.
- Books for babies & toddlers should be discouraged. However books for older children are no more of a risk than magazines which are usually available in most waiting rooms.

- All hard impervious washable equipment e.g. plastic toys are to be cleaned in hot water and detergent. Follow by rinsing in clean water before disinfecting with a suitable product; allow to air dry on absorbent paper in a suitable area. Alternatively they can be thoroughly wiped over with disposal Clinell Universal wipes and allowed to dry.
- If the organic matter cannot be removed from the toy, it is to be disposed of by an appropriate method following the Trusts Waste Management Policy.
- Toys that take batteries and electrical items must be cleaned using Clinell Universal wipes.

7.14 Therapeutic Device Considerations

It is acknowledged that therapeutic devices or equipment falling into this category can have benefits to patients who need additional comfort or sensory stimuli e.g. Empathy Dolls. Care settings wishing to procure such items are strongly advised to consult either the Medical & Therapeutic Devices Group or the Infection Control Committee. Health & social care settings need to be mindful about considering any infection control, health & safety, fire & decontamination considerations or implications prior to purchase. Appendix G can assist with this risk assessment process for infection control considerations.

Please follow the laundry recommendations in the IPC policy regarding Empathy Dolls. The protocol can also be downloaded from the IPC webpage & displayed.

8 Development, consultation and approval

Version 3 – updated policy to reflect updated Code of Practice in relation to Decontamination. Trust adoption of new policy template. This policy will be available via the Trust's intranet site.

Due to the number of changes the policy has been sent out for consultation with all members of the Infection Control Committee and Medical & Therapeutic Devices Group and additional relevant colleagues from 16/07/19 to 31/07/19. Comments were received back from:

- Director of Estates & Facilities
- Hotel Services Manager
- Deputy Physical Health Nurse
- Lead Infection Control Nurse - GGC

All comments and corrections were accepted and included within the policy as and where relevant.

The policy has been circulated to all members of the Infection Control Committee and the Medical & Therapeutic Devices Group and Hotel Services Manager for verification, comment/approval prior to being presented for ratification.

Phil Easthope as Executive Lead for this policy has approved this version on 16/09/19 prior to presenting for ratification.

The Equality Impact Assessment will be undertaken and stored separately in conjunction with Corporate Governance and the Head of Equality and Inclusion.

9 Audit, monitoring and review

This section should describe how the implementation and impact of the policy will be monitored and audited. It should include timescales and frequency of audits.

If the policy is required to meet a particular standard, it must say how and when compliance with the standard will be audited.

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
Section 17 HEALTHCARE ASSOCIATED INFECTION	Monthly audits by Housekeeping Annual IPC Audit Programme	Infection Control Committee	Quarterly & Annual	EDG	Infection Control Committee	Quality Assurance Committee
RISK MANAGEMENT AND PATIENT SAFETY STANDARDS Categorised guidance on recommended practice and legal and professional standards in Infection Control	Annual Management Audit The ward/team manager is ultimately responsible for ensuring that cleanliness and environmental standards are maintained to the highest level PLACE	Head of Soft FM	Annual	EDG	Director of Estates & Facilities	Quality Assurance Committee

Policy documents should be reviewed every three years or earlier where legislation dictates or practices change. The policy review date should be written here.

10 Implementation plan

All policies should include an outline implementation plan (this will summarise sections 7, 8 and 9 above). It should include consideration of:

- *Dissemination, storage and archiving*
- *Training and development requirements and who will provide the training*
- *Any new job roles and responsibilities and how these will be implemented*
- *Resources needed*
- *Timescales*
- *Lead role and responsibilities for implementation*
- *Audit or monitoring of implementation planned*

The implementation plan should be presented as an action plan and include clear actions, lead roles, resources needed and timescales. The Director of Corporate Governance team can provide advice on formats for action plans however; an example layout for the plan is shown below:

Action / Task	Responsible Person	Deadline	Progress update
New policy to be uploaded onto the Intranet and Trust website.	Communications Team	31.10.2019	
A communication will be issued to all staff via Connect and Team Brief immediately following publication.	Communications Team	Within 5 working days of issue.	

11 Dissemination, storage and archiving (Control)

This section should describe how the new policy will be disseminated. It says where the policy will be made available and to whom. This will normally be that the policy is available on the Trust’s intranet and available to all staff.

It makes it plain that any previous versions must be deleted and describes the archiving and storage arrangements for the current and previous versions of the policy.

It says who is responsible for archiving and version control, and what they should do.

Version	Date on website (intranet and internet)	Date of “all SHSC staff” email	Any other promotion/ dissemination (include dates)
1.0	July 2010	July 2010	
2.0	Oct 2016	Oct 2016	
3.0	Oct 2019	Oct 2019	

12 Training and other resource implications

All staff joining the Trust should attend Core Mandatory Training. The Infection Control session includes a brief overview of decontamination and emphasises its importance in the delivery of care. Staff require Mandatory updates; please refer to the mandatory training policy or discuss with your own line manager. Training data will be collected centrally by the training Department, but each department/team manager is responsible for ensuring that their staff receive training and update any locally held training records.

Staff are reminded that they should seek relevant training and be appropriately trained in clinical procedures e.g. venepuncture or catheterisation where invasive medical devices are used; and maintain their competencies to ensure safe practice.

Should resource implications be identified then appropriate business cases will be produced for consideration.

13 Links to other policies, standards (associated documents)

Infection Prevention and Control Policy
Waste Management Policy
Water Quality Policy and Water Safety Plan
Low Voltage (LV) Electrical Safety Policy
Medical & Therapeutic Devices Policy.
Mandatory Training Policy
The Health & Social Care Act 2008 (2015)
NICE Quality Standard 139 & 61

14 Contact details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Decontamination Lead	Phillip Easthope		Phillip.Easthope@shsc.nhs.uk
Head of FM – Estates Support	Stuart Turner		Stuart.turner@shsc.nhs.uk
Medical Devices Safety Officer	Vin Lewin		Vin.Lewin@shsc.nhs.uk
Hotel Services Manager	Janet Mason		Janet.Mason@shsc.nhs.uk
Health & Safety Advisor	Charlie Stephenson		Charlie.stephenson@shsc.nhs.uk
Senior Nurse Infection Control	Katie Grayson		Katie.grayson@shsc.nhs.uk

Appendix A – Decontamination Certificate

Decontamination Certificate

Before any equipment is sent for repair/service, transferred between departments or for final disposal both within and outside Sheffield Health and Social Care premises it must be decontaminated and a certificate completed. Please retain a copy and tick:

- Items for service or repair – the certificate must accompany the equipment.**
- Items for final disposal – please complete the certificate and retain in the department/ward/unit area. For Mattresses please attach.**
- Items transferring between departments – please complete the certificate and give to the receiving department**

Ward/Department:		
Description of equipment:		
Make:	Model:	Serial Number:

Please select **ONE** box and tick accordingly:

To the best of my knowledge this equipment has NOT been in contact with potentially infected material e.g. blood, bodily fluids and therefore has not been contaminated.	
This equipment MAY be contaminated by potentially infected material and has been decontaminated externally on its outer surface as per decontamination policy.	
This equipment MAY be contaminated but could not be decontaminated because, please give details	

The above piece of equipment has been appropriately decontaminated following patient usage and is now ready for repair/service, transfer or final disposal.

Signature _____ Date _____

Name _____ Designation _____

Appendix B Departmental Cleaning Schedule

★ This is a generic schedule which can be adapted to meet the needs of the care environment

Area _____

Week Commencing _____

Element	Risk	Comment	Signature	Date
*Wheelchairs	High	Include wheels, check foot plates & cushions in situ		
Hoists	High	Include wheels		
Slings	High	If soiled replace & send to laundry		
Walking Aids	High			
Rotunda	High	Include wheels		
Weighing Scales	High	Include wheels. Recharge		
Sharps Bins	High	After Use. Check levels, temporary closure - labelling		
Washing Bowls	High	After Use		
Commodes	High	After Use, touch points & underneath full clean weekly including wheels		
Raised Toilet Seats	High	After Use, touch points & underneath		
Catheter Stands	High	After Use		
*Work Surfaces Clinical Room	High	Weekly or after spillages or procedures		
Cupboard Shelving & surfaces in sluice	High	inverted bedpan & urinal shelving only		
* Drug Trolley	High	Clean, Tidy, Restock, Print Prescriptions for Top Up and Repeats		
Clinical Room Cupboards	Medium	Empty, clean and check contents, dispose of out of date stock - no floor storage		
Drug Cupboard	Medium	Empty, clean and check stock		
IV Stands	Medium	Include wheels (daily if in use)		
Linen Cupboard shelves	Medium	Clean & Tidy - no floor storage		
*Store Rooms	Medium	Tidy, do not store anything on the floor		
BM Machine/Box	Medium	After use, re-stock & calibrate		
ECG Machine	Medium	After use		
Venepuncture Box	Medium	Check & re-stock after use		
*Work Stations Main Office	Medium	Weekly or as necessary		
*Notes Trolley	Low	Include wheels & re-stock		
*Notice Boards	Low	Clean & Tidy, discard out of date notices		
Stationery & Stock Checking and Ordering - To maintain stocks	Low	Refill from main reception master copy or photocopy, dispose of out of date documents		
Declutter windowsills & other surfaces to allow cleaning	Low	Weekly or as necessary		
*To be completed during night hours				

Ward Manager/Team Leader _____

Appendix C

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.

Name/Date: K Grayson/July 2020

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	No Impact		
Disability	No Impact		
Gender Reassignment	No Impact		

Pregnancy and Maternity	No Impact		
Race	No Impact		
Religion or Belief	No Impact		
Sex	No Impact		
Sexual Orientation	No Impact		
Marriage or Civil Partnership	No Impact		

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by:
Name /Date K Grayson / July 2020