Infection, Prevention and Control Practice Guidance Note
Medical Devices and Equipment – Cleaning and Decontamination – V05

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IPC-PGN 10
Part of NTW(C)23 – Infection, Prevention and Control Policy

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Issue Notes
This guidance replaces all similar guidance issued by the former organisations.
This guidance should be read in conjunction with NTW(O)24 Waste Management Policy

KEY POINTS
Practice Guidance Notes form part of the Trust’s Infection Prevention and Control policy, and it is expected that staff will follow the guidance contained within them unless there is a compelling reason to deviate from it. Such reasons should be documented whenever the circumstance occurs and notified to the IPC team so that modifications to future editions can be made if necessary.

- Decontamination protects service users and staff from infection following contact with medical devices and equipment
- Infection, Prevention and Control will review all medical devices and confirm processes to be used for cleaning and decontamination
- Wherever possible, single-use disposable medical devices must be used
- Thorough cleaning is required before disinfection or sterilisation
- A decontamination certificate is required prior to the transportation, servicing or repair of devices or equipment
- Detailed information on decontamination of specific items is available in this guidance, from the medical devices register or from the IPC team
- When appropriate professional users and technical staff may receive training in relevant aspects of decontamination processes
- When undertaking any cleaning and decontamination, appropriate personal protective equipment must be worn. Please refer to IPC-PGN-02.1

Northumberland, Tyne and Wear NHS Foundation Trust
IPC-PGN-10 – Decontamination of Medical Devices and Equipment PGN V05-Nov 17
Part of NTW(C)23 Infection, Prevention & Control Policy
# Medical Devices and Equipment – Cleaning and Decontamination

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1 INTRODUCTION

1.1 The purpose of decontamination is to reduce the risk of infection or contamination to anyone that may come into contact with the device which includes, service users, staff, the area in which the device is used, stored, transported or cleaned within Northumberland, Tyne and Wear NHS Foundation Trust (the Trust/NTW). A variety of methods are used to achieve decontamination, including simple cleaning, disinfection and sterilisation.

1.2 Single use items should not be decontaminated

1.3 As a Trust providing mental health, learning disability and neuro-rehabilitation 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 service users may be frail, elderly, young or have exposure to high risk interventions and procedures.

1.4 A number of regulations and standards apply to the practice of decontamination

- **The Medical Devices Regulations 2002**

1.5 These regulations came into force in 2002 and consolidated previous medical devices regulations. There are a number of associated Directives. Other regulations which apply in the area include the Pressure Systems Safety regulations 2000 which apply to the use of bench top sterilisers.

**IMPORTANT!**

The Trust does not provide facilities to sterilise medical devices. No member of Trust staff should attempt to undertake sterilisation procedures under any circumstances.

Where sterilisation equipment is found on Trust premises it is as part of a Service Level Agreement with another organisation and only staff from that organisation are permitted to use the equipment.

- **Health Act 2006 Code of Practice**

1.5 The Trust has a duty placed on it under the Hygiene Code to ensure that adequate decontamination practices are in place to protect patients from infection

- **COSHH Regulations**

1.6 The Trust also has responsibilities under Control of Substances Hazardous to Health (COSHH) regulations to protect the health of its staff and visitors to the site. The COSHH Regulations require employers to evaluate and control the risks to health for all their employees from exposure to hazardous substances at work. This includes microbiological agents and chemicals hazardous to health. A COSHH assessment should be undertaken by a competent person e.g. heads of department or unit managers. If in doubt about situations not specifically mentioned in this document please contact a member of the Infection Prevention and Control (IPC) Team or Trust Patient Safety Team. Also refer to the Trust’s policy, NTW(O)20 – Health and Safety, practice guidance note - HS-PGN-03 - Control of Substances Hazardous to Health.
2 DECONTAMINATION PROCEDURE

2.1 The decontamination of reusable medical devices should be considered prior to purchase. Where decontamination is likely to be an issue, a detailed risk assessment should be carried out and documented prior to purchase.

2.2 Decontamination is a combination of processes (including cleaning, disinfection and sterilisation) used to render a re-usable item safe for further use on patients and handling by staff. Effective decontamination is essential in reducing the risk of transmission of infectious agents.

2.2.1 Cleaning

- Is the process that physically removes contaminating micro-organisms and organic matter (including dirt, grease etc) but does not destroy all organisms
- Neutral detergent in water and single use cloths are recommended or a detergent wipe
- Cleaning is essential before disinfection or sterilisation is carried out
- All cleaned equipment must be dried thoroughly before storage

2.2.2 Disinfection

- Is a process to reduce the number of viable micro-organisms to low levels. This process does not inactivate some bacterial spores (clostridium difficile)
- It uses chemicals or low temperature steam
- All chemical disinfectants must be correctly selected and COSHH regulations adhered to at all times
- When diluting disinfectants they must be accurately measured and the manufacturer’s instructions followed
- Always wear appropriate personal protective equipment

2.2.3 Sterilisation

- Is the process used to render an object free from all living micro-organisms, including bacterial spores. It uses high temperature steam or dry air

2.3 The decontamination procedure may be necessary;

- In between use with the same patient
- In between use with different patients
- Weekly, monthly
- Before storage, maintenance repair calibration etc
2.4 Note that it is not possible to adequately disinfect or sterilise an item which has not previously been cleaned.

2.5 Any special devices used in cleaning/decontamination procedures should be, where appropriate, validated, calibrated, monitored and maintained by an appropriately qualified person.

2.6 Devices that are difficult to clean/decontaminate should be identified and where practicable be replaced in a planned programme with a version that is easily cleaned.

2.7 Areas used to decontaminate devices should be suitable for the purpose and specifically identified for each type of device.

2.8 Where appropriate personal protective equipment should be used to protect the person(s) carrying out the decontamination process. Refer to IPC-PGN-02.1-Standard Precautions.

2.9 Disposal of cleaning materials such as rags, swabs, cleaning clothes etc that have been used in the decontamination process must be bagged and disposed of in accordance with the Trust policy NTW(O)24 - Waste Management.

2.5 No method of sterilisation is guaranteed to be adequate to destroy prion proteins (the cause of BSE and Jakob-Creutzfeld disease)

2.6 In general it is possible to categorize the risk of infection to the patient from contact with an item of equipment into three groups – high, medium and low (see table). Each risk requires a particular form (or forms) of decontamination.

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<thead>
<tr>
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<th>DECONTAMINATION REQUIRED</th>
<th>SUITABLE METHOD</th>
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<td>LOW RISK</td>
<td>Cleaning.</td>
<td>Wash with detergent hot water and dry, thoroughly</td>
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<td>Items used on intact skin.</td>
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<td>MEDIUM RISK</td>
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<td>Items that have contact with mucous membranes or are contaminated with organisms that are easily transmitted</td>
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<td>HIGH RISK</td>
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3 TRAINING

3.1 Most of the equipment in use within the Trust will follow standard cleaning procedures which does not require specialist training.
4 SINGLE USE MEDICAL DEVICES

- Wherever possible, single-use disposable medical devices should be used. This significantly reduces the risks of cross infection and does not rely on complex reprocessing of items.

- Wherever a single-use version of a medical device exists, the use of any alternative must be approved in advance by the IPC team and the safety and sustainability of equipment group.

- A **single-use device** is used on an individual patient during a single procedure and then discarded through an appropriate disposal route i.e. offensive or clinical waste. They are not intended to be reprocessed or decontaminated and used again, even for the same patient.

- Single use medical devices will have the following symbol on the packing or device:

![Symbol]

4.1 These medical devices must **never** be reused even on the same patient.

- The re-use of a ‘single use’ device can affect their safety, performance and the effectiveness exposing patients and staff to unnecessary risk.

- A single-use medical devices poster, (Appendix 1 - also available for download from the IPC web page on the Trust intranet) must be displayed prominently in close vicinity to any area where single-use medical devices are stored or routinely used.

- Any staff in doubt regarding equipment and if it can be reused can contact the Infection Prevention Control Modern Matron for further guidance and information.

4.2 **Single-patient use medical devices**

- **Single-patient** use means that the device may be used for more than one episode of use on one patient only; the device may undergo some form of reprocessing between each use. It is **not** the same as single-use.

- Single-patient use items must be decontaminated as detailed in the following guidance between each episode of use.
5 Items which may be decontaminated and reused

- The conscientious application of cleaning and decontamination policies is of utmost importance in the prevention of cross-infection to individual patients and staff.

- The method of decontamination must be one that does not damage the article or any of its components. The manufacturer’s guidance should be followed and further advice sought if necessary.

- Thorough physical cleaning must be the first step in decontamination. Failure to achieve this will render subsequently applied methods such as chemical disinfection ineffective. The thoroughness of application is more important than the time spent on washing or the agent used.

- Always refer to the manufacturer’s instructions in the first instance. Details may be available on the entry in the electronic Medical Devices Register. If further advice or clarification is required then please contact a member of the IPC Team.

- The ability to safely and thoroughly decontaminate a medical device or item of medical equipment must be taken into account when ordering new or replacement items. For example, all mattresses must be washable, reusable bedpans and urine bottles should be replaced with single use, disposable equivalents. Seek advice from the IPC team and the safety and sustainability of equipment group before purchase.

6 Declaration of decontamination status.

- All medical devices and equipment used in a hospital or community setting may become contaminated with biological, chemical or radioactive material and thus present a risk to those subsequently handling or using them.

- In order to protect the health and safety of Trust employees and staff from other organisations it is important that the decontamination status of items of medical equipment is known and certified so that necessary precautions can be used.

- All medical devices and equipment should be treated to reduce the risk to a minimum prior to; use on a different patient, put into storage, after use, being sent for inspection, servicing, repair, calibration, inspection or maintained. Transferred or loaned within the Trust e.g. borrowed by another ward to use, decommissioned and disposed of.
• 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. The equipment should have an indicator label (green) on which identifies that the equipment is clean, whom by and the date this occurred. 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 the certificate is appended to this document, (Appendix 3) and is available for download from the IPC web page on the Trust intranet. A copy of this certificate should be filed at ward level and a copy should also accompany the piece of equipment.

6.1 Where it is not possible to carry out decontamination process

• Some equipment is required to be sent away specifically for this process to occur e.g. dynamic mattresses. In this instance the mattress will be placed in a specific bag and a decontamination certificate completed specifying the reason why the equipment has not been cleaned/decontaminated at a local level.

7 Decontamination guidance for specific equipment (Appendix 4)

7.1 Within this guidance the frequency of the cleaning required is identified for each piece of equipment including which product should be used. A weekly record of decontamination of equipment (Appendix 5) must be used in conjunction with this guidance so that assurance can be given that the

• Cleanliness and decontamination of near patient equipment is occurring

• Importance of cleaning is embedded into the everyday work routine of the ward/department

• If you have any item of equipment which is not included within this guidance please contact your IPC Matron for further information and guidance. Appendix 6 has a blank weekly record of decontamination of equipment so that any specific items not included in Appendix 5 can be recorded and evidenced that cleaning is occurring

• The Trust has standardised products for cleaning and disinfection of equipment and medical devices including blood spill kits. Instructions (posters) for the use of these products are appended to this document (Appendix 7 and 8) and are available on the IPC web page of the Trust intranet. Personal protective equipment should be worn in the preparation and use of these products.
• To make it as quick and easy for clinical staff to clean and decontaminate equipment and surfaces detergent and disinfectant wipes are now used within the clinical environment. Appendix 9

• However a wipe can become a means of transmission for organisms if the same wipe is used to clean or disinfect a large surface area or used to clean more than one device.

7.2 MHRA issued an alert in 2013 which indicates that detergent and disinfectant wipes must be compatible with the medical device for which is it being used on. If the wipe is not compatible the surface if plastic could become damaged. Wipes used should be from the agreed Trust standard.

**IMPORTANT**

The thorough decontamination of commodes, bedpans and bedpan carriers is vital in preventing outbreaks of infections transmitted through the faecal-oral route, including norovirus and Clostridium difficile infection.