

Decontamination of Equipment Audit Tool for General Practice

In order to comply with the *Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance* equipment (including medical devices) that comes into contact with the patient, e.g. wheelchairs, blood glucose meters, nebulisers, ear irrigators, must be decontaminated appropriately between use on another patient. There should be a designated lead person for the decontamination of equipment who ensures standards of cleanliness are maintained.

Decontamination of equipment should be undertaken in accordance with the organisation's Infection Prevention and Control Policy.

Action

- Staff should carry out monthly audits using this audit tool to assess the standard of cleanliness of equipment.
- We would recommend that there is documented evidence that stored equipment has been decontaminated and is within 1 month of the date when it was cleaned, e.g. "I am clean" indicator tape.
- In the event of non-compliance, action plans should be produced and reviewed regularly.
- Completed audit tools should be kept locally for good practice assurance and as evidence for CQC requirements.

Methods of decontamination

Cleaning: Any equipment that has been in contact with intact skin should be cleaned with a detergent wipe or detergent and warm water using a disposable cloth and dried using paper towelling. Cleaning with detergent should always be undertaken before equipment is disinfected to ensure that disinfection is effective.

Note: Some disinfectants, such as Chlor-Clean, Actichlor Plus and disinfecting wipes, e.g. Clinell Universal, PDI Sanicloth Universal, Vernacare Tuffie5 wipes, contain both detergent and disinfectant, this means equipment does not need to be cleaned before being disinfected.

Disinfection: Any equipment that has been in contact with non-intact skin, body fluids or a patient with an infection, should be disinfected with an appropriate bactericidal and virucidal disinfectant solution or bactericidal and virucidal disinfectant wipe. Chlorine-based disinfectants should be used at a concentration of 1,000 parts per million (ppm) available chlorine.

Any equipment in contact with blood or blood stained body fluids should first be disinfected with an appropriate disinfectant, e.g. Actichlor, **10,000 ppm** available chlorine, followed by a detergent wipe or detergent and warm water and dried using paper towelling.

Ear irrigators, e.g. Propulse, should be cleaned and disinfected as per manufacturer's instructions.

Audit completed by:

Job title:

Premises audited:

Date:

Question		Yes	No	N/A	Comments
1.	Staff are aware of how to access the Infection Prevention and Control Policy on Decontamination, Cleaning and Disinfection.				
2.	Detergent wipes or detergent and warm water, disposable cloths and paper towelling are available for the cleaning of equipment.				
3.	Appropriate virucidal and bactericidal disinfectant or bactericidal and virucidal disinfectant wipes are available for the disinfection of equipment.				
4.	If a disinfectant solution is used, it is freshly made up every 24 hours and marked with the date and time of preparation.				
5.	Equipment is decontaminated in a designated area or away from clean items of equipment.				
6.	Hands are decontaminated, using the correct technique, with liquid soap and warm running water before and after decontaminating equipment.				
7.	Disposable gloves and apron are worn when decontaminating equipment.				
8.	Eye protection, e.g. goggles, are worn if there is a risk of splashing to the eyes when decontaminating equipment.				
9.	Staff are aware that equipment should be decontaminated starting from the top and working downwards.				
10.	There is documented evidence that equipment stored or not currently used by a patient has been decontaminated.				
11.	Equipment that has been decontaminated is clean, free from dust, dirt and body fluid stains, and is within one month of the date written when last decontaminated. <i>Staff should check 5 items of equipment. All items should be clean and free from dust, dirt or body fluid stains. Details of the equipment checked should be documented. All items must be clean to score a 'Yes'.</i>				Items of equipment checked: 1. 2. 3. 4. 5.
12.	Equipment is in a good condition, e.g. no rust, label residue or damage which would prevent effective cleaning.				
13.	Staff can describe the symbol used to indicate 'single use' items. 				
14.	Staff are aware that 'single use' items should not be re-used.				
15.	Staff are aware that 'single patient use' items, e.g. nebulisers, can be re-used on the same patient but not on any other patient.				