



**Community Infection Prevention and Control  
Policy for Domiciliary Care staff**

# **Safe management of care equipment**

**SAFE MANAGEMENT OF CARE  
EQUIPMENT**

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# SAFE MANAGEMENT OF CARE EQUIPMENT

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**This Policy has been adopted by:**

Organisation: .....

Signed: .....

Job Title: .....

Date Adopted: .....

Review Date: .....

If your organisation would like to exclude or include any additional points to this Policy, please include below. Please note, the Community IPC Team cannot endorse or be held responsible for any addendums.

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# SAFE MANAGEMENT OF CARE EQUIPMENT

## 1. Introduction

This Policy is one of the 'Standard infection control precautions' (SICPs) referred to by NHS England and NHS Improvement.

Note. This Policy provides details on decontamination (cleaning and disinfection) of care equipment. Information on decontamination of the care environment can be found in the 'Safe management of the care environment Policy for Domiciliary Care staff'.

All staff should know and understand the importance of clean care equipment.

- Clean care equipment reduces the risk of spreading infection.
- Most micro-organisms, such as bacteria and viruses, are found in dust and dirt.
- Some micro-organisms are harder to kill and, therefore, cleaning followed by disinfection is required (see Section 5).
- Hands regularly come into contact with care equipment surfaces. If hands are not cleaned after contact with care equipment, they will transfer any micro-organisms present. This risk is always present, but will increase if appropriate and thorough decontamination (see Section 3) of care equipment is neglected.
- Items to be cleaned and disinfected should be in a good state of repair to ensure effective cleaning and disinfection.

When using and decontaminating care equipment, always use standard infection control precautions and transmission based precautions (SICPs and TBPs), refer to the 'SICPs and TBPs Policy for Domiciliary Care staff'.

**When caring for service users in relation to COVID-19 or any other new emerging infections, staff should refer to national infection prevention and control guidance.**

## 2. Best practice for cleaning

- Staff should wash their hands before putting on and after removing and disposing of each item of PPE, e.g. pair of gloves, apron.

- Cushions, e.g. pressure relieving, wheelchair, should be cleaned regularly and have removable covers to allow inspection of the inside surface of the cover and the cushion.
- Underneath surfaces and frames, e.g. commodes, raised toilet seats, shower chairs, wheelchairs, should be cleaned and inspected regularly.

### 3. Methods of decontamination

There are 3 levels of decontamination - cleaning, disinfection and sterilisation.

All reusable care equipment must be adequately decontaminated after use on a service user. The method recommended will depend on the manufacturer's instructions, a risk assessment of the procedure and the item being used (see Section Table below).

Risk category	Level of decontamination	Method	Examples
<b>High risk</b>			
Items in contact with a break in the skin or mucous membrane, or introduced into a sterile body area	None for single use items.  Cleaning and sterilisation of reusable items	<ul style="list-style-type: none"> <li>• Single use items disposed of after use</li> <li>• Reusable items reprocessed by an accredited Decontamination Services facility</li> </ul>	<ul style="list-style-type: none"> <li>• Needles, syringes</li> <li>• Sterile instruments</li> </ul>
<b>Medium risk</b>			
Items in contact with intact mucous membranes or are contaminated with blood/body fluids, or in contact with a service user with an infection	None for single use items.  Cleaning and then disinfection or sterilisation of reusable items	<ul style="list-style-type: none"> <li>• Single use items disposed of after use</li> <li>• Reusable items cleaned and then disinfected or reprocessed by an accredited Decontamination Services facility</li> </ul>	<ul style="list-style-type: none"> <li>• Bedpans, commodes</li> <li>• Care equipment contaminated with blood or body fluid spillage</li> <li>• Care equipment in contact with a service user with an infection</li> </ul>
<b>Low risk</b>			
Items in contact with intact skin, not contaminated with blood or body	Cleaning usually adequate	<ul style="list-style-type: none"> <li>• Manual cleaning using detergent and water</li> </ul>	<ul style="list-style-type: none"> <li>• Wash bowls</li> <li>• Mattresses</li> <li>• Pressure</li> </ul>

Risk category	Level of decontamination	Method	Examples
fluids, not in contact with a service user with an infection			relieving cushions <ul style="list-style-type: none"> <li>• Hoists</li> <li>• Baths</li> </ul>

#### 4. Cleaning

Cleaning is a process that removes dust, dirt including soiling, body fluids and a number of bacteria and viruses.

- Warm water and a general purpose detergent, e.g. washing up liquid, and single use disposable cloths are recommended, is suitable for cleaning most care equipment. Always follow the care equipment manufacturer's instructions.
- Cleaning is **essential** before disinfection is carried out. A disinfectant solution is not effective if there is dirt or visible soiling, e.g. urine, faeces, blood.
- All cleaned reusable care equipment must be dried thoroughly before storage.

#### 5. Disinfection

When care equipment has been in contact with non-intact skin, mucous membranes, blood, body fluids or the service user has a known or suspected infection, disinfection should be performed after cleaning.

- Unless the care equipment manufacturer advises against it, a household bleach solution should be used for disinfecting care equipment that has been in contact with non-intact skin, mucous membranes, body fluids or a service user with a known or suspected infection, see the disinfection dilution guide table below for the appropriate dilution to use.
- If an item of care equipment is unsuitable for disinfecting with household bleach, an alternative product may be used. At minimum, the product should be effective against bacteria and viruses and if the service user is known or suspected to have *Clostridioides difficile*, a sporicidal product must be used.

**Note: Household bleach, should not be used on soft furnishings, untreated wood and carpets as it will cause 'whitening/bleaching'. Therefore, an alternative disinfectant as above, that is suitable to use, or only detergent and warm water should be used on such**

**surfaces.**

- A disinfectant will not be effective if there is dirt or visible soiling present, e.g. urine, blood. Therefore, care equipment must be cleaned before a disinfectant is used.
- To ensure efficacy, disinfectant solutions must be made up to the manufacturer's instructions, i.e. measure the product and water accurately, no guesses.
- Discard bleach solutions 24 hours after making up.
- When disinfecting care equipment, always follow the manufacturer's instructions, some items will have specific instructions which should be followed.

**Disinfection dilution guide**

**Care equipment, e.g. commode, shower chair, raised toilet seat, contaminated with blood/blood stained body fluid**

**Household bleach 10,000 parts per million (ppm) available chlorine**

Dilution of 1 in 10, e.g. 10 ml of household bleach in 100 ml of water or 100 ml in 1 litre of cold water

**Care equipment, e.g. commode, shower chair, raised toilet seat, contaminated with body fluid (not blood/blood stained), or when the service user has a known infection**

**Household bleach 1,000 ppm available chlorine**

Dilution of 1 in 100, e.g. 10 ml of household bleach in 1 litre of cold water

**6. Sterilisation**

Sterilisation is a specialist means of decontamination of medical equipment and is not undertaken in Domiciliary Care.

**7. Equipment you need for decontaminating care equipment**

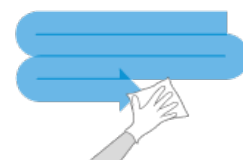
- PPE - disposable apron and gloves at minimum. Facial/eye protection if there is a risk of splashing on to the face/eyes.
- Best practice is to use disposable cleaning cloths and dispose of after use as household waste.
- Use separate cloths for cleaning toileting equipment, e.g. commodes, raised toilet seats and urinal bottles, to those used on other items of care equipment, such as a hoist, walking frame, wheelchair, wipeable bedframes and mattresses.
- Detergent - warm water and washing up liquid, should be used for cleaning

surfaces.

- Disinfectant - when disinfection is required. If bleach is used, it should be at the appropriate dilution shown in the table in Section 5.

## 8. Decontamination procedure

- **For any queries regarding reprocessing of care equipment, staff should contact the manufacturer or your local Community Infection Prevention and Control or Health Protection Team for advice.**
- Prior to decontaminating care equipment, hands should be washed thoroughly and dried using paper towels. If none are available, the use of kitchen roll or a clean linen towel for use by the carer only and laundered daily is acceptable.
- The appropriate personal protective equipment (PPE) must be worn, refer to the 'Personal protective equipment Policy for Domiciliary Care staff'.
- When cleaning and disinfecting, clean all surfaces using an 'S' shaped pattern from clean to dirty, top to bottom, taking care not to go over the same area twice. This cleaning motion reduces the amount of micro-organisms, such as bacteria and viruses, that may be transferred from a dirty area to a clean area.



- Instructions on cleaning a commode and commode pan are available to download at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk), 'Cleaning a commode for Domiciliary Care settings' Poster and 'Cleaning a commode pan manually for Domiciliary Care settings' Poster.
- Detailed guidance on how to perform common cleaning tasks can be found in the National Patient Safety Agency (NPSA) Guidance on specifications for cleanliness.
- Cloths used for cleaning care equipment contaminated with blood or body fluids, e.g. commodes, commode pans, urine bottles, or when the service user **has an** infection, should be disposed of after use.
- Reusable cloths used on care equipment **not** contaminated with blood or body fluids, e.g. hoists, walking frames, or when the service user **does not** have an infection should be washed after use and left to air dry.
- When removing PPE hands should be cleaned after removing each item of PPE, e.g. pair of gloves, apron.




## 9. Decontamination of care equipment prior to inspection, service or repair

When care equipment requires servicing, repair or returning to an equipment loan centre, documentation should accompany the equipment stating if the item has or has not been decontaminated (see Appendix 1).

## 10. Classification of care equipment

### Single use

Items intended for single use, e.g. catheter bags, are packaged with this  symbol or are labelled 'single use'.

Items labelled or marked for single use, must not be used again as they are designed to be used only once.

Anyone preparing single use items for further episodes of use may be transferring legal liability for the safe performance of the item to themselves with the potential to cause harm to those in their care.

### Single patient use

Single patient use means, that if required, the item can be decontaminated and used again on the same person, but cannot be used on another person. Packaging on items intended for single patient use, e.g. oxygen mask, will be labelled 'single patient use'.

## 11. Reusable personal protective equipment

After use, reusable personal protective equipment (PPE), e.g. safety glasses, face visor, should be cleaned appropriately, see section 4. Instructions for decontaminating a visor are in section 12.

If worn when a service user has a suspected or known infection, or the PPE is visibly soiled with blood or body fluids, it should be cleaned and disinfected, see Sections 4 and 5.

The decontaminated reusable PPE should then be stored appropriately, e.g. in a clean lidded container. Do not store on open surfaces where it may become contaminated.

## 12. How to decontaminate a reusable face visor

Reusable face visors should be decontaminated between each use and replaced whenever damaged or unable to be cleaned effectively. Please add your name to your face visor and store carefully between use.

**NB: For effective decontamination, reusable face visors must be cleaned then disinfected. See sections 4 and 5.**

### How to decontaminate a face visor after use

1.	Clean hands
2.	Put on a new pair of disposable gloves
3.	Clean inside of the visor, foam/plastic and elastic strap
4.	Clean outside of the visor
5.	Dispose of wipe or cloth in an infectious waste bag
6.	Repeat steps 4-5 for disinfection
7.	Allow face visor to air dry - do not wipe dry
8.	Remove and dispose of gloves
9.	Clean hands
10.	Store face visor safely until next use, preferably in a clean lidded container

## 13. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist Domiciliary Care in achieving compliance with *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- IPC Policies for Domiciliary Care staff
- 'Preventing Infection Workbook: Guidance for Domiciliary Care staff'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Domiciliary Care staff'

In addition, we hold educational study events in North Yorkshire and York and can arrange bespoke training packages. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).

## 14. References

Department of Health (2015) *The Health and Social Care Act 2008: Code of Practice on the Prevention and control of infections and related guidance*

Department of Health (2013) *Prevention and control of infection in care homes*

Department of Health (2006) *Essential steps to safe, clean care*

Loveday et al (2014) *epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospital in England*

*Journal of Hospital Infection* Volume 86; Supplement 1; Pages S1-S70; January 2014

Medicines and Healthcare Products Regulatory Agency (2018) *Single-use medical devices: implications and consequences of reuse*

National Patient Safety Agency (2010) *The national specifications for cleanliness: Guidance on setting and measuring performance outcomes in care homes*

NHS England and NHS Improvement (March 2019) *Standard infection control precautions: national hand hygiene and personal protective equipment policy*

## 15. Appendices

Appendix 1: Declaration of contamination status



**Infection.  
Prevention.  
Control.**  
You're in safe hands



### Declaration of contamination status

<b>From</b> (consignor): .....	<b>To</b> (consignee): .....
Address: .....	Address: .....
Reference: .....	Reference: .....
Emergency tel: .....	

Type of equipment: .....	Manufacturer: .....
Description of equipment: .....	
Other identifying marks: .....	
Model No: .....	Serial No: .....
Fault: .....	

**Is the item contaminated?**      **Yes\***       **No**       **Don't know**

\* State type of contamination: blood, body fluids, respired gases, pathological samples, chemicals (including cytotoxic drugs), radioactive material or any other hazard .....

**Has the item been decontaminated?**    **Yes(a)**       **No(b)**       **Don't know**

**(a)** What method of decontamination has been used? Please provide details:

Cleaning:  .....

Disinfection:  .....

Sterilisation:  .....

**(b)** Please explain why the item has **NOT** been decontaminated:

**CONTAMINATED ITEMS SHOULD NOT BE RETURNED WITHOUT PRIOR AGREEMENT OF THE RECIPIENT**

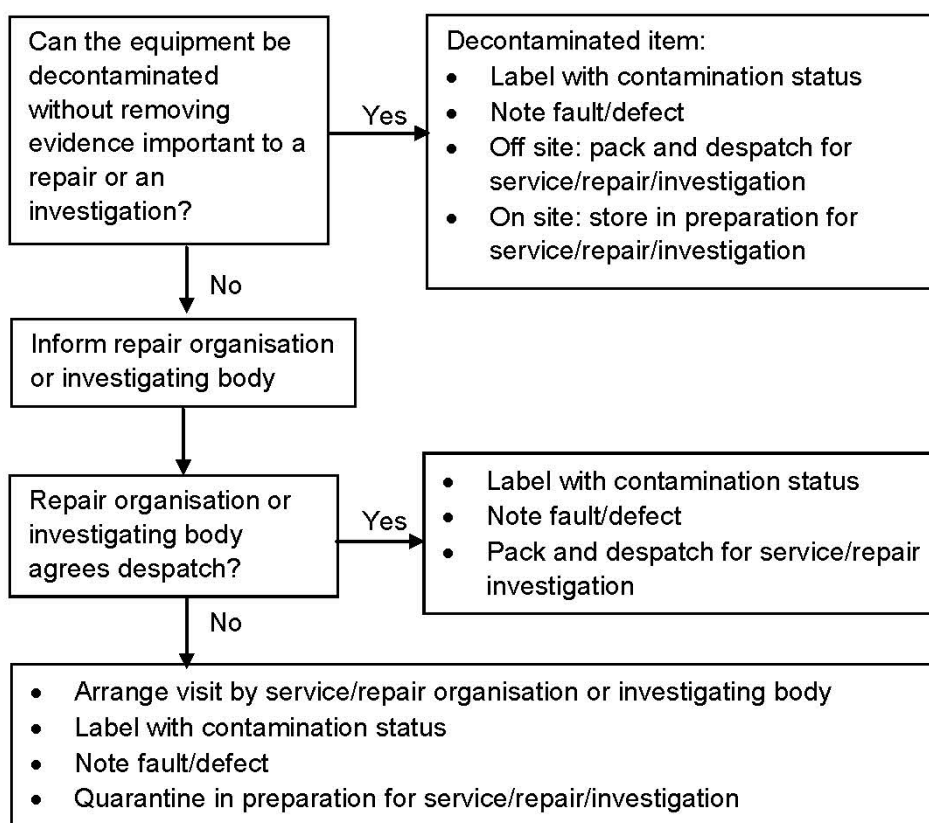
**This item has been prepared to ensure safe handling and transportation:**

Name: .....	Position: .....
Signature: .....	
Date: .....	Tel: .....

## Declaration of contamination status

Flow chart for handling of equipment prior to inspection, service, repair, return to lending organisation or investigation of adverse incident.

Note: It is illegal to send contaminated items through the post.



Ref DB2003 (05) June 2003 page 11

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May 2020 [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk)