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SAFE MANAGEMENT OF CARE EQUIPMENT

## Community Infection Prevention and Control Policy for General Practice

(also suitable for adoption by other healthcare providers, e.g. Dental Practice, Podiatry)

# Safe management of care equipment

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# GP 17

# SAFE MANAGEMENT OF CARE EQUIPMENT

Please note that the internet version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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**This document has been adopted as a Policy by:**

Organisation: ..... …

Signed: .....

Job Title: .....

Date Adopted: .....

Review Date: .....

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

Community Infection Prevention and Control
Harrogate and District NHS Foundation Trust
Gibraltar House, Thurston Road
Northallerton, North Yorkshire. DL6 2NA
Tel: 01423 557340
email: infectionprevention.control@nhs.net
www.infectionpreventioncontrol.co.uk

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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.

Management systems should ensure adequate supplies of reusable medical devices. Decontamination of equipment includes reusable medical devices and care equipment. Medical devices and care equipment are essential for safe and effective prevention, diagnosis, treatment and rehabilitation of illness and disease.

In order to ensure safe systems of work and to prevent transmission of infection, it is essential that decontamination of reusable medical devices and care equipment after use on a patient is undertaken to prevent the transmission of infection. This is in accordance with the requirements of *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidanc*e.

Always use standard infection control precautions and, where required, transmission based precautions (SICPs and TBPs), refer to the 'SICPs and TBPs Policy for General Practice'.

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

## 2. Definitions

| | |
|---|---|
| **Contamination:** | The soiling of an object with organic matter (dirt, debris, blood, vomit, faeces, etc.) and/or microorganisms, such as bacteria and viruses |
| **Decontamination:** | A combination of cleaning, disinfection and sterilisation processes that removes, or reduces, contamination |
| **Cleaning:** | A process to remove contamination using 'fluid', usually detergent with warm water, and 'friction' - either mechanical or physical, leaving the surface or care equipment visibly clean. Cleaning must precede disinfection for the process to be effective. |

| | |
|---|---|
| **Disinfection:** | A process to remove or reduce pathogenic (harmful) microorganisms using a disinfecting agent. The ability to kill spores is dependent on the type of disinfectant used. Some disinfectants are deactivated by organic matter. Cleaning must precede disinfection for the process to be effective, either using separate cleaning and disinfecting agents in a two-step process or a combined '2 in 1' product that cleans and disinfects in one step |
| **Sterilisation:** | A process that removes or destroys all viable organisms including spores. Prions will not be effectively destroyed by this process |

## 3. Methods of decontamination

There are 3 levels of decontamination - cleaning, disinfection and sterilisation. All reusable medical devices and care equipment should be adequately decontaminated after use on a patient before storing or use on another patient.

Those performing decontamination should be aware that disinfectants and '2 in 1' detergent and disinfectant wipes/fluids can damage plastic surfaces of medical devices and care equipment if they are not compatible with the surface material. Reports describe damage to devices, such as tympanic thermometers, patient monitors. This damage may compromise the ability to decontaminate the device adequately or affect the function of the device. Check manufacturer's instructions to ensure cleaning products are compatible with the item.

The method recommended will depend on the manufacturer's instructions, a risk assessment of the procedure and the item being used in accordance with Control of Substances Hazardous to Health (COSHH) Regulations (see Section 13 Infection risks and categories).

## 4. Cleaning procedure

- The correct personal protective equipment (PPE) must be worn.
- When cleaning and disinfecting, clean top to bottom, clean to dirty. Large and flat surfaces should be cleaned using an 'S' shaped pattern, starting at the point furthest away, overlapping slightly, but taking care not to go over the same area twice. This cleaning motion reduces the amount of microorganisms, such as bacteria and viruses, that may be transferred from a dirty area to a clean area.

- Detailed guidance on how to perform common cleaning tasks can be found in the National Patient Safety Agency (NPSA) *The Revised Healthcare Cleaning Manual.*

## 5. Cleaning

- When using cleaning products, always wear PPE, e.g. disposable gloves, apron, and risk assess the need for facial protection.
- Detergent wipes or pH neutral detergent, e.g. Hospec, and warm water and single use disposable cloths are recommended.
- Cleaning is **essential** before disinfection or sterilisation is carried out.
- All reusable medical devices and care equipment that has been cleaned must be dried thoroughly before storage.

## 6. Disinfection

- When using disinfectant products, always wear PPE, e.g. disposable gloves, apron, and risk assess the need for facial protection.
- A disinfectant should be used for reusable medical devices or care equipment that has been in contact with non-intact skin, mucous membranes, body fluids or a patient with a confirmed or suspected infection.
- Disinfectants can be in the form of a wipe, e.g. Azo wipes, or as chlorine releasing tablets or liquids, such as Haztabs, Presept.
- Some disinfectant products are '2 in 1', which contain both a detergent and a disinfectant, e.g. Clinell Universal Wipes, Chlor-Clean tablets.
- A disinfectant will not be effective if contamination with organic matter (dirt, debris, blood, vomit, faeces, etc.) and/or microorganisms, such as bacteria and viruses, is present. Therefore, if the disinfectant is not a '2 in 1' detergent and disinfectant product, reusable medical devices or care equipment should be cleaned before a disinfectant is used.
- Some disinfectants and '2 in 1' detergent and disinfectant wipes/fluids can damage plastic surfaces of medical devices and care equipment if they are not compatible with the surface material.
- At minimum, the disinfectant product should be bactericidal and virucidal. Sporocidal disinfectants should be used when a patient is confirmed or suspected to have diarrhoea due to *Clostridioides difficile,* refer to the '*Clostridioides difficile* Policy for General Practice' for further information.
- When disinfecting reusable medical devices or care equipment, always follow the manufacturer's instructions, some items will have specific

instructions which should be followed, e.g. Propulse machine, spirometry devices.

- A disinfectant should be used for care equipment:
  - Contaminated with splashes of blood - the appropriate disinfectant should have virucidal properties effective against hepatitis B, hepatitis C and HIV, and be used at the correct concentration advised by the manufacturer
  - That has been in contact with a patient with a confirmed or suspected infection, non-intact skin, mucous membranes or body fluids
- To ensure a disinfectant solution works effectively, it is important that the correct amount of disinfectant and water are used. If a weaker solution is used, the microorganisms will not be killed, too strong, and care equipment or surfaces can be damaged.
- No disinfectant acts instantly - to ensure efficacy, always follow the manufacturer's guidance on contact time (how long the product needs to be left on the surface), and whether the product should be left to air dry or wiped/rinsed off. Be aware that a products contact time will vary, depending on the confirmed/suspected pathogenic microorganism(s) present.
- Do not use chlorine-based disinfectant solutions on wooden or fabric surfaces.
- If a chlorine-based disinfectant solution is used, it should be at a dilution of 1,000 parts per million (ppm), unless the item is contaminated with blood and/or blood stained body fluids, when a dilution of 10,000 ppm should be used.
- As diluted chlorine-based disinfectant solutions are unstable and become less effective after 24 hours, a new solution should be made each day and the date and time documented.
- Numerous agents and cleaning solutions are mentioned within this guidance. As with all substances, COSHH (Care of Substances Hazardous to Health) guidance and manufacturer's instructions must be followed in order to achieve safe practice.

## 7. Sterilisation

The use of bench top steam sterilisers (autoclaves) is not recommended. Sterilisation is a specialist means of decontamination of care equipment. Reusable items requiring sterilisation after use must be sent to an accredited Decontamination Services Facility.

Alternatively, single use disposable care equipment should be used.

## 8. Evidence of decontamination

Reusable medical devices or care equipment that has been cleaned or disinfected should be labelled, e.g. with 'I am clean' indicator tape or label/documentation giving details of the date of cleaning and signed by the person who performed the decontamination.

It is also recommended that care equipment not in regular use should be stored in a clean environment, e.g. cupboard, checked on a monthly basis and decontaminated as appropriate and relabelled.

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

When care equipment requires servicing or repair, documentation should accompany the care equipment stating if the item has or has not been decontaminated (see Appendix 1 'Declaration of contamination status' and flow chart, which is available to download at www.infectionpreventioncontrol.co.uk).

It is illegal to send contaminated items through the post.

Items for disposal should be cleaned prior to disposal.

Items that are known, thought to be infected, e.g. been in contact with non-intact skin, mucous membranes, body fluids or a patient with a confirmed or suspected infection, or heavily soiled, should be cleaned and disinfected prior to disposal as infectious waste. The items must be suitably bagged, securely sealed and labelled as biohazard. Removal must be sought via an approved contractor or the local council. Prior to removal, they should be stored in a secure area, refer to the 'Safe disposal of waste Policy for General Practice'.

## 10. Classification of care equipment

### Single use

Items intended for single use are packaged with this symbol  or are labelled 'single use'.

Items labelled or marked for single use, e.g. disposable forceps, auroscope ear piece, must not be used again as they are designed to be used only once.

### Single patient use

Items intended for single patient use, e.g. nebuliser, mask, spacers, can be decontaminated after each use and reused on the same patient, but cannot be

used on another patient. It will be indicated on the packaging 'single patient use'. If spacers are required for reversibility testing, disposable single use spacers can be used.

GP Practices who disregard this information and prepare single use devices for further use, may be transferring legal liability for the safe performance of the product from the manufacturer to themselves, or the organisation that employs them.

### Reusable non-invasive care equipment

Reusable non-invasive equipment, e.g. blood pressure cuffs, thermometers, wheelchairs, are reused on more than one patient following decontamination.

Use of reusable non-invasive care equipment must comply with manufacturer's instructions and decontamination must be undertaken:

- Between each use
- After contamination with blood or body fluids
- Before inspection, servicing or repair

**For any queries regarding reprocessing of care equipment, advice should be sought from the manufacturer or your local Community Infection Prevention and Control or Health Protection Team.**

## 11. Reusable personal protective equipment

After use, reusable personal protective equipment (PPE) e.g. safety glasses, face visor, should be decontaminated and stored appropriately.

If worn when a patient **does not** have a confirmed or suspected infection or the PPE is **not** visibly soiled with blood or body fluids, cleaning is sufficient see sections 5.

If worn when a patient has a confirmed or suspected infection, or the PPE is visibly soiled with blood or body fluids, it should be cleaned and disinfected, see sections 5 and 6.

Decontaminated reusable PPE should then be stored appropriately, e.g. in a clean lidded wipeable container or plastic bag. Do not store on open surfaces where it may become contaminated.

Face visors can be reused and replaced whenever required. Please add your name to your face visor. Follow the correct procedure below for decontamination.

**NB: For effective decontamination, face visors must be cleaned then disinfected. See sections 5 and 6.**

| 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 unless a '2 in 1' product has been used |
| 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, in a clean lidded wipeable container or plastic bag |

## 12. Infection risks and categories

| Risk category | Level of decontamination | Method | Examples |
|---|---|---|---|
| **Low risk**<br>Items in contact with intact skin | Cleaning | • Clean using detergent wipes or pH neutral detergent, e.g. Hospec, and warm water | • Couches<br>• Blood pressure cuffs<br>• Reusable PPE |
| **Medium risk**<br>Items in contact with intact mucous membranes, or contaminated with blood/body fluids or in contact with a patient with a confirmed or suspected infection | Disinfection (cleaning should be undertaken before disinfection) | • Disinfect using disinfectant wipes or a chlorine-based disinfectant<br>• The use of single use items<br>• Items sterilised by an accredited Decontamination Services Facility | • Care equipment contaminated with body fluids<br>Vaginal speculums must be sterilised or single use<br>• Reusable PPE |

| Risk category | Level of decontamination | Method | Examples |
|---|---|---|---|
| **High risk**<br>Items in contact with a break in the skin or mucous membrane or introduced into a sterile body area | Sterilisation | • Single use<br>• Sterilised by an accredited Decontamination Services Facility | • Surgical instruments<br>• Syringes |

## 13. Evidence of good practice

It is recommended that, for assurance purposes, annual audits to assess the standard of cleanliness are carried out. An audit tool is available to download at www.infectionpreventioncontrol.co.uk.

## 14. 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 your Practice 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:

- 25 IPC Policy documents for General Practice
- 'Preventing Infection Workbook: Guidance for General Practice'
- 'IPC CQC inspection preparation Pack for General Practice'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for GP Practice Staff'

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

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

## 15. 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 (2006) *Essential steps to safe, clean care*

Health and Safety Executive (2002) *Control of Substances Hazardous to Health (COSHH) Regulations*

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

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

Medicines and Healthcare Products Regulatory Agency (2014) *Managing Medical Devices Guidance for healthcare and social services organisations*

Medicines and Healthcare Products Regulatory Agency (2013) *Detergent and disinfectant wipes used on reusable medical devices with plastic surfaces – risk of degrading plastic surfaces MDA/2013/019*

National Patient Safety Agency (2009) *The Revised Healthcare Cleaning Manual*

NHS England and NHS Improvement (2021) *National Standards of Healthcare Cleanliness 2021*

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

## 16. Appendices

Appendix 1: Declaration of contamination status

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# Declaration of contamination status

| | | | |
|---|---|---|---|
| **From** (consignor): | ..... | **To** (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: | ..... |

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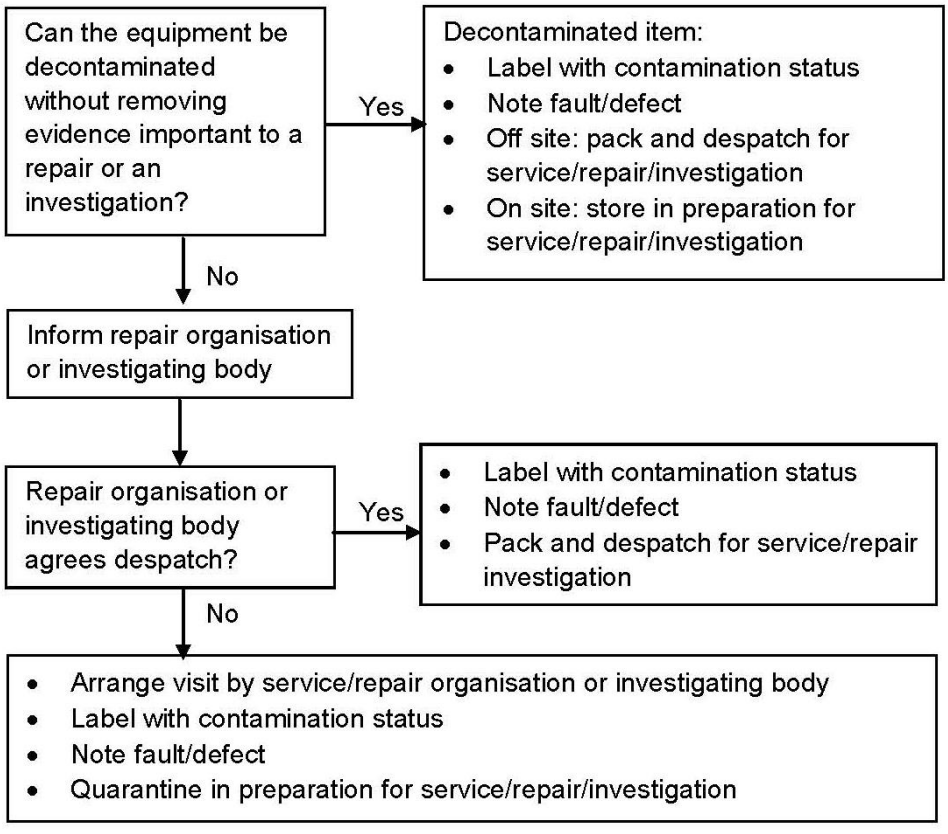
## Declaration of contamination status

**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.**

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Community Infection Prevention and Control, Harrogate and District NHS Foundation Trust
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