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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

Version 3.00
November 2023

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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.

This document has been adopted as a Policy by:

Organisation: .....

Signature: ..... Name: .....

Job title: .....

Adoption date: .....

Review date: .....

Any variation to this Policy should be risk assessed, evidence-based, authorised through local governance channels and documented below. The Community Infection Prevention and Control (IPC) Team, Harrogate and District NHS Foundation Trust, cannot endorse or be held responsible for any variations.

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1. Introduction

This Policy is one of the 'Standard infection control precautions' (SICPs) referred to by NHS England in the *National infection prevention and control manual (NIPCM) for England.*

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. A schedule for care equipment decontamination that details what care equipment is to be decontaminated, when to do so and what products to use, should be in place.

Each General Practice should identify a lead person for cleanliness, this may be the designated IPC Lead.

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

When caring for patients in relation to any new or emerging infection, staff should refer to the latest 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

The use of cleaning, and/or disinfection and/or sterilisation processes to remove or reduce 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 or method. 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. Levels of decontamination

There are 3 levels of decontamination - cleaning, disinfection and sterilisation. See Section 7 to determine the level of decontamination required.

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 and 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 7 Infection risks and categories).

Cleaning

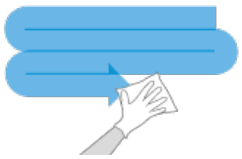
- When using cleaning products, always wear PPE, e.g. disposable gloves, apron, and risk assess the need for facial protection.
- Detergent wipes or general purpose neutral detergent and warm water and single use disposable cloths are recommended.
- When cleaning, clean top to bottom, clean to dirty. 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.

- All reusable medical devices and care equipment that has been cleaned must be dried thoroughly before storage.
- Detailed guidance on how to perform common cleaning tasks can be found in the NHS England *National Standards of Healthcare Cleanliness: healthcare cleaning manual.*

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 or as chlorine releasing tablets or liquids or equivalent product.
- Some disinfectant products are '2 in 1', which contain both a detergent and a disinfectant.
- When disinfecting, wipe top to bottom, clean to dirty. Large and flat surfaces should be wiped 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 reduces the amount of microorganisms, such as bacteria and viruses, that may be transferred from a dirty area to a clean area.



- 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. Sporicidal 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 for the correct application and contact time, 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 application and 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 per manufacturer's instructions.
- 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.

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.

4. 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 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.

It is recommended that monthly audits to assess the standard of cleanliness of reusable medical devices and care equipment be carried out. An audit tool is available to download at www.infectionpreventioncontrol.co.uk.

5. 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, 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, including sharps Policy for General Practice'.

6. 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 purchase and/or reprocessing of care equipment, advice should be sought from the manufacturer or your local Community Infection Prevention and Control or UK Health Security Agency Team.

7. Infection risks and categories

Risk category	Level of decontamination	Method	Examples
Low risk Items in contact with intact skin	Cleaning	• Clean using detergent wipes or general purpose neutral detergent and warm water	• Couches • Blood pressure cuffs
Medium risk 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) or use a '2 in 1' product	• Disinfect using disinfectant wipes, or a chlorine-based disinfectant, or equivalent product, as per manufacturer's instructions • The use of single use items • Items sterilised by an accredited Decontamination Services Facility	• Care equipment contaminated with body fluids • Vaginal speculums must be sterilised or single use

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

8. Infection Prevention and Control resources, education and training

The Community IPC Team have produced a wide range of innovative educational and IPC resources designed to assist your General Practice in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infection 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:

- 27 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 General Practice Staff

In addition, we hold educational study events in North Yorkshire.

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

9. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

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

Loveday HP et al (2014) *epic3: National Evidence-Based Guidelines for Preventing Healthcare Associated Infections in NHS Hospitals in England Journal of Hospital Infection 86S1 S1-S70*

Medicines and Healthcare Products Regulatory Agency (2021) *Managing Medical Devices Guidance for healthcare and social care organisations*

Medicines and Healthcare Products Regulatory Agency (2021) *Single-use medical devices: implications and consequences of reuse*

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

NHS England (2022, updated 2023) *National infection prevention and control manual (NIPCM) for England*

NHS England (2022) *National Standards of Healthcare Cleanliness: healthcare cleaning manual*

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

10. Appendices

Appendix 1: Declaration of contamination status

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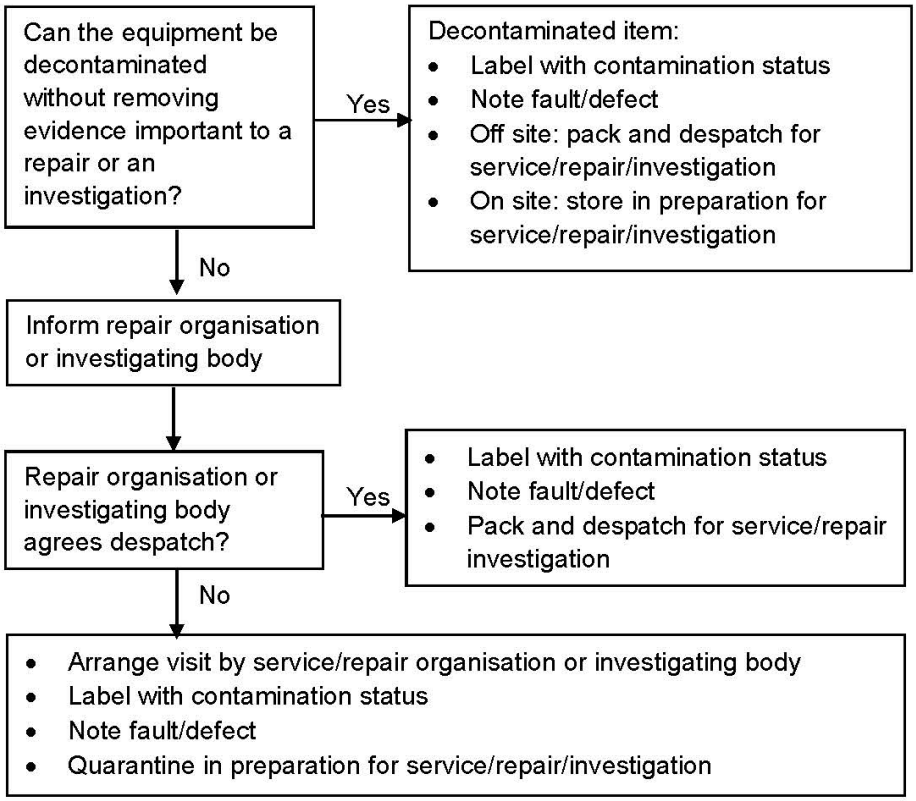
Declaration of contamination status

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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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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