

## Safe management of care equipment compliance: Monthly Audit Tool for Care Homes

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 resident, e.g. wheelchairs, blood glucose meters, nebulisers, must be decontaminated appropriately between use on another resident. There should be a designated IPC Lead person who is responsible for infection prevention and control (including cleanliness) management.

### Action

- Staff should carry out monthly audits using this Audit Tool to assess the standard of cleanliness of care equipment.
- We would recommend that there should be documented evidence that stored care equipment has been decontaminated and is within one 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 inspections.

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


### Methods of decontamination

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

**Disinfection:** Any equipment that has been in contact with non-intact skin, body fluids or a resident with a confirmed or suspected infection, should be disinfected with an appropriate disinfectant product that is bactericidal and virucidal and be used as per manufacturer's instructions. If equipment is contaminated with splashes of blood, the disinfectant should have virucidal properties effective against hepatitis B, hepatitis C and HIV. Sporocidal disinfectants should be used when a resident is confirmed or suspected to have diarrhoea due to *C. difficile*.

**Note:** Some disinfectant products, e.g. Clinell Universal wipes, Chlor-Clean or Actichlor Plus tablets, are '2 in 1' and contain both detergent and disinfectant, this means equipment does not need to be cleaned before disinfection.

|                           |  |                  |  |
|---------------------------|--|------------------|--|
| <b>Audit completed by</b> |  | <b>Job title</b> |  |
| <b>Premises audited</b>   |  | <b>Date</b>      |  |

| Question |   | Yes | No | N/A | Comments   |
|----------|---|-----|----|-----|--|
| 1.       | Detergent wipes or general purpose neutral detergent and warm water, disposable cloth and paper towels, are available for the cleaning of equipment.  |     |    |     |  |
| 2.       | An appropriate disinfectant is available, e.g. chlorine releasing tablets, or equivalent products, for the disinfection of equipment. Alternatively, a '2 in 1' product, which contains both a detergent and a disinfectant, e.g. Chlor-Clean or Actichlor Plus tablets, Clineil Universal Wipes, are available.  |     |    |     |  |
| 3.       | A fresh solution of disinfectant is made up every 24 hours and marked with the date and time of preparation.  |     |    |     |  |
| 4.       | Equipment is decontaminated in a designated area or away from clean items of equipment.   |     |    |     |  |
| 5.       | Hands are washed with liquid soap, warm running water and dried thoroughly with paper towels, before and after decontaminating equipment.   |     |    |     |  |
| 6.       | Appropriate PPE is worn when decontaminating equipment, e.g. apron, gloves, and facial protection if there is a risk splashing.   |     |    |     |  |
| 7.       | Staff are aware that when cleaning equipment, they should work using a 'S' shaped pattern from clean to dirty, top to bottom, starting at the point furthest away, overlapping slightly, but taking care not to go over the same area twice.  |     |    |     |  |
| 8.       | There is documented evidence that equipment stored or not currently used by a resident has been decontaminated, e.g. 'I am clean' indicator tape or label, or cleaning records.   |     |    |     |  |
| 9.       | 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.<br><br><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:<br>1. ....<br>2. ....<br>3. ....<br>4. ....<br>5. .... |
| 10.      | Equipment is in a good condition, e.g. no rust, label residue or damage which would prevent effective cleaning.   |     |    |     |  |
| 11.      | Staff can describe the symbol used to indicate 'single use' items.   |     |    |     |  |
| 12.      | Staff are aware that 'single use' items should not be reused.   |     |    |     |  |
| 13.      | Staff are aware that 'single patient use' items, e.g. nebulisers, oxygen masks can be reused on the same resident but not on any other resident.  |     |    |     |  |