GP 05

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DECONTAMINATION OF EQUIPMENT

Community Infection Prevention and Control Guidance for General Practice

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

Decontamination of equipment

Version 1.00
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GP 05

DECONTAMINATION OF 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.

This guidance document has been adopted as a policy document by:

Organisation: Brigstock Skin and Laser

Signed: 

Job Title: Business Manager

Date Adopted: 16/02/2019

Review Date: 16/02/2020

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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1. Introduction

In order to ensure safe systems of work and to prevent transmission of infection, it is essential that decontamination of 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.

2. Definitions

- **Contamination:** The soiling of an object with harmful, potentially infectious or unwanted matter.
- **Decontamination:** A combination of processes that removes or destroys contamination.
- **Cleaning:** A process that will physically remove contamination (blood, vomit, faeces, etc.) and many micro-organisms using detergent and water.
- **Disinfection:** A process to reduce the number of micro-organisms to a less harmful level. The ability to kill spores is dependent on the type of disinfectant used.
- **Sterilisation:** A process that removes or destroys all organisms including spores.

3. Evidence of decontamination

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

Re-usable medical 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 equipment not in regular use should be checked on a monthly basis and decontaminated as appropriate and re-labelled.

4. Methods of decontamination

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

All equipment should be adequately decontaminated after use on a patient. 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 12 Infection risks and categories).

5. Cleaning

- Detergent wipes or detergent and warm water and single use cloths are recommended.
- Cleaning is **essential** before disinfection or sterilisation is carried out.
- All equipment that has been cleaned must be dried thoroughly before storage.

6. Disinfection

- Disinfectants can be in the form of a wipe, e.g. Clinell Universal, Steri-7 extra or as chlorine releasing tablets, liquids or granules, such as Haztabs, Presept, Chlor-Clean, Tristel Fuse.
- A disinfectant will not be effective if there is dirt or visible soiling present, e.g. urine, blood. Therefore, if the disinfectant does not contain a detergent the equipment should be cleaned before a disinfectant is used.
- Some disinfectant products contain both a detergent and a disinfectant, e.g. Clinell Universal wipes, Chlor-Clean releasing tablets. This means equipment does not need to be cleaned before disinfection.
- When disinfecting equipment always follow the manufacturer's instructions, some equipment will have specific instructions which should be followed, e.g. Propulse machine, peak flow.
- A disinfectant should be used for any equipment contaminated with splashes of blood. The appropriate disinfectant should have virucidal properties effective against hepatitis B, hepatitis C and HIV.
- A disinfectant should be used for equipment that has been in contact with a patient with a known 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 micro-organisms will not be killed, too strong, and equipment or surfaces can be damaged.

- If a chlorine-based solution is used it should be at a dilution of 1,000 ppm.
- As diluted chlorine-based disinfectant solutions are unstable and become less effective after 24 hours, a new solution should be made each day.
- When using disinfectant products, always wear disposable gloves and an apron and if indicated, eye protection.
- COSHH regulations must be adhered to at all times.

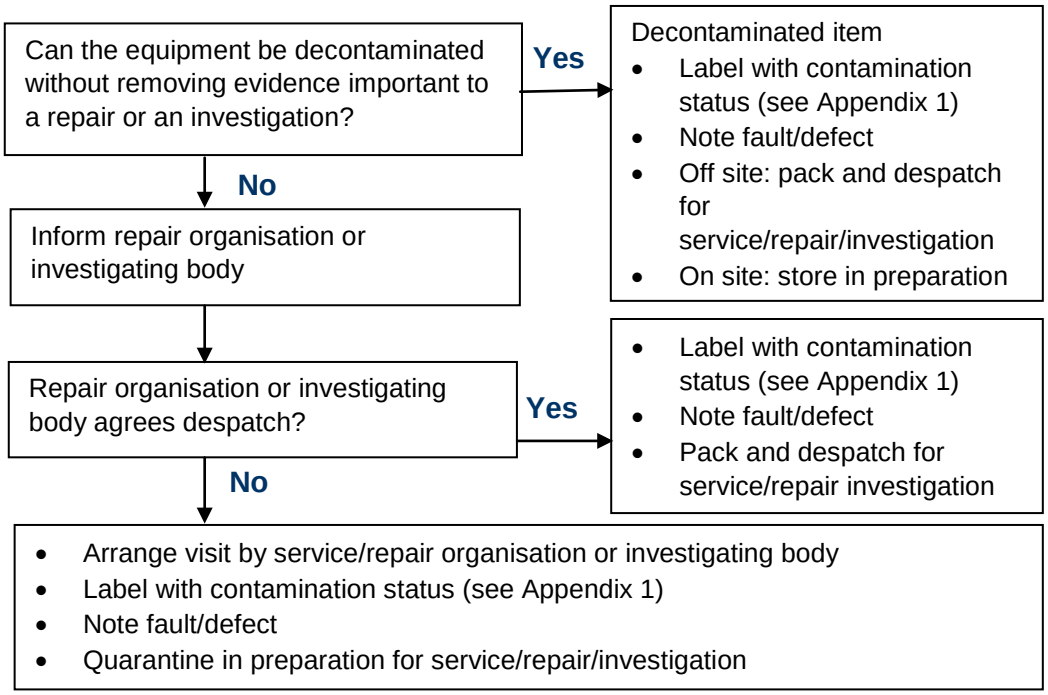
7. Sterilisation

The use of bench top steam sterilisers (autoclaves) is not recommended. Sterilisation is a specialist means of decontamination of equipment. Re-usable items requiring sterilisation after use must be sent to an accredited Decontamination Services Facility. Alternatively, single use disposable equipment should be used.

8. Decontamination of equipment prior to inspection, service or repair

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

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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9. Symbols and their meanings

Single use

Items for single use, e.g. disposable forceps, auroscope ear piece, must not be used again as they are designed to be used only once. Items intended for single use are packaged with this symbol  or are labelled 'single use'.

Single patient use

Items for single patient use, e.g. nebuliser, mask, spacers, can be decontaminated after each use and re-used 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.

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

10. 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 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 known or suspected infection	Disinfection (cleaning should be undertaken before disinfection)	• Disinfect using disinfectant wipes or a chlorine-based disinfectant • The use of single use items • Items sterilised by an accredited Decontamination Services Facility	• 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 • Syringes

11. 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* and CQC registration requirements.

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

- Over 20 IPC Guidance documents (Policies) for General Practice
- 'Preventing Infection Workbook for General Practice'
- 'IPC CQC Inspection Preparation Pack for General Practice'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Advice Bulletin for GP Practice Staff'

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

12. References

Department of Health (2015) *The Health and Social Act 2008. Code of Practice for the Prevention and control of healthcare associated infections*

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

Doughty L Lister S (Eds) (2008) *The Royal Marsden Hospital Manual of Clinical Nursing Procedures 7th Edition*

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

13. Appendices

Appendix 1: Declaration of Contamination Status

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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