Decontamination of Equipment and the Environment Policy

(INCLUDING THE USE OF SINGLE-USE AND SINGLE-PATIENT USE ITEMS)

Policy for the Prevention and Control of Infection

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Endorsing Body:	**Infection Control Committee (ICC)**
Governance or Assurance Committee	**Health Governance Assurance Group (HGAG)**
Implementation Date:	**February 2025**
Version Number:	**5**
Review Date:	**January 2027**
Designated Person	**Director of Infection Prevention & Control**

CONTENTS

CONTENTS

i) CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author(s)	• Head of Technical Services • General Manager (PSSD) • Head of Infection Prevention & Control
Consultation Process / Stakeholders:	• Director of NMAHPs • Director, Strategic Planning and Performance • Infection Control Committee (ICC) • Director of Infection Prevention & Control • The Lead Infection Control Doctor • Infection Prevention & Control Team • Decontamination Assurance Group (DAG) • Head of Planning and Modernisations • Head of Health & Safety (Salus Occupational Health, Safety & Return to Work Service) • General Manager (PSSD) • Deputy Director PSSD (Operations) • Deputy Director PSSD (Projects & Assurance) • Director of Hospital Services (UHM) • Director of Hospital Services (UHH) • Director of Hospital Services (UHW) • Head of Maintenance Services • Head of Planning and Modernisations • Chief Accountable Officer Health & Social Care South Lanarkshire • Chief Accountable Officer Health & Social Care North Lanarkshire • General Manager (Procurement) • Authorising Person (Decontamination) PSSD • Authorising Engineer (Decontamination)

CHANGE RECORD			
Date	**Author**	**Change**	**Version No.**
30/06/2018	Risk Dept.	GDPR statement added into Section 3 and updated with name of current Data Protection Legislation Act.	1
16/06/2019	Head of Technical services	• Updated Title page • Updated Job Titles in Consultation Process/Stakeholders section • Section 1 Introduction inserted phrases "Infection Prevention and Control Team" • "aware of infection protection and control procedures" • Section 3.1 who is the policy intended to benefit or affect? Inserted phrase "In receipt of clinical care and treatment." • Section 4.3 Read safe workplace.	2.
16/06/2019	Head of Technical Services	Updated: Section 5.1 Accountabilities and Responsibilities Section 5.1.1 The Chief Executive (Duty Holder) 5.1.14 Head of Infection Prevention and Control (Decontamination Lead) 5.1.6 Decontamination Clinical Nurse Specialist 5.1.8 Infection Prevention and Control Team (IPCT) 5.1.9 Site Directors/General Managers and Senior Managers 5.1.10 Ward Senior Charge Nurses / managers 5.1.11 Clinical Director of Public Dental Service 5.1.12 Senior Dental Nurses / Team Leads 5.3.1 The Director PSSD 5.3.5 Authorised Person (Decontamination) (AP(D))	2
16/06/2019	Head of Technical Services	Updated 6. Resource Implications	2
30/01/2020	Deputy Director of PSSD. Asst Head of Technical Clinical Nurse Specialist (D). Head of IPC	Updated Title Page	2
20/04/2020	DEMG	Updated A-Z	3
20/11/2020	Head of Technical Services	Updated Title Page Governance or Assurance Committee: replaced Healthcare Quality and Assurance Committee (HQAIC) With Quality, Planning and Professional Governance Group (QPPGG) Updated 5. Roles and Responsibilities Updated 9. Equality Impact Assessment Inserted 11 Archival of Documents	4
30/01/25	Head of Technical Services	Updated References Replaced QPPGG with Health Governance Assurance Group (HGAG) Replaced DEMG with DAG Job title change Head of Infection Prevention and Control to Director of Infection Prevention and Control	5

1. Introduction

All medical devices, equipment and the environment in healthcare settings may become contaminated with micro-organisms and thus can present a risk to patients, as well as to those subsequently handling or using equipment. Safe and effective decontamination of all re-useable equipment between uses is an essential part of routine infection prevention and control practice. Decontamination plays an important role in the prevention of infection in healthcare establishments. Staff have a duty to ensure that all equipment they use in whatever setting is clean when used and effectively decontaminated between patients/clients.

Prior to purchasing equipment staff must ensure that the item can be decontaminated effectively and that the company supplying the equipment offers clear instructions on suitable cleaning, disinfection and sterilisation methods. If advice is needed from the Infection Prevention and Control Team, please contact prior to purchasing equipment.

All requests for purchasing of equipment must comply with the procurement process outlined in **the NHSL Management of Product Sign off and the Procurement Guidance for Managers.**

All staff (including new staff) should be aware of infection control procedures and understand why they are necessary, be appropriately qualified and able to demonstrate competency before working in the healthcare setting.

In addition, all staff carrying out decontamination processes should have a formally documented training needs assessment and a record of training received as part of the Glennie framework report (2001).

2. Aim, Purpose and Outcomes

The purpose of this policy is to ensure a system is in place for effective decontamination of equipment and environment to prevent and control infection & communicable disease within NHSL Healthcare settings.

The term decontamination used in this document refers to all of the processes involved, including cleaning, disinfecting and sterilising of reusable equipment and the environment

The policy aims to:

- Protect patients, staff and the public by effective prevention and control of infection and communicable disease.

The outcome will be a consistent approach across NHS Lanarkshire acute sites and Health and Social Care Partnerships to ensure safe and effective decontamination practices to prevent the spread of infection.

3. Scope

3.1. Who is the Policy intended to Benefit or Affect?

This policy will be of benefit to:

- Patients-by effective prevention and control of infection and communicable disease;
- carers and relatives - by having a level of reassurance that interventions will be employed as appropriate to reduce the risk of harm to patients in receipt of dental care and treatment;
- staff - by having clear guidance and direction through a standardised policy; and
- organisation - by having clear guidance and direction through a standardised policy.

3.2. Who are the Stakeholders?

NHSL staff, service users, carers and partner agencies.

"NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about Data Protection legislation and how we process your information, please visit the current Data Protection legislation Notice on our website at www.nhslanarkshire.scot.nhs.uk or ask a member of staff for a copy of our current Data Protection legislation Notice."

4. Principal Content

4.1. Policy Statement

The Infection Control Committee (ICC) retain overall corporate management responsibility for the prevention and control of infection and communicable disease within NHSL and this policy document, the vehicle through which this is implemented, is managed and maintained on their behalf by the Decontamination Assurance Group (DAG).

The purpose of this policy is to provide staff with clear guidelines and enable them to prevent cross-infection due to contamination of equipment and the built environment. Some areas will need to have local processes/procedures in place; these must be developed in consultation with Infection Prevention and Control Team (IPCT).

4.2. Objectives

The objectives for decontamination are to:

- Remove organic matter e.g. body fluids, food, soil which may contain or support the growth of pathogenic organisms;
- prevent the accumulation of dust which may contain pathogenic organisms;
- ensure procedures are implemented that provide clean and safe healthcare setting; and
- have systems in place to assess, manage, monitor and document all potential hazards related to decontamination as part of a robust management system.

Ensuring the Chief Executive (The Duty Holder) is aware of the policy and is familiar with the devolved responsibilities, duties and relevant procedures.

4.3. Safe working place

A wide variety of micro-organisms may be present in the blood and body fluids, of patients. During treatment infection may be transmitted through direct contact, trauma, bites, droplets, aerosols or inoculation by contaminated instruments.

Most carriers of infection, including, blood borne viruses (BBV), are unaware of their condition and therefore it is important that the same control of infection practice is adopted for all patients. “Standard Infection Control Precautions” must be observed at all times to ensure a safe approach for all.

4.4. Definitions

- **Decontamination** – A combination of processes which removes or destroys contamination so that infectious agents or other contaminants cannot reach a susceptible site in sufficient quantities to initiate infection or other harmful response

It is important to establish the differences between cleaning, disinfection and sterilisation, which are used in the process of decontamination;

- **Cleaning** – The physical removal of contaminants including dust, soil and organic matter, along with a large proportion of micro-organisms. Thorough drying following cleaning will cause a further reduction. This is the first and most important step in any decontamination process.
- **Disinfection** - Utilising heat or chemicals to reduce the number of viable micro- organisms to a level which is not harmful to health (but not all viruses and/or bacterial spores)
- **Sterilisation**- Renders the object free from viable micro-organisms, including bacterial spores and viruses
- **Medical devices** refer to all products, except medicines, used in healthcare for diagnosis, prevention, monitoring or treatment. This includes a range of products including surgical instruments to hospital beds.
- **Single-patient use** items are any medical devices deemed unsuitable for re-processing as stated by the manufacturers. Equipment labelled as such may be used a number of times by the same patient only.
- **Single-use/disposable** items are any medical devices deemed unsuitable for re-processing as stated by the manufacturers; these items must be disposed of after each use.

- **Symbols relating to single use items:** All staff must be aware of and familiarise themselves with the following symbols and their meaning (not all symbols will appear on every packet).

Date of Manufacture

Caution
Consult the instructions for use

Do not re-use

Use by Date

- **Contamination** is the soiling or pollution of inanimate objects or living material with harmful, potentially infectious or unwanted material.
- **Scheduled cleaning**

  Equipment and Environment will be subject to a cleaning schedule which will detail cleaning frequency and cleaning procedure, including cleaning agents to be used and the staff responsible. There are procedures common to all cleaning schedules, but certain items of equipment require particular actions (e.g. the finish or design of an item of equipment may require special attention to ensure that it is effectively cleaned.
- **Creutzfeldt–Jakob disease** and variant Creutzfeldt–Jakob disease (vCJD) are degenerative neurological disorders that are incurable and invariably fatal. Brain tissue develops holes and takes on a sponge-like texture. This is due to a type of infectious protein called a prion. Prions are misfolded proteins which replicate by converting their properly folded counterparts. Standard sterilisation methods will not destroy these abnormal prion proteins.

4.5. Risk Management

Any member of staff undertaking the decontamination of reusable patient equipment should be aware of the principles of decontamination and the risk assessment process they need to undertake when deciding on the most appropriate to be used. Staff must also be aware of the manufacturer's recommendations when decontaminating equipment, if they choose not to follow the recommendations they may take on product liability and not decontaminate the equipment effectively leading to an increased risk of cross infection.

Medical equipment is categorised according to the risk that the particular procedure poses during the procedure. For example, items that come into contact with intact mucous membranes are classified as medium risk and require disinfection between each use as a minimum standard. Items that enter normally sterile body areas, or items that come into contact with broken mucous membranes, are classified as high risk and must be sterile before use.

This guidance should not be used by staff if they:

- Are unsure of the manufacturers guidelines on decontamination;
- are unsure of the hazards posed by the decontamination process in relation to Control of Substances Hazardous to Health Regulations 2002 (COSHH);
- do not have the facilities or personal protective equipment available to undertake decontamination safely; and
- the equipment is single use

4.6. Risk Assessment and choice of decontamination method

The safe decontamination of patient equipment is an essential part of routine infection prevention and control. The method of decontamination selected should consider the risk of the item acting as a source of infection and the decontamination information provided by the manufacturer.

Before undertaking any reprocessing staff should use the above risk assessment tool (as table 1) to determine the required, cleaning, disinfection and sterilising process needed. Manufacturer's guidance should always be followed when decontaminating any equipment/instruments.

It is essential to ensure that the manufacturer states the method of decontamination for any new equipment/instrumentation purchased as this may impact on the eventual purchasing decisions that are made.

Table 1 categorises the risk associated with the use of the device and the required level of decontamination for that device;

Table 1: Decontamination requirements based on device use and risk based on the Spaulding Classification System

Risk	Application	Recommendation
Critical	Items that enter the vascular system or are introduced into sterile body tissue e.g. surgical instruments	Equipment / instruments must be cleaned and sterilised after each patient use. These instruments **must** be sterile at point of use.
Semi-Critical	Items in contact with mucous membranes e.g. Flexible endoscopes, laryngoscopes.	Equipment / instruments require high level disinfection between each patient uses. These items need not be sterile at point of use.
Non-Critical	Items in contact with healthy skin or the environment including stethoscopes and thermometers.	Decontamination in line with the National Infection Prevention and Control Manual.

4.7. Decontamination Methods

Appendix 4 shows an A-Z list of items of equipment and appropriate decontamination methods. This is intended as additional information, and is not an exhaustive list.

4.8. Training and Competence

All staff that decontaminate medical devices classed as critical (surgical instruments) or semi critical (endoscopes) or who are involved in the management of decontamination services i.e. Decontamination Lead, Authorised Users, must undertake additional training and education appropriate to their role.

Staff (Operators) who are involved in decontamination of non-critical equipment will receive in-house training as part of their infection prevention and control corporate and local induction.

4.9. Record Management

Decontamination facilities, including Endoscopy Decontamination Units and Local Decontamination Units, must have in place a record keeping regime to ensure the decontamination process is documented and both manual and automated medical device reprocessing is recorded. The records must show that the decontamination parameters have been met and the device is rendered safe for reuse.

This is particularly important for sterile products whose records must detail process parameters used and achieved during the sterilisation of a device.

Validation records for automated decontamination equipment (e.g. washers and sterilisers) must be held by the decontamination facilities.

For surgical instruments and endoscopes records must be maintained and retained to enable devices to be traced to an individual patient.

4.10. Reporting Structures

The required management structure and the necessary appointments to support the communication route and management of the NHSL Decontamination are shown in Appendix 1.

In the event of an identified potential hazard there is a defined NHSL structure to ensure that the relevant departments can effectively investigate and manage the situation. The communication links within the structure are shown in Appendix 2.

The responsibility for continuous monitoring of the effectiveness of this policy lies with the DAG. The reporting structure to Clinical and Corporate Governance is shown in Appendix 3.
PFI communication and reporting involves the Special Purposes Vehicle (SPV) and the FM Provider within Appendix 2.

4.11. Policy Development & Consultation

Development of the policy has been undertaken by the Head of Technical Services Property and Support Services Division in consultation with the Director of Infection Prevention and Control, Decontamination Clinical Nurse Specialist, Infection Prevention and Control Team, Infection Control Doctor (ICD), Consultant in Public Health Medicine (CPHM), Decontamination Assurance Group (DAG) and Infection Control Committee (ICC)

4.12. Implementation

Following endorsement by Infection Control Committee (ICC) the policy will be displayed on the NHSL's intranet (Firstport). The raising of Policy awareness will be carried out via induction and mandatory training

5. Roles and Responsibilities

All NHSL staff, suppliers and contractors who have any involvement with decontamination have a responsibility to comply with the organisation's arrangements for approved cleaning methods, disinfection products for healthcare equipment and the built environment. In order to comply with this policy, all staff, suppliers and contractors must be aware of the lines of communication and levels of responsibility, which exist to ensure that all decontamination matters are dealt with effectively**.**

5.1. Accountabilities and Responsibilities

5.1.1. The Chief Executive (Duty Holder) is responsible for the NHSL wide implementation of this policy, ensuring that sufficient resources are available to maintain and manage a clean and safe operational environment.

The Chief Executive shall delegate the responsibility for the overseeing the safe operation of the decontamination processes to the Director of Nurses, Midwives and Allied Health Professionals (NMAHPs) (Deputy Duty Holder).

The Chief Executive has overall responsibility for the implementation, monitoring and review of this policy; this responsibility is delegated to NMAHPs.

5.1.2. The Executive Director (Deputy Duty Holder); Director of Nurses, Midwives and Allied Health Professionals (NMAHPs) is responsible on behalf of the Duty Holder, for overseeing the development, implementation and management of infection prevention and control policies and setting the strategic direction of the NHSL Board to ensure compliance with legislation and mandate.

5.1.3. The Executive Leads Health and Social Care Partnerships

The Chief Executive shall delegate the responsibility for the overseeing the implementation of the safety and risk management strategy throughout the Health and Social Care Partnerships to the Chief Accountable Officers.

5.1.4. Director of Infection Prevention and Control (Decontamination Lead) is the chair of the Decontamination Assurance Group, (DAG) and Ventilation Assurance Group (VAG) & member Infection Control Committee (ICC). The Decontamination Lead will advise on related infection control policy and decontamination issues;

- Reviewing and updating this policy;
- providing assurance to Executive Director that this policy has been implemented across all clinical areas;
- approving decontamination procedures in specialist areas for specialist equipment and environment; and
- providing specialist advice in relation to this policy and on related Infection Prevention and Control Policies.

The Decontamination Lead reports directly to the Executive Director (Decontamination).

5.1.5. The Lead Infection Control Doctor (ICD) is responsible for advising on the microbiological aspects of decontamination.

The ICD is a member of the DAG, Water Safety Group and Infection Control Committee (ICC). The Consultant will advise on related infection control policy and decontamination issues.

5.1.6. Lead Decontamination Nurse Specialist is responsible for ensuring;

- That all decontamination processes are in keeping with current national guidance;
- evidence is available to provide assurance that staff involved in the decontamination process have been adequately trained;

and providing;

- advice prior to the purchase of new equipment;
- the DAG with evidence of decontamination compliance on a regular basis; and
- approving decontamination processes and procedures in specialist areas for specialist equipment and environment;
- auditing the documentation of decontamination process and equipment;
- reviewing and updating this policy.

The Decontamination Clinical Nurse Specialist should report directly to the Director of Infection Prevention and Control (Decontamination Lead).

5.1.7. Decontamination Assurance Group (DAG) is responsible for:

- Monitoring and overseeing all aspects of decontamination within the NHSL and ensuring compliance with external standards; and
- reporting through the Decontamination Lead to the Board via Quality, Planning and Professional Governance Group (QPPGG).

5.1.8. Infection Prevention and Control Team (IPCT) are responsible for:

- Reviewing and updating this document; and
- undertaking environmental audits in all clinical areas and providing the results of the audits to the Senior Charge Nurse of the clinical area and to the hospital hygiene groups.

5.1.9. The Directors of Hospital Services/General Managers and Senior Managers

Senior Managers are responsible for the development and implementation of local control of infection policies (including decontamination) within their areas. They must also:

- ensure that all staff including bank and locum staff are aware of this policy, adhere to it at all times and have access to the appropriate resources in order to carry out the necessary procedures;
- enable staff to deliver a safe and clean care environment with direct responsibility for ensuring that cleanliness standards are maintained;
- ensure that correct documentation is completed to evidence that cleaning has been undertaken; and

- provide assurance that all medical devices and patient equipment are cleaned between patient use to standards as outlined within the National Specification for Cleanliness (2015) and the National Infection Prevention and Control Manual.

5.1.10. The Clinical Nurse Manager Peri-Operative Services is responsible for ensuring:

- That all national guidance and accreditation processes are in place and evidenced;
- that the inventory of surgical instruments is proactively reviewed and managed in accordance with national frameworks, clinical requirements and industry best practice;
- specialist equipment is cleaned in accordance with the manufacturer's instructions;
- co-ordinating activity between the theatre, decontamination and supply/ procurement; and
- providing annual assurance of full compliance with national theatre guidelines including air quality.

Any sterile equipment must be stored in a secure location away from the public access in a clean, dry area (i.e. where risk of contamination with moisture and/or body fluids) and floor level.

5.1.11. The Clinical Director of Public Dental Services is responsible for health & safety and wellbeing of both staff and patients within this service.

5.1.12. The Senior Dental Nurses/Team Leads are responsible for ensuring:

- All staff are aware of and adhere to this policy;
- staff are adequately trained and complete yearly decontamination competency assessment;
- staff are up to date with disinfection and decontamination training as set out in the General Dental Council Standards & Principals and the Scottish Dental Clinical Effectiveness Programme;
- a safe and clean working environment
- that all cleaning and decontamination is documented & reviewed appropriately; and
- the validation and periodic testing of equipment is organized and carried out as set out in SHTM 01-01.

5.1.13. The Authorised User is responsible for the management of decontamination processes and to;

- certify that the decontamination equipment is fit for use;
- hold all documentation relating to the decontamination equipment, including the names of other key personnel;
- ensure that decontamination equipment is subject to periodic testing and maintain traceability records;
- authorise the use of decontamination equipment after major repair or refurbishment and after quarterly or annual tests in conjunction with the Authorised Person;

- appoint operators where required and ensure that they are adequately trained; and
- maintain production records.

The Authorised User may seek the advice of the Decontamination Lead, Decontamination Clinical Nurse Specialist, Infection Prevention and Control teams, Authorising Engineer (Decontamination AE(D), the ICD and the Authorised Person Decontamination AP(D).

5.1.14. **The Operator** is defined as any person with the authority to operate decontamination equipment, including the noting of instrument readings and responsible for the reporting of faults with automated equipment in the first instance.

Operators have documented training records to demonstrate that they are competent at undertaking their assigned tasks.

5.1.15. **Contractor (or supplier)** is defined as a person or organisation designated by Management to be responsible for the supply and installation of the washer disinfector or steriliser, and for the conduct of the installation checks and tests. The Contractor (or supplier) may also be the manufacturer of the machine.

5.2. Support Services

5.2.1. **The Head of Hotel Services** is responsible for providing the professional leadership for the operational delivery of the cleaning standards in accordance with NHS Scotland National Cleaning Services Specification (SHFN 01 – 02). This includes the provision of products, and ensuring all hotel services staff are suitably trained.

The Head of Hotel Services must ensure that:

- Appropriate standards of cleanliness in line with the cleaning schedules;
- assurance that environmental cleaning is carried out within this schedule - Cleanliness standards are monitored and feedback is given to the Senior Nurse/Manager with any remedial actions clearly identified within a specific timeframe;
- cleaning schedules that are available on request and are displayed in Domestic Services Rooms;
- assurance that any concerns raised are actioned promptly whoever they are raised by i.e. Senior Nurse, Ward Manager, Nursing, visitors, or patients; and
- ensure the provision of appropriate training for domestic.

5.2.2. **Domestic Services Managers** managing the day to day service delivery of the Domestic cleaning service within the NHSL. Responsibilities include:

- Setting standards;
- Involved in the selecting equipment, products, methods of cleaning;
- compiling work schedules and outcomes;
- setting staffing levels within budget.

5.2.3. Domestic Staff Managers/Teams are responsible for working with the clinical teams and undertake cleaning duties in accordance with the cleaning schedule.

5.2.4. All Staff are responsible for:

- Ensuring standards of cleanliness are maintained to protect patients and others. - Understanding their individual responsibilities in relation to environmental cleaning and decontamination of equipment;
- understanding the process for raising concerns in relation to failures in cleaning processes; and
- attending Infection Prevention and Control training as required within their role.

5.3. Specialist Technical Roles

5.3.1. The General Manager PSSD is responsible for:

- Ensuring robust systems, processes and adequate resources are identified in order to achieve high standards of cleanliness; and
- in conjunction with the Director of Infection Prevention and Control agree any changes in practice that have decontamination implications providing cleaning and estates exception reports to the DAG.

5.3.2. The Deputy Director of PSSD (Operations) is technically, professionally and managerially responsible for the engineering aspects of decontamination plant and environment. This function includes the management of the maintenance and testing programmes for decontamination machinery and physical environments.

5.3.3. The Deputy Director of PSSD (Projects and Assurance) is responsible for:

- Implementation and management of the cleaning service provider across NHS Lanarkshire;
- ensuring that contract negotiations and service planning identified through the Service Level Agreements (SLA's) and service specification are in place; and adhered to;
- changes to the specifications, are made in conjunction with the Director of Infection Prevention and Control, Infection Control Doctor and Lead Decontamination Nurse Specialist.

5.3.4. The Authorising Engineer Decontamination, AE(D). This person will act as an independent professional advisor to the NHSL board, to ensure that the organisation provides a safe operation and manages the decontamination services in accordance with the appropriate Scottish Health Technical Memorandum guidance and other Legislative/Scottish Government Health Department publications**.**

The Authorising Engineer Decontamination, AE(D) responsibilities are to advise on;

- decontamination management and operational decontamination staff on programs of periodic tests, periodic maintenance and operational procedures for automated decontamination;
- the suitability of the Authorised Person Decontamination, AP(D);
- audit reports of validation, revalidation and yearly tests carried out on the automated decontamination equipment submitted by the AP(D); and

- provide technical advice on purchasing & selection of automated decontamination equipment.

5.3.5. The Head of Maintenance Services is responsible for ensuring that the fabric, fixtures & fittings and ventilation of NHSL's premises are maintained to reduce the risk of HAI and that appropriate systems and processes are in place for the effective decontamination of equipment.

This role will manage day–to–day maintenance operations, liaising with other services in areas such as Healthcare Associated Infection Systems for Controlling Risk in the Built Environment, HAI-Scribe (SHFN30), minor and major works and planned/reactive and corrective maintenance.

5.3.6. Maintenance Manager Authorised Person Decontamination AP(D) is responsible for the practical implementation and operation of procedures relating to the engineering management of decontamination equipment including the operation of the permit to-work system.

The AP(D) will also be responsible for ensuring:

- and monitoring of planned preventative maintenance contracts relating to decontamination, including operating theatres;
- the maintenance of records and document control related to decontamination;
- the safe and effective systems of work for all installed automated decontamination equipment within their area of responsibility;
- the acceptance criteria for operational and performance testing of all installed decontamination equipment;
- the monitoring of any inter hospital transfer of equipment and its decontamination; and
- establishing and maintaining the roles and validation of Competent Persons (CP) Decontamination (D) who may be the employees of the organisation or appointed contractors;
- liaising with the AE(D), Decontamination Lead and other decontamination stakeholders;
- operating the permit system, working closely with the user;
- the continued registration of the CP(D)s as appropriate;
- liaising with the user, and other technical support personnel, to enable them to discharge their responsibilities for management of decontamination effectively; and
- that all national guidance and accreditation processes are in place and evidenced.

The AP (D) will report to the Head of Maintenance Services on a regular basis.

5.3.7. Competent Person (Decontamination) (CP(D)) is defined as a person designated by the AP(D) to carry out maintenance, validation and periodic testing of washer-disinfectors, sterilizers and endoscope washer disinfectors.

The responsibilities of a CP(D) are:

- to carry out maintenance tasks;

- to carry out repair work;
- to conduct validation tests and periodic tests as specified in SHTMs and relevant European standards;
- to witness the installation checks and tests carried out by the contractor, including ensuring that the calibration of each test instrument provided by the contractor has been checked on site and is satisfactory, and should arrange for test loads to be supplied as required.

5.3.8. Competent Person (Pressure Systems) [CP(PS)] is defined in the Pressure Systems Safety Regulations 2000 and is a chartered engineer responsible for drawing up a written scheme of examination for the system. E.g. porous load sterilisers.

6. Resource Implications

This policy is primarily related to the reduction of Healthcare Associated Infection (HAI). Failure to meet regulatory standards could lead to imposition of financial penalties, patient harm and reputational damage.

7. Communication Plan

The policy will be communicated as follows:

- The Infection Prevention and Control page on Firstport;
- Regular reminders in the staff briefing and toolbox talks;
- All Senior managers will be briefed on the policy.

8. Quality Improvement – Monitoring and Review

8.1. Monitoring

This policy will be monitored for effectiveness and compliance with NHS Scotland National Cleaning Services Specification and National Decontamination Guidance by carrying out:

- compliance audits of documentation maintained by the AP(D); and
- audits to ensure automated decontamination equipment & decontamination facilities are maintained according to National guidance.

Reviews will be carried out on regular basis by the Lead Decontamination Nurse Specialist and AP(D).

Where monitoring identifies deficiencies, recommendations and action plans will be developed by departmental leads and any required changes implemented accordingly. The results of each monitoring exercise and progress on these actions will be reported to the Decontamination Assurance Group.

8.2. Audit

NHSL appointed AE(D) is commissioned under SHTM 01 - 01: Decontamination of reusable medical devices, Part B - Equipment to carry out the annual audit.

8.3. Review

The NHSL Decontamination Assurance Group will review this Policy every 2 years, or when circumstances dictate.

9. Equality Impact Assessment

NHS Lanarkshire is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been appropriately assessed.

This policy meets NHS Lanarkshire's EQIA ☑ (tick box)

Document B has been completed and a copy has been sent to Equality and Diversity Manager

10. Summary of Policy /FAQs

There is no requirement for an FAQ's list to be read in conjunction with this Policy

11. Archival of Documents

When a corporate policy is created by NHS Lanarkshire it becomes an official document and policies must be controlled within the principles for archiving, retention and destruction contained in Scottish Government circular.

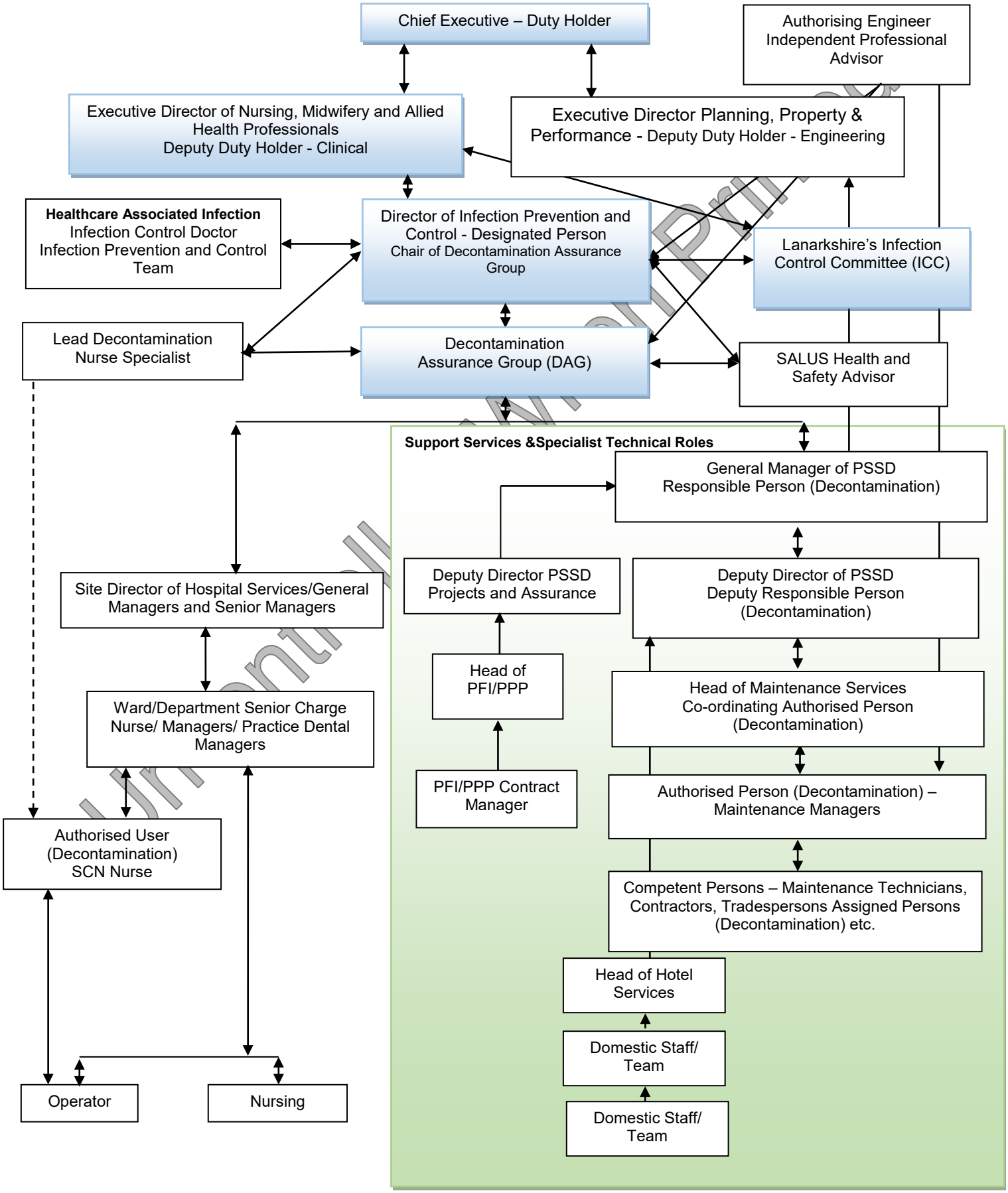
As an NHS Lanarkshire Board record, corporate policies must be retained permanently and will be managed through the Knowledge Services. The archive is kept within Firstport. Please email corporatepolicies@lanarkshire.scot.nhs.uk if you need access to any of the archived documents.

12. References

i. Health and Safety at Work etc. Act, 1974
ii. The Management of Health and Safety at Work Regulations,
iii. Control of Substances Hazardous to Health (COSHH) Regulations,
iv. Public Health (Infectious Diseases) Regulations,
v. NHS HDL (2005) 08 Infection Control Organisational Issues,
vi. NHS HDL (2001) 10 Decontamination of Medical Devices,
vii. NHS HDL (2001) 53 Managing the Risk of Healthcare Associated Infection in NHSScotland
viii. National Infection Prevention Control Manual
ix. CEL 08 (2013) Water sources and potential infection risk to patients in high risk units – revised guidance.
x. SHTM01-01 Parts A-F Decontamination of medical devices in a Central Decontamination Unit.
xi. SHTM01-02 Parts A-D Management, Operation and Testing of Laboratory Sterilizers and Washer Disinfectors
xii. SHTM01-05 Parts A-C for Local Decontamination Units equipment
xiii. Guideline on the management of Legionella cases, incidents, outbreaks and clusters in the community 2014 Health Protection Network Scottish Guidance.
xiv. SHPN 13 Part 1 – Decontamination facilities: Central Decontamination Units
xv. SHPN 13 Part 2 – Decontamination facilities: Local Decontamination Units
xvi. SHPN 13 Part 3 – Decontamination Facilities: Endoscope Decontamination Units
xvii. SHFN 01-02 NHSScotland National Cleaning Services Specifications
xviii. SHFN 01-01 NHSScotland National Facilities Monitoring Framework Manual
xix. IS0 15223 -1 Medical Devices - Symbols to be used with information to be supplied by the manufacturer.
xx. Department of Health & Social Care Minimise transmission risk of CJD and vCJD in healthcare settings: Prevention of CJD and vCJD by the Advisory Committee on Dangerous Pathogens Transmissible Spongiform Encephalopathy (ACDP TSE) subgroup
xxi. British Society of Gastroenterology (2020) Guidelines for Decontamination of Equipment for Gastrointestinal Endoscopy. The Report of a Working Party of the BSG Endoscopy Committee
xxii. Glennie Group Framework Report (2001)
xxiii. GUID 2013 NHSScotland Requirements for Compliant Endoscope Decontamination Units (EDUs)
xxiv. GUID 2005 Compliant Dental Local Decontamination Units.
xxv. Medical Devices Agency (1993) Safety Action Bulletin (93, 32) Endoscope Washer/disinfectors; recontamination of equipment (appears in DB 1999(03))
xxvi. Medical Devices Agency (2001) Safety Action Notice 2001 (28). Compatibility of Medical Devices and Reprocessing Equipment with Decontaminating Agents
xxvii. Medical Devices Agency (2002) Decontamination of Endoscopes MDA DB 2002 (05)
xxviii. NHS Executive (1999) vCJD. Minimising the Risk of Transmission. HSC 1999/178/1999
xxix. Scottish Health Working Group (2001) The Decontamination of Surgical Instruments and Other Medical Devices
xxx. Provision of Compliant Podiatry Instruments. NSS Health Protection Scotland

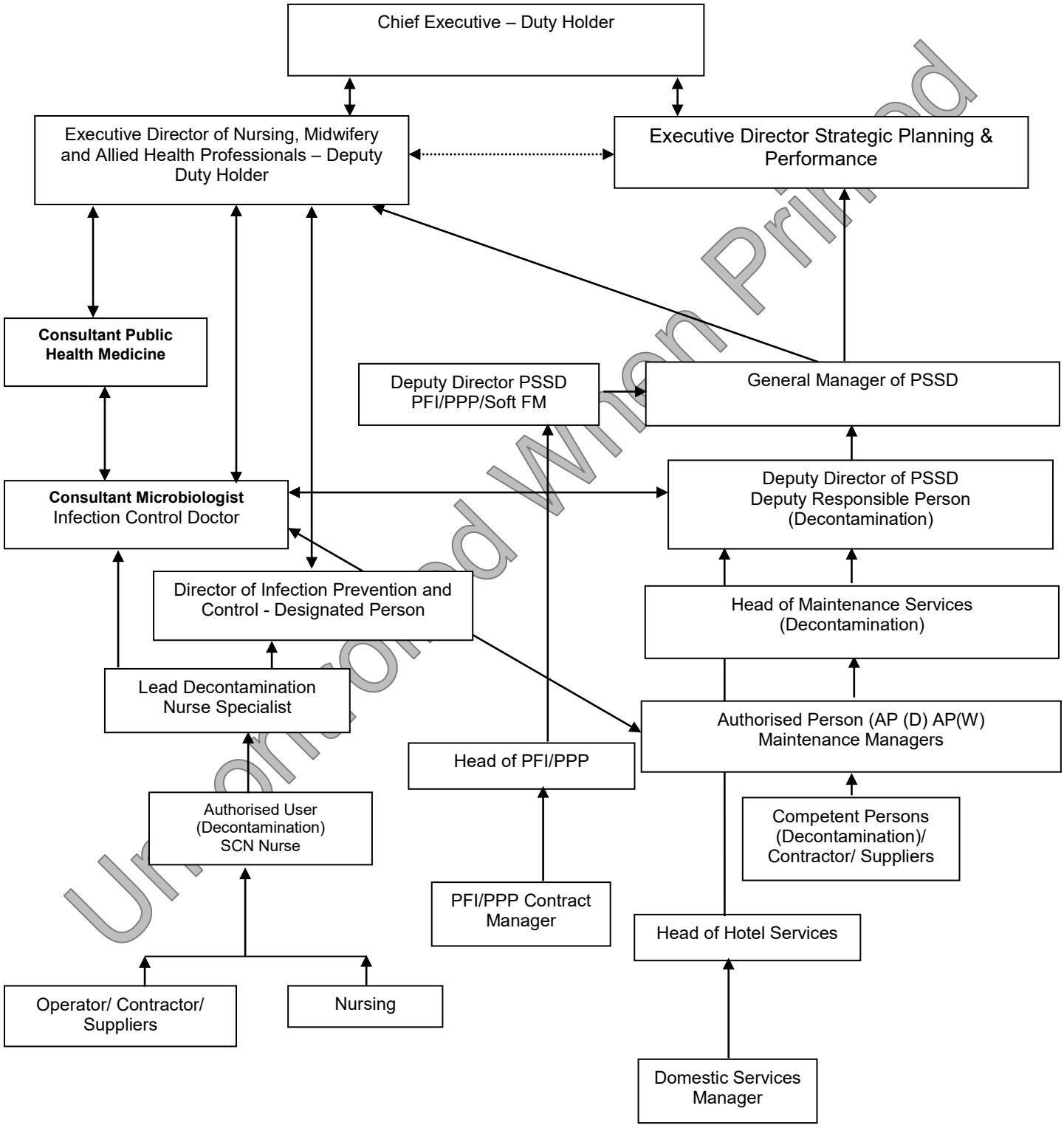
Appendix 1

Management and Appointment Structure for Decontamination

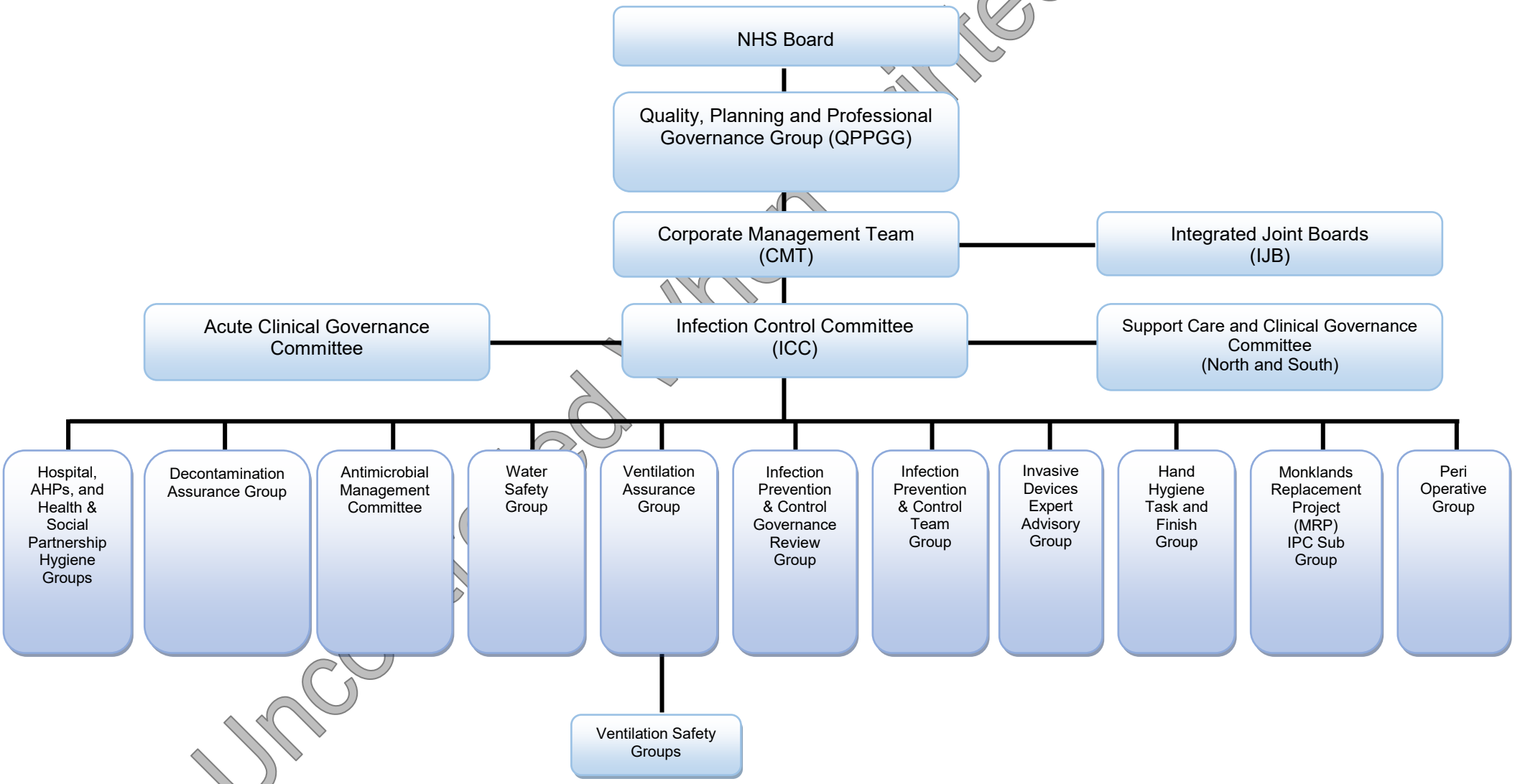


Appendix 2

Escalation and Communication Structure for the Identification of a Potential Hazard



Appendix 3
Clinical Corporate Governance



Appendix 4
A-Z Template for Decontamination of Re-Usable Communal Patient Equipment for Nurses, Midwives and Allied Health Professionals

All NHSL Wards and Department are required to have an alphabetical list (A-Z) of reusable communal equipment that includes the approach to decontamination.

NHS Lanarkshire (NHSL) has produced this A-Z template using guidance from Health protection Scotland (HPS). This guidance is a quick guide for frontline staff such as senior charge nurses and departmental managers to ensure that patients are cared for in a clean environment with clean, well maintained equipment. Compliance with this guidance is important to ensure that we reduce the risk of infection. All wards and departments, equipment, fixtures, fittings and walls will be clean and well maintained at all times.

The A-Z is not an exhaustive list and is designed to be populated locally by frontline staff. Once completed the document should be held at ward/department level and revisited each time guidance changes or when new equipment is purchase

This template can be used in conjunction with the principles laid out in the National Infection Prevention and Control Manual – Safe Management of Care Equipment.

Executive Lead for Healthcare Associated Infection Nurse Director for Nursing Midwifery and Allied Health Professionals (NMAHPs)	Head of Infection Prevention and Control

Core principles of cleaning

These principles should apply to any piece of equipment cleaned.

- Use one wipe / cloth at a time.
- Clean from the top surface, to the underside, to the frame, then to the wheels (where appropriate).
- Clean from the top to the bottom
- Use an “S” shaped motion from clean to dirty, overlapping a small section (3cm), but not going over the same area twice.
- Never use the same cleaning cloth / wipe for different surfaces or pieces of equipment.
- Once an item has been cleaned discard the cleaning cloth / wipe in the clinical waste stream.

Guidance on decontamination Methods if patient equipment or environment is contaminated with blood / body fluids or the patient is being nursed in an isolation room

Blood/Body Fluids

- Minimal contamination with blood can be cleaned using a Clinell Universal Wipe if the wipe can be used safely – the process must be risk assessed.
- Larger spills of blood must be cleaned using Actichlor Plus at a solution of 10,000ppm av.cl.

Contamination with body fluids must be risk assessed and the correct process followed for cleaning which will be:

- For patients identified as being *Clostridioides difficile Infection* Positive then Actichlor Plus Solution must be used.
- For small spillages where no *Clostridioides difficile Infection* is present or for urine then Clinell Universal Wipes can be used if it is safe to do so.
- For larger spills that cannot be safely absorbed by a wipe then Actichlor Plus solution must be used.

Isolation Rooms

- Communal Patient equipment should be single use if possible
- Daily clean of any reusable equipment must be undertaken by nursing staff using the correct process:
  - Clinell Universal Wipes provided the patient is *Clostridioides difficile* Infection Negative
  - Actichlor Plus at a strength of 1,000ppm av.cl if the patient is *Clostridioides difficile* Infection positive
- Daily clean of surfaces using Actichlor Plus Solution at a strength of 1,000 ppm av.cl will be undertaken by domestic service staff.
- On patient discharge or vacation of the single room – domestic service staff will clean hard surfaces & communal patient equipment with Actichlor Plus solution at a strength of 1,000 ppm av.cl
- In specific circumstances and after discussion with the Infection Prevention and Control Team (IPCT) this cleaning may be increased to twice daily.

Process when Rusty or Scratched Equipment Identified

As a standard NHSL expects that all wards and departments have equipment, fixtures and fittings that are rust and scratch free. Any communal patient equipment that is noted to be rusty or has scratches that pose an Infection Control risk must be removed from use and condemnation requested using the appropriate local process found using the link below:

Personal Protective Equipment

Appropriate personal protective equipment (as a minimum gloves and an apron) must be worn as per the National Infection Prevention and Control Manual during cleaning and disposed of as clinical waste.

Specialist Equipment

If any uncertainty exists on how to clean specialist medical equipment, advice should be sought from either the IPCT or the Decontamination Clinical Nurse Specialist (DCNS). Local areas must ensure staff are aware of and competent to clean specialist equipment in line with any manufacturers' instructions for use.

Cleaning Schedules

A cleaning schedule must be available in the clinical area. This document is a record of cleaning and can demonstrate that equipment has been cleaned and by whom.

Key for Decontamination Codes:

Key	Decontamination Method
1	Clinell Universal Wipe – Green Packet
2	Combined detergent/chlorine releasing solution with a concentration of 1,000ppm av cl. (Actichlor Plus)
3	Combined detergent/chlorine releasing solution with a concentration of 10,000ppm av.cl (Actichlor Plus)
4	Manufacturer's instructions; additional information in comments column
5	Alcohol wipe – 70% isopropyl alcohol – white packet
6	Lyreco Screen Cleaning Wipes
7	Clinell Detergent Wipes – Yellow Packet

Equipment (A-Z)	Routine decontamination Method				Decontamination method if contaminated with blood or body fluids or used in isolation rooms*		Decontamination responsibility	Comments
	Frequency				Frequency			
	Between patient use	Between use (on same patient)	Daily (when in use)	Weekly (when not in use regularly)	Between patient use	Between use (on same patient)		*Risk Assessment required to determine method of cleaning
A								
Alcohol Hand Rub Dispenser (bed holder)	1		1		1, 2 or 3	1, 2 or 3	Nurse	• Container should not be left empty
Auroscopes (Otoscopes)	1	1		1	1, 2 or 3	1, 2 or 3	Nurse Medical	• Ear Pieces are single patient use, dispose of into the healthcare waste stream • Allow to dry after wiping
B								
Baby Changing Mat	1	1		1	1, 2 or 3	1, 2 or 3	Nurse	• Surface must be intact with no visible signs of rips or tears.
Baby Cot	1		1	1	1, 2 or 3	1, 2 or 3	Nurse Midwife	
Basins	1	1		1	1, 2 or 3	1, 2 or 3	Nurse	• Store inverted, clean and dry • Discard if scratched.
Baths	1	1			1, 2 or 3	1, 2 or 3	Nurse	• Domestic will clean daily as part of cleaning regime
Bath Hoist	1	1		1	1, 2 or 3	1, 2 or 3	Nurse	• Refer to manufacturers' instructions
Bath / Shower Mats and Stools	1	1		1	1, 2 or 3	1, 2 or 3	Nurse	• Replace if stained / damaged • Store dry

Equipment (A-Z)	Routine decontamination Method				Decontamination method if contaminated with blood or body fluids or used in isolation rooms*		Decontamination responsibility	Comments
	Frequency				Frequency			
	Between patient use	Between use (on same patient)	Daily (when in use)	Weekly (when not in use regularly)	Between patient use	Between use (on same patient)		*Risk Assessment required to determine method of cleaning
Bedframe, top of mattress base plate, bed rails, bed head and footer & pull out linen holder	1	1		1	1, 2 or 3	1, 2 or 3	Nurse	• Discharge Bed cleaning may be done by domestic staff in some areas, discuss at local level. • Wipe off remaining residue with a clean, dry cloth as required.
Bed Locker	1		1	1	1, 2 or 3	1, 2 or 3	Nurse	• omestic staff will clean outer surfaces if clear to clean.
Bedpan holders	1	1		1	1, 2 or 3	1, 2 or 3	Nurse	• Store inverted, clean & dry • Discard if heavily stained or scratched.
Bedside Entertainment System	1		1	1	1, 2 or 3	1, 2 or 3	Nurse Domestic	• Single patient use earphone covers used – discard on patient discharge or if soiled. • Domestic staff clean the wall mounted equipment and supporting arm weekly. There is no discharge clean except in the case of a terminal clean. • Wipe off any remaining residue with a clean, dry cloth

Equipment (A-Z)	Routine decontamination Method				Decontamination method if contaminated with blood or body fluids or used in isolation rooms*		Decontamination responsibility	Comments
	Frequency				Frequency			
	Between patient use	Between use (on same patient)	Daily (when in use)	Weekly (when not in use regularly)	Between patient use	Between use (on same patient)		*Risk Assessment required to determine method of cleaning
Bed Table	1	1	1	1	1, 2 or 3	1, 2 or 3	Nurse Domestic	
Blood glucose machine	1	1		1	1, 2 or 3	1, 2 or 3	Nurse Medical	• Refer to manufacturers' instructions
Blood glucose box				1	1, 2 or 3	1, 2 or 3	Nurse	
Blood pressure monitors	1	1			1, 2 or 3	1, 2 or 3	Nurse Medical	• Refer to manufacturers' instructions • If a dedicated BP machine cannot be allocated to an isolation room, the BP machine must be cleaned down after use after removal from the isolation room. • Wipe off any remaining residue as required.
								•
Breast Feeding Pump	1	1		1	1, 2 or 3	1, 2 or 3	Nurse	• Refer to manufacturer instructions
C								
Catheter Stands	1		1	1	1, 2 or 3		Nurse	
Chairs (patient, visitors, reclining, including footrest)	1		1	1	1, 2 or 3	1, 2 or 3	Nurse Domestic	• Refer to manufacturers' instructions

Equipment (A-Z)	Routine decontamination Method				Decontamination method if contaminated with blood or body fluids or used in isolation rooms*		Decontamination responsibility	Comments
	Frequency				Frequency			
	Betwe en patient use	Between use (on same patient)	Daily (when in use)	Weekly (when not in use regularly)	Between patient use	Between use (on same patient)		*Risk Assessment required to determine method of cleaning
Clinical Storage racks/ cupboards/ Drawers				1			Nurse	• Or as spillages and accumulation of dust, dirt or debris requires. • Some of these will be on a clear to clean rota for domestic staff, discuss at local level
Commodes	1	1	1	1	1, 2 or 3	1, 2 or 3	Nurse	• Sticker or tape must be attached to indicate when and by whom it was last cleaned
Computer keyboard/mouse/monitor			1				Nurse	• Refer to manufacturers' instructions
D								
Danicentre				1	1, 2 or 3	1, 2 or 3	Nurse	
Defibrillator	1		1		1, 2 or 3		Nurse Medical	• Refer to manufacturers' instructions
Dispenser – alcohol hand rub, soap, moisturiser			1		1, 2 or 3	1, 2 or 3	Nurse Domestic	• Container should not be left empty
Dressing Trolley	1	1		1	1, 2 or 3	1, 2 or 3	Nurse	• Weekly includes underside and wheels.
Drugs Trolley			1				Nurse	

Equipment (A-Z)	Routine decontamination Method				Decontamination method if contaminated with blood or body fluids or used in isolation rooms*		Decontamination responsibility	Comments
	Frequency				Frequency			
	Between patient use	Between use (on same patient)	Daily (when in use)	Weekly (when not in use regularly)	Between patient use	Between use (on same patient)		*Risk Assessment required to determine method of cleaning
ECG Machine	1			1	1, 2 or 3	1, 2 or 3	Nurse Medical	• Refer to manufacturers' instructions • ECG electrodes are single use.
Electronic White Board			6	6			Nurse	• Clean electronic board / screen / processing unit daily • High dusting of support arms weekly or if visibly contaminated • Refer to manufacturers' instructions
Examination trolley/Couch	1			1	1	1	Nurse	• Surface must be intact with no visible signs of rips or tears. • Wipe off remaining residue with a clean, dry cloth as required.
Foam Wedges	1			1	1, 2 or 3	1, 2 or 3	Nurse	• Only use if covered with a plastic waterproof cover
Footstools	1		1	1	1, 2 or 3	1, 2 or 3	Nurse	
Fridges / Freezers			1	1			Nurse Domestic	• Remove items and maintain the cold chain if necessary • Clean inside and out then allow to dry • Replace items when temperature has been restored (1°C - 4°C) • Defrost freezer weekly

Equipment (A-Z)	Routine decontamination Method				Decontamination method if contaminated with blood or body fluids or used in isolation rooms*		Decontamination responsibility	Comments
	Frequency				Frequency			
	Between patient use	Between use (on same patient)	Daily (when in use)	Weekly (when not in use regularly)	Between patient use	Between use (on same patient)		*Risk Assessment required to determine method of cleaning
Hoist (including wheels)	1			1	1, 2 or 3	1, 2 or 3	Nurse AHP	• Run wheels over single use universal surface disinfection & cleaning wipe or cloth dampened with chlorine releasing agent at correct strength. • Dedicated equipment should be provided for patients in isolation. • Single use disposable slings should be used where possible and discarded on patient discharge or when isolation precautions end.
Ice Machines and scoops				1			Nurse AHP	• Switch off the machine. • Use the scoop to remove ice and discard the ice. • Single use universal surface disinfection and cleaning wipes for both the ice machine and the scoop. • Allow both machine and scoop to dry before switching the machine back on. • Refer to manufacturer instructions for use
Incubator	1			1	1, 2 or 3	1, 2 or 3	Nurse Midwife	

Equipment (A-Z)	Routine decontamination Method				Decontamination method if contaminated with blood or body fluids or used in isolation rooms*		Decontamination responsibility	Comments
	Frequency				Frequency			
	Between patient use	Between use (on same patient)	Daily (when in use)	Weekly (when not in use regularly)	Between patient use	Between use (on same patient)		*Risk Assessment required to determine method of cleaning
IV Drip Stand	1		1	1	1, 2 or 3	1, 2 or 3	Nurse	• Run wheels over single use universal surface disinfection & cleaning wipe or cloth dampened with chlorine releasing agent at correct strength.
IV Infusion Pump	1		1	1	1, 2 or 3	1, 2 or 3	Nurse Medical	• Refer to manufacturers' instructions
Linen Buggy			1		1, 2 or 3	1, 2 or 3	Nurse	• Immediately if soiled. • Run wheels over single use universal surface disinfection & cleaning wipe or cloth dampened with chlorine releasing agent at correct strength.
Macerator			1				Nurse	
Mattresses and Pressure Relieving Cushions	1	1		1	1, 2 or 3	1, 2 or 3	Nurse	• Mattresses must have an intact cover with no strike through e.g. the unzipped mattress cover reveals no soiling of mattress foam. • The mattress should be inspected for strike through following any contamination with bodily fluids. • Motor should be cleaned daily (where appropriate).
Medical Gas Equipment	1		1		1	1	Nurse	• Oxygen Cylinders cannot be

Equipment (A-Z)	Routine decontamination Method				Decontamination method if contaminated with blood or body fluids or used in isolation rooms*		Decontamination responsibility	Comments
	Frequency				Frequency			
	Between patient use	Between use (on same patient)	Daily (when in use)	Weekly (when not in use regularly)	Between patient use	Between use (on same patient)		*Risk Assessment required to determine method of cleaning
/ Oxygen trolleys / holders / regulators								cleaned using Actichlor Plus they must be returned to Pharmacy for specialist cleaning if required.
Nebulisers		*				*	Nurse	• Nebuliser pots are either single use or single patient use – refer to manufacturer data / packaging or infection prevention and control. • Single use – discard after use. • Single patient use – discard any remaining fluid (not down hand-wash sinks) • Wash pot in sterile water, dry thoroughly with paper towels and reassemble if single patient use. • Nebuliser pots, masks and tubing must only be used for a maximum period of 24 hours and then must be replaced.
Oxygen Mask and Tubing		*				*	Nurse	• Single patient use. • Clean, dry and free from blood and bodily fluids. • If soiled change / replace in line with manufacturer instructions if used on a long term basis
Patient Call Bell	1		1	1	1, 2 or 3	1, 2 or 3	Nurse	

Equipment (A-Z)	Routine decontamination Method				Decontamination method if contaminated with blood or body fluids or used in isolation rooms*		Decontamination responsibility	Comments
	Frequency				Frequency			
	Between patient use	Between use (on same patient)	Daily (when in use)	Weekly (when not in use regularly)	Between patient use	Between use (on same patient)		*Risk Assessment required to determine method of cleaning
Patient Notes Trolley				1			Nurse Clerkess	
Patslide	1	1		1	1, 2 or 3	1, 2 or 3	Nurse	• Store off the floor
Pillows	1			1	1, 2 or 3	1, 2 or 3	Nurse	• Pillows should be protected by an intact plastic waterproof cover, with no evidence of strike through or staining to the foam.
Pulse Oximeter	1		1	1	1, 2 or 3	1, 2 or 3	Nurse	• Refer to Manufacturer instructions
Racking for Patient Information Leaflets				1			Nurse	
Raised Toilet Seat	1	1		1	1, 2 or 3	1, 2 or 3	Nurse	
Respiratory Equipment: Spacers, peak flow, placebo inhalers			1			1, 2 or 3	Nurse	• These items are single patient use. • Dry thoroughly with paper towels and reassemble. • Use sterile rinse water for immunosuppressed patients. • If required for a long-term patient change weekly or as per manufacturer instructions.
Resuscitation Trolley	1		1		1, 2 or 3	1, 2 or 3	Nurse	• Pay special attention to the back of the trolley, wheels and ledges. • Record on daily resuscitation checking

Equipment (A-Z)	Routine decontamination Method				Decontamination method if contaminated with blood or body fluids or used in isolation rooms*		Decontamination responsibility	Comments
	Frequency				Frequency			
	Between patient use	Between use (on same patient)	Daily (when in use)	Weekly (when not in use regularly)	Between patient use	Between use (on same patient)		*Risk Assessment required to determine method of cleaning
Scales (weighing)	1		1	1	1, 2 or 3	1, 2 or 3	Nurse	• Pay special attention to base and wheels.
Scissors	1						Nurse	• Scissors used for aseptic procedures must be sterile single use scissors. • For patients in isolation use single use scissors.
Sinks			*		*	*	Nurse Domestic	• As per National Cleaning Services Specification and local risk assessment
Specialist Baths / Birthing Pools	4			4	4		Midwife Nurse	• Refer to local policy. • Plugholes and overflow should be free from build-up of lime scale. • Refer to manufacturers' instructions
Sharps tray	1		1	1	1, 2 or 3	1, 2 or 3	Nurse Medical Other	This may be undertaken by a phlebotomist
Stethoscopes	1		1		1, 2 or 3	1, 2 or 3	Nurse AHP Medical	• In high dependency areas there must be a designated stethoscope per patient. • Single use stethoscope covers can be used.
Suction Equipment	1		1		1, 2 or 3	1, 2 or 3	Nurse	• Suction catheters are single use items. • Suction tubing – change every 24 hours when in use. • Change liner in case of spillages / external

Equipment (A-Z)	Routine decontamination Method				Decontamination method if contaminated with blood or body fluids or used in isolation rooms*		Decontamination responsibility	Comments
	Frequency				Frequency			
	Between patient use	Between use (on same patient)	Daily (when in use)	Weekly (when not in use regularly)	Between patient use	Between use (on same patient)		*Risk Assessment required to determine method of cleaning
								contamination or when ¾ full.
T34 Ambulatory Syringe Pump	5		5	5	4	4	Nurse	• Allow to dry thoroughly after cleaning.
Toilets and Bidets			1		1, 2 or 3	1, 2 or 3	Nurse Domestic	• Cleaning services are required to clean sanitary ware each day.
Toys (non-absorbent ie plastic / absorbent ie soft toys	1			1	1, 2 or 3	1, 2 or 3	Nurse	• Refer to NHS Lanarkshire Toy Cleaning Policy
Training Mannequins (mouth / airway)	1 After individual user			1			User	• Dry thoroughly with paper towels. • Bag / valve / mask device must be used during training – also cleaned using single universal disinfection and cleaning wipes. • Refer to manufacturer instructions for use.
Tympanic thermometer	5		5	5	1, 2 or 3	1, 2 or 3	Nurse Medical	• Single use disposable covers • Refer to manufacturer instructions.
Vaginal Specula	1 If not disposable				1, 2 or 3 If not disposable		Nurse	• Ensure Sterilised packaging / manufacturers packing intact before use. • Remove gross debris immediately after use

Equipment (A-Z)	Routine decontamination Method				Decontamination method if contaminated with blood or body fluids or used in isolation rooms*		Decontamination responsibility	Comments
	Frequency				Frequency			
	Between patient use	Between use (on same patient)	Daily (when in use)	Weekly (when not in use regularly)	Between patient use	Between use (on same patient)		*Risk Assessment required to determine method of cleaning
								• return to sterile services for sterilisation • Or if Single use dispose of after use
Ventilator	1		1	1	1, 2 or 3		Nurse	• External Surfaces Daily • Internal mechanism - dispose of single use items and return re-usable parts to Steris • Refer to manufacturer instructions for use
W								
Wheelchairs	1		1	1	1, 2 or 3		Nurse Other	• After individual use, any blood or body fluid contamination will be cleaned by a member of NMAHPs staff prior to any planned cleaning by hotel services staff.
Z								
Zimmer frame	1		1	1	1, 2 or 3	1, 2 or 3	Nurse Other	