NHS Borders

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7.1 DECONTAMINATION OVERVIEW

Decontamination: the combination of processes, including cleaning, disinfection and/ or sterilisation, used to render a re-usable item safe for further use

Aim: To ensure that staff understand the difference between the requirements for single use, single patient use and reusable medical devices
To ensure staff understand decontamination guidelines for medical devices
To ensure staff are aware of the safe and appropriate use of disinfectants in order to reduce the risk of spread of infection within the health care environment

STANDARDS

Levels of decontamination: standards

Scrupulous cleaning with warm water and detergent removes large numbers of micro-organisms and the organic material on which they thrive. Detergent is necessary for effective cleaning. It breaks up grease and dirt and improves the ability of water to remove soiling. Thorough drying is essential as wet surfaces and equipment are more likely to encourage the growth of micro-organisms and allow the spread of potential pathogens. Cleaning is important in its own right as a method of decontaminating low risk items and is essential before disinfection or sterilisation processes.

Blood and other body fluids must be completely removed from instruments before disinfection or sterilisation. Organic material is coagulated by heat or chemicals and is subsequently difficult to remove after sterilisation and can hinder the decontamination process.

Single use – use once and then dispose of. This item must not be reused.

On manufacturers packaging if single use item.

Single patient use – the item may be reused on a named patient basis and discarded after the named person no longer requires the item.

Reusable medical devices – these may re-used if they are decontaminated correctly. See table 8.1.1
Table 8.1.1

LEVELS OF DECONTAMINATION	APPLICATION
Cleaning: a process that physically removes contamination (blood, faeces, etc) and many micro-organisms.	Suitable for **low risk items** which touch only **intact skin or which make no contact with the patient's skin**, e.g. BP cuffs, crutches, furniture etc. Low risk items should be kept clean and dry.
Disinfection: A process that destroys or prevents the growth of micro-organisms to a level at which they are not harmful. Spores may not always be destroyed.	Suitable for cleaning near patient equipment, that has been potentially contaminated by transmissible pathogens including C.diff or norovirus; particularly important during an outbreak situation. Also suitable for the terminal cleaning of rooms vacated by patients presenting an infection risk. [see section 3, 'Transmission Based Precautions' - Link]
High-Level Disinfection: a process that completely eliminates all microorganisms in or on an instrument, except for small numbers of bacterial spores.	Suitable for medium risk items, which have **direct or indirect contact** with a patient's mucous membranes or non intact skin, e.g. endoscopes, anaesthetic equipment.
Sterilisation: a process that removes or destroys all micro-organisms including spores.	Suitable for **high risk items** which directly or indirectly come into contact with sterile tissue/fluids e.g. surgical instruments. High risk items must be sterilised.

7.2 MEDICAL DEVICES, EQUIPMENT AND ACCESSORIES

Equipment

- Before any trial or loan equipment is used by NHS Borders staff, approval must be sought from the infection Prevention & Control Team [IP&CT], Procurement, Estates Medical Electronics and relevant manager.

- the IP&CT, Procurement & Estates Medical Electronics Departments will then advise on the correct procedures and safety measures to be adhered to

- it is important that the equipment meets all decontamination and Infection Control requirements

- further information and advice can be obtained from Estates Medical Electronics Department and the Infection Prevention & Control Team

Handling of disinfectants

Many disinfectants are hazardous substances and their use may produce harmful effects.

Disinfectants are chemicals that are subject to the Control of Substances Hazardous to Health [COSHH] Regulations [2002]. They require a full risk assessment to be carried out before their introduction (by the individual identified at local level to carry out this task).
They must be approved for use, and supplied by, NHS Borders.

To comply with the COSHH regulations and other safety measures, all disinfectants must be stored in locked cupboards away from medicines, members of the public and other unauthorised users

Safety precautions include:

- Following manufacturers instructions, use the correct disinfectant at the correct strength and for the correct contact time, appropriate to the equipment and its function

- do not use out-of-date solutions

- wear appropriate personal protective equipment (PPE) including disposable apron, disposable gloves or heavy-duty gloves, and facial protection if required

- ensure adequate room ventilation and avoid inhalation of fumes

- in case of contact with skin, wash off immediately with plenty of water as per manufacturers instructions

- if splashed into eyes, rinse immediately with plenty of water as per manufacturers instructions and seek medical advice. Do not delay.

Table 7.2.1: Current disinfectants in use

Disinfectant/ Preparation	When to use	Dilution/ comments
Chlorine Solution	Terminal or daily cleaning of source isolation rooms Terminal clean after outbreaks of infection Routine cleaning during outbreaks of infection	1000 ppm chlorine solution:
Chlorine Solution	Disinfection of dried blood spills Disinfection of wet blood spills	10, 000 ppm available chlorine: The appropriate container for dilution to 10, 000ppm is provided
Acti-chlor Granules	Disinfection of large spillages of blood and/or body fluids; **NOT URINE**	Apply granules to spillage as per manufacturer's instructions. The spillage should no longer have a fluid consistency. If the spillage is still liquid apply more granules. Once spillage has been solidified, remove with scoop or envelop with paper towels disposing in the clinical waste Urine spillages should be mopped up with absorbent disposable materials [e.g. paper towels], and placed in the clinical waste. No chlorine releasing solutions should be used, 1,000ppm chlorine solution, as it can react with the urine to form chlorine

		gas. Clean all spillage areas following management of the spillage, with General Purpose Neutral Detergent.
Alcohol wipes	Hard surface disinfection, e.g. Dressing trolleys	Follow manufacturers instructions
Clinell Wipes	For skin preparation prior to Peripheral Venous Cannula [PVC] insertion or Blood Culture sampling	As packaged
Chloraprep	For skin preparation prior to insertion of central lines, including Central Venous Cannulae [CVC's], Hickman lines and renal lines	As packaged

Detergents

General Purpose Detergent as supplied by NHS Borders

In catering: Bactericidal Detergent, for two sink method of washing crockery/ cutlery, when dishwasher awaiting repair.

Care Homes and Independent Sector

The Care Homes and the Independent sector have their own list of approved disinfectants and detergents.

Contamination Status Certificate

All items of equipment, including those which are collected by the Equipment Stores personnel and items being maintained or repaired by the Board Estates Department, which have been in contact with a patient's tissue/ body fluids **must have** a Contamination Status Certificate (http://intranet/resource.asp?uid=14568) completed before inspection, servicing or repair.

It is the responsibility of the **equipment user** to complete this form **before** the equipment is uplifted from the ward/department.

Guidelines for blood and body fluid spillages

Cleaning of the environment is normally the responsibility of General Services. However, most general services staff are not appropriately trained for the level of risk involved in dealing with body fluid spillages. Therefore it is always the clinical staffs' responsibility to initially attend to all body fluid spillages within a clinical area.

Cleaning up spills of blood or body fluid has the potential of exposing the health care worker to bloodborne viruses and other pathogens. Care must therefore be taken when carrying out this task. The health care worker must wear appropriate personal protective equipment (PPE). The procedure below shows the recommended methods for cleaning up blood, faeces, vomitus and urine spills.

All spillages must be attended to immediately

Staff must wear non sterile procedure gloves that are approved by NHS Borders and a disposable plastic apron when cleaning up all spillages. If there is a risk of splashing then facial protection must also be worn.

It is imperative that staff attending to spillages initially, remove as much of the spillage substance as possible using disposable absorbent materials, for example paper towels. These must be placed into the clinical waste after use.

Hard surface flooring

Blood and visible blood stained body fluid - large spillage (when the spillage is spreading over the surface)

- use disposable absorbent materials, for example paper towels to mop up spillage, avoiding spread of spillage if possible
- Dispose of paper towel/ roll into yellow clinical waste bag
- Treat spillage area with Acti-chlor granules. See table 8.2.1
- dispose of treated spillage matter into yellow clinical waste bag
- remove PPE and dispose of into yellow clinical waste bag
- wash and dry hands thoroughly.

Body fluid spillage (non blood stained) and small spillage (when the spillage is *not* spreading over the surface)

- using disposable absorbent materials, for example paper towels, mop up spillage, avoiding spread of spillage if possible
- dispose of paper towel/ roll into yellow clinical waste bag

- use chlorine releasing solution 10, 000 ppm available chlorine for small blood spillages

- treat spillage area with general-purpose detergent and warm water, using a clean disposable cloth. Dispose of into clinical waste bag

- remove protective clothing and dispose of into yellow clinical waste bag

- wash and dry hands thoroughly.

Cleaning carpets in the health care setting

Although no longer in areas where there is clinical activity, carpets are still present in some communal social areas. Spillage can usually be safely removed by thorough washing with a detergent solution, provided the operator wears protective clothing. Depending on the nature of the spillage, replacement of carpeting may have to be an option. **Blood stained carpeting must be removed, destroyed and replaced. Please contact a member of the IP&CT for advice**

- using disposable absorbent materials, for example paper towels, mop up spillage avoiding spread of spillage if possible

- dispose of paper towel/ roll into yellow clinical waste bag

- remove protective clothing and dispose of into yellow clinical waste bag

- wash and dry hands thoroughly.

The general services staff must clean the carpet as soon as is practicable. Please ensure that they are informed that cleaning is required.

Cleaning carpets in the patient's home

Cleaning of the home environment is not normally the responsibility of the district nursing or care staff unless it is directly related to the care of the patient. Spillages of blood or body fluid in the home environment should be attended to by the nursing or care staff

The spillage can usually be safely removed by thorough washing with household detergent solution. It is not always possible to use chlorine releasing solutions. The operator should ensure that the appropriate personal protective equipment is worn.

The general principles of decontamination are the same in both the hospital and community setting, though the methods may vary.

Table 7.2.2: Decontamination of high risk equipment or sites

EQUIPMENT/SITE	LEVEL OF RISK	METHOD	COMMENTS
Food Trolleys	HIGH	Clean all surfaces with detergent and warm water. Dry thoroughly	Immediately before and after use and when visibly contaminated
Humidifiers	HIGH	Disposable	Between patients and when visibly soiled. Store dry
Incubators	HIGH	Clean with general purpose detergent and warm water. For patients with known or suspected alert organisms or condition [including C. diff, MRSA or diarrhoea] use 1000 ppm chlorine solution	Clean between patients and when visibly soiled
Surgical Instruments	HIGH	Return to ASDU	After each use
Surgical Instruments "Danger of Infection"	HIGH	Follow agreed policy, e.g. place instrument trays into a danger of infection bag and return to ASDU	After each use inform ASDU that you are returning danger of infection instruments
Laryngoscope blade	HIGH	Single use disposable	Dispose after use
Spillage of blood, body fluids etc	HIGH	See table 8.2.1	
Razors	HIGH	Must be disposable. Razors must not be used for skin preparation prior to surgical procedures	Discard into sharps container after each individual use. All razors (electric or blade) must be for individual single patient use only

EQUIPMENT/SITE	LEVEL OF RISK	METHOD	COMMENTS
Suction equipment:			
Catheters	HIGH	Disposable – must be Discarded after each use	All disposable suction equipment should be disposed of as clinical waste
Tubing	HIGH	Disposable	Change daily and between patients
Bottles	HIGH	Disposable	
Water	HIGH	Use distilled water	Discard bottles of water used for this purpose after 24 hours. Water containers should be replaced on a daily basis. No residual water should be left in the container between use
Filter	HIGH	Disposable	
Gloves	HIGH	NHS Borders approved Non sterile nitrile procedure gloves	Change between patients and individual tasks on same patient
Portable suction equipment	HIGH		Per manufacturer's instruction Single Use. See local policy and manufacturer's instructions
Mops	HIGH / MEDIUM	Send to Area Laundry BGH	As per local policy

Table 7.2.3: Decontamination of medium risk equipment or sites

EQUIPMENT/SITE	LEVEL OF RISK	METHOD	COMMENTS
Endoscopes, Athroscopes, Bronchoscopes, Cystoscopes, Gastroscopes, Laparoscopes	MEDIUM	**High level disinfection/sterilisation**	Local cleaning is not permitted. A washer/ disinfector is used in designated areas as agreed by Board Management
Laryngoscope handle	MEDIUM	Single use disposable on resuscitation trolleys	
Manual Handling Equipment	MEDIUM	Wash with warm water and detergent. Dry thoroughly For patients with known or suspected alert organisms or condition [including C. diff, MRSA or diarrhoea] use 1000 ppm chlorine solution	At least weekly and when visibly contaminated. Send slings for laundering when visibly contaminated and after use with an infected patient Contact Moving and Handling for detailed advice
Nebulisers	MEDIUM	Refer to manufacturers advice Ensure dried thoroughly	After each use. For single patient use. The nebuliser may be retained for the duration of the patients stay. Replace if damaged or showing signs of wear and tear
Tympanic thermometers	MEDIUM	Wipe between each patient use	New disposable cover per patient
Urinals	MEDIUM	Disposable. Place into macerator	
Urine measuring jugs	MEDIUM	Disposable. Place into macerator	
Vaginal Speculae	MEDIUM	Disposable recommended. Re-usable send to ASDU	After each use

Table 7.2.4: Decontamination of low risk equipment or sites

EQUIPMENT/SITE	LEVEL OF RISK	METHOD	COMMENTS
Commode	LOW/ MEDIUM	Use 1000 ppm chlorine solution	Between patients Use dedicated commode for patient as advised and clean after every use
Auroscope	LOW	Clean with warm water and detergent, dry thoroughly	Between patients
Flower vases	LOW	Cut flowers should not be displayed in high risk areas including Intensive Therapy, Special Care Baby Unit, Renal Dialysis and ward 6.	
Intravenous infusion devices and stands	LOW	Clean with warm water and detergent. Dry thoroughly. For patients with known or suspected alert organisms or condition [including C. diff, MRSA or diarrhoea] use 1000 ppm chlorine solution	Between patients and when visibly soiled Complete and attach a contamination certificate status for any item requiring servicing or repair
Lockers	LOW	Wash tops with detergent and warm water daily. Wash inside with detergent and warm water weekly. For patients with known or suspected alert organisms or condition [including C. diff, MRSA or diarrhoea] use 1000 ppm chlorine solution	Between patients and when visibly soiled

EQUIPMENT/SITE	LEVEL OF RISK	METHOD	COMMENTS
Mattresses	LOW	Water impermeable cover. Wash with detergent and warm water. Dry thoroughly. For patients with known or suspected alert organisms or condition [including C. diff, MRSA or diarrhoea] use 1000 ppm chlorine solution. If a chlorine releasing agent is used, then ensure that the mattress cover is rinsed thoroughly before drying. This minimises the risk of damage to the mattress cover	See local policy and manufacturer's instructions Ensure scheduled mattress checks are performed
Oxygen masks	LOW	Disposable. In use, clean mask as required with warm water and detergent. Rinse and dry thoroughly	Single patient use
Oxygen tubing	LOW	Disposable	Single patient use
Pillows	LOW	Water impermeable Cover. Clean with warm water and detergent. Dry thoroughly	Between patients. When visibly soiled
Shelves In prep rooms	LOW	Wash with warm water and detergent. Dry thoroughly	Weekly
Sphygmomanometer	LOW	Clean outer casing with warm water and detergent. Remove cloth sleeve, wash in warm water and detergent. Dry thoroughly	Weekly. When visibly soiled Send to Area Laundry
Stethoscope	LOW	Clean with a detergent or alcohol wipe. Dry	After each use

EQUIPMENT/SITE	LEVEL OF RISK	METHOD	COMMENTS
Therapeutic Mattresses Board owned – from mattress store	LOW	The mattress, pump and tubing should be cleaned with warm water and detergent. Dry thoroughly. For patients with known or suspected alert organisms or condition [including C. diff, MRSA or diarrhoea] use 1000 ppm chlorine solution. If a chlorine releasing agent is used, then ensure that the mattress cover is rinsed thoroughly before drying. This minimises the risk of damage to the mattress cover	Weekly whilst in use for a patient. Between patients and when visibly contaminated. Before return to the bed store. See local policy
Therapeutic Mattresses Rented	LOW	The mattress pump and tubing should be cleaned with warm water and detergent. Dry thoroughly If immediate cleaning is required for patients with known or suspected alert organisms or condition [including C. diff, MRSA or diarrhoea] use 1000 ppm chlorine solution. If a chlorine releasing agent is used, then ensure that the mattress cover is rinsed thoroughly before drying. This minimises the risk of damage to the mattress cover	Weekly whilst in use and when visibly contaminated The mattress should be returned to the rental company for expert decontamination between patients if patient has a known or suspected alert organism or condition .

EQUIPMENT/SITE	LEVEL OF RISK	METHOD	COMMENTS
Therapeutic Mattresses Community	LOW	The mattress pump and tubing should be cleaned with warm water and detergent. Dry thoroughly	Weekly whilst in use. When visibly contaminated, the mattress should be returned to the Joint Community Store for expert decontamination between patients
Trolleys			
Dressing	LOW	Clean with detergent wipe Use disinfectant / alcohol wipe immediately prior to use	Before and after every use
Medicine	LOW	Wash inner and outer surfaces with warm water and detergent. Dry thoroughly	Weekly and when visibly soiled
Patient trolley's	LOW	Wash with warm water and detergent or detergent wipe. Dry thoroughly. If used by a patient with known or suspected alert organisms or condition [including C. diff, MRSA or diarrhoea] use 1000 ppm chlorine solution	Between patients and when visibly soiled
Case note trolley's	LOW	Ensure there is no collection of detritus under the holding area. Clean hard surfaces with detergent wipe	
Walls	LOW	Not normally required, but routine cleaning will be carried out by the Estates Department	Cleaning of walls after an area has been occupied by an "infected" patient is not normally necessary.

Skin disinfection

There are two principal reasons for removing or reducing the numbers of micro-organisms present on the skin or mucous membranes:

- to reduce the number of micro-organisms present before an invasive procedure
- to remove or destroy potentially pathogenic micro-organisms present on the hands of staff.

Bathing

The use of chemical disinfectants in patients' bath water is not routinely required.

After each patient, clean bath using general purpose detergent. For patients with known or suspected alert organisms or condition, including C. diff, MRSA, diarrhoea , or they pass faeces into the bath, clean with 1,000ppm Chlorine solution follow manufactures' instructions.

Skin preparation before an invasive procedure

Unless there is visible soiling, there is no need to clean the skin with alcohol or other disinfecting agents prior to an injection or routine venepuncture. Routine intramuscular and subcutaneous injections as well as acupuncture may therefore be given into clean skin without alcohol swabbing. Pre-cleaning with soap and water may be necessary where there is gross dirt or when degreasing is indicated. For convenience an alcohol wipe may be used, if this does not affect the properties of the medicine being injected. When cleansing area ensure it is thoroughly cleaned and allow skin to dry before injection.

• Preparation for insertions of intravenous catheters – peripheral and central.	70% isopropyl alcohol with 2% chlorhexidine. Allow skin to dry before starting procedure.
• Preparation before surgical procedures.	Refer to local policy. If hair removal is required, this should be undertaken as close to theatre time as possible. Clippers should be used for this purpose, not razors.

In areas where the use of skin preparation is low please use individual sachets as bottles of disinfectants can become contaminated and may cause an infection if used

7.3 TOY CLEANING POLICY

Aim: To ensure that toys used in NHS Borders must either be able to withstand washing within a laundry department or must be of a wipeable material. This can be achieved by reviewing what toys are in place and when toys need replacing, ensuring newly purchased or donated toys meet the above criteria

Toys can be a reservoir for pathogenic bacteria; however it is important to the children's development that they have access to toys. This policy is not to discourage the use of toys but to raise awareness that toys can be a potential or actual infection risk, particularly when toys are shared

Where toys are in place, it is important that the following good practice is encouraged to minimise the risk of infection.

Standards

Toys must be washed and dried according to a schedule. A risk assessment must be carried out within each clinical area, by the staff within that area; to determine the frequency required. The frequency must then be documented to enhance awareness amongst staff. However toys visibly contaminated with blood and/or other body fluids must always be washed and dried before they can be reused, or discarded in clinical waste and replaced as required. The Infection Prevention Control Team is happy to advise where necessary.

Soft toys

These are discouraged due to the difficulty of laundering. They must be able to withstand a minimum of 72°C. (Seek advice from the Laundry Manager, BGH)

Hard toys

- thoroughly wash and dry hands
- don a disposable apron and gloves
- clean with 1,000ppm Chlorine solution, using a clean disposable cloth for each toy
- rinse thoroughly in warm water to remove detergent/disinfectant
- dry thoroughly using paper towels/roll
- dispose of cleaning cloth(s), disposable apron and gloves into clinical waste
- thoroughly wash and dry hands

Donated toys

The suitability of donated toys must be subject to a risk assessment by the individual clinical area. The Infection Prevention Control Team are available to assist with the microbiological and infection risk element of the assessment. Potential donors should be encouraged to ask for advice on the choice of a suitable toy prior to purchase. It may be feasible to allow some toys to be given for individual use but not multi patient use.

Other points of note

For Health and Safety reasons, toys should always meet the appropriate British Standards and staff must observe the manufacturers recommendations. Toys with sharp and/or rough edges or those including small detachable components may pose particular problems to young children and should not be allowed within any ward or outpatient play area.

Inspect toys for damage or breakage and discard if unable to repair.

When there is an outbreak of infection, ensure toys are not shared. Any toys used by an affected child are for that child only and are decontaminated or discarded in clinical waste after use.

It may depend on the area that the toys are placed as to how they are managed, some areas pose more of an infection risk than others e.g. toys from an isolation room may require to be destroyed.

For further advice please liaise with the Infection Prevention Control Team

Ward 15 / Noah's Ark, Borders General Hospital, have their own toy policy which supersedes this one.

Other areas may also have their own toy policies but these policies must be approved by the IPCT.

7.4 USED LINEN POLICY

All used linen should be placed in the appropriate bags and dealt with as per policy.

Always thoroughly wash and dry hands after handling used linen.

Linen categories

Category of Linen	Definition	Type of Bag(s)
Soiled	Used linen (not contaminated with blood or body fluids)	White terylene hamper
Foul/ Infected (could include staff uniforms)	Used linen contaminated with blood/ body fluids known or suspected of being infected. This will include used linen from patients with alert organisms such as MRSA	Clear Disolvo bag with red writing stating 'Foul and Infected linen' and place into a red terylene hamper
Theatre linen – used/ foul/ infected	Used/ Grossly soiled with blood/ body fluid	Clear Disolvo bag with red writing stating 'Foul and Infected' linen inside blue polythene bag (separate theatre gowns from rest of linen)
Patients personal clothing	Used clothing	Grey terylene bag. (Keep individual patient clothing separate)
Patients personal clothing, (foul and from patient with a known/ suspected infection)	Contaminated with blood/body fluids or from patients with known or suspected alert organisms or condition [including C. diff, MRSA or diarrhoea]	Clear Disolvo bag with red writing stating 'Foul and Infected linen', and place into a red terylene hamper. (individual patient clothing in separate bag i.e. one bag per patient)
Staff uniforms		Blue terylene hamper (unless foul/infected see above)

Use of water-soluble bags (Disolvo Bags)

- linen which is damp should be folded with the damp portion innermost

- ensure that alginate bags containing foul or infected linen are placed into a red terylene hamper

- ensure that the enclosed alginate bag is then placed in a terylene hamper with the appropriate colour coding

- soluble bags should be filled only to 2/3 capacity

- before sealing, expel air gently to prevent the bag bursting in transit.

Washing of patients clothing in ward areas

Some wards have dedicated laundry facilities/area that are used by patients as part of their rehabilitation.

Wards that have no designated laundry area/facilities should consider sending patients clothing to the laundry department. (Follow the colour coded laundry procedure).

However they may be sent home with visitors whichever is most suitable for the patients/visitors individual needs. Where clothing is contaminated with blood/body fluids the **visitors must be informed** of this and must be **agreeable/ comfortable** about taking this type of clothing home to be laundered by them.

A leaflet 'Washing clothes at home' is available to give to visitors if required.

The rinsing of soiled clothing cannot be done in the ward unless designated facilities are available as there is a potential risk to staff and the environment of contamination from aerosol spray. Also the cleaning of the used sink/equipment is of the utmost importance to prevent cross contamination. Staff to contact the Laundry Department for advice

Laundry department
It is important that staff at ward level follow the correct procedure for all categories, particularly with the bagging of patients' personal clothing to ensure that correct procedures are followed in the laundry

Incorrect bagging could result in the patient's personal clothing being ruined. If this occurs the laundry staff cannot be held responsible
In the event of incorrect bagging, nursing staff will be asked to visit the Linen Services Department to rectify the mistake.

7.5 CLEANING OF ISOLATION ROOM

Cleaning responsibilities

Cleaning responsibilities are detailed in the 'Roles/Responsibilities of Cleaning Furniture/Equipment in Patient Areas' document found in section 2.1 of this manual (standard infection control precautions.) When an isolation room is identified the Nurse in charge of the ward/department should notify the domestic supervisor that special cleaning is required as soon as possible. Normal cleaning procedure is detailed below.

However, in instances when the infection is of C difficile or suspected Norovirus, 1,000ppm chlorine solution should be used for routine cleaning purposes.

The Supervisor will ensure that the procedure is known and understood by the member of general services and that suitable equipment and materials are available.

For relatives wishing to take patients clothing home to launder, relatives must be informed of the possibility of an outbreak on the ward. The clothing should be placed into plastic bag for the relative and relative informed that clothing should be washed on a separate cycle at the correct temperature for the clothing.

- clean dedicated commode with general purpose detergent and warm water followed by 1,000ppm chlorine solution after each use. Dry thoroughly

- 1,000ppm chlorine solution should be used for routine cleaning purposes by general services staff

- when patient 48 hrs asymptomatic, single room isolation and enteric precautions may be stopped

- terminal cleaning of single room and all patient equipment is essential, using 1,000ppm Chlorine solution . If patient is to remain in single room, then terminal clean must still be performed in that room.

  There is no need to send further stool specimens unless patient becomes symptomatic again.

All equipment should be kept exclusively for that room during the period of isolation. They should be stored in the room or in a clearly defined area outside it.

All surfaces, fittings and furniture should be damp dusted daily with neutral detergent and hot water using paper roll or single use cloth. Disinfection is not required unless the surface is contaminated with body fluids or otherwise indicated

Sinks, baths, showers and wash hand basins are cleaned in the normal way, then rinsed and dried with paper roll.

Toilet pan should be cleaned in the normal way, the brush rinsed and stored to facilitate drying. Toilet seats should be cleaned with neutral detergent and hot water, rinsed and dried.

Floors should be cleaned in the normal way with neutral detergent and hot water. Mop heads should be put into clear plastic bag and sent to laundry. The bucket should be washed, rinsed, dried and stored inverted.

Wall washing is not required unless visibly dirty or contaminated with splashes of body fluids. When patient has vacated room however wall washing will be required, if it is a large area (e.g. 6 bedded room) the works department may undertake this duty.

Items nursing staff are responsible for cleaning are all detailed in Cleaning Responsibilities and there is a reference to the cleaning procedure which must be used. These are items are medical equipment and patient aids and may include commodes, medicine cabinets, drip stands, lifting apparatus, scales, medical monitoring equipment. In short, any item which aids the nursing process. Nursing staff are also responsible for cleaning and disinfecting the patient bed base, mattress and the primary clean up of any blood and body fluid spillage.

Terminal Cleaning of Isolation Room

Nursing duties

- don disposable plastic apron and gloves

- strip bed and clean all items detailed in Cleaning Responsibilities for nursing staff to clean following the cleaning procedure referenced but in place of detergent substitute 1000 ppm available chlorine solution, dry thoroughly with paper towels or roll
- do not remake bed until all other cleaning is completed by General Services

- toys and books, which cannot be washed or laundered, must be discarded into yellow clinical waste bag.

When cleaning completed, remove disposable gloves and apron, discard into yellow clinical waste bag. Thoroughly wash and dry hands.

General Service's duties

Chemicals for cleaning barrier rooms:
1,000ppm Chlorine solution

- don disposable plastic apron and gloves
- assemble necessary cleaning equipment
- remove all curtains (window, screen and shower) for laundering
- clean all horizontal surfaces, furniture, fixtures and fittings, with 1,000ppm Chlorine solution. Dry thoroughly with disposable yellow cloth
- toilet and hand towel dispensers; after washing these items with 1,000ppm Chlorine solution, a few sheets of toilet roll and the hand towels exposed to the environment should be disposed of in a yellow clinical waste sack
- the bathroom is cleaned as daily clean with 1,000ppm Chlorine solution particular attention to all surfaces used by patient, i.e. toilet seats, shower, handles and grasp rails
- clean the ward and bathroom floor by either mopping or machine scrubbing with 1,000ppm Chlorine solution. All electrical equipment used must be cleaned and dried within the room and any pads disposed of in a yellow clinical waste bag. All mops used must be sent to the laundry
- when cleaning is complete, remove disposable gloves and apron, discard into a yellow clinical waste sack. Thoroughly wash and dry hands

Further advice can be sought from the General Services Manager or Infection Control Nurse.