



## Decontamination and disinfection policy

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Type of document	Policy
Target audience	All CWP staff
Document purpose	To provide Trust-wide guidance on decontamination and disinfection

Document consultation	Infection Prevention and Control Team, Health and Safety Advisor	
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CWP documents to be read in conjunction with	<a href="#">HR6</a> <a href="#">GR28</a> <a href="#">IC1</a> <a href="#">IC18</a> <a href="#">IC19</a>	Trust-wide learning and development requirements including the training needs analysis (TNA) Medical devices policy Trustwide Infection Control Operational Policy Operational cleaning policy Dress code policy
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Training requirements	There <b>are no</b> specific training requirements for this document. This policy will be discussed at the Trust's Mandatory Infection Prevention and Control Training and at all IPC Induction sessions.
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Financial resource implications	No
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### Equality Impact Assessment (EIA)

Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
<ul style="list-style-type: none"> <li>• Race</li> <li>• Ethnic origins (including gypsies and travellers)</li> <li>• Nationality</li> <li>• Gender</li> <li>• Culture</li> <li>• Religion or belief</li> <li>• Sexual orientation including lesbian, gay and bisexual people</li> <li>• Age</li> <li>• Disability - learning disabilities, physical disability, sensory impairment and mental health problems</li> </ul>	No No No No No No No No No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
<ul style="list-style-type: none"> <li>• If so can the impact be avoided?</li> </ul>	N/A	

• What alternatives are there to achieving the document without the impact?	N/A	
• Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required?	No	
What is the level of impact?	Low	

### Document change history

Changes made with rationale and impact on practice
<ol style="list-style-type: none"> <li>1. Monitoring arrangements [May 2009]</li> <li>2. Addition of more detailed decontamination/cleaning responsibilities and guidance [June 2009]</li> <li>3. Guidance for the cleaning of laryngoscope handles in accordance with the Medicines and Healthcare Products Regulatory Agency Alert [September 2011]</li> <li>4. Added in new section 3.5 body fluids.</li> <li>5. Add new appendix 4.</li> </ol>

### External references

References
<ol style="list-style-type: none"> <li>1. Advisory Committee for Dangerous Pathogen (1998). Transmissible Spongiform Encephalopathy Agents: Safe Working and the Prevention of Infections</li> <li>2. Advisory Committee on Dangerous Pathogens. Protection Against Bloodborne Infections in the Workplace – HIV &amp; Hepatitis</li> <li>3. Ayliffe G.A.J., Coates D. and Hoffman P.N. (1986). Chemical Disinfection in Hospitals PHLS LONDON</li> <li>4. Ayliffe G.A.J., Lowbury E.J.L., Geddes A.M. and Williams J.D. (1992) Control of Hospital Infection – A Practical Handbook (3rd Edition) Chapman and Hall Medical, LONDON</li> <li>5. British Medical Association (1989). A Code of Practice for the Sterilisation of Instruments and Control of Cross Infection</li> <li>6. British Medical Association London. Control of Substances Hazardous to Health Regulations 1999 (COSHH)</li> <li>7. Care Quality Commission (2009). Background on HCAs. Retrieved from the World Wide Web May 6<sup>th</sup> 2009. <a href="http://www.cqc.org.uk/guidanceforprofessionals/healthcare/allhealthcarestaff/managingrisk/healthcare-associatedinfec/backgroundonhcais.cfm">http://www.cqc.org.uk/guidanceforprofessionals/healthcare/allhealthcarestaff/managingrisk/healthcare-associatedinfec/backgroundonhcais.cfm</a></li> <li>8. Department of Health and Public Health Laboratory Service (1995). Hospital Infection Control – Guidance on the Control of Infection in Hospital Department of Health, London.</li> <li>9. Department of Health 2008 (2010). The Health and Social Care Act. Department of Health, London.</li> <li>10. Department of Health (2000). Control Assurance Standards – Decontamination of re-usable devices</li> <li>11. Department of Health (1999). Decontamination Guidance (CD Rom Version 1.0) NHS Estates</li> <li>12. Horton R., Parker L. (1997). Informed Infection Control Practice. Churchill Livingstone</li> <li>13. MDA DB 2000 (04). Single-use Medical Devices: Implications and Consequences of Re-Use</li> <li>14. Medical Device Alert 27/09/2011 ref.MDA/2011/0096</li> </ol>

**Monitoring compliance with the processes outlined within this document**

Please state how this document will be monitored. If the document is linked to the NHSLA accreditation process, please complete the monitoring section below.	Via Infection Prevention and Control (IPC) Audits and Credits for Cleaning (C4C)
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## 1. Introduction

All medical devices and equipment used in healthcare environments may become contaminated with micro-organisms and can thus present a risk to patients, as well as to those subsequently handling or using them. Safe and effective decontamination of all re-usable equipment between uses is therefore an essential part of routine infection prevention and control practice. Inadequate decontamination has been responsible for outbreaks of infection in healthcare establishments and can result in the transmission of a range of micro-organisms from blood-borne viruses such as HIV or Hepatitis B, to fungal and common bacterial infections. This policy describes the cleaning and disinfecting procedures that must be followed to minimise these risks.

The role of decontamination procedures as part of effective measures for the prevention of cross infection is essential for ensuring the safety of service users and Trust staff in accordance with the guidance set out in The Health and Social Care Act (DH 2008) and other relevant documentation as referenced. The Trust has a responsibility to have systems in place to ensure that all re-usable medical devices/equipment are adequately and correctly decontaminated after/before use and that the risks associated with decontamination processes are adequately managed

Whilst the policy aims to cover all equipment in use across the Trust (see [appendix 3](#)), it must be recognised that this list is not exhaustive and staff should contact the Infection Prevention and Control Team if they have any concerns regarding decontamination of a particular item within their area or remit.

### 1.1 Aim

For all Trust staff to understand the principles outlined in this policy and to put them into practice in their working areas; it is the personal responsibility of each employee to comply with CWP's infection prevention and control policies at all times in order to maintain the safety of service users, carers and staff.

## 2. Definitions

**Decontamination** - A general term used to describe the destruction or removal of microbial contamination to render an item or the environment safe. The term decontamination includes cleaning, disinfection and sterilisation.

**Cleaning** – a process that removes contamination such as dirt and dust, and organic matter such as blood and faeces. This is usually carried out with general detergent and warm, soapy water. Cleaning is a prerequisite to disinfection or sterilisation.

**Disinfection** – reduces the number of micro-organisms to a level at which they are not harmful, killing most, but not all viable organisms. NB: Spores will not be destroyed by this process.

**Sterilisation** – removes or destroys all micro-organisms including spores. Sterilisation is not undertaken anywhere in CWP Trust as all bench top sterilizers, e.g. 'Little Sisters' have been removed and withdrawn from use. Therefore sterilisation will not be discussed any further in this policy.

## 3. Medical devices / equipment

All medical devices that fall within the risk assessment criteria of this document in [appendix 1](#) of high risk and medium risk used by the Trust will be 'single use' only items with the exception of podiatry. All other re-usable medical devices / equipment must only apply to the low risk category of [appendix 1](#) and although not exhaustive, many of these are listed in [appendix 3](#). In this policy the term **re-usable medical device** applies to all such devices whether owned by the organisation, rented, on loan or acquired by any other means.



### 3.1 Single use items

Single-use devices, indicated on the packaging by the “single use only” logo –  **must not** be reprocessed under any circumstances. Single patient use devices **must not** be reused or reprocessed outside the manufacturer’s guidance (single patient use devices may be reprocessed between uses for a specific patient – **but not re-used for patients**). The processing and re-use of single-use devices has inherent risks such as safety, performance and effectiveness, thereby exposing service users and staff to unnecessary risk, and represents a substantial litigation risk to the Trust. Re-use of single use items breaches Trust policy and guidance issued by the Medicines and Healthcare Products Regulation Agency.

All equipment purchased must comply with the European Union (EU) and United Kingdom (UK) standards for reprocessing, packaging and ensuring the equipment is still suitable for its intended use.

This policy is to educate staff so that they have an understanding of decontamination and can eliminate the risk of using contaminated medical devices.

### 3.2 Purchasing of equipment

Prior to purchasing equipment, Trust staff **must** ensure that the item can be decontaminated effectively with the products that are already in use in the Trust or can be purchased in via NHS supplies. The supplier must also offer clear instructions on the cleaning of the item. Further advice can be obtained from the IPCT.

### 3.3 Risk assessment for the decontamination of equipment / reusable devices

The choice of appropriate decontamination methods is undertaken on a risk assessment basis, with three categories, high, medium and low risk. A description of these categories is given below and also summarised in [appendix 1](#).

- **Low risk**

These devices and pieces of equipment can be safely decontaminated in between use by cleaning at ward/departmental levels, e.g. wash bowls, beds and commodes.

- **Medium risk**

These devices come into **contact** with intact mucous membranes. They require disinfection or sterilisation to remove potentially pathogenic bacteria. These items have the potential to be in contact with mucous membranes, damaged skin, infected lesions, and blood/body fluids, e.g. podiatry items.

- **High risk**

These devices **penetrate** skin or mucous membranes, enter the vascular system or sterile spaces, e.g. surgical instrument, and require processing via an approved Central Sterile Supplies Department (CSSD) prior to their use. Other sterile devices such as cardiac or urinary catheters, implants, needles, etc, are single use items only and **must not** be reprocessed.

### 3.4 Methods of decontamination available

The method of decontamination will depend largely on the nature of potential pathogens present and the infection risk associated with the device ([appendix 1](#)). To prevent damage to a device, other factors such as the heat, pressure and chemical tolerance as well as the manufacturers’ advice must be taken into account before reprocessing devices. If a piece of equipment is to be condemned, returned to storage or returned to an area for maintenance, a decontamination certificate (see [appendix 4](#)) should be completed by the member of staff responsible for doing this task, signed and attached to the item, i.e. suction machines.

### 3.5 Body fluids

The cleaning up of body fluids is not the responsibility of the domestic staff, and resources to clean these types of spillages should be readily available for staff. It is the responsibility of the manager to ensure adequate facilities are available for staff to decontaminate the equipment or the environment safely and effectively. Spillage kits are available via the NHS supplychain, codes can be obtained from the IPC Team.

### 3.6 Prion diseases [e.g. Creutzfeldt Jakob Disease (CJD)]

The abnormal proteins associated with prion disease cannot be destroyed by conventional cleaning, disinfection and sterilisation methods. If a case of known or suspected CJD is admitted or being cared for within the Trust, the IPCN must be contacted in order that appropriate advice can be given. Please refer to the Trust's CJD policy for further information.

## 4. Duties and responsibilities

For general duties and responsibilities in infection prevention and control, please refer to [infection prevention and control policy](#). For additional duties, please see below.

### 4.1 Decontamination lead

The Head of Estates and Facilities has overall responsibility for this policy and its implementation, monitoring etc as part of the remit as the decontamination lead for the Trust. This individual will also be responsible for managing any contracts / service level agreements that exist regarding outside decontamination methods and/or maintenance of equipment or medical devices requiring decontamination. The Trust's Infection Prevention and Control Sub Committee (IPCSC) will approve this policy.

### 4.2 Infection Prevention and Control Team (IPCT)

The IPCT will support the decontamination lead in their responsibilities where appropriate and able. The IPCT will also assist in the monitoring of the policy and its maintenance and development. The IPCT will offer advice and support to all members of staff and groups, including the IPCSC, with regard to decontamination issues. They will also work closely with the facilities and estates departments regarding purchasing of equipment and refurbishments and new builds to ensure compliance with this policy.

### 4.3 All CWP Staff

All CWP staff have a responsibility to decontaminate any equipment after its use or if the item or equipment becomes contaminated during its use. This would not apply to podiatry equipment whereby any item dropped, for example, should **not be** decontaminated and reused, but packed for reprocessing and a further pack opened. If a service user has been assisted to use an item of equipment, this should be decontaminated by the member of staff or by the service user with assistance from a member of staff. All communal equipment should be decontaminated before / after usage for each individual patient.

Disciplinary action may be taken towards any member of staff not complying with this policy as long as the resources are available to carry out this task safely. Please refer to [appendix 3](#) for further information on how and when to decontaminate equipment, and the remit of responsibility in the first instance.

## Appendix 1 - Risk categories for the decontamination of reusable medical devices

Risk Category		
<b>High risk</b>	Definition	Items in close contact with a break in skin or mucous membrane or introduced into a normally sterile body area
	Examples	Podiatry equipment
	Suitable methods	Sterilisation required
<b>Medium risk</b>	Definition	These items have the potential to be in contact with mucous membranes, damaged skin, infected lesions, and blood/body fluids in contact with mucous membranes or other items that may become contaminated with micro organisms or blood/body fluids e.g. non disposable bed pans
	Examples	Respiratory equipment
	Suitable methods	Disinfection / sterilisation required, by heat where possible
<b>Low risk</b>	Definition	Items/equipment in contact with intact skin
	Examples	Wash bowls, commodes and mattresses
	Suitable methods	These devices and pieces of equipment can be safely decontaminated in between use by cleaning at ward / departmental levels, e.g. wash bowls, beds and commodes.

## Appendix 2 - Disinfection methods

Disinfection reduces the number of micro-organisms to a level at which they are not harmful - Disinfectants cannot sterilise. Simple cleaning with hot water and detergent, followed by thorough drying, will remove the majority of micro-organisms and is an essential first step in disinfection. There are several types of disinfectant available:

DISINFECTANTS		
TYPE	EXAMPLE (Brand may be changed from time to time)	NOTES
Alcohol	Industrial methylated spirits (70%). 70% Alcohol impregnated swabs and wipes e.g. Mediswab, Azowipes.	Alcohol can only be used after removal of organic matter.
Hypochlorite	Chlor- Clean, Acti-Chlor, Haztabs, Haztab Granules and Titan 500 mg	PPE must always be worn when using such chemicals Corrosive to metal.
Phenolic - only for use prior to macerator repair - available from Pharmacy on request	Hycolin (dilute to 2% solution in water)	Toxic and corrosive to skin. Kills bacteria and fungi.

For specific infections the ICN may offer individual advice on the choice and use of disinfectant.

**Don't Forget** - C.O.S.H.H. regulations apply to all disinfectants:

- Always follow manufacturer's instructions regarding dilutions;
- Ensure adequate ventilation (especially for Hypochlorites and Aldehydes);
- Always wear gloves and apron;
- Know what action to take if you accidentally splash any on to your skin or into your eyes and mouth.

### Appendix 3 - Routine devices, cleaning methods and additional recommendations

The following list covers some of the most commonly used pieces of equipment which may be available in the Trust. It is not intended to be exhaustive and advice should be sought from the ICN if required.

AU = after use

D = daily

W = weekly

VC = visibly contaminated

M= maintenance programme

<b>Total cleaning responsibility framework (i.e. cleaning not covered by domestic services )</b>				
<b>Items</b>	<b>Frequency e.g. daily / weekly / after use</b>	<b>Method</b>	<b>Staff group responsibility (ward staff means any healthcare or clinical staff as appropriate)</b>	<b>Comments</b>
<b>Ward patient equipment</b>				
Linen trolleys	W/AU	Detergent / water / bowl / disposable cloths or Detergent wipes	Ward staff	Include wheels
Notes trolleys	W/VC	Detergent / water / bowl / disposable cloths or Detergent wipes	Ward staff	Include wheels
Drugs trolleys	W/VC	Detergent / water / bowl / disposable cloths or Detergent wipes	Ward staff	Include wheels
Dressing trolleys	W/AU	Detergent / water / bowl / disposable cloths or Detergent wipes	Ward staff	Include wheels
Blood pressure cuffs	W/VC	Disinfectant wipes	Ward staff	Cloth cuffs to be laundered or disposed of
Pillows	AU/VC	Detergent / water / bowl / disposable cloths	Ward staff	
Mattresses	AU/VC	Detergent / water / bowl / disposable cloths	Ward staff	
Bed frames / Trolleys / Clinical Chairs	W/VC	Detergent / water / bowl / disposable cloths	Domestic staff	
Wheelchairs	W/VC	Detergent / water / bowl / disposable cloths	Ward staff	
Commodes	AU	Detergent / water / bowl / disposable cloths	Ward Staff	
Drugs cupboards	W/VC	Detergent / water / bowl / disposable cloths or Detergent wipes	Ward staff	
Drugs fridges	W/VC	Detergent / water / bowl / disposable cloths	Ward staff	
Macerators	W/VC	Detergent / water / bowl / disposable cloths	Ward staff	Report any leakage's to Nurse in Charge.

<b>Total cleaning responsibility framework (i.e. cleaning not covered by domestic services )</b>				
<b>Items</b>	<b>Frequency e.g. daily / weekly / after use</b>	<b>Method</b>	<b>Staff group responsibility (ward staff means any healthcare or clinical staff as appropriate)</b>	<b>Comments</b>
Bed Pan Washer / Disinfectors	Wash outside with detergent and hot water.	Report any leakage's to Nurse in Charge	Ward Staff	
Hoists	W/VC	Detergent / water / bowl / disposable cloths	Ward staff	
Manual Handling Aids / slings	AU/VC/W	Detergent / water / bowl / disposable cloths	Ward Staff / Laundry	
Resuscitation trolleys	W	Detergent wipes D/W/B disposable cloths	Ward staff	
Oxygen / suction equipment / Ambubags	W and AU except disposables	Detergent / water / bowl / disposable cloths or Detergent wipes	Ward staff	
Laryngoscope	Single use, disposable only	N/A	Ward staff	
Oxygen / suction equipment /Pocket masks (portable)	As Above	Detergent / water / bowl / disposable cloths or Detergent wipes	Ward staff	Dispose of Single Use only items
Sharps Bin Trays	W/AU	Detergent / water / bowl / disposable cloths or Detergent wipes	Ward staff	
Medicine pots	AU	Detergent / water / bowl / disposable cloths or Detergent wipes	Ward staff	
Stethoscopes	AU	Detergent wipes	Ward staff	
Toys	W/VC	Detergent / water / bowl / disposable cloths or Detergent wipes	Ward staff	Soft toys are not recommended for general use.
Portable nebulisers / Auroscopes / Blood glucose machines	W and AU	Detergent / water / bowl / disposable cloths or Detergent wipes	Ward staff	
Bed pans / holders / urinals	AU except disposables	Detergent / water / bowl / disposable cloths /Washer disinfector	Ward staff	Invert to dry
Jugs for urine testing/hair washing	AU	Detergent / water / bowl / disposable cloths /Washer disinfector	Ward Staff	Ensure clearly marked for specific use
Raised toilet seats	D/VC	Detergent / water / bowl / disposable cloths	Domestic staff	
Scales	W and AU	Detergent / water / bowl / disposable cloths	Ward staff	

<b>Total cleaning responsibility framework (i.e. cleaning not covered by domestic services )</b>				
<b>Items</b>	<b>Frequency e.g. daily / weekly / after use</b>	<b>Method</b>	<b>Staff group responsibility (ward staff means any healthcare or clinical staff as appropriate)</b>	<b>Comments</b>
Wash Bowls	AU	Detergent / water / bowl / disposable cloths	Ward staff	Invert to dry
Baths, Sinks and Showers	AU	Detergent / water / disposable cloths		
Denture pots	AU	Disposable at end of single patient use	Ward staff	Invert to dry
Pat slides	AU/W	Detergent / water / bowl / disposable cloths	Ward staff	
TVs	W	Detergent / water / bowl / disposable cloths	Domestic staff	
Hi-fis	W	Detergent wipes	Domestic staff	
Telephones	W	Detergent wipes	Ward staff – staff phones Domestic staff – public phones	
Computer keyboards	W	Detergent wipes	Ward staff	
Printers	W	Detergent wipes	Ward staff	
Fax	W	Detergent wipes	Ward staff	
Photocopiers	M	Detergent wipes	Ward staff	
Screens	W	Detergent wipes	Ward staff	
CCTV equipment	M	Detergent wipes	Estates	
Accessories, i.e. staplers, in-trays, hole punchers	VC	Detergent wipes	Ward staff	
Loan equipment i.e. heaters	M	Detergent wipes	Estates	
Fridges / freezers	W	Detergent / water / bowl / disposable cloths	Domestic staff	Refer to cleaning manual
Cookers	W/AU	Detergent / water / bowl / disposable cloths	Domestic and ward staff	Refer to cleaning manual
Microwaves	W and AU	Detergent / water / bowl / disposable cloths	Domestic and ward staff	Refer to cleaning manual
Toasters	W and AU	Detergent wipes	Domestic and ward staff	
Kitchen cupboards	W	Detergent / water / bowl / disposable cloths	Domestic staff	Inside and out
Crockery	AU	Dishwasher	Domestic and ward staff	
Water boilers	W	Detergent / water / bowl / disposable cloths	Domestic staff	
Water coolers	W	Detergent / water / bowl / disposable cloths	Domestic staff	Including trays
Dishwashers	W	Detergent / water / bowl / disposable cloths	Domestic staff	

<b>Total cleaning responsibility framework (i.e. cleaning not covered by domestic services )</b>				
<b>Items</b>	<b>Frequency e.g. daily / weekly / after use</b>	<b>Method</b>	<b>Staff group responsibility (ward staff means any healthcare or clinical staff as appropriate)</b>	<b>Comments</b>
Food Trolleys	W and AU	D2 multipurpose cleaner	Domestic staff weekly Ward staff after use	Including wheels
Tea Trolleys	W and AU	Detergent wipes	Ward Staff	Include wheels

## Cleaning frequencies

Element	Minimum cleaning frequency			
	Very high-risk	High-risk	Significant-risk	Low-risk
1. Commodes, weighing scales, manual handling equipment	Clean contact points after each use	Clean contact points after each use	Clean contact points after each use	N/A
	One full clean daily	One full clean daily	One full clean daily	
2. Bathroom hoists	Clean contact points after each use	Clean contact points after each use	Clean contact points after each use	
3. Weighing scales, manual handling equipment	Clean contact points after each use	Clean contact points after each use	Clean contact points after each use	N/A
4. Drip stands	Clean contact points after each use	Clean contact points after each use	Clean contact points after each use	N/A
5. Other medical equipment e.g. intravenous infusion pumps, pulse oximeters, etc. NOT CONNECTED TO PATIENT	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use	N/A
6. Medical equipment e.g. intravenous infusion pumps drip stand, pulse oximeters, etc. CONNECTED TO PATIENT	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use	
7. Patient washbowls	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use	
8. Medical gas equipment	One full clean daily	One full clean daily	One full clean daily	
9. Patient fans	Case daily	One full clean daily and between patient use	Case daily	Hoover
	One full clean weekly	One full clean monthly	One full clean quarterly	
10. Bedside clipboards & notice boards.	One full clean daily and between patient use	One full clean daily and between patient use	One full clean daily and between patient use	
11. Notes & drugs trolley	One full clean weekly	One full clean weekly	One full clean weekly	
12. Patient personal items e.g. cards, suitcase	One full clean daily	One full clean daily	One full clean daily	N/A
13. Linen trolley	Contact points daily	Contact point clean daily	Contact points daily	
	One full clean weekly	One full clean weekly	One full clean weekly	
14. Switches, sockets & data points	One full clean daily	One full clean daily	One full clean weekly	

Element	Minimum cleaning frequency			
	Very high-risk	High-risk	Significant-risk	Low-risk
15. Walls	Check Clean daily	One check clean daily	Check clean weekly	Check clean weekly
	Dust weekly	One full clean weekly (dust only)	Dust monthly	
	Washing yearly /VC	One full washing yearly/VC	Washing yearly /VC	Washing once every three years /VC
16. Ceiling	Dust monthly	One full clean monthly (dust only)	Dust monthly	One check dust monthly
	Washing yearly /VC	One full washing yearly /VC	Washing yearly/VC	Washing three-yearly/VC
17. All doors	One full clean daily	One full clean daily	One full clean daily	One full clean weekly
18. All internal glazing including partitions	One full clean daily	One check clean daily	One check clean daily	One full clean weekly
		One full clean weekly	One full clean weekly	
19. All external glazing	One full clean every three months	One full clean every three months	One full clean every three months	N/A
20. Mirrors	One full clean daily	One full clean daily	One full clean daily	One full clean weekly
21. Bedside patient TV incl. ear piece for bedside. system	One full clean daily	One full clean daily	One full clean daily	N/A
22. Radiators	One full clean daily	One full clean daily	One full clean daily	One full clean monthly
23. Ventilation grilles extract and inlets.	One full clean weekly	One full clean weekly	One full clean monthly	One full clean monthly
24. Floor -polished	Dust removal two full cleans daily	Dust removal one full clean daily + one check clean daily	Dust removal daily	Dust removal one full clean weekly + one check clean weekly
	Wet mop two full cleans daily	Wet mop one full clean daily + one check clean daily	Wet mop daily	Wet mop one full clean weekly +one check clean weekly
	Machine clean weekly	Machine clean weekly	Machine clean monthly	Machine clean quarterly
	Strip & reseal yearly	Strip & reseal yearly	Strip yearly	Strip & reseal twice-yearly

Element	Minimum cleaning frequency			
	Very high-risk	High-risk	Significant-risk	Low-risk
25. Floor – non-slip	Dust removal two full cleans daily	Dust removal one full clean daily + one check clean daily	Dust removal daily	Dust removal one full clean weekly + one check clean weekly
	Wet mop two full cleans daily	Wet mop one full clean daily + one check clean daily	Wet mop daily	Wet mop one full clean weekly + one check clean weekly
	Machine clean weekly	Machine clean weekly	Machine clean monthly	Machine clean quarterly
26. Soft floor	Two full cleans daily	One full clean daily + one check clean daily	One full clean daily	One full clean weekly + one check clean weekly
	Shampoo six-monthly	Shampoo six-monthly	Shampoo 12-monthly	Shampoo twice-yearly
27. Pest control devices				
28. Electrical items	Dust removal one full clean daily	Dust removal one full clean daily	Dust removal one full clean daily	Dust removal one full clean weekly
	Full clean monthly	Full clean monthly	Full clean monthly	Full clean quarterly
29. Cleaning equipment	Full clean after each use	Full clean after each use	Full clean after each use	Full clean after each use
30. Low surfaces	Twice daily	One full clean daily and one check clean daily	One full clean daily	One full clean weekly
31. High surfaces	Twice weekly	One full clean weekly and one check clean weekly	One full clean weekly	One full clean weekly
32. Chairs	Daily and one check clean	One full clean daily and one check clean daily	One full clean daily	One full clean weekly
33. Beds	Frame daily	Frame daily	Frame daily	N/A
	Under weekly	Under weekly	Under weekly	
	Whole on discharge	Whole on discharge	Whole on discharge	
34. Lockers	Twice daily	One full clean daily and one check clean daily	One full clean daily	N/A
35. Tables	Twice daily	One full clean daily and two check clean daily	One full clean daily	One full clean weekly

Element	Minimum cleaning frequency			
	Very high-risk	High-risk	Significant-risk	Low-risk
36. Hand wash containers				
37. Hand hygiene/alcohol rub dispensers	Daily	Daily	Daily	N/A
38. Waste receptacles	Daily and one check clean	One full clean daily and one check clean daily	One full clean daily	One full clean daily
	Deep clean weekly	Deep clean weekly	One deep clean weekly	One deep clean weekly
39. Curtains and blinds	Clean, change or replace yearly	Cleaned, changed or replaced yearly	Clean change or replace yearly	Clean change or replace twice yearly
	Bed curtains change four-monthly	Bed curtains change six-monthly	Clean change or replace yearly	
40. Dishwasher	One full and two check clean daily	One full clean daily and two check clean daily	One full clean daily	One full clean daily
41. Fridges & freezers	Three check cleans daily	Three check cleans daily	Three check cleans daily	One check clean daily
	One full clean weekly	One full clean weekly (remove all content to clean)	One full clean weekly	One full clean weekly
	Defrost monthly	Defrost freezer monthly	Defrost monthly	Defrost monthly
42. Ice machines and hot water boilers	Daily check clean	One daily check clean	One check clean daily	N/A
	One full clean weekly	One full clean weekly	One full clean weekly	
43. Kitchen cupboards	One full clean weekly	One full clean weekly	One full clean monthly	One full clean quarterly
44. Microwaves	One full and two check clean daily	One full clean daily and two check cleans daily	One full clean daily	One full clean daily
45. Showers	One full and one check clean daily	One full clean daily and one check clean daily	One full clean daily	One full clean daily
46. Toilets & bidets	Three full cleans daily	Two full cleans daily and one check clean daily	One full clean daily	One full clean daily
47. Replenishment	Three times daily	Three times daily	Once daily	One times daily
48. Sinks	Three full cleans daily	Two full cleans daily and one check clean daily	One full clean daily	One full clean daily
49. Baths	One full and one check clean daily	One full clean daily and one check clean daily	One full clean daily	One full clean daily

## Cleaning standards

Element	Standard
1-6 Commodes, bathroom hoists, weighing scales, manual handling equipment, drip stands, medical equipment not connected to a patient, medical equipment connected to a patient	All parts including underneath should be visibly clean with no blood or body substances, dust, dirt, debris or spillages
8. Medical Gas Equipment	All parts including underneath should be visibly clean with no blood or body substances, dust, dirt, debris or spillages
9. Patients Fans	All parts including underneath should be visibly clean with no blood or body substances, dust, dirt, debris or spillages
11. Notes, drugs, dressings and equipment trolleys	All parts including underneath should be visibly clean with no blood or body substances, dust, dirt, debris or spillages
12. Non-medical Ward Equipment	All parts of equipment including underneath should be visibly clean, with no blood or body substances, dust, dirt, debris or spillages
13. Linen Trolley	All parts including underneath should be visibly clean, with no blood or body substances, dust, dirt, debris or spillages
14. Switches / Sockets / Data Points	All wall fixtures e.g. switches/sockets/data points should be visibly clean, with no blood or body substances, dust, dirt, debris, adhesive tape and spillages
15. Walls	All wall surfaces including skirting should be visibly clean, with no blood or body substances, dust, dirt, debris, adhesive tape or spillages
16. Ceiling	All ceiling surfaces should be free from blood or body substances, dust, dirt, debris, adhesive tape or spillages
17. All doors	All parts of the door structure should be visibly clean so that all door surfaces, vents, frames and jams are free from blood or body substances, dust, dirt, debris, adhesive tape or spillages
18. Internal Glazing including Partitions	All internal glazed surfaces should be clean and free from blood or body substances, dust, dirt, debris, adhesive tape or spillages
19. External Glazing	All external glazed surfaces should clean
20. Mirrors	Mirrors should be visibly clean and smear free with no blood or body substances, dust, dirt, debris, adhesive tape
22. Radiators	All parts including between panels should be visibly clean, with no blood or body substances, dust, dirt, debris, adhesive tape or spillages
23. Vent Grilles Extract and Inlets	The external part of the grilles should be visibly clean, with no dust, dirt, debris and cobwebs: blood or body substances
24. Floor - Polished	The complete floor including the edges, corners and main floor spaces should have uniform shine and be visibly clean with no blood or body substances, dust, dirt, debris, spillages and scuff marks

Element	Standard
25. Floor – Non-slip	The complete floor including the edges, corners and main floor spaces should have uniform finish and be visibly clean with no blood or body substances, dust, dirt, debris, spillages and scuff marks
26. Soft floor	The complete floor including the edges, corners should be visibly clean with no blood or body substances, dust, dirt, debris, spillages and scuff marks. Floors should have a uniform appearance and even colour with no stains or watermarks
27. General Furniture	All parts of the furniture should be visibly clean and be free from blood and body substances, dust, dirt, debris and spillages
28. Electrical Items	The casing of any electrical item should be free from blood or body substances, dust, dirt, debris and adhesive tape
29. Cleaning Equipment	Cleaning equipment should be free from blood and body substances, dust, dirt, debris and moisture
30. Low Surfaces	All surfaces should be visibly clean and free from blood and body substances, dust, dirt, debris, adhesive tape and spillages
31. High Surfaces	All surfaces should be visibly clean and free from blood and body substances, dust, dirt, debris, adhesive tape and spillages
32. Chairs	All parts of the furniture should be visibly clean and functional; and free from blood and body substances, dust, dirt, debris and spillages
33. Beds	All parts of the bed (including wheel/castors) should be visibly clean and functional with surfaces being free from blood and body substances, dust, dirt, debris, adhesive tape and spillages
34. Lockers	All parts of the locker (including wheels/castors) should be visibly clean and functional with surfaces being free from blood and body substances, dust, dirt, debris, adhesive tape and spillages
35. Table	All parts of the table (including wheels/castors) should be visibly clean and functional and free from blood and body substances, dust, dirt, debris, adhesive tape and spillages
36. All dispensers	All parts of the surfaces of dispensers should be visibly clean and functional and free from blood and body substances, dust, dirt, debris, adhesive tape and spillages. Dispensers should be kept stocked
37. Hand hygiene/alcohol rub dispensers	All parts of the hand hygiene/alcohol rub surfaces of dispensers should be visibly clean, functional, free from blood and body substances, dust, dirt, debris, adhesive tape and spillages. Dispensers should be stocked
38. Waste receptacle	Receptacles should be emptied frequently and not allowed to overflow. The waste receptacle should be visibly clean and functional with surfaces being free from blood and body substances, dust, dirt, debris and spillages
39. Curtains / Blinds	Curtains/blinds should be visibly clean and free from blood and body substances, dust, dirt, debris and spillages. They should have the appropriate number of suitable hooks per metre to provide an evenly gathered and well hung appearance
40. Dishwasher	Dishwasher should be visibly clean with no blood or body substances, dust, dirt, debris or spillages
41. Fridge / Freezer	Fridge/freezer should be visibly clean with no blood or body substances, dust, dirt, debris or spillages

Element	Standard
42. Ice Machine and/or Hot Water Boiler	Ice machine and/or hot water boiler should be visibly clean with no blood or body substances, dust, dirt, debris or spillages
43. Kitchen Cupboards	Kitchen cupboards should be visibly clean with no blood or body substances, dust, dirt, debris or spillages
44. Microwave	Microwave should be visibly clean with no blood or body substances, dust, dirt, debris or spillages
45. Shower	The shower (and wall attached shower chairs etc) should be visibly clean with no blood or body substances, scum, dust, limescale, deposits and smears
46. Toilet / bidet	The shower (and wall attached shower chairs etc) should be visibly clean with no blood or body substances, scum, dust, limescale, deposits and smears
47. Fixtures and Fittings	Fixtures and fittings should be visibly clean with no blood or body substances, dust, dirt, debris or spillages
48. Sinks	The sink (and wall attached dispensers etc) should be visibly clean with no blood or body substances, dust, dirt, debris and spillages and have a uniform lustre. Plugholes and overflows should be free from build up
49. Bath	The bath should be visibly clean with no blood or body substances, dust, dirt, debris, limescale, stains and spillages. Plugholes and overflows should be free from build up

#### Appendix 4 - Decontamination certificate

After use, before any equipment is sent for repair, due for maintenance or storage within the Trust, it must be decontaminated (cleaned) and this certificate completed.

This certificate must accompany the equipment; failure to comply will result in return of the equipment, to the previous user.

Ward / dept / community area			
Description of equipment			
Make	Model	Serial No / other	

Please select one box accordingly

To the best of my knowledge this equipment has NOT been in contact with potentially infected material e.g. blood, body fluids and therefore has not been contaminated	<input type="checkbox"/>
This equipment MAY be contaminated by potentially infected material and has been decontaminated externally as per Cheshire and Wirral Partnership NHS Foundation Trust <a href="#">decontamination policy</a> .	<input type="checkbox"/>
This equipment MAY be contaminated but could not be decontaminated because (give details)	

The above piece of equipment has been appropriately decontaminated following patient usage and is now ready for repair, service, storage or re-use.

Signature		Date	
Name		Designation	

NB: All equipment must be transported in a sealed bag / container.