**STANDARD OPERATING PROCEDURE (SOP)**



***CLEANING OF NEAR PATIENT HEALTHCARE EQUIPMENT***

**Appendix 6 – Daily Bed Space/ Cubicle Checklist for Accident and Emergency Departments**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **HOSPITAL:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **work surfaces should be cleaned after every patient** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date and Time:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Signature:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Equipment checked and cleaned after/ between  patients as per Decontamination Policy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Wipe and clean pillows |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If trolley remains in the department inspect  and clean \* mattress |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Check and clean O2 and suction if used. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Check and clean trolley frame/exam  couch/cot |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clean patient chair |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Check and clean patient call buzzer |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Check curtains/ screens are free from  contamination with blood or body fluids |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Check and clean over head lamp |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clean hand rub nozzle and replace if  required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**PLEASE ENSURE ANY FAULTY EQUIPTMENT IS REPORTED TO NURSE IN CHARGE AS SOON AS IT IS DISCOVERED**

**\*** If a mattress is found to be contaminated, remove from use and inform the SCN. The SCN will inform the Lead Nurse or Service Manager.

The most up-to-date version of this SOP can be viewed at the following web page:

[www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control](http://www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control)