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SOP Objective

NHS Scotland Code of Practice for the Local Management of Healthcare Associated decolonisation (HAI) requires that all near patient equipment is decontaminated before and after it is used. Equipment must be visually inspected for the presence of blood or body fluids prior to routine cleaning. If contaminated, the NHSGGC Decontamination Guidance (NHSGGC Prevention and Control of Infection Manual) must be followed.

This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP

- Minor wording changes

Document Control Summary

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Related Documents	NHSGGC Decontamination Guidance National Infection Prevention and Control Manual
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Lead Manager	Director Infection Prevention and Control
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1. Introduction & Background

The Code of Practice for the Local Management of Hygiene and Healthcare Associated Infection (HAI): The Code of Practice defines local management responsibilities for delivering safe clinical care, through ensuring high standards of hygiene in clinical settings however the principles underpinning this guidance applies across all healthcare settings. The complete document can be accessed by clicking on the following link: <https://www.gov.scot/publications/nhsscotland-code-practice-local-management-hygiene-healthcare-associated-infection/pages/2/>

It is a requirement of the Scottish Government and NHSGGC that the infection risk of healthcare equipment is managed and that the management measures used are documented, implemented and recorded. Within this SOP is a Reference Guide/Poster: Daily/Weekly Checklist in [Appendix 1](#) which lists commonly used healthcare equipment and the method and frequencies of cleaning.

Each Senior Charge Nurse (SCN) or Senior Allied Health Professional (Senior AHP) will utilise two checklists, i.e. the Weekly Assurance Checklist and the bed space / treatment area checklist to provide evidence and assurance that healthcare equipment is being cleaned in their area.

Weekly Assurance Checklist: A standard template of this checklist can be found in [Appendix 2](#). The SCN / Senior AHP can use this template and add specialist equipment used in their department. The assurance checklist will be completed weekly by the SCN / Senior AHP or the deputy charge nurse/senior staff member in his/her absence. This record must be kept in the ward / department for a minimum of one month.

Bed Space / Treatment Area Checklist: A standard template of this checklist can be found in [Appendix 3](#). This checklist should be completed on transfer or discharge of the patient, or for longer stays, weekly. For frequently used spaces such as clinical rooms, recovery spaces etc it should be completed at the end of the day for each space by a member of staff. This record should be kept in the ward / department for a minimum of one month.

The SCN / Senior AHP should ensure that any items added to their bed space / treatment area checklist are also included in their weekly assurance checklist. NB; checklists are in word document format and items on the template which are not relevant to your area can be removed (there are various checklists available, please choose one appropriate to your area).

Domestic monitoring is now set within a National Monitoring Framework and copies of the cleaning frequencies carried out by Domestic Services should be **displayed** in every area (copies can be obtained from the Site Facilities Manager). Lead Nurses, SCNs and Department Managers, e.g. AHPs and Facilities Staff, will be responsible for communicating arrangements locally.

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2. Key Principles

- 2.1 The weekly checklist is designed to provide an assurance that all equipment is clean and decontaminated between patients. It is the responsibility of the SCN / Senior AHP or the deputy charge nurse/senior staff member in his/her absence to ensure that this is being done. If on inspection equipment is found to be dirty / contaminated, actions to rectify this must be implemented immediately. Details on the frequency of cleaning are contained in this document. If any member of staff is not adhering to cleaning and decontaminating of equipment after use it will be the responsibility of the SCN / Senior AHP to take immediate action to bring this omission to the attention of the staff involved.
- 2.2 To support public / patient confidence after commodes have been cleaned, they should be dated and signed by the person who cleaned it using an indicator label. **THIS IS NOW THE ONLY ITEM OF PATIENT EQUIPMENT THIS LABEL MUST BE USED ON. THE LABEL SHOULD BE PLACED WHERE IT IS COMPLETELY VISIBLE. COMMODOES SHOULD BE CLEANED WITH A CHLORINE BASED DETERGENT AND A LABEL ATTACHED.**
- 2.3 Equipment must be visually inspected before commencing any cleaning procedure. Equipment that is contaminated with blood or body fluids **MUST** be decontaminated as per the [NHSGGC Decontamination Guidance](#)
- 2.4 When cleaning equipment, it is important that healthcare workers (HCWs) wear appropriate personal protective equipment (PPE), e.g. gloves, disposable plastic aprons etc. Managers must ensure that the appropriate PPE is available; staff are responsible for using the equipment appropriately.
- 2.5 Staff need to be aware of national guidance in relation to the specific cleaning products they are expected to use
- 2.6 If patients have a known or suspected transmissible disease requiring isolation, the NHSGGC [Twice Daily Clean of Isolation Rooms SOP](#) and [Terminal Clean of Ward/Isolation Rooms SOP](#) must be followed.
- 2.7 Single-use items must never be re-used.
- 2.8 Clean equipment should be stored appropriately, away from used equipment and away from areas where cleaning is taking place to reduce the risk of contamination.
- 2.9 Equipment that is damaged or torn should be reported to the SCN or Senior AHP and should be removed and replaced or repaired as soon as possible.
- 2.10 When new items are considered for purchase the manufacturers' advice on decontamination must be sought from the infection prevention and control decontamination group [NHSGGC: Decontamination advice request form](#) and training if necessary must precede use. Careful consideration should be given to the consequences of the purchase of any item of equipment that is not capable of being decontaminated by chlorine based detergent.

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3. Evidence Base

DOH Saving Lives. High Impact Intervention No 8. Care bundle to improve the cleaning and decontamination of clinical equipment.

<http://webarchive.nationalarchives.gov.uk/20120118164404/hcai.dh.gov.uk/whatdoido/high-impact-interventions/>

The NHSScotland Code of Practice for the Local Management of Hygiene and Healthcare Associated Infection. This document can be viewed at:

<https://www.gov.scot/publications/nhsscotland-code-practice-local-management-hygiene-healthcare-associated-infection/pages/2/>

Control of Substances Hazardous to Health. Departments of Health. 1999.

<http://www.hse.gov.uk/coshh/>

Wilson, J. (1995) *Infection Control in Practice* Ballière Tindall.

MHRA (2014) *Managing Medical Devices: Guidance for healthcare and social services organisations*

<https://www.gov.uk/government/publications/managing-medical-devices#history>

NHSGGC Control of Substances and Hazards to Health Policy (December 2013)

[NHSGGC: Control of Substances Hazardous to Health \(COSHH\)](#)

Health Facilities Scotland. *The NHSScotland National Cleaning Services Specification*. 2016

<https://www.gov.scot/publications/nhs-scotland-national-cleaning-services-specification-healthcare-associated-infection-task-force/pages/3/>

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2346/documents/1_Roles%20and%20Responsibilities%20Reusable%20Patient%20Care%20Equipment%202017-12-21.pdf

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Appendix 1 – Reference Guide/Poster: Daily / Weekly Checklist (✓)

Unless otherwise stated, general purpose detergent and water or detergent wipes should be used for all routine cleaning. If an item is heavily soiled detergent and water is the preferred method.

Equipment that is contaminated with blood or body fluids **MUST** be decontaminated as per the NHSGGC Decontamination Guidance.

This list is not exhaustive but gives a guide to commonly used equipment within clinical areas.

Item	Between Patients	Daily	Weekly	Method of cleaning		Comments
				Water and detergent/detergent wipes	Chlorine based detergent	
Baths	✓	✓			✓	
Bath Aids	✓		✓		✓	
Bed base (top & bottom)	✓		✓	✓		
Bed/cot sides	✓	✓		✓		
Bed End/Head Plate	✓		✓	✓		
Bed overhead lamp	✓		✓	✓		
Bed pan holders	✓		✓		✓	
Bed tables	✓	✓		✓		
Bidets	✓	✓			✓	
Bloodpressure stands & monitor cuffs	✓	✓		✓		
Bowls/ washing basins	✓*		✓	✓		*Only clean between patients if a multi use item
Case note trolley			✓	✓		
Chairs - Bedside	✓	✓	✓	✓		
Chairs – Waiting Areas	✓*	✓	✓	✓		*At the end of the clinic unless visibly contaminated with blood/body fluid
Clean O2 and Suction (ensure clean tubing and Yankauer suction tube available)						
Commodes	✓		✓		✓	
Computers/ keyboards		✓		✓		After use
Crockery and Cutlery	✓					Water and bactericidal detergent/dishwasher
Dispensers (Gloves/Apron/ Alcohol gel/Hand towel/Soap)	✓*	✓	✓	✓		If In single inpatient room
Duvets (wipe clean type)	✓			✓		
ECG equipment	✓		✓	✓		
Enteral feeding pumps	✓		✓	✓		
Bladed Fans	✓		✓	✓		Bladeless fans should not be used
Fridge (patient only)		✓	✓	✓		

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Item	Between Patients	Daily	Weekly	Method of cleaning		Comments
Hoists	✓		✓	✓		
Infusion pumps	✓		✓	✓		
Infusion Stands	✓		✓	✓		
Locker top/sides/back	✓	✓		✓		
Locker internal	✓		✓	✓		
				Water and detergent/detergent wipes	Chlorine based detergent	
Macerator		✓		✓		
Mattress	✓		✓	✓		
Medical gas cylinders & stands	✓		✓	✓		No alcohol based solutions
Monitors - mobile	✓		✓	✓		
Monitors - wall mounted	✓	✓		✓		
Nurse call system	✓		✓	✓	✓	
Nurse call system – Sanitary Area		✓		✓		
Patient Trolley	✓		✓	✓		
Pillows	✓		✓	✓		
Scales	✓		✓	✓		
Shower chairs	✓		✓		✓	
Suction equipment	✓		✓	✓		
Telephone (desk and deck phones)		✓		✓		Before and after each use
Trolley – beverage		✓*		✓		*And before each use
Trolley - dressing				✓		Before and after each use
Trolley – medicine			✓	✓		
Trolley - patient	✓			✓		
Trolley – resuscitation	✓		✓	✓		
Walking aids	✓		✓	✓		
Wheelchairs	✓		✓	✓		

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Appendix 2 – Weekly Cleaning Assurance Checklist to be used by SCN
NB; Where the items below exist in your area, they must remain on this checklist.
Otherwise, they can be removed and replaced with more relevant equipment.

(there are various checklists available, please choose one appropriate to your area)

HOSPITAL	
WARD	
Date	Time
Weekly Cleaning Assurance Checklist	
Inspect all listed equipment for any blood or body fluids, dust or visible debris	
Inspect all commodes & ensure decontamination indicators are present	
Unzip and inspect the *mattress on two beds (if unable to unzip they should be checked for any breaks in the materials – examples would be theatre beds, A & E trolleys, trolleys in radiology etc and cot mattresses)	
Inspect two bed tables	
Inspect two patient chairs	
Inspect arrest trolley for dust or contamination	
Inspect two bed frames – under mattress and undercarriage	
Inspect two patient showers – report any mould or contamination to Facilities / Estates	
Inspect all pumps and IV stands	
Inspect two patient nurse call buzzers	
Inspect the top of two bed space reading lights	
Inspect two lockers	
Inspect four hand gel dispensers including dispenser at entrance to ward: ensure there is gel available and nozzles are free from blockage	
Inspect all toilet raised seats / hand rails / shower chairs	
Review 3 bedspace checklists to ensure completed appropriately & up to date	
**	
**	
PLEASE ENSURE ANY FAULTY EQUIPMENT IS REPORTED TO ESTATES OR MEDICAL PHYSICS AS SOON AS IT IS DISCOVERED	
PRINT NAME	
DESIGNATION (SCN, CN, Deputy)	
SIGNATURE	

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- * If a mattress is found to be contaminated, remove from use as soon possible, and inform the SCN. The SCN will inform the Lead Nurse or Service Manager.
- ** Please list any critical near patient equipment specific to your ward or clinical area that requires weekly inspection.

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Appendix 3 – Bed Space Checklist to be completed by HCW undertaking bed space clean NB; Where the items below exist in your area, they must remain on this checklist. Otherwise, they can be removed and replaced with more relevant equipment.

HOSPITAL	
WARD	
Date	Time
Room	Bed Space
Tick as completed when patient is discharged or once weekly, whichever comes first	
Clean O2 and Suction (ensure clean tubing and Yankauer suction tube available)	
Empty and clean Bedside Locker	
Clean Bed Table	
Clean Patient/ Visitor Chairs not on weekly template	
Clean Basin not on weekly template	
Clean Buzzer	
Clean Hand Rub Nozzle and replace if required	
*Clean Mattress (unzip mattress cover and inspect mattress on both sides for any contamination). Cot mattress should be checked for any obvious breaks in the fabric.	
Clean Bed Frame	
Clean Bed Rails	
Clean Patient Television	
Clean shelving around the bed space	
Change Foam Ear Phone Buds / headphones	
Clean inside Wardrobe	
Clean Bedside Lamp and check working	
Wipe clean the Pillows and Duvet if in use	
Infection Prevention Control Leaflets replaced (discard unused leaflets)	
Make Bed with fresh Linen	
**	
PLEASE ENSURE ANY FAULTY EQUIPMENT IS REPORTED TO ESTATES OR MEDICAL PHYSICS AS SOON AS IT IS DISCOVERED	
PRINT NAME	
DESIGNATION	
SIGNATURE	

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- * 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.
- ** Please list any critical near patient equipment specific to your ward or clinical area.