Trust-wide Document

NHS
Great Western Hospitals
NHS Foundation Trust

Cleaning and Decontamination of Patient Care Equipment Policy

Document No	IP&C - 00018	**Version No**	1.0
Approved by	Policy Governance Group	**Date Approved**	17/10/19
Ratified by	Infection Control Committee	**Date Ratified**	19/11/19
Date implemented (made live for use)	19/11/19	**Next Review Date**	19/11/22
Status	LIVE		
Target Audience- who does the document apply to and <u>who should be using it</u>. - The target audience has the responsibility to ensure their compliance with this document by: • Ensuring any training required is attended and kept up to date. • Ensuring any competencies required are maintained. • Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.	All employees directly employed by the Trust whether permanent, part-time or temporary (including fixed-term contract) providing clinical services to patients. It applies equally to all other clinical staff working for the Trust, including private-sector, voluntary-sector, bank, agency, locum, and secondees. For simplicity, they are referred to as 'employees' throughout this policy		
Special Cases	Nil		
Accountable Director	Director of Infection Prevention and Control (IP&C)		
Author/originator – Any Comments on this document should be addressed to the author	Infection Prevention and Control		
Division and Department	Corporate		
Implementation Lead	Infection Prevention and Control		
If developed in partnership with another agency ratification details of the relevant agency			
Regulatory Position	The Health and Social Care Act 2008 (Ref 8)		
Review period. This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.			

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Contents

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Instant Information - Key Principles to Decontamination of Patient Care Equipment

All employees must be clear as to their role and responsibilities in relation to the decontamination of reusable medical devices. If unclear, advice must be sought from line managers or the Infection Prevention and Control (IPC) Team.

It is the responsibility of care employees to effectively decontaminate reusable pieces of patient care equipment between each and every episode of use on a patient.

Employees must be trained in cleaning and decontamination processes and hold appropriate competences for their role.

Each departmental Head/Manager is responsible and accountable for using and maintaining cleaning schedules covering the equipment used in their area.

Any employee undertaking the decontamination of reusable patient equipment should be aware of the principles of decontamination and the risk assessment process they need to undertake when deciding on the most appropriate method and substance to use.

Employees must also be aware of the manufacturer's recommendations when decontaminating equipment, if they choose not to follow the recommendations they may take on product liability and not decontaminate the equipment effectively leading to an increased risk of cross infection.

1 Introduction & Purpose

1.1 Introduction & Purpose

Patient equipment may serve as a reservoir for the transmission of infectious agents to susceptible hosts. In order to ensure safe systems of work and to prevent transmission of infectious agents, it is essential that the decontamination of patient equipment is carried out in accordance with the requirements of The Health and Safety at Work Act (Ref 11) and The Health and Social Care Act 2008 (Ref 18). Code of Practice for health and adult social care on the prevention and control of infections and related guidance (Ref 8). The code states that 'There are effective arrangements for the appropriate cleaning of equipment that is used at the point of care, for example hoists, beds and commodes; these should be incorporated in appropriate cleaning disinfectant and decontamination policies'.

The purpose of this policy is to**:**

- Provide guidance on the effective decontamination processes for reusable patient equipment.
- Identify the correct methods of cleaning and decontamination of patient equipment.
- Reduce the risk of cross infection by preventing the transfer of organisms from equipment to patients.
- Outline the roles and responsibilities of all employees with regard to cleaning and decontamination.

This policy takes into account the national specifications for cleanliness in the NHS: a framework for setting and measuring performance outcomes (Ref 7).

Preventing and controlling infection is an essential and integral part of clinical practice. A wide range of chemicals can be used to destroy microbes. These include disinfectants for inanimate surfaces and antiseptic agents for use on the body. No chemical is completely effective, for example, some do not destroy viruses or bacterial spores, organic matter inactivates some, and certain agents are toxic to human tissue

Patient equipment is also referred to as a 'medical device', for the purpose of this policy all medical devices will be referred to as patient equipment.

Crucial to the success of cleaning is that the issue of personal responsibility and accountability is addressed. Key personnel should have reflected in their objectives the deliverable outcomes for cleanliness to ensure that it is incorporated into the Trust's core business through performance frameworks and that they are held to account for their elements of it.

Each item of equipment will require cleaning at different frequencies depending on the type of device it is and what it is used for. For example, it is expected that a commode is cleaned after each and every episode of use and a syringe driver is cleaned prior to use, prior to storage and if it becomes visibly contaminated. Following the decontamination process, the equipment must be labelled either using a label or by recording in a cleaning log, with the date that it was decontaminated.

1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

%	Per cent
Cleaning	Physical removal of contaminants which does not necessarily destroy microorganisms. The reduction in microbial contamination cannot be quantified, but thorough cleaning will remove up to 80% of micro-organisms. All items must be cleaned thoroughly before proceeding to disinfection or sterilisation as any

	remaining organic matter will inactivate these processes.
Contamination	Defined as the soiling of inanimate objects or living material with harmful, potentially infectious substances. In the clinical situation this is most likely to be organic matter (eg. blood, faeces etc.) but may also include inorganic substances such as dust. Such contamination may be transferred to a susceptible host (person).
COSHH	Control of Substances Hazardous to Health
CQC	Care Quality Commission
Decontamination	A process which removes or destroys contamination thus preventing micro-organisms or other contaminants reaching a susceptible host (person) in sufficient quantities to cause infection or other harmful response.
Disinfection	A process which reduces the number of viable micro-organisms but is not necessarily effective against bacterial spores or some viruses.
EIA	Equality Impact Assessment
HSDU	Hospital Sterilisation and Decontamination Unit
IP&C	Infection Prevention and Control
MDSO	Medical Devices Safety Officer
Medical Device	The Hygiene Code (Department of Health 2015) refers to medical devices as: "All products, except medicines, used in healthcare for diagnosis, prevention, monitoring or treatment. The range of products is very wide and includes, for example, contact lenses, condoms, heart valves, hospital beds, radiotherapy machines, resuscitators, surgical instruments, syringes, wheelchairs and walking frames"
MHRA	Medicines Healthcare Products Regulatory Agency
NHS	National Health Service
PFI	Private Finance Investment
PPE	Personal Protective Equipment
Sterilisation	A process used to render an object free from viable micro-organisms, including bacterial spores and viruses.

2 Main Document Requirements

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

This policy should not be used by employees if:

- They are unsure of the manufacturers guidelines on decontamination
- They are unsure of the hazards posed by the decontamination process in relation to Control of Substances Hazardous to Health Regulations 2002 (COSHH) (Ref 12)
- They do not have the facilities or personal protective equipment available to undertake decontamination safely
- The equipment is single use

2.1 Risk Assessment Tool

The safe decontamination of patient equipment is an essential part of routine infection prevention and control. The method of decontamination selected should consider the risk of the item acting as a source of infection and the decontamination processes it will tolerate.

The Medicines Healthcare Products Regulatory Agency (MHRA), formally the Medical Devices Agency, has produced a risk assessment tool that categorises the risk the instrument/equipment being used poses to an individual based on the area of the body on/in which it has been used. The risk assessment tool is as follows:

2.1.1 Risk Application Recommendation

Risk	Application	Recommendation
High	Items in close contact with a break in the skin or mucous membrane or introduced into sterile body area, e.g. surgical instruments	Equipment / instruments must be cleaned and sterilised after each patient use. These instruments must be sterile at point of use.
Intermediate	Items in contact with intact skin, mucous membranes or body fluids, particularly after use on infected patients or prior to use on imunocompromised patients, e.g. speculums	Equipment / instruments must be cleaned and sterilised between uses. But these items need not be sterile at point of use.
Low	Items in contact with healthy skin or mucous membranes or not in contact with patient, e.g. thermometer, environmental surfaces.	Cleaning with general-purpose detergent. Chemical disinfection may also be appropriate.

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

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

2.2 General Points

- All patient care equipment must be cleaned prior to storage
- All loan equipment must be cleaned prior to its return
- Prior to the inspection, servicing, repair or return of clinical and non-clinical equipment a decontamination certificate must be completed and accompany the device (provided by the equipment library)
- Equipment must be put away after use and not left out on work surfaces and tops of cupboards as this hinders environmental cleaning.
- If equipment is found in a dirty condition within shared clinical environments, employees have a responsibility to report this to an appropriate person i.e. Ward/ Unit Manager

Additional procedures are required for equipment which has been used on patients who have known Creutzfeldt-Jakob disease or Variant Creutzfeldt-Jakob disease Refer to Protection against Infection with Transmissible Spongiform Encephalopathy Agents Policy (Ref. 5)

2.3 Decontamination of Patient Equipment Procedures

2.3.1 Reusable Medical Devices

A reusable medical device can be used on more than one episode but should undergo some form of decontamination process between each use.

The decontamination may consist of cleaning, disinfection, sterilisation, or a combination of these processes. Refer to Risk Assessment and manufacturers' guidance.

The decontamination of reusable medical devices should take place in compliant facilities that are designed for the process of decontaminating medical devices through validated processing systems and controlled environmental conditions to ensure all potential environmental, cross-infection, handling and medical device usage risks are minimised.

2.4 Single Use Medical Devices

Single-use medical devices are those which have been designated single use only by the manufacturer and should never be reused (Ref 14). The reuse of single use medical devices can affect their safety, performance and effectiveness, exposing patients and employees to unnecessary risk.

The following is the European Standard symbol, used on packaging, to show where medical devices are intended for single use only.

2.5 Standard Precautions

When undertaking any type of decontamination, all employees must wear appropriate personal protective equipment (PPE), and perform thorough hand washing before and after (Standard Precautions Policy - Ref 2).

2.6 Cleaning Schedules

Minimum cleaning frequencies should be considered for each piece of equipment to ensure a minimum standard of cleanliness at the time of purchase. This should be agreed locally and form part of the departmental cleaning schedule as identified by the National Specification of Cleanliness (Ref 7).

Evidence of cleaning may be requested as part of quality assurance inspections, IP&C audits, and Root Course Analysis investigations. It is recommended therefore that evidence such as signature lists are maintained to provide assurances of cleaning.

Employees must adhere to a system of labelling equipment after cleaning or complete a cleaning log to demonstrate cleaning has taken place. This will provide visible assurances and evidence of cleaning. This may be in the form of a Green 'I am clean square' or a wipe able date label which denotes when cleaning was last carried out. It is the local manager's responsibility to ensure labels and or cleaning logs as appropriate are available and in use within their area. 'I am Clean' commode labels must be used for commodes stored in sluice rooms.

Items not used on a daily basis must be cleaned after use and a date label applied, this item must be cleaned by the user prior to its next use on a patient.

2.7 Decontamination Processes

The method of decontamination used must be one that is appropriate to the level of contamination of the item, gives acceptable decontamination and does not damage the article or any of its components within. Refer to the manufacturers guidelines or contact the IP&C Team for advice.

Cleaning is the physical removal of any contamination such as dirt, blood and faeces and will physically remove contamination but does not necessarily destroy microorganisms; approximately 80% of microorganisms will be removed.

Cleaning is the most important part of the decontamination process and must be carried out to a high standard prior to any further stages of the decontamination process.

- Manufacturers guidance on decontamination must be adhered to.
- A risk assessment must be made for the use of personal protective equipment (PPE).
- All cleaning products must be stored in a locked cupboard (COSHH Ref 4).
- If the equipment can be immersed in water ensure the item is cleaned under the water to reduce splashing.
- Once the equipment has been cleaned it is important to dry thoroughly to prevent any organisms from multiplying.
- Use disposable cloths.
- Wash hands before and after any decontamination process (Hand Hygiene Policy Ref 1).
- The use of a detergent based product is essential for effective cleaning either as a disposable detergent wipe or solution e.g. Hospec diluted with water and disposable cloth.
- When a piece of equipment is used for more than one patient, it must be cleaned following each and every episode of use and prior to being put into storage.
- Avoid where possible the sharing of equipment for patients with known infection. If equipment has to be shared, it must be decontaminated thoroughly in-between each patient use.

2.8 Disinfection

Disinfection is a process which reduces the number of viable microorganisms but will not necessarily inactivate some bacterial spores and viruses.

Disinfectants are governed by the Control of Substances Hazardous to Health (COSHH Ref 12) regulations 2002. These regulations require that employees using chemical products have appropriate information about the product in order to use it safely and correctly.

- The range of disinfectants should be limited to those of proven value such as those containing Sodium Hypochlorite 1% or Sodium Dichloroisocyanurate (NaDCC) (e.g. Chlorclean, Milton and Haz Tabs).
- Alcohol preparations are also an effective disinfectant, most commonly used is Isopropyl alcohol 70%.
- Always dilute a disinfectant by following the manufacturer's instructions.
- A risk assessment must be made for the use of personal protective equipment (Standard Precautions Policy Ref 2).
- It is important that the disinfectant solution reaches all surfaces to be disinfected.
- Discard disinfectant solution after use, clean the container and store it dry.
- Prepared wipes are a convenient and quick means of cleaning and/or disinfection. The main purpose of wipes is to remove contamination from surfaces, but additionally some wipes provide antimicrobial activity by the inclusion of a disinfectant (such as Clinell detergent disinfectant wipes).
- Wash hands before and after any decontamination process (Hand Hygiene Policy Ref 1).

The following key points should be considered and managed so that wipe products maintain their effectiveness and are used properly:

- Follow manufacturer's instructions for storage guidance (where to store and length of storage life).
- Ensure stock rotation and undertake regular checks for wipes in packets/ containers to make sure these have not dried out or expired.
- Consider the need to clean wipe containers/packets depending on risk of contamination of external container surfaces.
- Ensure wipes are only used for their intended purpose according to local policies or guidance – for example detergent or disinfectant wipes specifically for use on the environment should not be used for decontamination of skin unless licenced to do so.

2.9 Environmental Cleaning

A written cleaning schedule must be available for cleaning of all clinical areas specifying the persons responsible, the frequency (as referred to in the National Specification of Cleanliness Ref 7) and the cleaning methods used. This must include any all department specific equipment and follow the manufacturer's cleaning instructions (Located on IP&C Trust Intranet page).

The clinical environment must be kept clean and free from clutter to enable daily domestic cleaning. Enhanced Environmental cleaning and disinfection with a chlorine based tablets (1000 parts per million) combined with detergent agents must be implemented for isolations rooms, en-suites and bathrooms when used by patients with infectious conditions and following contamination with body fluids.

High concentration of chlorine releasing agents is rapidly effective against a wide range of micro-organisms including blood-borne viruses, mycobacterium and bacteria spores.

2.10 Sterilisation

Is the complete removal of all organisms including bacterial spores and viruses. The process of sterilisation is a specialised process that only takes place in a Hospital Sterilising and Decontamination Unit (HSDU) and dedicated areas within the Trust (Refer to Cleaning and Decontamination of Reusable Surgical Instruments Trustwide Policy, Ref 3)

2.11 Equipment Track and Traceability

2.11.1 Medical Equipment

Any medical equipment that has been purchased by the Trust must be labelled with a unique asset number and details recorded on the central data base. Any equipment that does not have an asset number should be reported to the Trust Equipment Manager.

If a piece of medical equipment is no longer used or required, this must also be reported to the Trust equipment Manager so that it can be managed appropriately.

For further specialist advice and support on the purchase and management of medical devices contact the Trust Equipment Manager. See the Trust Equipment home page on the intranet. Minor Equipment Request forms can be found under frequently used documents.

2.12 Decontamination of Medical Equipment at the Point of Care

With a view to minimising the risk of infection, the Divisional Directors of Nursing, Head of Midwifery and matrons will ensure they designate leads for the decontamination of patient equipment used for diagnosis and treatment which is in line with manufacturer's instructions.

The monthly patient equipment IP&C audit tools are located on the infection prevention and control intranet page for ward employee access. Matrons will additionally audit cleanliness using their matrons audit tool.

Outcomes and actions taken to improve standards will be taken by the departments, and reported to divisional governance meetings and to the Infection Prevention and Control Committee by the divisional representative.

2.13 Cleanliness of Environment

It is every employee's responsibility to report cleanliness issues in any area of the hospital, to the departmental manager/ person in charge or to the help desk for action. This includes reporting spillages in corridors and stairways to the help desk.

The cleanliness of the hospital environment is monitored against Private Finance Investment (PFI) contractual agreements and the national specifications for cleanliness (2007 Ref 7). This includes a number of patient contact items cleaned by housekeeping, a number of the standard items are Trust employee responsibilities. Details of the spit are defined in the cleaning schedule (Appendix B). Any updates to national cleaning standards will be reviewed by the Trust and considered to be adopted as part of contract reviews.

Compliance assurance is monitored weekly by the 'Executive Walkabout' which includes an executive representative, a SERCO representative, estates and facilities representative a hospital company representative and an infection prevention and control nurse.

This team assess environmental cleanliness against the national specifications for Cleanliness in the NHS using and electronic audit tool. A program is in place to ensure all areas are audited on a rotational basis. Non-compliance and identified action plans are reported to the senior leadership team as part of the monthly Housekeeping dashboard from SERCO.

The manager of each clinical area/working environment is responsible for completing a monthly patient equipment audit tool which is returned to the infection prevention and control team for data entry. Departmental employees are also responsible for auditing the standard of environmental cleaning (carried out by SERCO) in conjunction with SERCO team leads, clinical areas will have a minimum of monthly audits.

Designated leads will ensure monthly audits of clinical areas are conducted, results and action plans are reported to Trust employees by SERCO and discussed at the Trust Cleaning Standards group. Risks and gaps are to be reported to the Infection Prevention and Control Committee.

A divisional report is produced by the Infection Prevention and Control team who collate the information for reporting at Divisional Governance meetings and cleaning standards group. Exceptions are reported to the monthly Infection Prevention and Control Committee where controls and actions can be discussed agreed and monitored.

An assurance Matron spot check is carried out as part of the Matron Peer review. The review is carried out using the matrons audit tool. Outcomes of the audit and identified action plans are reported and monitored by the monthly matrons meeting.

3 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	Monitoring or audit method	Monitoring responsibility (individual, group or committee)	Frequency of monitoring	Reporting arrangements (committee or group the monitoring results is presented to)	What action will be take if gaps are identified
Compliance with the health and social Care Act criterion 1, 2, 6, 9, 10	audit and spot checks	Ward sister and Matrons	Weekly and monthly data submission	Divisional governance and Infection Control Committee	Review of practice

4 Duties and Responsibilities of Individuals and Groups

4.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

4.2 Ward Managers, Matrons and Managers for Non Clinical Services

All Ward Managers, Matrons and Managers for Non Clinical Services must ensure that employees within their area are aware of this document; able to implement the document and that any superseded documents are destroyed.

4.3 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

4.5 The Hospital Sterilisation and Disinfection Unit Manager

Hospital Sterilisation and Disinfection Unit Manager is the lead for the safe decontamination and management of reusable surgical instruments

Associated Decontamination Specialist Policies and Standard Operating Procedures' are as follows:

- Cleaning and Decontamination of Reusable Surgical Instruments Trustwide Policy
- Decontamination of Flexible Endoscopes Policy
- Quality Management System and Associated Standard Operating Procedure flow charts to demonstrate compliance with ISO:13483:2016 standards.

4.6 Trust Equipment Manager

The Trust Equipment Manager is the Specialist Lead for Trust-wide procurement and management of medical devices.

Associated Decontamination Specialist Policies and Standard Operating Procedures are as follows:

- Biomedical Equipment Management Policy (Ref 3)
- Medical Equipment Management Policy (Ref 19)
- Trust Equipment Asset Management Procedure (Ref 20)
- Equipment Purchasing Procedure (Ref 21)
- Equipment Library Policy (Ref 22)
- Quality Management System and associated standard operating procedure flow charts to demonstrate compliance with ISO:9001:2008 standards.

5 Further Reading, Consultation and Glossary

5.1 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

Ref. No.	Document Title	Document Location
1	Hand Hygiene Policy	T:\Trust-wide Documents
2	Standard Precautions Policy	T:\Trust-wide Documents
3	Cleaning and Decontamination of Reusable Surgical Instruments Trustwide Policy	T:\Trust-wide Documents
4	COSHH Policy	T:\Trust-wide Documents
5	Protection Against Infection with Transmissible Spongiform Encephalopathy Agents Policy	T:\Trust-wide Documents
6	Health Technical Memorandum (HTM) 01-01 on the management and decontamination of surgical instruments (medical devices) used in acute care.	Department of Health. (2016).
7	The national specifications for cleanliness in the NHS: a framework for setting and measuring performance outcomes	National Patient Safety Agency (2007)
8	The Health and Social Care Act 2008. Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance.	Department of Health. (2015).
9	epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England	Journal of Hospital Infection 86S1 (2014) S1–S70
10	Personal Protective Equipment at Work Regulations: Guidance on Regulations.	Health and Safety Executive (1992)
11	Health and Safety at Work Act 1974	http://www.hse.gov.uk/legislation/hswa.htm

Ref. No.	Document Title	Document Location
12	Control of Substances Hazardous to Health (COSHH) Regulations 2002	http://www.hse.gov.uk/nanotechnology/coshh.htm
13	Single Use Medical Devices: Implications and Consequences of Re-use	Medical Devices Agency (August 2000)
14	Sterilisation, Disinfection and Cleaning of Medical Equipment: Guidance on Decontamination Medical Devices Agency	Microbiology Advisory Committee to the Department of Health (2014)
15	Single-use medical devices	MRHA 2016
16	Creating a safe environment for care. Defining the relationship between cleaning and nursing staff. London	Royal College of Nursing. (2013).
17	The Selection and use of disinfectant wipes. London	Royal College of Nursing. (2011).
18	The Health and Social Care Act 2008	https://www.legislation.gov.uk/ukpga/2008/14/contents
19	Medical Equipment Management Policy	T:\Trust-wide Documents
20	Trust Equipment Asset Management Procedure	T:\Trust-wide Documents
21	Equipment Purchasing Procedure	T:\Trust-wide Documents
22	Equipment Library Policy	T:\Trust-wide Documents

5.2 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Quality Improvement Lead	4/10/2019
Trust Equipment Manager & MDSO	7/10/2019
End User Matron for Unscheduled Care	8/10/2019
End User, Matron for Planned Care	8/10/2019
Decontamination Lead	7/10/2019
Estates and Facilities Management – Contract holder for Housekeeping services	1/10/2019
Estates and Facilities Management - Serco	8/10/2019
Team Lead for Infection Prevention and Control	1/10/2019

6 Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix A.

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Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	What is the name of the policy, strategy or project? Cleaning and Decontamination of Patient Care Equipment Policy		
2.	Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet? The purpose of this document is to provide guidance on the effective decontamination processes for reusable patient equipment		
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?		**No**
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a *relative* adverse effect on other groups?		**No**
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?		**No**

Signed by the manager undertaking the assessment	Lisa Hocking
Date completed	19/9/19
Job Title	Workforce Transformation Lead

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a STAGE 2 - Full Equality Impact Assessment

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Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

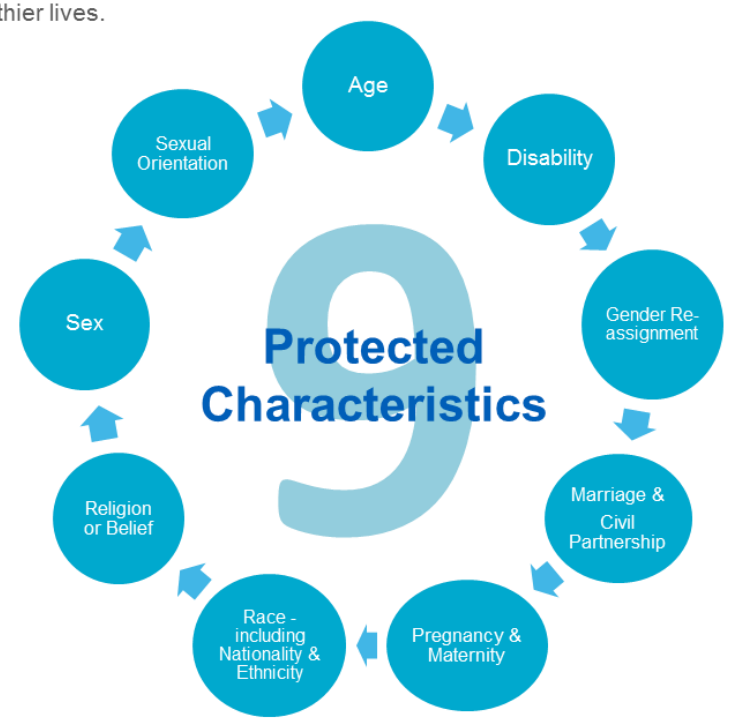
Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.



Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels

Appendix B – Cleaning Responsibilities

Responsibility **Clinical employees**	**Item to be cleaned** As per National core cleaning standards elements	**Method** Clinell universal wipes (1) Clinell sporicidal wipes (2) Other: please state (3)	**Frequency of cleaning** After each use (A) Daily (B) Weekly (C) After single patient use (D)	**Compliance Audit**
Clinical employees	**Commodes**	1	**A**	Monthly
Clinical employees	**Commodes** Following a bowel motion or from an isolation room	2	**A**	Monthly
Clinical employees	**Bathroom hoists**	1	**A**	Monthly
Clinical employees	**Weighing scales, manual handling equipment**	1	**D**	Monthly
Clinical employees	**Drip stands**	1	**B & D**	Monthly
Clinical employees	**Medical equipment** e.g. intravenous infusion pumps, nebulisers, drip stands etc not connected to patient	1	**B & D**	Monthly
Clinical employees	**Medical equipment** pulse oximeters, dynamap, ECG leads etc. connected to patient	1	**A**	Monthly
Clinical employees	**Ice machines for icepacks**	1	**B**	Monthly
Clinical employees	**Patient washbowls**	1	**A**	Monthly
Clinical employees	**Patient fans** – all surfaces	1	**B**	Monthly
Clinical employees	**Clipboards**	1	**D**	Monthly
Clinical employees	**Notes trolleys, drugs trolleys, blood trolleys** **Phlebotomy trolleys are to be cleaned by phlebotomy staff daily**	1 1	**B** **B**	Monthly
Clinical employees	**Patient personal items** e.g. Personal effects	Other as appropriate	**C**	Monthly
Clinical employees	**Linen trolley**	1	**B**	Monthly
Clinical employees	**Equipment Library loaned equipment**	1	**A**	Monthly
Clinical employees	**Anaesthetic Machines**	1	**A**	Monthly

Responsibility **Clinical employees**		**Item to be cleaned** As per National core cleaning standards elements	**Method** Clinell universal wipes (1) Clinell sporicidal wipes (2) Other: please state (3)	**Frequency of cleaning** After each use (A) Daily (B) Weekly (C) After single patient use (D)	**Compliance Audit**
Clinical employees		**Monitors including Cardiotocograph**	1	**D**	Monthly
Clinical employees		**Ventouse machines**	1	**A**	Monthly
Clinical employees		**Emergency trolley including Obstetric Emergency Trolleys**	1	**A**	Monthly
Clinical employees		**Equipment and Dressing Trolleys**	1	**A**	Monthly
Clinical employees		**Mobile X ray machines**	1	**A**	Monthly
Clinical employees		**Dressing trolleys**	1	**A**	Monthly
Clinical employees		**Wheelchairs**	1	**A**	Monthly
Clinical employees		**Patient trolleys**	1	**A**	Monthly
Clinical employees		**Operating Tables**	1	**A**	Monthly
Clinical employees		**Examination couches**	1	**A**	Monthly
Clinical employees		**Cots/Bassinets**	1	**B**	Monthly
Clinical employees		**Breast Pumps**	1	**A**	Monthly
Clinical employees		**Water dispenser**	1 or detergent and water	**B**	Monthly
Clinical employees	**Designated cleaning team**	**Bedside patient TV** including ear piece for bedside entertainment system	1	**D** SERCO **C** for terminal cleans	Monthly
Clinical employees	**Designated cleaning team**	**Electrical items** PC's telephones,	1	**B** SERCO /in House for items installed as per build and those not connected to the patient, otherwise all items cleaned by the Trust, including IT equipment	Monthly

Responsibility **Clinical employees**		**Item to be cleaned** As per National core cleaning standards elements	**Method** Clinell universal wipes (1) Clinell sporicidal wipes (2) Other: please state (3)	**Frequency of cleaning** After each use (A) Daily (B) Weekly (C) After single patient use (D)	**Compliance Audit**
Acute Clinical Employees	**Designated cleaning team**	**Bed** • **Mattress** • **Frame** **(SERCO bed frame)**	 Damp dusting	**D** **D** **D**	Monthly
Clinical employees **Bedside hand rub**	**Designated cleaning team** **Wall mounted**	**Hand hygiene/hand rub dispensers**	1	**B**	Monthly
Acute Clinical Employees	**Acute Designated cleaning team**	**Fridges & freezers** Patient related, drug fridges and employee fridges cleaned by users SERCO food fridges	1	**C/D** **D**	Monthly
Designated cleaning team		**Ice machines and hot water boilers** (Kitchen related)	Detergent and water	**B**	Monthly
Designated cleaning team		**Kitchen cupboards**	Detergent and water	**C**	Monthly
Designated cleaning team		**Microwaves** (patient related)	Detergent and water	**B**	Monthly
Designated cleaning team		**Toilets & bidets**	Detergent and water	**B**	Monthly
Designated cleaning team		**Replenishment** toilet rolls, soap, hand towels	Detergent and water	**B**	Monthly
Designated cleaning team		**Sinks**	Detergent and water	**B**	Monthly
Designated cleaning team		**Baths**	Detergent and water	**B**	Monthly
Designated cleaning team		**Medical gas equipment**	Detergent and water	**B**	Monthly
Designated cleaning team		**Switches, sockets & data points**	Damp dusting	**A**	Monthly
Designated cleaning team		**Walls**	Damp dusting	Check clean daily, full clean weekly (dust only)	Monthly

Responsibility **Clinical Employees**	**Item to be cleaned** As per National core cleaning standards elements	**Method** Clinell universal wipes (1) Clinell sporicidal wipes (2) Other: please state (3)	**Frequency of cleaning** After each use (A) Daily (B) Weekly (C) After single patient use (D)	**Compliance Audit**
Designated cleaning team	**Ceiling**	Damp dusting	**C**	Monthly
Designated cleaning team	**All doors**	Damp dusting	**B**	Monthly
Designated cleaning team	**All internal glazing including partitions**	Damp dusting	Check clean daily, full clean weekly (dust only)	Monthly
External cleaning team	**All external glazing**	Contractor	**C**	Monthly
Designated cleaning team	**Mirrors**	Damp dusting	**B**	Monthly
Designated cleaning team	**Radiators**	Damp dusting	**B**	Monthly
Designated cleaning team	**Ventilation grilles extract and inlets**	Damp dusting casing	**C**	Monthly
Designated cleaning team	**Floor – polished**	Microfibre or detergent & water	**B**	Monthly
Designated cleaning team	**Floor - non slip**	Microfibre or detergent & water	**B**	Monthly
Designated cleaning team	**Floor - soft floor**	Vacuum	**B**	Monthly
Specialist Contractors	**Pest control devices**	NA	**NA**	Monthly
Designated cleaning team	**Cleaning equipment**	Detergent & water	**A**	Monthly
Designated cleaning team	**Low surfaces**	Damp dusting	**B**	Monthly
Designated cleaning team	**High surfaces**	Damp dusting	**B**	Monthly
Designated cleaning team	**Chairs**	Damp dusting	**B**	Monthly
Designated cleaning team	**Lockers**	Damp dusting	**B**	Monthly
Designated cleaning team	**Tables**	Damp dusting	**B**	Monthly
Designated cleaning team	**Hand wash containers**	Damp dusting	**B**	Monthly

Responsibility **Clinical employees**	**Item to be cleaned** As per National core cleaning standards elements	**Method** Clinell universal wipes (1) Clinell sporicidal wipes (2) Other: please state (3)	**Frequency of cleaning** After each use (A) Daily (B) Weekly (C) After single patient use (D)	**Compliance Audit**
Designated cleaning team	**Waste receptacles**	Damp dusting	**B**	Monthly
Designated cleaning team	**Curtains & blinds**	Laundry	High risk - bed and window curtains 6 monthly **or** after infection /soiled etc. Significant risk areas Bed 6 monthly windows Annually **B**	Monthly
Designated cleaning team	**Dishwashers**	Detergent and water	**B**	Monthly

Great Western Hospitals NHS Foundation Trust

Appendix C – Decontamination Responsibilities Structure