Peninsula Medical Practice

Decontamination Policy

The Health Centre

GRANGE OVER SANDS

LA11 7DJ

Fairfield Surgery

FLOOKBURGH

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Practice Policy Document No. 6

v1.1

Adapted from BMA specimen policy of May 2012

March 2014

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Purpose

The purpose of the policy is to set out the decontamination procedures.

The policy should be read in conjunction with the Cleanliness Plan, Infection Prevention and Control policy and the Waste Management Policy.

This policy is relevant to all employers and any one who works at the practice, including non-clinical staff.

Individuals on training placements and visitors/observers on the premises must also adhere to this.

Commitment of the practice

The practice is committed to minimising the risk of infection, injury or contamination to staff, patients and others.

Cleaning and Decontamination (CD) Lead

The CD lead for the practice is the Practice Manager

The contact details for the CD Lead are: Rose Grove Surgery

This individual is responsible for the implementation of this policy.

DEFINITIONS

Cleaning

"Cleaning is the physical removal of infectious agents and the dirt and organic matter on which they thrive". MHRA (2003). Cleaning removes up to 80% of micro-organisms and is an essential part of an infection control programme. Given that organic matter will inactivate disinfectants, all items must be cleaned before disinfection or sterilisation can be achieved.

Contamination

The soiling or pollution of inanimate objects or living material with harmful, potentially infectious or other unwanted material

Decontamination

The process of making a person, object, or environment free of micro-organisms, radioactivity, or other contaminant

Disinfection

Disinfection is the removal or destruction of adequate numbers of potentially harmful micro-organisms to allow the item to be handled or used safely

Sterilisation

Sterilisation is the total destruction and removal of all micro-organisms including spores. Prions are not destroyed in this process

Medical Device

Any equipment used in the treatment, diagnosis and/or care of patients.

Single Use Items

These are items designated by the manufacturer as being suitable for one use on an individual patient only and then discarded. They must not be reprocessed (cleaned, disinfected or sterilised) for further use as this may damage the item and invalidate product liability. The reuse of single use items contravenes the Consumer Protection Act and will render the user liable to prosecution.

Single Patient Use

These items can be used for more than one episode on one patient only. The device will need to undergo some form of decontamination between each use. The manufacturer must state the number of times that the item can be reused prior to disposal.

POLICY

1) All medical devices and equipment used in healthcare environments may become contaminated with biological, chemical or radioactive material and thus can present a risk to patients, as well as to those subsequently handling or using them
2) Inadequate decontamination has frequently been responsible for outbreaks of infection in health care establishments and can result in the transmission of a broad range of micro-organisms
3) Safe and effective decontamination and handling of medical devices / equipment is essential in reducing the risk of cross infection
4) Staff handling used medical devices and equipment should assume they are contaminated and take precautions to reduce the risk to themselves and others
5) The whole process of decontamination should begin at purchasing and acquisition of health care equipment. It is essential to establish methods of decontamination at the earliest stage of acquisition. Suppliers have a responsibility to provide information on safe decontamination methods and chemical compatibility
6) Any instrument which is required to be sterile should be single use only. Where this is not possible, it must be reprocessed by a licensed contractor. They must be transported in a suitable container and must not be rinsed prior to return
7) Accumulation of dust, dirt and liquid residues in the environment will increase infection risks and should be reduced to a minimum. This can be achieved by regular and thorough cleaning

Relevant legislation and guidance

1) Health and Social Care Act (2008)
2) The Health and Safety at Work etc. Act (1974)
3) The Management of Health and Safety at Work Regulations
4) Control of Substances Hazardous to Health (COSHH) Regulations
5) The National Specifications for Cleanliness in the NHS (2010)

Training

All staff will receive infection prevention and control training as part of the practice induction and on an annual basis.

GENERIC PROCEDURES

Risk assessment for decontamination of medical devices

1) All equipment must be adequately decontaminated in between use and between patient use
2) Decontamination methods must be chosen according to the risk of infection associated with the use of a particular piece of equipment
3) Decontamination must always be carried out in accordance with this policy and with the manufacturers' instructions
4) Devices, which are not used on a regular basis, will still need to be cleaned
5) Equipment that cannot be adequately and safely decontaminated should not be purchased
6) Appropriate Personal Protective Equipment must be worn.
7) Thorough cleaning must always be the first step in the decontamination process.

Infection risk to patients from contact with an item of equipment

RISK	USE OF ITEM	MINIMUM DECONTAMINATION REQUIRED
High	• In close contact with a break in the skin or mucous membrane • For introduction into sterile body areas	Single use item or sterilisation. To be carried out by registered contractors only
Medium	• In contact with intact mucous membrane • Contaminated with particularly virulent or readily transmissible organisms • Prior to use on immunocompromised patients	Thorough cleaning followed by disinfection
Low	• Items in contact with healthy skin, or • Not in direct contact with patient	Thorough cleaning is usually adequate (disinfection if infection risk is present)

Stages of decontamination

1) Cleaning

Thorough cleaning of the item with a general purpose neutral detergent and hot water

The item must be cleaned thoroughly using neutral detergent and hot water, rinsed and dried. Alternatively detergent wipes may be used. Where wipes are used the cleaning process must be as thorough as with neutral detergent and water.

Wipes must be disposed of in accordance with the practice's policy on waste management.

2) Disinfection

The most common method of disinfection is with liquid chemicals e.g. alcohol, chlorine-releasing agents.

Safe use of disinfectants:

- When handling disinfectants wear appropriate protective clothing i.e. plastic aprons, gloves and goggles
- Work in a well ventilated area with easy access to running water and eye wash solution
- Staff handling disinfectants must be trained in their use
- Disinfectants should be used and stored in compliance with the COSHH Regulations

Some bacteria can grow in disinfectants. To prevent this from happening the following should always be observed:

- Replace container caps securely after use
- A sterile solution, once opened, should be regarded as non-sterile
- The expiry date on each solution should be checked before use

Water must never be left standing in clean buckets, even if it contains a disinfectant

All mop heads should be colour coded disposable or launderable, stored clean, with head upright

Partially full bottles of disinfectant should never be 'topped up'

Staff should report to practice manager immediately any suspected reactions to products used for decontamination. The practice manager will discuss the incident with one of the GP partners.

If it is necessary to dilute a disinfectant, remember:

- They work best at the right dilution. Always follow the manufacturer's instructions
- Diluted disinfectants rapidly become inactive, use the same day and dispose of any left over via the correct disposal route.
- Always mix them in a clean separate vessel with fresh tap water
- Always use personal protective equipment as appropriate
- Products should never be decanted into an unlabelled bottle

Chlorine-releasing agents:

Chlorine-releasing agents are effective disinfectants which act by releasing available chlorine. They are rapidly effective against viruses, fungi, bacteria and most spores. They are particularly recommended for use where there is a hazard of viral infection, such as hepatitis B virus or HIV. However, chlorine-releasing agents are inactivated by organic matter.

They should not be mixed with other chemicals, unless directed by the manufacturer.

Care is necessary with metals as chlorine is corrosive

Hypochlorites will loose their efficacy once opened and any remainder must be discarded.

Be careful to make the correct solution strength as the concentration of hypochlorite solutions is usually expressed as parts per million of available chlorine.

Alcohol:

Alcohol is available as a gel for hand decontamination.

Alcohol has a variable efficacy against viruses and is ineffective against spores.(See hand hygiene policy)

Ethyl alcohol 70% (ethanol) and 60% isopropyl alcohol (isopropanol) are both effective and rapidly acting disinfectants, with the advantage of evaporation, leaving the treated surface dry. However, they have poor penetrative powers, therefore must only be used on clean, dry surfaces.

Decontamination of items sent for repair, replacement or return

Those who inspect, service and repair or transport medical equipment have a right to expect that equipment has been appropriately decontaminated in order to remove or minimise the risk of infection. In order to comply with MHRA DB 2006(05) all such items must be accompanied by a declaration of contamination statement or decontamination form.

Environmental cleaning products

A neutral detergent and hot water, (made up to the dilution stated by the manufacturer) is recommended for general environmental cleaning. Where disinfection is required, then a chlorine releasing agent in the dilution of 1000 parts per million of available chlorine should be used. A COSHH assessment should be completed prior to use.

Maintaining good standards of environmental hygiene

1) Ensure clinical areas are visibly clean and free from clutter
2) A cleaning plan and schedule should be in place based on NPSA's "The National Specifications for Cleanliness in the NHS: Guidance on setting and measuring performance outcomes in primary care medical and dental premises (April 2010)
3) The cleaning schedule should be available in all areas and visible to staff and public.
4) The cleaning plan schedule must be monitored and evaluated regularly.
5) Staff should be trained in correct cleaning procedures and the use of cleaning products

Spillages

Sample leakages

If the leak is contained within a plastic hazard/specimen bag the bag should not be opened but should be inserted within another plastic bag, which should then be sealed and the whole disposed of in an approved sharps box.

If the leak is not contained within the bag and contaminates either the outside of the bag or external objects the following action is to be taken:

1) Using protective gloves, avoid any further contamination by containing the sample within another plastic bag.
2) Dispose of the entire protected sample within an approved sharps box.
3) Ensure hand washing

Body Fluid Spillages

Vomit can contain infective organisms and is thus a risk to personnel. Always assume that it is infected. Patients will usually have time to obtain a bowl or find their way to the toilet. Bowls should be emptied into a toilet and washed out immediately after being emptied. They should then be sterilised using an antiseptic solution.

Occasionally patients will vomit or deposit other bodily fluids on the floor or furnishings. In this event, scrape or blot up all excess soiling and dispose. The area will then need to be prepared for cleaning by applying the appropriate solution directly to the affected area with sprayer and blot with disposable towels or tissue. Repeat until there is no further improvement. Do not rub.
Clean the affected area with the supplied carpet cleaning equipment using the appropriate solution in the correct dilution.

Dispose of all towels or tissue as clinical waste.

Decontamination and disposal of Materials contaminated with biological substances

Protective clothing (e.g. aprons) should be worn to avoid contamination whenever appropriate.
When contamination of clothes with biological material occurs:

1) Use gloves and a wipe to remove surplus material
2) If there is a risk to staff or patients then the individual should change into clean clothing
3) Take all soiled clothing home and wash or dry-clean immediately.
4) On rare occasions, items may need to be disposed of as clinical waste.

The disposal of soiled linen used by the practice in the course of caring for patients will depend on the extent of soiling and the cause of the illness.

Where no especial biological risk is present then ordinary machine laundering at temperatures recommended by the manufacturer of the washing detergent to be used is sufficient.

In certain circumstances it may be decided to destroy linen if the risk to laundry personnel is too great. In this circumstance's destruction of the linen would be by incineration by double bagging in ‘yellow bags’ and sending with all other clinical waste.

PRACTICE SPECIFIC PROCEDURES

1) The manufacturer's instructions must always be followed in regards to decontamination of a product. Where manufacturer's decontamination instructions are unclear, or alternative disinfection agents to those described above are recommended, an appropriate specialist opinion must be sought.

2) Items should always be cleaned before disinfection.

3) In the event of recommended one-stage disinfectants being unavailable, and where an item is used by an identified or suspected infected patient, decontaminate by thorough cleaning with a neutral detergent and hot water, or detergent wipe, followed by wiping with a solution of 1,000 parts per million of available chlorine, unless contraindicated by manufacturers instructions.

4) Ensure items are decontaminated and dried before storage.

5) No local thermal reprocessing (autoclaving) should take place at the practice. Any re-usable equipment must be re-processed at the licensed facilities provided by the Morecambe Bay Hospitals NHS Trust under the contract between the Trust and the Practice.

6) the following items of practice equipment should be managed according to the policy below:

Item	**Procedure**	**Method**
Baby Changing Mat	Cover with paper roll Clean and disinfect surface	Change between each baby. Use wipes at the end of each clinic session, when visibly soiled and /or contaminated with bodily fluids
Baby Scales	As for changing mat	As above
Near patient pathology testing machines	Single patient use only disposable testing strips and lancets Clean / disinfect if contaminated	Single use pre-sterilised Wipes after each patient
Blood pressure sphygmomanometer and cuff	Clean and disinfect if contaminated	Wipes after each patient
Carpets	Carpets should be avoided wherever possible in appropriate clinical areas (not including admin areas, waiting rooms or corridors). Carpets may be used in GP consulting rooms	Vacuum daily If soiled with spillages of bodily fluid then Shampoo after appropriate disinfection if needed
Crockery and Cutlery	hand wash in hot soapy water, using neutral detergent. Rinse and	After use

	dry	
Curtain rails	Clean using a high damp dusting mop	Approved general cleaning product daily.
Chairs/Cushions	Frame and wipeable cushions where possible Fabric chairs are not recommended due to the fact that they cannot be adequately decontaminated.	Approved general cleaning product daily. Cushions should be inspected regularly and discarded if damaged or evidence of strike through.
Cervical Diaphragms and Caps	Single use only	Follow manufacturer's guidance.
Dressing scissors	Use sterile disposable scissors for sterile procedures.	Single use only.
ECG machine	Clean and disinfect if body of machine contaminated Single use electrodes only	Wipes
Examination Couches	Cover with disposable paper roll. (Paper roll ideally should be attached to either a holder on couch or a wall-mounted dispenser). Avoid linen. Clean/disinfect	Change paper between each patient Wipes or Chlorine-releasing agent. At the end of each session If visibly soiled or contaminated with bodily fluids, or after a patient with a known or suspected infection. (For blood or blood stained fluids see above)
Mops and cloths for cleaning	Mops - should be colour coded and mop heads changed weekly. Cloths- disposable only to be used	
Spirometry / peak flow mouthpiece	Disposable - single patient use	Discard after use
Pillows	Always ensure that pillows are completely enclosed in an impermeable plastic cover with welded seams. On examination couches, the pillow clean/ disinfect	Wipes or Chlorine-releasing agent. At the end of each session and if visibly soiled. Wipes or Chlorine-releasing agent. When visibly dirty
Pulse Oximeter	Clean/ disinfect	Wipes - between patients
Specula (Vaginal)	Disposable - single patient use Re-usable – single use between cleaning and sterilisation at approved licensed unit	Discard into clinical waste stream Package in appropriate container and transport to approved unit for cleaning and sterilisation
Suction Equipment	All suction machines must be of a type that uses disposable	Wipes - daily when in use, or weekly.

	collection bottle liners. Change liner. Discard into appropriate waste bag Accessories e.g. suction catheters – **single use.** Use once and discard into clinical waste stream. Tubing - single patient use Filters – disposable	Change every three months or when wet or visibly soiled or as per manufacturers instructions.
Tympanic thermometers	Disposable tips Thermometer - clean/disinfect	Change after each patient. Wipes daily and when visibly soiled
Toilet seats (raised)	Clean/ disinfect	Chlorine-releasing agent. Daily and more frequently if D&V/outbreaks.
Toys	Soft toys and those made of wood are not recommended. Only plastic toys that are in good condition and easy to clean are suitable for the clinical environment. Clean/disinfect	Wipes - at the end of each clinic or when visibly dirty. Those in waiting areas must be cleaned at least weekly and when soiled.
Vacutainer needle holders	Single patient use only	Discard after each procedure.
Vomit bowls / kidney dishes	Single patient use only.	Dispose of contents into toilet and then dispose of receptacle in clinical waste bag.
Work surfaces	Clean and disinfect	Chlorine-releasing agent or wipes daily and when visibly dirty.

Review

This policy will be reviewed within three (3) years of its implementation, or sooner if any significant changes in best practice for decontamination in the clinical environment of a general medical practice is advised by the Department of Health.

Declaration

This policy will be binding upon all employees of the Peninsula Medical Practice from the 1st October 2012.

We, the partners, have reviewed and accepted this policy.

Dr Diane Ruell
Dr Michael Bunter
Dr Nick Gent

1st October 2012

Reviewed and amended

1st March 2014

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