



Policy:

FIN 017 - Decontamination

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Summary of policy

To explain the rationale and principles of decontamination within the care environment and to define the responsibility and accountability of each member of staff in ensuring that those principles are adhered to, so that the Trust can be assured that cleaning measures for both the environment and reusable equipment are robust and appropriate.

Target audience	All Directorates, SHSC staff and contractors
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Keywords	Decontamination, Reusable Equipment/Devices, Cleaning
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Storage

This is Version 4 of the policy and is stored and available through the SHSC Intranet.

This version of the policy supersedes the previous version (V3.1 October 2019). Any copies of the previous policy held separately locally should be destroyed and replaced with this version.

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1.0	New draft policy created	Oct 2010	New policy commissioned & approved
2.0	Full policy review	Oct 2016	Full review in all sections. New Trust policy template introduced & adopted. Comments included where appropriate during consultation phase prior to ratification.
3.0	Full policy review	July/2019	Full review in all sections. New Trust policy template introduced & adopted. Comments included where appropriate during consultation phase prior to ratification.
3.1	EIA Form added and author changed. as agreed at EDG on 24/09/2019 and outlined	27/07/2020	EIA added as part of an EIA Audit and author changed as agreed at EDG on 24/09/2020 and outlined in Katie Grayson's e-mail dated 2/07/2020.
4	Review and approve	30/07/2024	Update to policy title, change of job titles where required, removal of appendix 2 departmental cleaning and reference made the National Standards of Healthcare cleanliness, removal of therapeutic device policy duplication, place on new template, no change to main context of the policy.

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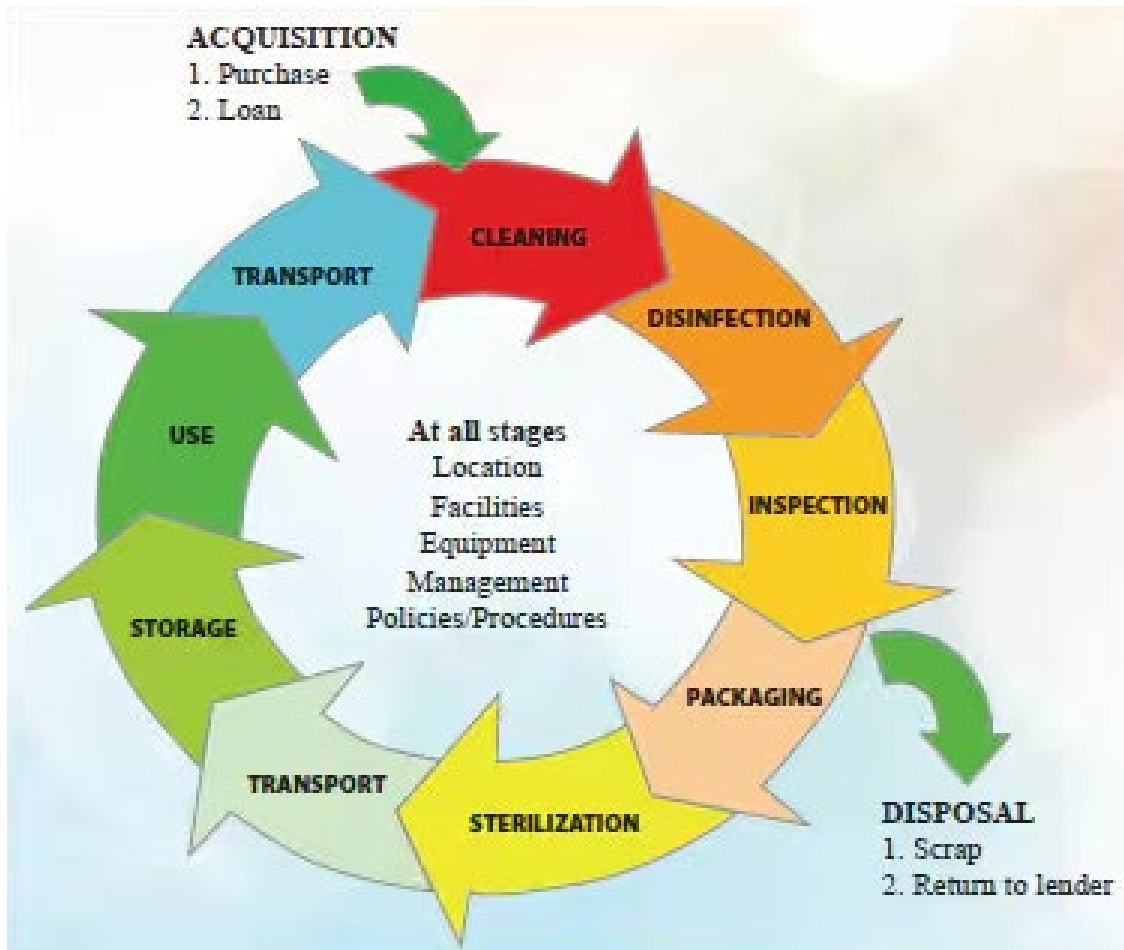
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Action

These are the key points for action from this policy:

- This policy and its associated templates should be always used.
- All staff should familiarise themselves with the requirements and to follow the processes outlined.
- To ensure that managers and individual members of staff are aware of their responsibilities in relation to decontamination of the environment and of medical devices.
- To assure that safe, managed and effective decontamination processes are adopted for all re-usable medical devices/equipment after and between patient use.

Flowchart



1 Introduction

- 1.1 Health and Social Care settings contain a diverse population of micro-organisms. Equipment used in healthcare settings can become contaminated with blood, other body fluids, secretions and excretions during the delivery of care. Therefore, both the environment and the equipment or therapeutic devices used in the delivery of care must be managed appropriately to limit the risk of contamination from micro-organisms, which in turn, could potentially lead to the spread of infection.
- 1.2 Patients within Mental Health and Learning Disability settings can be more susceptible to infection than their counterparts in the community. This is often related to pre-existing disease/physical health conditions, or needs associated with age, invasive procedures or immunosuppressive treatment. Older adults are especially susceptible to infection.
- 1.3 The risk of spreading infection is increased by the fact that patients or service users are admitted with existing physical health conditions, they share facilities within close proximity and have considerable contact with nursing, support and medical staff which provides ample opportunity for the spread of infection.
- 1.4 The high incidence of antibiotic use favours the emergence and spread of resistant bacteria which may be difficult to treat. Infections are costly in terms of prolonged patient stay; extra drug and operative therapy, there are also implications for the patient in terms of pain and suffering. There is an ethical duty to minimise risk to patients, and preventing healthcare associated infection should be an integral part of achieving quality care for patients & service users.
- 1.5 The aim of this policy is to reduce the risk of transmission of micro-organisms, and the subsequent spread of infection, by promoting effective cleaning and decontamination methods of the environment in which the patient / service user is accommodated; and of the reusable equipment or therapeutic devices used in the delivery of care.

2 Scope

- 2.1 This policy applies to all staff employed by Sheffield Health and Social Care NHS Foundation Trust (SHSC) whether seconded or not, students, agency staff, volunteers, contractors and apprentices.
- 2.2 Sterilisation requirements do not form part of this policy because no service will be undertaking any type of steam sterilisation (autoclaving) processes in SHSC.

3 Purpose

- 3.1 The over-arching purpose of this policy is to provide clean, safe care for our patients and to ensure that we as a Trust are compliant with Statutory Legislation.
 - To ensure compliance with the Code of Practice on the prevention & control of infections and related guidance 2008 (2015) and NHS National Standards of Healthcare Cleanliness 2021.
 - There is a managed environment, which minimises the risk of infection to patients, staff, visitors and carers.
 - There is a system in place that ensures as far as reasonably practicable that all reusable medical devices are appropriately decontaminated prior to use and that the risks associated with decontamination facilities (dirty utility spaces) and processes are adequately managed.

- Health and Safety at Work regulations, which require employers to assess the risks to their employees and patients.
- Control of Substances Hazardous to Health regulations, provide a framework of actions designed to control the risk from a wide range of substances, including biological agents.

4 Definitions

4.1 Patient

Is used to refer to any individual to whom we, SHSC, provide care. It is interchangeable with service user, resident, client and where appropriate tenant. The term patient is using throughout this policy from here within.

4.2 Medical Device

Is any instrument, apparatus, appliance, material or other article used alone or in combination, intended by the manufacturer to be used for humans for any of the following purposes:

- Control of conception
- Monitoring, diagnosis and investigation
- Treatment, alleviation or compensation for injury or incapacity
- Replacement or modification of anatomy and physiology.

4.3 Therapeutic Device

Pertaining to therapy e.g. Empathy doll.

4.5 Disinfection

A process used to reduce the number of viable micro- organisms to a safe level at which they are not harmful. The process may not inactivate some viruses and bacterial spores. Disinfection must be carried out after cleaning has taken place and is achieved by either heat or chemicals.

4.6 Sterilisation

A process that removes and destroys all micro-organisms including bacterial spores. This is achieved by the use of heat or chemicals to ensure that the item is sterile at the point of use.

4.7 Prion

An abnormal protein thought to be the causative agent of Transmissible Spongiform Encephalopathy's (TSE) e.g. Creutzfeldt – Jakob Disease. The protein is remarkably resistant to conventional methods of disinfection and sterilisation.

5 Duties

5.1 The Trust Board, via the Chief Executive will:

- Ensure there are effective and adequately resourced arrangements for complying with decontamination requirements within SHSC.

- Ensure there are effective arrangements for Decontamination throughout SHSC.
- Ensure that the role and functions of the Director of Infection Prevention and Control are satisfactorily fulfilled by appropriate and competent persons as defined by DH, (2008).

5.2 Head of Facilities and Health & Safety will:

- Support the provision of a high-quality housekeeping service delivery across SHSC through in-house provision and services that are delivered through external contractors and Service Level Agreements.
- Ensure robust monitoring arrangements in place for both in-house services and those provided externally.
- Interpret and implement of any national guidance on cleanliness and associated environment initiatives.
- Ensure SHSC has an appropriate lead for external cleaning contracts including domestic service provisions and window cleaning and pest control
- Feedback/escalate any IPC issues to the IPC Committee.

5.3 Ward/Unit Managers

- Will make sure that cleanliness standards are met, working with housekeeping teams and Housekeeping Manager to help them fulfil their roles and achieve objectives
- The ward/unit manager is ultimately responsible for ensuring that cleanliness and environmental standards are maintained to the highest level.

5.4 Nursing/Clinical/Therapy Staff and Support Workers

- Carry out cleaning duties primarily associated with medical/therapeutic devices, equipment; and apparatus including being responsible for body fluid spillage management.
- In the absence of housekeeping staff, cleaning of the patient environment and equipment (including seclusion rooms)

5.6 Housekeeping Manager

In relation to this policy will support with:

- The provision of in-house housekeeping services being delivered in accordance with locally agreed specifications.
- Providing assistance and advice on issues where the service is delivered by an external or third-party provider.
- Ensuring remedial action is undertaken in a timely manner where the service falls short of the required standard.
- Ensuring all housekeeping services staff are trained in the safe working practices and the local cleaning procedures.

5.7 Senior Housekeepers

Are responsible for:

- The operational supervision of housekeepers, supervising and co-ordinating daily cleaning activities on their respective areas, including enhanced cleaning tasks as required.

- Auditing environmental cleanliness scores, subsequent peer auditing and reporting scores timely.
- Ensuring sufficient supplies of cleaning products and equipment is stocked and stored in accordance with Health and Safety and CoSHH regulations.
- Ensuring any remedial actions are undertaken, liaising with appropriate departments. Where access has been denied by patients for cleaning/water flushing must escalate to the Ward/Unit Manager.

5.8 Housekeepers

All housekeeping staff are responsible for ensuring that cleaning methodologies are rigorously applied, and the frequencies are maintained. Where this is not possible, non-compliance (e.g. denied access to patient rooms/en-suites); must be escalated to Senior Housekeepers and Ward Manager. All Housekeeping staff (including Senior Housekeepers) shall play an essential role in ensuring that the care environment remains safe and hygienic, as well as aesthetically pleasing, promoting confidence in patients and visitors.

5.9 Estates Team

Have responsibility to maintain and repair of the 'fabric of the building' with any associated cleaning requirements.

5.10 Infection Prevention and Control Team

- Providing advice and support on specific/specialist cleaning requirements.
- Supporting the education of staff about the importance of following the correct processes for decontamination and cleaning.

6 **Procedure**

6.1 Single Use Medical Devices or Equipment

6.1.1 Single Use Equipment

As stated by the manufacturer, must be used once only and must never be reused. Equipment is marked with the single use sign (shown below). Single Use equipment must not be reprocessed under any circumstances.



6.1.2 Some high-risk devices cannot be disinfected or sterilised and must be single use. All single use items carry the single use logo displayed above. Medical devices designated for single use must never be re-used. Manufacturer's instructions must always be followed when using them.

6.2 If a health or social care worker re-uses a single use device, they will transfer the legal responsibility for the safe performance and liability of the product from the manufacturer to themselves. After use these items should be disposed of as healthcare waste. If there is a choice between single use and reusable items, the single use item would normally be recommended. Legal issues include:

- If a single-use item is reused this may negate the manufacturer's warranty.

- The organisation would be liable under criminal law (Provision and Use of Work Equipment 1998) and civil law under the Tort of Negligence if damage or injury is caused by the reuse of single-use items.
- An employee could be held liable under criminal law (Health and Safety at Work Act 1974) for reusing a single-use item and in civil law under their duty of care.

6.3 Single Patient Use

As stated by the manufacturer, may be used a number of times for one patient only, which will usually be clearly stated on the packaging. These devices include such items as nebulisers. e.g. Such equipment needs to be marked with the appropriate patient's name, where possible, and disposed of when no longer required.

Some items are deemed by the manufacturer to be safe to reuse on the same patient e.g. nebuliser. Instructions for decontamination and storage along with the number of uses permitted must be supplied by the manufacturer.

Staff have a 'duty of care' to ensure that these instructions are followed. Failure to do so may result in significant illness or even death.

6.4 Decontamination of Reusable Devices or Equipment

Reference should be made to SHSC Medical and Therapeutic Devices Policy.

Decontamination is a term used to describe the process of eliminating contaminants, which include micro-organisms and other unwanted material which would otherwise be conveyed to a susceptible site and cause infection.

- 6.4.1 The effective decontamination of reusable devices is essential to reduce these infection risks. Decontamination methods will depend on the nature of the micro-organisms present, and the infection risk associated with the surface, equipment, device or procedure.
- 6.4.2 The National Standards of Healthcare Cleanliness 2021 cleaning specifications guidance must be used that outline equipment and medical devices used in the delivery of health and social care; specifying the persons responsible for cleaning, the frequency of cleaning, the expected outcomes and what cleaning method/product to use.
- 6.4.3 Due regard and consideration prior to purchase of all reusable medical & therapeutic devices must be given to how an object or item is to be decontaminated appropriately between subsequent uses. Those responsible for ordering equipment should follow the process as outlined in the Medical and Therapeutic Devices Policy and obtain the Pre-Acquisition Questionnaire (PAQ) which manufacturers must provide.
- 6.4.4 All medical devices/equipment must be decontaminated between each patient use by the user to prevent cross infection using a risk assessment model in section 6.5. Use only decontamination methods advised by the manufacturer – using any other process might invalidate warranties and transfer liability from the manufacturer to the person using or authorising the process. If the manufacturer does not provide clear guidance for decontamination, please seek advice from the Medical Devices Safety Officer.

6.5 Risk Assessment

Medical/Healthcare equipment is categorised according to the risk that the particular poses during the procedure. For example, items that come into contact with intact mucous membranes are classified as medium risk and require disinfection between each use as a minimum standard. Items that enter normally sterile body areas, or items that come into contact with broken mucous membranes, are classified as high risk and must be sterile before use.

Risk	Application of item	Minimum standard
Low (non-sterile)	In contact with healthy skin e.g. furniture, office equipment, mattresses, surfaces, commodes frames, hoist.	Cleaning is usually adequate. Appropriate cleaning methods should be followed i.e. manufacturer's instructions.
Medium	In contact with intact mucous membranes. Contaminated with virulent or readily transmissible organisms (body fluids e.g. patients with MRSA/Norovirus. For use on immuno-compromised patients.	Cleaning and disinfection (or sterilization). Use single use equipment wherever possible.
High	In contact with broken skin or mucous membranes. For introduction into sterile body areas.	Cleaning and sterilisation or single use.

6.6 Cleaning Reusable Equipment – General Information

- 6.6.1 A process which physically removes visible contamination (blood, body fluids, debris and accumulated deposits) and the majority of micro-organisms normally using a general-purpose detergent. A high standard of cleaning is essential with all surfaces having contact with the cleaning agent.
- 6.6.2 Cleaning is an essential prerequisite to ensure effective disinfection or sterilization of equipment. It is a method of decontamination for non-invasive (low risk) items but should not be used as the only process for high or medium risk equipment, where sterilization or disinfection is required. Always refer to manufacturer's instructions
- 6.6.3 The reduction of microbial contamination will depend upon many factors including the efficiency of the cleaning process and the initial contamination. A further reduction will occur on drying, as some micro-organisms cannot multiply on a clean dry surface. Cleaning is the first step in the decontamination process. It must be carried out before disinfection and sterilisation to make these processes effective.
- 6.6.4 Ideally cleaning tasks should be undertaken in appropriate areas such as dirty utilities. Where appropriate facilities are not available, (within some community settings) only items of low risk should be cleaned locally.
- 6.6.5 Personal protective equipment, including aprons gloves and goggles/visors be available for staff to wear along with adherence to performing hand hygiene following all cleaning tasks. Further details can be found in the Infection Prevention and Control Policy.

6.7 Disposable Wipes

Clinell Universal (Green) Wipes are useful for general cleaning activities following use (e.g. hoist, telephone, mouse, keyboard, blood pressure monitors, couch, phlebotomy chairs, work surfaces and mattresses). These wipes contain detergent and biocides which clean and disinfect in a one step process.

Ensure sufficient/recommended contact time between the cleaning product and equipment or item being decontaminated and allow to air dry.

6.8 Disinfection of Reusable Equipment – General Information

6.8.1 Disinfection will not achieve the same reduction in microbial contamination levels as sterilisation. Disinfectants can be used in food preparation areas and in contaminated situations where body fluids are present. Disinfection is defined as a process used to kill or remove harmful micro-organisms, but it cannot usually kill bacterial spores.

6.8.1 Where a combination of cleaning and disinfection is normally required this includes the use of ‘washer-disinfectors’ such as bed pan washers, dishwashers and laundry. This also includes the use of detergent and water followed by a chemical product when cleaning hard surfaces and reusable equipment.

6.8.2 Disinfection may also be applied to the treatment of skin, mucous membranes, body tissues and cavities through the appropriate application of products.

6.9 Decontamination Certificates - Equipment for Maintenance, Repair, Loan or Disposal

6.9.1 A completed decontamination certificate must accompany each piece of equipment sent for repair or service whether internally or externally to the Trust. Failure to comply with this request will result in equipment being returned (Appendix 3). Keep copies of certificates for 5 years.

6.9.2 The user of the device is responsible for ensuring that it is visibly clean and free from contamination with blood and /or body fluid following each procedure or care episode and prior to sending for service or repair.

6.9.3 Any medical device or piece of equipment which has been withdrawn from service and condemned from all care settings requiring final disposal should be visibly clean (following manufactures instructions). A decontamination certificate (Appendix 3) will need to be completed and retained by the department/ward/unit disposing of the item; serving as a record that the item has been decontaminated. Areas are responsible for ensuring all devices or equipment is disposed of appropriately and in accordance with SHSC Waste Management Policy.

6.10 Condemned Mattresses

Clean to remove any visible dirt/contamination. Attach decontamination certificate to the mattress and write on the mattress cover the reason for condemning e.g. failed fist test. Large clear bags for mattress disposal can be ordered from Procurement. If you need to dispose of a mattress with a contaminated foam core, please contact the Waste Manager for advice and consult the Waste Management Policy.

6.11 Condemned Therapeutic Devices

To be bagged in accordance with SHSC Waste Management Policy and sent for collection in the appropriate waste stream. Further advice can be obtained from the Waste Manager.

6.12 Transferring Ownership of Equipment

Any medical device or piece of equipment transferring to another department within SHSC requires a decontamination certificate to accompany the item and the certificate should be retained by the receiving department. (Appendix 3). Any equipment on short-term transfer or loan, must be visibly clean and assurance given verbally to the receiving area.

6.13 Decontamination of the Environment – Cleaning Processes

6.13.1 The 'environment' means the totality of patient's surroundings when in care premises or transported in a SHSC vehicle. This includes the fabric of the building, related fixtures and fittings, and services such as water supplies. To facilitate the cleaning process, it is essential that premises are suitable, fit for purpose and maintained in good physical repair and condition.

6.13.2 In most care settings a daily clean with a detergent based product is adequate. The aim is to remove organic matter and dust and to reduce the bacterial load in the environment. Cleaning in SHSC premises should be carried out in line with National Standards for Cleanliness. Housekeeping staff should have received training and standards should be monitored by Senior Housekeepers by completing the monthly Technical Audit Tool, oversight by Housekeeping Manager.

6.13.3 The National colour-coding scheme should be adopted in all locations.



6.13.4 Currently Chlorine releasing product-based tablets is the approved product SHSC has decided to adopt as its main product of choice for environmental cleaning activities.

6.13.5 In general the following applies for all areas that provide care to patients:

- Carpets are not recommended in care areas because of the risk of body fluid spillages.
- Where carpets are in place, there should be procedures or contracts for regular 6 monthly steam cleaning or shampooing and dealing with spills in the interim periods.
- Work surfaces and floors should be smooth finished, intact, durable of good quality, washable, sealed appropriately and should not allow pooling or ingress of fluids.

- Keep mops and buckets clean, dry and store inverted.
- Mop heads should be removable for laundering daily or disposable single use.
- Preference to disposable cloths and mops which are changed daily.
- Clean in a systematic way; from clean to dirty, top to bottom using an 'S' shaped motion.
- Use of chemicals requires a Control of Substances Hazardous to Health (CoSHH) assessment to be carried out by a competent person.
- Areas undergoing 'decommissioning' should be left in a visibly clean state. Estate and Facilities colleagues will usually be co-ordinating and overseeing the closure of departments or areas.
- Reusable bedpans, commode pots and urinals require processing in a washer-which reached 80°C for a minimum of 1 minute (DH/HPA 2013). Alternatively, areas should use Papier Mâché pulp disposable products and dispose of these in a macerator where in existence or via the appropriate healthcare waste stream.

6.14 Environmental Cleaning Schedules

6.14.1 The Housekeeping Manager will produce a detailed housekeeping cleaning schedule aligned to the National Standards of Healthcare Cleanliness 2021. Each schedule will detail:

- Cleaning task and area
- Any associated hazards
- Method of cleaning
- Personal protective equipment required
- Frequency of cleaning

6.14.2 The NHS Standards of Healthcare Cleanliness 2021 Commitment to Cleanliness Charter and star rating will be displayed (at the entrance) in all patient/public facing areas, so easily recognised by patients, the public and staff. This will detail cleaning tasks, frequency and responsibility for all functional risk areas.

6.14.3 Senior Housekeepers (and delegated individuals) are responsible for recording of daily flushing of water outlets as outlined in the Water Quality Policy, (areas identified as out of use will be subject to enhanced flushing and this will be recorded separately).

6.14.4 The housekeeper will sign off the schedule after each shift detailing any areas that were not accessible for cleaning or water flushing and the reason why.

6.14.5 Any accessibility issues will be feedback to the senior nurse on duty by the senior housekeeper and then to the ward manager. As a minimum expectation, all patient en-suites must be cleaned on a daily basis and water flushing as per Water Policy/Water Plan carried out.

6.15 Discharge Cleaning

This is the term used to describe when a patient is discharged from the care facility. The bedroom/en-suite or bed space must be thoroughly cleaned in preparation for new patients being admitted. After the patient has been discharged all surfaces and equipment must be cleaned; with a suitable product ensuring all dust, dirt and any organic matter is completely removed.

6.16 Terminal Cleaning

Terminal cleaning is a term used to describe the cleaning of a room/en-suite or bed space when a patient with suspected or known/confirmed infection requires cleaning following the discontinuation of isolation precautions. All surfaces and equipment must be cleaned, using a suitable product ensuring all dust, dirt and any organic matter is completely removed. Curtains will require laundering or steam cleaning.

6.17 Deep Cleaning

This term is used to describe periodic cleaning activities of the environment which enhance or supplement daily cleaning regimes. These include:

- Floor scrubbing
- Carpet shampooing
- Curtain changes
- Steaming cleaning
- Walls, ceiling and lights/ventilation grills – usually carried out by the Estates Department

High cleaning – staff must not attempt to clean above a height that you can comfortably reach while standing on the floor using telescopic cleaning tools.

Curtain changing should be undertaken by 2 members of staff using approved step ladders by SHSC (step ladders with grab rail and maximum of 3 steps).

It may on occasion be necessary to arrange additional cleaning services from a contractor. In the first instance this must be discussed with the Housekeeping Manager.

6.18 Enhanced Cleaning

Enhanced cleaning is carried out when there is a greater risk of infection or during outbreak situations and is at the request of the Infection Prevent and Control Team. This increased cleaning activity involves cleaning all high touch surfaces in a care area twice daily.

6.19 External Window Cleaning

An external contractor will undertake the cleaning of external windows and glazing. The frequency is four times per annum. This will be organised by the Housekeeping Manager and Estates and Facilities Department in conjunction with Procurement Services.

6.20 External Contractors

Where cleaning services are provided by external contractors, the agreement should be reviewed jointly by the representative from the Provider, Housekeeping Manager, Procurement, Senior Nurse Infection Control and the relevant Senior Operational Manager from the care setting. This is to ensure the 'contract' meets the needs of the service, patient and subsequent environment.

6.21 Storage of Cleaning Products and Chemicals

All cleaning products/chemicals must be stored in their original containers in a locked cleaning cupboard when not in use. A copy of the CoSHH product data sheets must be held in the cleaning cupboard and be easily accessible by any member of staff using the product.

When the cleaning product is in use, the product should be kept in either its original container, or if a diluted solution has been made (in line with the manufacturer's instructions) the container must be clearly labelled in a bottle/spray gun with a secure lid. All handheld containers/bottles must always remain with the member of staff and when left on the cleaning trolley between cleaning tasks.

Buckets of cleaning product (which have been diluted with water in line with instructions) must always remain with the Housekeeper and must not be left unattended.

6.22 Cleanliness and Storage of Equipment Used for Cleaning

6.22.1 Prior to using any cleaning equipment, all housekeeping staff will be trained in the correct use of that equipment as part of their local induction. All electrical devices should be inspected/tested in accordance with SHSC Low Voltage Electrical Safety Policy and it is the responsibility of the Senior Housekeeper to ensure all electrical cleaning equipment is safe to use. All staff have a responsibility to routinely check all equipment prior to use and report any faults. All equipment must be checked to make sure that it is clean before and after being used.

6.22.2 At the end of the housekeeping service, all buckets must be emptied, cleaned, wiped dry, and left inverted, in readiness for their next use. All mop heads should be colour coded and preferably disposable or able to withstand laundering in a washing machine and stored clean and fully dry with head uppermost.

6.22.3 Used mop heads which can be laundered are to be placed in a red alginate bag at the end of each daily use for processing by the laundry. If the mops are disposable, these should be placed in the domestic waste stream; unless used in outbreak situations or where patients are being isolated (place in hazardous orange waste stream).

Under no circumstances must mop heads be manually rinsed in sluice/ janitorial sinks and left to dry.

6.22.4 Disposable cleaning cloths must be disposed of in the relevant waste stream at the end of each clean, (general cleaning – domestic waste stream and isolation or barrier clean – hazardous orange waste stream).

6.23 Decontamination of Linen

6.23.1 The provision of clean linen is a fundamental requirement of care. Incorrect handling, laundering and storage of linen can pose an infection hazard. Further information on linen management can be found in the Infection Prevention and Control Policy.

6.23.2 All dirty and used linen must be handled with care and appropriate Personal Protective Equipment (PPE) worn by the healthcare/social workers. Linen should be removed from a patient's bed with care, avoiding the creation of dust and placed into the appropriate colour-coded category. This should stop

laundry staff from 'manually sorting' the laundry out further upon arrival to the laundry room.

6.23.3 Linen should be divided into basic categories such as:

- Used/soiled linen or clothing – items either worn or used without the contamination of visible blood or bodily fluids
- Foul/infected linen or clothing – items contaminated with visible blood or bodily fluids
- clothing/heat-labile (Heat labile linen includes any fabric that the normal heat disinfection process and high temperatures could damage e.g. silks & wool - check the manufacturer's washing/care label instructions).

6.23.4 An alginate bag is a bag used for foul or infected linen. The bag dissolves away when in contact with water. Very wet linen can start the dissolving process from the inside; therefore, the colour-coded alginate bag should be placed inside the appropriate colour-coded plastic bag before placing into the colour coded cotton laundry sack. This is to prevent cross-contamination of linen and to protect the healthcare worker and the laundry personnel during transportation and the laundering process. All foul linen or clothing should have a pre-wash or sluice cycle selected on the washing machine. **Never manually sluice any items.**

6.23.5 Laundry rooms should be physically separate and must have a dedicated accessible hand wash basin available. Clear processes must be in place; a clear working flow from dirty to clean to prevent cross contamination from used laundry arriving in the laundry room. It is acknowledged that in some community supported living accommodations this may not always be possible, and the washing machine may be in communal kitchens. It is recommended that food must not be prepared or cooked at the same time as the washing machine is being loaded or unloaded with laundry.

6.23.6 All purchases of washing machines must be discussed with and approved by the Head of Estates/Water Quality Responsible Person and Infection Control Team before an order is placed.

6.23.7 All washing machines must comply with the guidance in Health Technical Memorandum 01-04: Decontamination of linen for health and social care (2016) and be WRAS approved; provide a sluice cycle for foul laundry and reach satisfactory disinfection temperatures and holding times. Domestic type washing machines or tumble dryers are not appropriate. Areas need to consider the ongoing maintenance, servicing and annual calibration arrangements.

6.23.8 The washing process should have a thermal disinfection cycle in which the minimum temperature in the load is maintained at 65°C (150°F) for not less than 10 minutes or preferably at 71°C (160°F) for not less than 3 minutes.

6.23.9 SHSC owned washing machines or dryers must never be used for clothes of staff or relatives. Staff should follow the guidance in the Dress Code Policy regarding the laundering of staff uniforms or clothes worn for work.

6.24 The Management of Toys

Toys are known to harbour organisms and have been implicated in the spread of infection. It is acknowledged that toys pacify or distract babies / young children helping them to cope with unfamiliar surroundings and procedures. The risk may be modest,

but toys quickly become soiled rapidly acquiring a generous 'coating' of multiple flora; some of which potentially may be harmful. The following principles are to be followed:

- Toys should be included on the departmental cleaning schedule with a clear responsibility identified of who is responsible for them.
- The cleaning schedule should include what to clean them with, how to clean, and the frequency of cleaning. Cleaning daily at the end of the working day/clinic session would be acceptable, however cleaning intermittently if soiled or visibly dirty in the interim period.
- Check toys daily whilst cleaning them for defects and throw away as appropriate.
- Store toys in a plastic lidded wipeable box – recommend weekly cleaning frequency inside and out including the lid with detergent wipes & air dry. Spot check box daily and clean intermittently if soiled/visibly dirty in the interim.
- Toys should be CE marked and be made of hard washable/wipeable plastic wherever possible.
- Wooden toys are not recommended as they cannot be cleaned appropriately as they are porous.
- Remove items such as soft toys i.e. those made from teddy bear pile fabric, wool and dolls due to their hair. These type of 'furry' toys are not suitable for communal use.
- Books for babies & toddlers should be discouraged. However, books for older children are no more of a risk than magazines which are usually available in most waiting rooms.
- All hard impervious washable equipment e.g. plastic toys are to be cleaned in hot water and detergent. Follow by rinsing in clean water before disinfecting with a suitable product; allow to air dry on absorbent paper in a suitable area. Alternatively, they can be thoroughly wiped over with disposal Clinell Universal wipes and allowed to dry.
- If the organic matter cannot be removed from the toy, it is to be disposed of by an appropriate method following the Trusts Waste Management Policy.
- Toys that take batteries and electrical items must be cleaned using Clinell Universal wipes.

6.25 Therapeutic Device Considerations

It is acknowledged that therapeutic devices or equipment falling into this category can have benefits to patients who need additional comfort or sensory stimuli e.g. Empathy Dolls. Care settings wishing to procure such items are strongly advised to consult either the Medical Devices Group and/ the Infection Prevention and Control Committee. Health and social care settings need to be mindful about considering any infection control, health and safety, fire and decontamination considerations or implications prior to purchase.

7 **Development, consultation and approval**

Version 4, on review, context has not been altered from 3.1, however a change has been made to the title and to remove any duplication that is contained within the Medical and Therapeutic Device Policy and to update terminology in line with NHS National Standards of Healthcare Cleanliness 2021.

Due to minor changes the policy was consulted upon by:

- Infection Prevention and Control Lead Nurse
- Housekeeping Manager
- Head of Facilities and Health & Safety

- Approved by the members of the Estates and Facilities Governance and Risk Group
- Oversight at the Infection Prevention and Control Committee
- Jarvis Policy Forum.

9 Audit, monitoring and review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
Cleanliness	Technical Audits	Senior Housekeepers	Dependant on FR	Housekeeping Manager	Housekeeping Manager	IPCC
Cleanliness	Efficacy Audits	Housekeeping Manager	Annual	Housekeeping Manager	Housekeeping Manager	IPCC
Environmental	Patient Led Assessment of Care Environment (PLACE)	PLACE Working group	Annual	Housekeeping Manager	Housekeeping Manager	Executive Management Team / Quality assurance Committee / Trust Board

10 Implementation plan

Action / Task	Responsible Person	Deadline	Progress update
Publish new policy on the Trust Intranet and website, and remove old version	Policy Governance Administrator via the Communications Team	July 2024	
Trust electronic communications media	Policy Governance Administrator via the Communications Team	Within 5 working days of issue.	

11 Dissemination, storage and archiving (Control)

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1	July 2010	July 2010	Unknown	N/A
2	Oct 2016	Oct 2016	Unknown	N/A
3	Oct 2019	Oct 2019	Unknown	N/A
3.1	Unknown	Unknown	Unknown	N/A
4	September 2024	September 2024	September 2024	N/A

12 Training and other resource implications

All staff joining SHSC should attend Core Mandatory Training. The Infection Control session includes a brief overview of decontamination and emphasises its importance in the delivery of care. Staff require Mandatory updates; please refer to the mandatory training policy or discuss with your own line manager. Training data will be collected centrally by the training Department, but each department/team manager is responsible for ensuring that their staff receive training and update any locally held training records.

Staff are reminded that they should seek relevant training and be appropriately trained in clinical procedures e.g. venepuncture or catheterisation where invasive medical devices are used; and maintain their competencies to ensure safe practice.

Should resource implications be identified then appropriate business cases will be produced for consideration.

13 Links to other policies, standards, references, legislation and National Guidance

- Infection Prevention and Control Policy and associated manual
- Waste Management Policy
- Water Quality Policy and Water Safety Plan
- Medical and Therapeutic Devices Policy.
- Mandatory Training Policy
- The Health & Social Care Act 2008 (2015)
- NHS Standards of Healthcare Cleanliness 2021

14 Contact details

Job Title	Name	Contact
Head of Facilities and Health & Safety	Samantha Crosby	Samantha.Crosby@shsc.nhs.uk
Housekeeping Manager	Melanie Dyche	Melanie.Dyche@shsc.nhs.uk

Appendix 1

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.

Name/Date: Samantha Crosby July 2024

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	No impact identified	No	N/A
Disability	No impact identified	No	N/A
Gender Reassignment	No impact identified	No	N/A
Pregnancy and Maternity	No impact identified	No	N/A
Race	No impact identified	No	N/A

Religion or Belief	No impact identified	No	N/A
Sex	No impact identified	No	N/A
Sexual Orientation	No impact identified	No	N/A
Marriage or Civil Partnership	No impact identified		

Please delete as appropriate: - no changes.

Impact Assessment Completed by: Samantha Crosby
Name /Date 16th July 2024

Appendix 2

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	✓
2.	Is the local Policy Champion member sighted on the development/review of the policy?	✓
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	✓
5.	Has the policy been discussed and agreed by the local governance groups?	✓
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	N/A
Template Compliance		
7.	Has the version control/storage section been updated?	✓
8.	Is the policy title clear and unambiguous?	✓
9.	Is the policy in Arial font 12?	✓
10.	Have page numbers been inserted?	✓
11.	Has the policy been quality checked for spelling errors, links, accuracy?	✓
Policy Content		
12.	Is the purpose of the policy clear?	✓
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	✓
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	N/A
15.	Where appropriate, does the policy contain a list of definitions of terms used?	✓
16.	Does the policy include any references to other associated policies and key documents?	✓
17.	Has the EIA Form been completed (Appendix 1)?	✓
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	✓
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	✓
20.	Is there a plan to i. review ii. audit compliance with the document?	✓
21.	Is the review date identified, and is it appropriate and justifiable?	✓

Appendix 3 – Decontamination Certificate

Decontamination Certificate

Before any equipment is sent for repair/service, transferred between departments or for final disposal both within and outside Sheffield Health and Social Care premises it must be decontaminated, and a certificate completed. Please retain a copy and tick:

- Items for service or repair – the certificate must accompany the equipment.**
- Items for final disposal – please complete the certificate and retain in the department/ward/unit area. For Mattresses please attach.**
- Items transferring between departments – please complete the certificate and give to the receiving department**

Ward/Department:		
Description of equipment:		
Make:	Model:	Serial Number:

Please select **ONE** box and tick accordingly:

To the best of my knowledge this equipment has NOT been in contact with potentially infected material e.g. blood, bodily fluids and therefore has not been contaminated.	
This equipment MAY be contaminated by potentially infected material and has been decontaminated externally on its outer surface as per decontamination policy.	
This equipment MAY be contaminated but could not be decontaminated because, please give details	

The above piece of equipment has been appropriately decontaminated following patient usage and is now ready for repair/service, transfer or final disposal.

Signature _____ Date _____

Name _____ Designation _____