

## FACTSHEET 4: Care equipment and the environment

### There are three levels of decontamination:

- **Cleaning:** physical removal of contaminants including dust, soil and organic matter, along with a large proportion of micro-organisms. Thorough drying following cleaning will cause a further reduction. This is the first and most important step in any decontamination process;
- **Disinfection:** use of heat or chemicals to reduce the number of viable micro-organisms to a level which is not harmful to health (but not all viruses and/or bacterial spores);
- **Sterilisation:** renders the object free from viable micro-organisms, including bacterial spores and viruses. The recommended process depends on the level of risk associated with the item to be cleaned (see Table).

### Care equipment

#### Care equipment is classified as:

- Single-use: can be used only once and then discarded, e.g. needles and syringes;
- Single-patient use: can be reused on the same patient;
- Reusable invasive equipment: used once then decontaminated, e.g. surgical instruments;
- Reusable non-invasive equipment (communal equipment): reused on more than one patient following decontamination between each use e.g. commode, patient transfer trolley.

#### Decontamination of reusable non-invasive care equipment must adhere to manufacturers' guidance and be undertaken:

- Between each use;
- After blood and/or body fluid contamination;
- At regular predefined intervals as part of an equipment cleaning protocol;
- Before inspection, servicing or repair.

### Care environment

#### The care environment must be:

- Visibly clean, free from non-essential items and equipment to facilitate effective cleaning;
- Well-maintained and in a good state of repair;
- Routinely cleaned in accordance with the local policy.

### Risk levels and recommended cleaning level

Risk	Application	Recommendation
Low	Items in contact with healthy skin or mucous membranes or not in contact with patient	Cleaning
Medium	Items in contact with intact skin, particularly after use on infected patients or before use on immuno-compromised patients, or in contact with mucous membranes/body fluids	Disinfection
High	Items in close contact with a break in the skin or mucous membrane or introduced into a sterile body area	Disinfection or sterilisation, to be undertaken in a facility approved by the infection prevention and control team

Source: NHS Dumfries and Galloway, 2015

Although routine disinfection of the environment is not recommended, local policy may require routine use of 1,000ppm chlorine or another disinfectant. Chlorine-based products should be used routinely on sanitary fittings. Where general-purpose neutral detergent in warm water is recommended for routine cleaning, this should be changed when dirty, at 15-minute intervals or when changing tasks.

Spillages of blood and other body fluids may contain blood borne viruses or other pathogens and must be decontaminated at once by staff trained to do this safely.

### Linen

Clean linen should be stored in a clean, designated area, preferably an enclosed cupboard. If it is not stored in a cupboard the trolley used for storage must be designated for this purpose and completely covered with an impervious covering that can withstand decontamination.

A laundry receptacle used only for the deposit of used linen (previously known as soiled linen) should be available as close as possible to the point of use.

#### Do not:

- Rinse, shake or sort linen on removal from beds/trolleys;
- Place used linen on the floor or any other surfaces;
- Re-handle used linen once bagged;
- Overfill laundry receptacles;
- Place inappropriate items in the laundry receptacle.

For infectious linen (linen used by a patient known or suspected to be infectious or linen contaminated with blood and/or other body fluids) local policy and national guidance should be followed (Department of Health, 2013c).

### Disposal of waste (including sharps)

Always dispose of waste immediately and as close to the point of use as possible, and into the correct segregated colour-coded waste bag (orange/yellow for healthcare waste or black/clear for domestic) or container (sharps box). Waste should be stored in a designated, safe, lockable area while awaiting removal.

Liquid waste, e.g. blood must be rendered safe by adding a self-setting gel or compound before placing in an orange lidded leak-proof bin.

Waste bags must be no more than 3/4 full or more than 4kg in weight; and closed using a ratchet tag/or tape (healthcare waste bags only), with the point of origin and date of closure clearly marked on the tape/tag.

### Sharps

#### Sharps boxes must:

- Have a temporary closure mechanism, which must be employed when the box is not in use;
- Be disposed of when the fill line is reached;
- Be labelled with point of origin and date of closure.

Manufacturers' instructions for safe use and disposal must be followed.

Needles must not be re-sheathed/recapped, and needles and syringes should be disposed of as one unit. Where safety devices such as retractable needles exist they should be used unless they are unsuitable for clinical reasons, and the safety mechanisms must be deployed before disposal. If 'safer sharps' cannot be used, a written risk assessment should be completed before the procedure is undertaken.