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Community and Mental Health Services

TRUST-WIDE CLINICAL POLICY DOCUMENT

MANAGEMENT AND DECONTAMINATION OF MEDICAL DEVICES

(Excluding Dental Services and Community Equipment Stores)

Policy Number:	**SA19**
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Lead Executive Director:	**Executive Director of Nursing & Operations**
Lead Author(s):	**Modern Matron (Physical Health)**

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2020 – Version 7

Striving for Perfect Care and a just culture

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Further information about this document:

Document name	**Management and Decontamination of Medical Devices (SA19)**
Document summary	**This document clarifies the responsibility of Meseycare NHS Foundation Trust clinicians and establishes the standards in respect of the management and decontamination of medical devices.** **This document does not include Dental Services and Community Equipment Stores.**
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Published by Copies of this document are available from the Author(s) and via the trust's website	**Mersey Care NHS Foundation Trust** **V7 Building** **Kings Business Park** **Prescot** **Merseyside** **L34 1PJ** **Trust's Website www.merseycare.nhs.uk**
To be read in conjunction with	**1C01 Infection Prevention and Control** **F02 Standing Financial Intructions** **F03 Schemes of Reservations and Delegations** **SD29 Physical Health Care Policy** **SD34 Venepuncture Policy** **C104 Decontamination of Instruments** **C109 Decontaimination of Equipment** **DPV001 Decontamination Process Cotnrol/Decontamination Process Calidation Procedure** **Auto007 Periodic Testing of Steam Sterilisers Non Vacuum** **LD001 Washer Disinfectors Operator Daily/Weekly Testing Procedure** **ROWTS001 Reverse Osmosis Water Treatment System Operator Weekly Testing Procedure** **SOP relating to Decontamination/Refurbishing Community Equipment**
This document can be made available in a range of alternative formats including various languages, large print and braille etc	

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SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child /adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, sex, race, religion and belief (or lack thereof), sexual orientation, gender reassignment, pregnancy and maternity and marital and civil partnership status. The Equality Act also requires regard to socio-economic factors.

The trust is committed to promoting and advancing equality and removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those that do not both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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1. PURPOSE AND RATIONALE

1.1 It is the policy of Mersey Care NHS Foundation Trust that all practicable steps should be taken to ensure all risks associated with the selection, acquisition, management and use of and disposal of medical devices are minimised to protect the public health and safeguard the interest of service users/patients, carers and staff.

1.2 The term medical devices covers all products, except medicines, used in healthcare for the diagnosis, prevention, monitoring or treatment of illness or disability. The range of products is very wide, it includes airways and equipment used in life support, aids to daily living, eg wheelchairs, syringes, needles, thermometers, mattresses, beds, examination gloves, urine testing strips, specimen collection tubes and any of thousands of other items used every day by healthcare providers and users (MHRA 2015).

1.3 The Trust must ensure that the medical devices and equipment meet appropriate standards of safety, quality and performance, complying with all the relevant directives set out by the Medicines and Healthcare Products Regulatory Agency (MHRA 2015).

1.4 It is the responsibility of the Trust and all employees within the Trust to contribute to the provision of safe and secure use of all medical devices for service users/patients, carers and staff. The aim is to ensure whenever a medical device is used, it should be:

(a) suitable for its intended purpose;

(b) properly understood by the user;

(c) maintained in a safe and reliable condition;

(d) stored and disposed of appropriately.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 To provide a clear understanding of the Trust's principles regarding the management and decontamination of medical devices and to set out standards and guidance to ensure systems are in place to provide assurances for the safe use, storage and decommissioning of equipment in the Trust.

2.2 This policy aims to prevent and control the spread of infection by the provision of robust decontamination principles, for the safety of patients and staff.

2.3 The aim of this policy is to support staff in understanding their responsibilities in relation to the management of medical devices. The knowledge and skills of staff, carers and services users have major implications for safety. Instructions must be clear, concise and readily available. Training should be timely and effective, and include procedures for the routine maintenance of medical devices by staff, carers and service users/patients.

2.4 Areas covered by the policy:

(a) duties and responsibilities;

(b) standardised/recommended product list;

(c) finance;

(d) procurement;

(e) servicing and repairs;

(f) decontamination of medical devices.

3. SCOPE

3.1 This Policy applies to all medical devices used in the Trust, associated establishments or supplied to service users/patient for use in their own homes irrespective of whether the equipment has been purchased, loaned or received as a gift. The purpose of medical device management is to ensure that the right equipment is available when required, in a safe and serviceable condition and at a reasonable cost.

3.2 The policy is applicable to:

(a) Directors;

(b) Trust Managers;

(c) all Trust staff including seconded and temporary staff and trainees.

4. DEFINITIONS

BMA	British Medical Association
BSI	British Standards Institution
CAS	Central Alert System
COSHH	Control of Substances Hazardous to Health
CQC	Care Quality Commission
DH	Department of Health
ESAC-Pr	Engineering and Science Advisory Committee – Prions
HASAW	Health and Safety at Work Act (1974)
HPS	Health Protection Scotland
HSC	Health Service Committee
HSG	Health Service Guidance
IPCN	Infection Prevention and Control Nurse
MDA	Medical Device Agency
MHRA	Medicines & Healthcare Products Regulatory Agency
MRSA	Methicillin Resistant Staphylococcus aureus
NAO	National Audit Office
NHS	National Health Service
PAT	Portable Appliance Testing
PPQ or PAQ	Pre Purchase Questionnaire / Pre Assessment Questionnaire
vCJD	variant Creutzfeldt Jakob Disease
PPM	Planned Preventative Maintenance

5. DUTIES

5.1 The Board of Directors

Healthcare providers are under obligation to provide safe care to their patients and appropriate training to their staff. This encompasses ensuring medical devices are fit for purpose and the Trust has an obligation to comply with its statutory and regulatory observations.

5.2 **Lead Executive Director** for this policy (Executive Director of Nursing and Operations) is the accountable director and has strategic responsibility for ensuring effective systems for the management of medical devices is in place.

5.3 **The Director of Infection Prevention and Control** (DIPC) is responsible for ensuring systems are in place around medical devices which include guidance on effective cleaning prior to disinfection or sterilisation to reduce the risk of transmission of infectious agents. The DIPC is the lead for decontamination and is responsible for ensuring that systems and processes are in place to ensure that all reusable medical devices are decontaminated in accordance to legislation and guidance, and that Trust decontamination equipment is subject to validation, calibration, monitoring, recording and maintenance.

5.4 **Chief Operating Officers and Associate Medical Directors** are accountable for ensuring the standards of this policy are maintained and ensuring adherence to the policy.

5.5 **Service Line Leads** are responsible for the training of staff in the use of medical devices and in carrying out any decontamination practices.

5.6 **Medical Devices Safety Officer (MDSO)**. The DIPC is the Trust's nominated MDSO. The key purpose of this role is to promote learning and safe use of medical devices across the organisation and provide the expert clinical resource.

5.7 **Clinical Divisions** are responsible for a process to be in place for ordering all medical devices, which includes checking in, acceptance testing and maintaining databases.

5.8 **The Director of Estates** is responsible for service and maintenance contracts for medical devices (Local, Secure and South Sefton only). For Liverpool Community the Medical Devices Department Manager is responsible for this.

5.9 **Clinical Divisions** are responsible for ensuring a process is in place for ordering of all medical devices which includes receiving and maintaining accurate data bases.

5.10 **Modern Matrons, Team Leaders** and designated clinical managers will exercise responsibility for medical devices within their areas:

(a) their responsibilities will include establishing and maintaining a complete and updated electronic inventory of medical devices via the Trust's identified system and an updated inventory of medical devices training (Appendix 6). This is an essential requirement for effective medical device management, for control accounting purposes, supporting the need for action following the receipt of MHRA alert notices and manufacturers' modifications and recalls;

(b) all staff including contractors will be made aware of their responsibilities regarding medical devices and of the procedures to be used to report adverse incidents, to isolate and retain defective items, and replace as appropriate.

(c) the Medical Devices Group is responsible for the identification, management and use of all Trust approved medical devices to ensure that associated risks are minimised; for the protection and safeguarding of the interests of service users/patients, carers and staff.

When any medical devices are removed or decommissioned from service the facilities/maintenance contractor for Local, Secure and SSCD must be informed so items can be removed from inventory, or for Liverpool Community Division inform the Medical Devices Team.

5.11 **The Infection Prevention and Control Team** are responsible for auditing of services using reusable medical devices and for advising regarding the use of single use and single patient use devices.

5.12 **Ward Managers/Team Leaders** are responsible for undertaking weekly checks to ensure all medical devices are clean (Appendix 8).

5.13 **All staff** are responsible for working to the Trust Infection Prevention and Control and Health and Safety Policies and responsible for cleaning equipment used after each use. (See Supporting Document 1 – A-Z Decontamination of Equipment and Medical Devices which supports this policy.)

5.14 **Datix Administrator**

The Adverse Incident Lead must be made aware of incidents/failure involving medical devices via the Adverse Incidents reporting system.

5.15 **CAS Liaison Officer**

The CAS Liaison Officer is responsible for the dissemination and co-ordination of and for maintaining the local inventory for MHRA/CAS alerts and local action responses. They will provide CAS status update reports to the Medical Devices Group detailing alerts received, alerts relevant to the Trust, alerts sent out and responses.

6. PROCESS

6.1 Incidents which occur that involve medical devices can produce or have the potential to produce unexpected or unwanted outcomes that affect the safety of service users/patients, carers or staff who may:

(a) be injured as a result of a medical device failure or its misuse;

(b) have their treatment interrupted or compromised by medical device failure;

(c) have a deterioration in their health due to medical device failure;

(d) the Trust is committed to reducing the risk of cross infection from contaminated, re-usable medical devices;

(e) the Trust considers decontamination issues prior to purchasing re-usable medical devices and equipment. All medical devices are decontaminated in accordance with manufacturer's instructions, legislation and best practice;

(f) all contaminated re-usable medical devices are handled, collected and transported in a manner that avoids risk of contamination to service users/patients and staff;

(g) decontamination of equipment is subject to validation, calibration, monitoring and maintenance by qualified personnel;

(h) all medical devices, equipment and surfaces are to be properly dealt with after use on service users/patients with or in the risk category for vCJD;

(i) all staff involved in decontamination processes have access to up to date manufacturer's instructions, legislation and guidance;

(j) education and training in relevant aspects of decontamination is provided as relevant to health care staff;

(k) it is the responsibility of course facilitators to provide attendance records for line managers or nominated persons in each service;

(l) it is the responsibility of each staff to ensure that they attend all relevant mandatory training and keep up to date records in PDP;

(m) there is a procedure for monitoring and reporting untoward events/incidents associated with infection, or that have the potential to produce unwanted effects involving safety of service users/patients and staff.

6.2 The Trust has a responsibility towards service users/patients, carers and staff and a responsibility to preserve and maintain the assets vested in the ownership of the Trust.

6.3 The responsibility for the operational application of this policy will rest with the Trust's Modern Matrons/Clinical Leads. This group of senior clinical staff will exercise their responsibilities by ensuring that:

(a) maintaining records of all medical devices used within their area are monitored and ensuring all identified equipment is fully serviced and maintained (PUWER 1998);

(b) ensuring staff have received adequate training to use such equipment;

(c) maintaining records of all training provided (Appendix 6/7).

6.4 Planned preventative maintenance should be carried out following manufacturers' guidance by an appropriately trained technician. This is a key element in ensuring medical devices are safe and reliable. Staff need to understand the basic principles on which medical devices work (generic training) as well as all parties being trained and or receive instruction on how to recognise the differences between models and be competent in using the device (specific training). All medical devices should have regular cleaning/disinfection schedules in accordance with manufacturer's decontamination guidance.

6.5 This policy will inform the health care workers of the various methods of decontamination and provides an A to Z for decontamination of equipment and medical devices. (See Supporting Document 1 which supports this policy.)

Trust Medical Devices Group

6.6 The Trust Medical Devices Group is an established body who will continue to develop systems of managing medical devices in the Trust. Representation for the group will include the Liaison Officer for the Trust, Prevention and Infection Control, Procurement, Estates, Clinical Leads and all departments will be requested to nominate an appropriate member of staff if relevant to the agenda.

6.7 **Any individual intending to purchase a new or replacement medical device which is not on the approved list should complete the request form (Appendix 3) and send to Head of Procurement and Divisional Lead to make a formal request to the Clinical Oversight Group which is a subgroup of the Trust Medical Devices Group. The request will be considered at the next meeting of the group, the individual intending to purchase the device may be asked to attend the group to represent the application.**

6.8 The group will provide advice on purchasing and comparison of alternative medical devices in accordance with Medicines and Healthcare Products Regulation Agency (MHRA) and National Audit Office recommendations and produce a rationale for why products are introduced.

6.9 All medical devices must be purchased through Procurement, so records can be updated and the Estates Department/Trust Building Engineering Services Contractor kept informed of any maintenance contract, PAT inventory (portable appliance testing) and guarantees/warranty.

6.10 All new medical devices are to be acceptance tested on arrival and must be complete with manuals and accessories if applicable, and maintenance instructions should be followed in accordance with the manufacturer's instructions. Training and information should be available in different languages and formats if required to enable their use by people whose first language is not English or who have a sensory impairment.

6.11 All medical devices are selected and acquired in accordance with the Health Estates and National Audit Office and any other relevant government recommendations with full regard to the following:

(a) technical specifications regulatory compliance information and related issues;

(b) financial data maintenance costs including disposal and replacement cost;

(c) standardisation to single models where possible;

(d) monitoring of manufacturers' instructions and advice for training where needed;

(e) records of Pre-Purchase Questionnaires (PPQ)/PAQ) Pre Acquisition Questions on items to include location;

(f) medical devices on trial/on loan must go through the Procurement Department/Medical Device Team. Any risk must be considered and safety checks carried out;

(g) comply with MHRA guidelines, which require supplier indemnity to be assured via the completion of appropriate papers or the master Indemnity Agreement list.

6.12 **Servicing and Repair of Medical Devices**

The Estates Department Maintenance Contractor/Medical Devices Team are responsible for the provision of accredited medical engineers for maintenance of medical devices and ensuring any medical devices under its control are subject to the following:

(a) assessment for electrical or mechanical failure of the medical device ensuring compliance with the criteria of managing medical devices (MHRA 2015);

(b) ensure action is taken relating to the Medicines and Healthcare Products Regulatory Agency hazard and safety notices in connection with electrical or mechanical equipment is recorded in the risk register notifying the relevant service or manager;

(c) decommissioning and disposal of medical devices as needed;

(d) records of medical devices across the Trust for which they have responsibility to service and maintain. If the equipment is the subject of a statutory record, this is to be registered as required;

(e) decontamination process must take place before servicing, maintenance decommission or disposal, of medical devices following guidelines in the A-Z of Decontamination of equipment and medical devices. (See Supporting Document 1 which follows this policy.)

6.13 **Use of Medical Equipment for Non-designated Purpose**

It should be noted that modification of equipment or use of any equipment for other than its intended purpose is a clear breach of the terms of the manufacturer's warranty. If a service user/patient, carer or staff suffers harm in the process the Trust would have no redress, even if the equipment were found to be faulty.

6.14 **Decontamination of Medical Devices**
Introduction:

(a) the decontamination process makes the medical devices safe for staff to handle and safe for use on the service users/patients;

(b) decontamination of re-usable medical devices, if not correctly undertaken, may increase the likelihood of micro-organisms being transferred to service users/patient and staff. Staff must ensure that equipment is clean, maintained and fit for purpose;

(c) all reusable medical devices must be decontaminated between service users/patients and must be clean and available for use;

(d) a record of decontamination of all medical devices must be held by individual areas in order to provide assurances that equipment has been decontaminated in accordance with legislation and guidance. Weekly checklist must be completed – Appendix 8;

(e) For the A-Z Decontamination of Medical Devices List see Supporting Document 1 which follows this policy. The Trust Medical Devices Group will be responsible for reviewing and updating this document as necessary and on a quarterly basis. Any discrepancies please inform the Trust Medical Devices group including any changes that need individual decontamination method.

6.15 **Legislation and Guidance**

Health Act 2008, Code of Practice for health and social care on the prevention and control of infections and related guidance

Health and Safety at Work Act 1974

HSC 1999/178 Variant Creutzfeldt-Jacob Disease (vCJD): Minimising the Risk of Transmission

Medical Devices Agency 2000(04) Single Use Medical Devices: Implications and Consequence of Re-Use

DH 2006 Sterilisation, Disinfection and Cleaning of Medical Equipment. Microbiology Advisory Committee

HTM01-01 Part A-D Management and Decontamination of Surgical Instruments, Medical Devices Used in Acute Care 2016

6.16 **Decontamination Methods**
Cleaning

This is the most basic form of decontamination, it is a process that physically removes contamination by micro-organisms, but it does not necessarily destroy the germs themselves. Thorough cleaning with detergents and hot water will remove large numbers of micro-organisms. It is essential that cleaning takes place to remove organic matter prior to disinfecting. Inadequate cleaning means that solutions used to achieve disinfection may not be effective as deposits of organic materials may inactivate the disinfectant and may prevent the disinfectant from reaching all surfaces of the item. This means that disinfection may not be achieved. An item that is not first cleaned must not be disinfected.

6.17 **Disinfection**

This is the destruction of bacteria and viruses. Spores may not be destroyed. The aim is to reduce contamination to safe levels which are unlikely to be a danger to health. Chemicals that achieve this result are known as disinfectants.

6.18 **Sterilisation**

Is a treatment which achieves the complete killing or removal of micro-organisms, including spores). Sterilisation is best achieved by most heat under pressure (autoclaving), or by dry heat usually by the use of heat, eg autoclave.

6.19 **Choice of Decontamination Method**

The manufacturer of a medical device or item of equipment is required to provide advice on how that item should be decontaminated. Manufacturer's guidance must always be followed.

The level of decontamination required depends on the risk of the item transmitting micro-organisms. Any item can therefore be categorised into one of three levels of risk:

Risk	**Application of Item**	**Recommendation**
HIGH	• Penetrates skin or mucus membranes • In contact with broken skin or mucus membranes • Enters sterile body areas	CLEANING FOLLOWED BY **STERILISATION**
MEDIUM	• In contact with intact mucus membranes • Contaminated with any body fluid	CLEANING FOLLOWED BY **DISINFECTION** Single use instruments **MUST** be used unless in agreement with IP&CT.
LOW	• In contact with intact skin	**CLEANING ONLY**

(a) Grey Areas

Some devices in the “low risk” category are difficult to clean eg sphygmomanometers. It is good practice to have an individualised cuff for service users/patient with infections such as MRSA to prevent cross infection.

6.20 **Single Use Items**

6.20.1 Medical devices designated for single use are not re-used under any circumstances. MDA DB 2000 (04) draws attention to the hazards and risks associated with re-processing and re-using single use items – see Infection Prevention and Control Policy IC01.

6.20.2 Single use means that the manufacturer:

(a) intends the item to be used once, then thrown away;

(b) considers the item unsuitable for use on more than one occasion;

(c) has insufficient evidence to confirm that re-use would be safe.

6.20.3 Single use medical devices should never be re-used as this affects the safety, performance and effectiveness of the device, and exposes staff and service users/patient to unnecessary risk.

6.20.4 There is a European Standard Symbol used on packaging to show which medical devices are intended for single use only. All staff using medical devices and involved in the decontamination process should understand this symbol and its meaning.

Please note:

Attempts to decontaminate single use items would render the Trust liable in the event of an adverse outcome.

6.21 **Single Service Users/Patients Use**

This means that the medical device is intended for more than one episode of care on one service users/patients only. The device must be cleaned/decontaminated between uses to prevent re-infection, eg nebuliser/mouth piece on inhalers.

6.22 **Decontamination of Equipment Prior to Inspection, Service Repair or Loan**

6.22.1 **Do not send contaminated equipment elsewhere without decontaminating it first.** On completion of decontamination, attach a declaration of contamination status form (Appendix 4) to the equipment stating the method of decontamination used, (NHS Management Executive 1993).

6.22.2 If a piece of equipment is impossible to decontaminate it must be packaged to prevent cross contamination and a certificate of contamination status certificate attached.

6.23 **Reprocessing of Surgical Instruments**

6.23.1 It is essential to maintain adequate records which demonstrate how a particular device has been reprocessed, be it surgical, dental or chiropody equipment.

6.23.2 Single use items **MUST** always be used unless agreed by Infection Prevention and Control Team.

6.23.3 Manufacturers of CE marked reusable devices are legally required to provide information on the appropriate processes to allow re use, including cleaning, disinfection, packaging and where appropriate, the method of sterilisation (instructions on how to clean the device and what with). It is essential the trust must comply with these instructions at all times

6.25.4 **The introduction of CE marking for medical devices has changed the significance of standards for those purchasing devices. CE marking constitutes the manufacturers declaration that the device meets the requirements of the medical devices directive.**

6.24 **Guidance on the Sale, Transfer of Ownership and Disposal of Used Medical Devices**

6.24.1 **Summary:**

(a) transfer of Ownership (sale/donation) must adhere to legislative requirements;

(b) decontamination documentation must be provided.

6.24.2 **Decommissioning:**

Any reusable medical device which is no longer serviceable should be decommissioned, and decommissioning of a medical device must include decontamination, making safe and making unusable.

6.24.3 **Disposal:**

(a) medical device disposal – where possible consult original equipment manufacturer.

Adhere to European Waste Directives, Control of Substances Hazardous to Health Regulations 2002 and HTM 07-01 Safe Management of Healthcare Waste;

(b) all electrical medical devices also come under the European Directive of Waste from Electrical and Electronic Equipment (WEEE) 2013;

(c) ensure items are decontaminated as far as possible. Package to ensure persons handling are not at risk from infection. Follow the packaging (Essential Requirements) Regulations 2003 Section 2.4.1 for decontamination issues.

7. CONSULTATION

7.1 This policy has been developed in consultation with the Infection Prevention and Control Team, MHRA Liaison Officer, Procurement, Estates and Facilities Department and Modern Matrons/designated Clinical Managers.

8. TRAINING AND SUPPORT

8.1 Staff, service users/patients and carers where appropriate will be trained in the safe operation of medical devices.

8.2 It is the responsibility of the Modern Matrons supported by the Ward Managers to ensure staff, service users/patients and carers have access to up to date manufacturers' instructions. Staff must sign to say they have read and understand the instructions.

8.3 Modern Matrons/Managers will keep records of staff training on the use of medical devices.

8.4 Staff should be able to:

(a) identify a potential risk to themselves or the service users/patients, carer when using the device;

(b) recognise the differences between models of a given device where they affect safety or the function of the device;

(c) understand how the medical device works, and make necessary adjustments to the controls;

(d) recognise malfunctions and be able to correct them or withdraw the device from service. If withdrawn the device must be decontaminated and the appropriate person informed.

8.5 Service users/patients and carers will be provided where appropriate with the same standard of medical device training as staff including how to check equipment before use, and be given clear and concise information on manufacturers' instructions. Contact details of the health professional issuing equipment will also be provided.

8.6 If someone has a physical disability, adaptations to assist in the use of equipment must be considered, provided this is in line which is approved by the relevant manufacturers and respective service contracts.

8.7 Evaluation and review of training must be undertaken as appropriate.

8.8 The Trust has a responsibility to provide training and keep adequate records. In addition all professionals have a duty to make sure their knowledge is kept up to date and they have the necessary knowledge, skills and experience to use the medical devices.

8.9 Trainers must be able to provide evidence of up to date specialist knowledge.

8.10 Staff using medical devices must have received any appropriate training/instruction and have access to up to date manufacturers' instructions which staff must have read, understood and signed in the inventory of medical devices (Appendix 6).

8.11 **Risk Assessment**

8.11.1 Risk is identified by several means including the review of adverse incidents, review of CAS notices, equipment inspections/testing etc.

8.11.2 The Risk Management Committee will be informed of any risk relating to Medical Devices by the Chair of the Medical Devices Committee.

8.12 **Further Advice and Support**

The following can be contacted for further advice and support in relation to this policy:

(a) Infection Prevention and Control Team;

(b) Executive Director of Nursing and Operations;

(c) Procurement Team;

(d) MHRA Liaison Officer;

(e) Estates/Facilities;

(f) Medical Devices Team;

(g) Medical Devices Safety Officer.

8.13 **Other Significant Policies**

This policy should be read in conjunction with these other Trust policies:

(a) Infection Prevention and Control Policy IC01;

(b) Health, Safety and Welfare Policy SA07;

(c) Policy and Procurement for the Development, Ratification, Distribution and Review of Policies and Procedures SA01.

9. MONITORING

9.1 Modern Matrons and managers of services are responsible for the purchasing and decontamination of equipment and the monitoring of and reporting on the efficacy of it. Modern Matrons and Service Mangers will monitor implementation on the policy in their areas.

9.2 Any concerns regarding the implementation of the policy should be reported via the Medical Devices Group.

9.3 The Infection Prevention and Control Team will monitor implementation of the policy via their service audits and report concerns to the Medical Devices Group and the Infection

Prevention and Control Committee and will go to their annual Infection Prevention and Control Committee Report.

9.4 Monitoring and reporting of PPM compliance (Planned Preventable Maintenance) will be undertaken on quarterly by the service commissioned to undertake PPM and a report will be tabled at the Medical Devices Group for assurance.

10 Equality and Human Rights Analysis

Title: **SA19** Policy and Procedure for the Management and Decontamination of Medical Devices
Area covered: Trust-Wide

What are the intended outcomes of this work? **This is a review of the policy. There have been some slight additions to the policy.** To have a system in place to ensure that there is management and decontamination of medical devices. To ensure that staff are aware of the principles and reasons and impact upon service delivery in relation to medical device decontamination.
Who will be affected? Staff, Service users/patient, Carers

Evidence
What evidence have you considered? Policy has been considered.
Disability (including learning disability) The policy and procedure is offered in alternative formats, however what facilities will be put in place for those staff whose disability may require alternative formats as a reasonable adjustment, in the instructions and training for planned preventative maintenance and usage.
Sex There is nothing to note in relation to this protected characteristic.
Race There is nothing to note in relation to this protected characteristic.
Age There is nothing to note in relation to this protected characteristic.
Gender reassignment (including transgender) There is nothing to note in relation to this protected characteristic.
Sexual orientation There is nothing to note in relation to this protected characteristic.
Religion or belief There is nothing to note in relation to this protected characteristic.
Pregnancy and maternity There is nothing to note in relation to this protected characteristic.

Carers There is nothing to note in relation to this protected characteristic.
Other identified groups
Cross Cutting Whilst the policy and procedure contains a equality statement on page 23 it does not include reference to the Equality Act 2010 and protected characteristics and the public sector equality duty the trust has to: • eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act; • advance equality of opportunity between people who share a protected characteristic and people who do not share it; and • foster good relations between people who share a protected characteristic and people who do not share it.

Human Rights	**Is there an impact?** **How this right could be protected?**
Right to life (Article 2)	This policy aims to ensure that people, staff, services users, carers, visitors will not be exposed to hazardous or dirty items of equipment which may endanger life.
Right of freedom from inhuman and degrading treatment (Article 3)	This article is not engaged
Right to liberty (Article 5)	This article is not engaged
Right to a fair trial (Article 6)	This article is not engaged
Right to private and family life (Article 8)	This article is not engaged
Right of freedom of religion or belief (Article 9)	This article is not engaged
Right to freedom of expression **Note: this does not include insulting language such as racism (Article 10)**	This article is not engaged
Right freedom from discrimination (Article 14)	This article is not engaged

Engagement and Involvement
This policy and procedure is written with national standards in mind.

Summary of Analysis

Eliminate discrimination, harassment and victimisation

This policy and procedure does not lend itself to discrimination, harassment and victimisation.

Advance equality of opportunity

This does not apply to this policy and procedure.

Promote good relations between groups

This does not apply to this policy and procedure.

What is the overall impact?

The overall impact is positive in that it sets out the highest standards that must be met for all those that it affects.

Addressing the impact on equalities

This does not apply to this policy and procedure.

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified.
See Action Plan.

For the record

Name of persons who carried out this assessment:
Joanna Morgan
George Sullivan Equality and Human Rights Advisor

Date assessment completed:
October 18th 2016

Name of responsible Director:
Ray Walker

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring			
Engagement			
Increasing accessibility	Include reference to the Equality Act 2010 and protected characteristics and the public sector equality duty the Trust has to comply with. The policy and procedure is offered in alternative formats, however, an indication of what facilities will be put in place for those staff whose disability may require alternative formats as a reasonable adjustment, in the instructions and training for planned preventative maintenance and usage.		

11. **Supporting Information**

References:

Rees, J., Kanabar, D. (2007) ABC of Asthma. Oxford: Blackwell.

Bibliography:

Department of Health (2004), Health Standards for Better Health

Health Act 2008, Code of Practice for health and social care on the prevention and control of infections and related guidance

Health Protection Scotland, (2005), Local Decontamination Units: Guidance on the Requirements for Equipment, Facilities and Management

Department of Health Gateway No 8199 (2007), Clarification and policy Summary – Decontamination of re-usable Medical Devices in the Primary, Secondary and Tertiary Care Sectors (NHS and Independent providers)

Controls Assurance Standard, Medical Devices and Equipment Management HPSS April 2003

Department of Health (2006), The Decontamination of Surgical Instruments with Special Attention to the Remove of Proteins and Inactivation of any Contaminating Human Prions. Report from the Engineering and Science Advisory Committee (ESAC-Pr)

HSC 1999/123: Governance in the new NHS controls assurance statements 1999/2000 risk management and organisational controls

Health Technical Memorandum 07-01 – Safe management of healthcare waste 2006 (Revised 2013)
HSC (1999/179), Control Assurance in Infection Control, Decontamination of Medical Devices

HSC (2000/032), Decontamination of Medical Devices

HSG (93/56), Public Health: Responsibilities of the NHS and Roles of Others

Medical Device Agency (1994) The Medical Device regulations: Implications on healthcare and other related establishments MDA 18a /1996 Medical Device Agency, London

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Medical Devices Agency (2004) Decontamination of Equipment MDA DB 2000 (04)

Medical Devices Agency (2003), Management of Medical Devices, Prior to Repair, Service of Investigation MDA 2003 (05)

Medical Devices Agency, (2004), Guidance on the Sale, Transfer of Ownership and Disposal of Used Medical Devices MDA 9801

Medical Devices Regulations 2002 (as defined in regulation 2 (1) (interpretation)

The National Audit Office (1999) The Management of Medical Equipment in NHS Acute Trust in England The Stationary Office, London

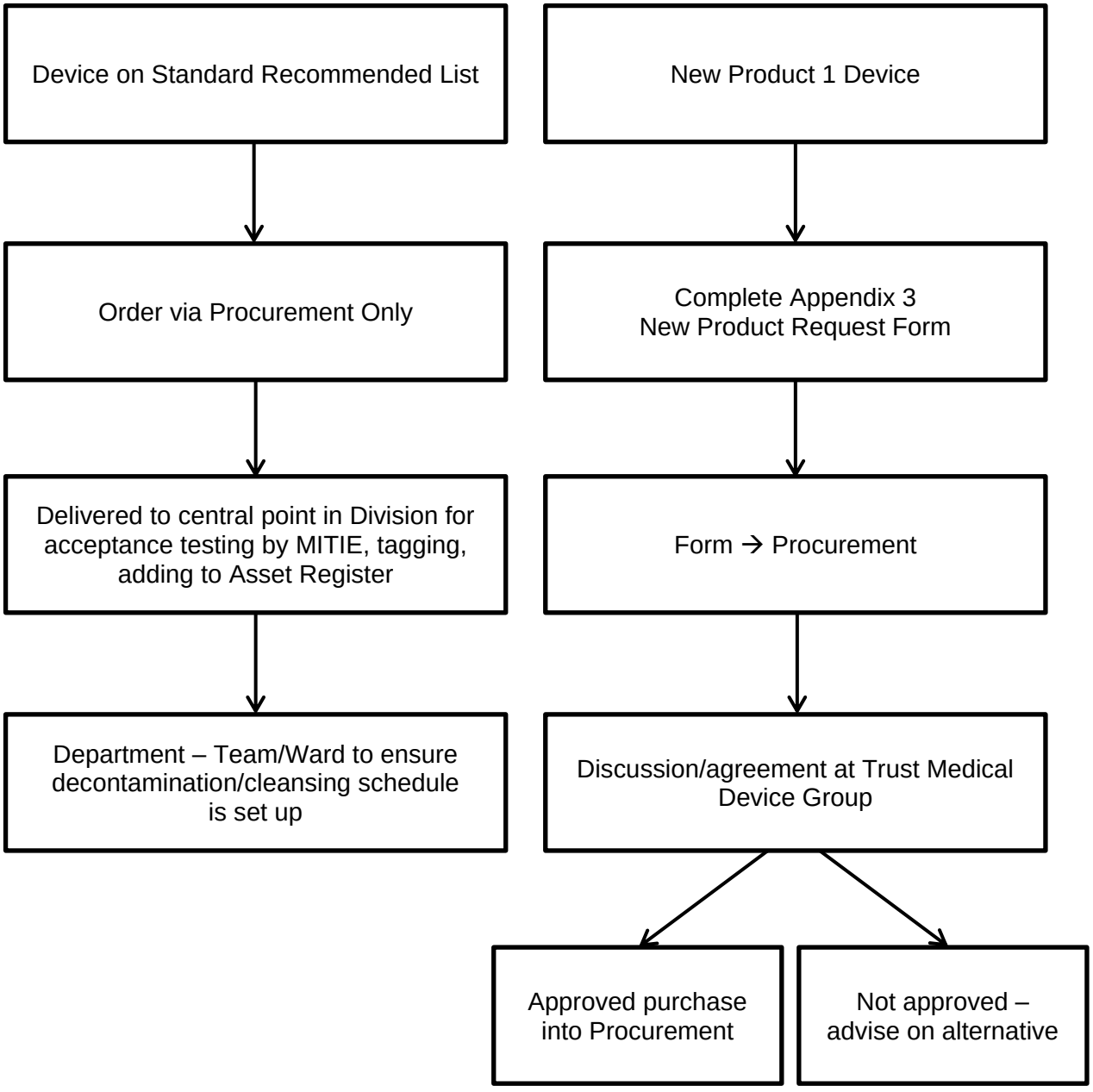
National Health Service Management Executive, (1993), Decontamination of Equipment

PUWER (1998) Provision and Use of Work Equipment Regulations 1998

APPENDIX 1

MERSEY CARE PROCESS FLOWCHART

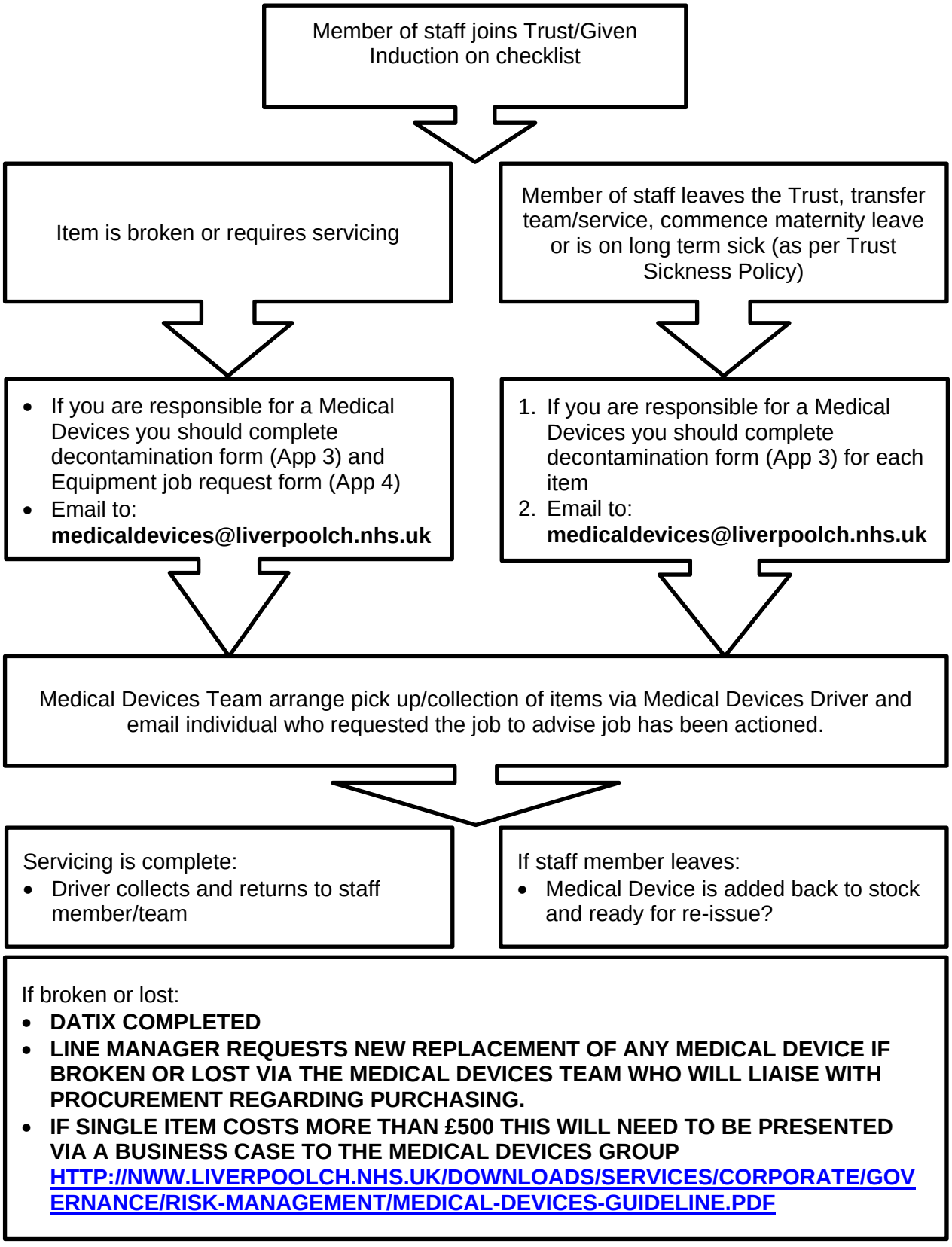
LOCAL, SECURE AND SOUTH SEFTON COMMUNITY DIVISIONS ONLY



APPENDIX 2

LIVERPOOL COMMUNITY DIVISION ONLY

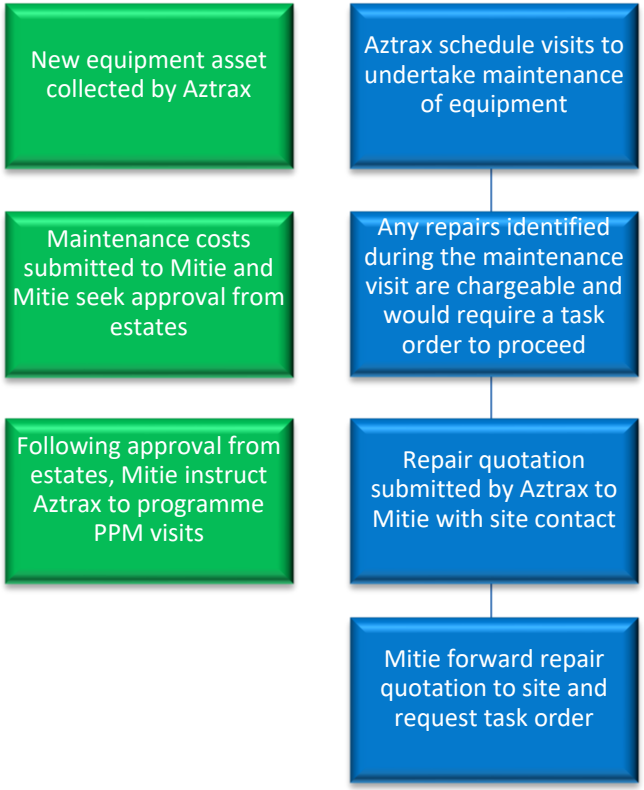
MANAGEMENT OF MEDICAL DEVICES PROCESS FLOWCHART



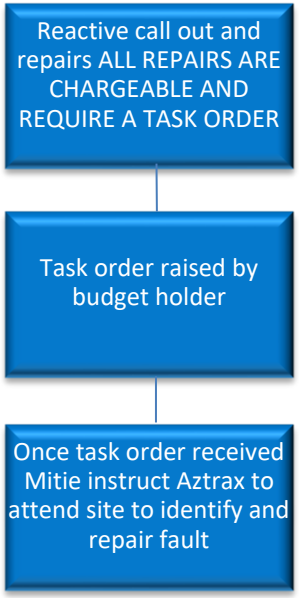
APPENDIX 3 – PROCESS FOR PLANNED MAINTENANCE AND REACTIVE CALL OUT AND REPAIRS

FOR SOUTH SEFTON COMMUNITY, SECURE AND LOCAL DIVISIONS ONLY

Planned Maintenance of medical equipment is covered within the Mitie/Mersey Care contract



Reactive call out and repairs are chargeable and require a task order to be raised by the budget holder



APPENDIX 4

CONFIRMATION OF DECONTAMINATION

To be completed and attached to medical equipment awaiting transportation for inspection, servicing or repair

Description of Medical Device eg Syringe Driver:	**Serial Number:**
Has the above Medical Device been decontaminated? (follow manufacturer's instructions and/or Environmental Decontamination Guideline) **YES ☐ NO ☐** **If No, the device must not be presented for transport, servicing or repair.**	
Are you aware of any fault? **YES ☐ NO ☐** **If yes please explain**	
Name:	
Signature:	
Job Title:	
Team/Base:	
Date:	

Mersey Care
NHS Foundation Trust

Community and Mental Health Services

APPENDIX 5

Medical Devices
Units 4-6 Graylaw Trading Estate
Wareing Road
Aintree
L9 7AU
Phone: 0151 296 7773/7776
E-mail: medicaldevices@liverpoolch.nhs.uk

MEDICAL DEVICES EQUIPMENT JOB REQUEST
LIVERPOOL COMMUNITY DIVISION ONLY

Site Name and Site Address

Date

Phone Number

Type of Equipment:	**Serial No/Asset No: (Usually found on the back/base of equipment)**
Description of work required (e.g. Service / Repair (and a brief description of fault)**:**	
Contact on site (two names required)**:**	

Rating Number (Please tick relevant option)

1	Urgent:	Action within 2 working days
2	Non urgent:	Action within 7 working days

PLEASE ENSURE YOU HAVE COMPLETED AND ATTACHED A DECONTAMINATION SHEET TO THE OUTSIDE OF EACH PIECE OF EQUIPMENT OTHERWISE REFUSAL TO COLLECT MAY RESULT

FOR INTERNAL USE ONLY

Job Number:	----------
Request Received:	----------
Passed to Driver:	----------
Equipment Returned to Requester:	----------

APPENDIX 6 – INVENTORY OF MEDICAL DEVICE 1 FORM PER DEVICE

Date: ……..

Location: ……..……

Manager: ……

Type of medical device	
Model	
Last maintenance date calibrating if appropriate	
Next maintenance date	
All staff and users have access to manufacturers' instructions and all staff sign to the effect that they have received instructions on the safe use of medical device	

Training Record

Name	Date	Signature

Continue on a separate sheet if required.

APPENDIX 7 – POLICY AND PROCEDURE FOR MEDICAL DEVICE TRAINING

POLICY AND PROCEDURE FOR MEDICAL DEVICES

All staff utilising _____ (name of device) must record formally that the have received appropriate training and have access to manufacturer's instructions as required.

Staff Name (Printed)	Staff Signature	Date

APPENDIX 8

Medical Devices Cleaning Checklist

To be Used as Agreed by Each Division

All reusable medical devices must be decontaminated between service users/patients, and must be clean and available for use

Weekly checks must be carried out to ensure that all devices are clean

If devices are found to be inadequately cleaned they should be decontaminated according to the A-Z of Decontamination as contained in the Medical Devices Policy

Ward/Clinical Area:	
Month:	Year:

Medical Devices – Usually Located in Clinic Room

	Date	Date	Date	Date
Medical Device Name / Type				
Stethoscope				
Sphygmomanometer Including cuff				
Clinical trolley – including legs and wheels				
Oxygen Cylinder – including mask (which are attached to cylinder, should remain in their packaging until used and then disposed of) and stand				
Patella Hammer				
Tuning Fork				
Tympanic Thermometer				
Ophthalmoscope/ Auriscope				
Weighing scales				
Height measuring device				
Glucose monitoring machine				
Drip stands				
Examination couch or				

chair				
piCO Smokerlyzer				

Other reusable medical devices not usually located in clinic room

	Date	Date	Date	Date
Medical Device Name/ Type				
Hoist				
Commodes				
Wheelchairs				
Walking aids/Zimmer frames				
Baths				
Beds including safety sides				
Mattresses				
Wipeable duvets and Pillows				
Catheter stands				
Bed tables				

Please use empty table / boxes to list other (reusable devices) items you may have in your clinical area

	Date	Date	Date	Date
Medical Device Name/ Type				

APPENDIX 9

NEW PRODUCT REQUEST FORM

This form must be completed to initiate the new product introduction process. All requests to add new products for formal trial or on going use must be reviewed and approved by the Medical Devices Group/Clinical Equipment Oversight Group.

The MDG is in place to ensure the availability of products that lead to superior outcomes while balancing the financial need to minimize hospital costs. This is accomplished through an analysis of products to be introduced using clinical and financial data. Please e-mail completed request form to procurement@merseycare.nhs.uk

To be filled out by Clinician (Please print)

Requesting Clinician:_____Phone:_____Email:

Request for trial ☐ Request for Emergent Use ☐

Request for on-going use ☐

Product description and clinical/financial benefits associated (use space on back if necessary):

_____

_____

_____

_____

Does this product replace an existing product: YES NO Which one?

_____

List affected departments:

_____

Is clinician in-service or training needed for this product? YES NO

Additional Comments:

_____

_____

_____

_____

Clinician/Staff Signature:_____

Date submitted:_____

To be filled out by MEDICAL DEVICES GROUP (Please print)

Vendor:_____

Vendor Rep:_____ Phone:_____

Email:_____

Is this product FDA approved: YES NO Is this product latex free: YES NO

Are there consumable/disposable items associated with this request?	YES NO
Are there any capital equipment requirements associated with this request?	YES NO
Are there any installation requirements associated with this request?	YES NO
Are there any interface requirements associated with this request?	YES NO
Will implementation of this product involve Clinical Engineering?	YES NO
Will implementation of this product involve Facilities Management?	YES NO
Will implementation of this product involve Information Services?	YES NO
Will implementation of this product involve Infection Control?	YES NO

Additional Comments:

_____

_____

Please include any white papers or other information that will help the Clinical Equipment Oversight Group reach its decision.

Procurement Management signature:

APPENDIX 10

IMPLEMENTATION PLAN FOR THE POLICY AND PROCEDURE FOR THE MANAGEMENT AND DECONTAMINATION OF MEDICAL DEVICES

DOCUMENT NUMBER	SA19
RATIFYING COMMITTEE	Corporate Policy Review Group
DATE RATIFIED	December 2016
NEXT REVIEW DATE	December 2017

ACCOUNTABLE DIRECTOR: Executive Director of Nursing and Operations

DOCUMENT AUTHOR: Modern Matron Physical Health

An implementation plan should be completed for all procedural documents. This will ensure that a systematic approach is taken to the introduction of procedural documents in order to secure effective working practices. ***NB The implementation plan should include actions to address issues identified through the equality and diversity impact assessment process as well as those specific to the policy itself.***

The following template provides a checklist to be used as a starting point for thinking about implementation in a systematic manner. It is evidence-based and draws on the work of the Promoting Action on Clinical Effectiveness (PACE) programme (Dunning *et al*, 1999).

Dunning *et al* (1999) Experience Evidence and Everyday Practice, Kings Fund

	Issues identified / Action to be taken	Time-Scale
1. Co-ordination of implementation • How will the implementation plan be co-ordinated and by whom? *Clear co-ordination is essential to monitor and sustain progress against the implementation plan and resolve any further issues that may arise.*	The implementation plan will be coordinated by the Chair of the Medical Devices Group and will be a standing agenda item at those meetings.	Ongoing
2. Engaging staff • Who is affected directly or indirectly by the policy? • Are the most influential staff involved in the implementation? *Engaging staff and developing strong working relationships will provide a solid foundation for changes to be made.*	All staff who use or purchase medical devices are affected by the policy. Matrons and managers have a key role to play and each Clinical Division is represented at that level on the Medical Devices Group.	

	Issues identified / Action to be taken	Time-Scale
3. Involving service users/patient and carers • Is there a need to provide information to service users/patient and carers regarding this policy? • Are there service users/patient, carers, representatives or local organisations who could contribute to the implementation? *Involving service users/patient and carers will ensure that any actions taken are in the best interest of services users and carers and that they are better informed about their care.*	There is no need to provide information to service users/patient and carers regarding this policy. It will, however, be available on the Trust website or on request to a member of staff.	
4. Communicating • What are the key messages to communicate to the different stakeholders? • How will these messages be communicated? *Effective communication will ensure that all those affected by the policy are kept informed thus smoothing the way for any changes. Promoting achievements can also provide encouragement to those involved.*	Incidents involving medical devices can or have the potential to produce unexpected or unwanted outcomes that affect the safety of service users/patient and others. To minimise this risk, the Trust must ensure that there are systems in place for the management and decontamination of medical devices. This policy sets out those systems. Information will be communicated to the Clinical Divisions via their representative at the Medical Devices Group Meeting.	Ongoing

	Issues identified / Action to be taken	Time-Scale
5. Resources • Have the financial impacts of any changes been established? • Is it possible to set up processes to re-invest any savings? • Are other resources required to enable the implementation of the policy eg increased staffing, new documentation? *Identification of resource impacts is essential at the start of the process to ensure action can be taken to address issues which may arise at a later stage.*	There are no additional financial impacts as a result of changes to this policy or required for its implementation.	
6. Securing and sustaining change • Have the likely barriers to change and realistic ways to overcome them been identified? • Who needs to change and how do you plan to approach them? • Have arrangements been made with service managers to enable staff to attend briefing and training sessions? • Are arrangements in place to ensure the induction of new staff reflects the policy? *Initial barriers to implementation need to be addressed as well as those that may affect the on-going success of the policy*	There are no changes to the policy that will present barriers to its implementation. Staff will be required to purchase medical devices via the Medical Devices Group. Successful implementation of this will result in the standardisation of devices throughout the Trust as per recommended medical devices standard.	

	Issues identified / Action to be taken	Time-Scale
7. Evaluating • What are the main changes in practice that should be seen from the policy? • How might these changes be evaluated? • How will lessons learnt from the implementation of this policy be fed back into the organisation? *Evaluating and demonstrating the benefits of new policy is essential to promote the achievements of those involved and justifying changes that have been made.*	Evaluation of changes in practice and a review process will be held by the Medical Devices Group which will meet on a quarterly basis. Information will be communicated to the Clinical Divisions via their representative at the Medical Devices Group Meeting.	
8. Other considerations		

APPENDIX 11

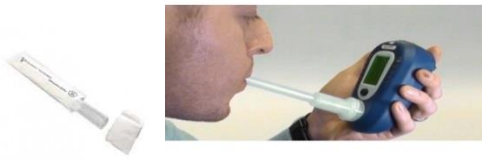
piCO Smokerlyzer – Competency Assessment and Guidelines

This form should be used in conjunction with the Infection Prevention Control Policy IC01.

The piCO Smokerlyzer is a breath carbon monoxide monitor intended for multi-patient use by healthcare professionals in smoking cessation programmes.

I = Interview O = Observed N/A = Not Applicable

Clinical Competence for Level 2 & 3 – guidelines for use.

	***Achieved* Y/N**	***Give reasons for not achieved and what needs to be done to improve(give dates)***
Clinical Knowledge		
1. Understands the rational for using a piCO Smokerlyzer for the monitoring of carbon monoxide (co) levels as part of a smoking cessation programme.		
2. Explains procedure to patient and gains consent. 3. Ensure patient privacy and dignity is preserved. 4. Has awareness re infection control issues including hand hygiene before and after use, change of single use SteriBreath mouthpiece and disposal in the offensive waste stream (tiger bags); or 'known Infections' in the infectious waste stream (orange bags). 5. Replace the breath sampling D-piece every 30 days or if visibly soiled or contaminated. Disposal of the D-piece in the offensive waste stream (tiger bags); or 'known Infections' in the infectious waste stream (orange bags). 6. Knows how to operate the piCO Smokerlyzer demonstrates correct use of the piCO Smokerlyzer technique: • Performs hand hygiene • Attach a breath sampling D-piece and new mouthpiece • Turn on the monitor by clicking the button once. • Sit patient in upright position. • The nurse/carer should avoid positioning		

themselves in front of the exhaust part of the device. • Ask the patient to inhale and hold breath for 15 second countdown. (If unable to hold breath for full 15 seconds – refer to manual for guidance – page 9). • The audio bleep will sound during the last 3 seconds of the countdown. • Ask patient to blow slowly into mouthpiece, aiming to empty lungs completely. • Discard mouthpiece into the offensive waste stream (tiger bags) as they will contain bodily fluids. Service users/patient with 'Known infections'; the equipment should be disposed of in infectious waste stream (orange bags). Discard D-piece when required. • Decontaminate external surfaces of device using Clinell Universal Wipes. Wipes containing alcohol or other solvents must not be used as they may damage the sensor within the device. • Perform hand hygiene. • Document readings, noting time of reading, update care plan accordingly and feedback to patient. • To repeat breath test, click the button once to switch off and continue from step 6 above. • To switch off click the button once. Unit will auto power off after 3 minutes of inactivity. • The % (COHb) – carboxyhaemoglobin levels will rise and hold. The coloured LED's will light accordingly – page 12 of the operating manual will provide an interpretation of the reading along with FAQ. 7. Has knowledge of normal values and LED colour and is able to interpret reading • Green is a non-smoker 0-6ppm (parts per million), • Yellow is a low dependency smoker at 7-10ppm • 1 Red colour is a smoker 11-15 ppm. • 2 Reds frequent smoker 16-25 ppm • 3 Reds addicted smoker 26-35 ppm • 4 Reds heavily addicted smoker 30-50 ppm • 4 reds flashing means the patient is a dangerously addicted smoker.		

Adolescents may vary so refer to manual. The cut-off point between smoker and non-smoker is 6ppm CO.		

Medical Device Competency (Safe Use)
piCO Smokerlyzer

Make and model piCO Smokerlyzer supplied by Bedfont scientific limited www.befont.com *Staff are advised to read the operating manual and understand its use before using in clinical practice*.	***Achieved Y/N***	***Give reasons for not achieved and what needs to be done to improve(give dates)***
1. Able to know the parts and function of the device e.g. how to switch on/off/reset button. 2. Able to re-order products. 3. Ensure the device is calibrated annually as part of annual service checks via MITIE department. 4. Able to replace 2 AA batteries when indicated. (They should be removed and replaced if the device is not used for some time). 5. The piCO Smokerlyzer is an electrical device at end of life this needs to be disposed of as WEEE (Waste Electrical and Electronic Equipment); staff should contact the Local Transport Department to arrange disposal of this item this is rechargeable to the clinical area.		

Date of Assessment:

Name and Signature of Assessor:

Name and Signature of Candidate:

SUPPORTING DOCUMENT 1

A-Z Decontamination of Equipment and Medical Devices
(Reviewed February 2018)

Staff must follow the Infection Control Decontamination of Equipment and Medical Devices Guidelines as listed in the following section, to ensure that items are decontaminated and that no staff or service users/patients is put at risk.

The individual indicated in the responsible person column must decontaminate the item as indicated in the method column.

The term Nurse has been used to describe the professional directly delivering care however in certain areas the individual may belong to another discipline e.g. Physiotherapist, Technical Instructor, and Occupational Therapist etc.

Overall accountability for ensuring provision of single use items and appropriate decontamination of reusable items lies with the Clinical Area/Ward Manager or Modern Matron, this includes regular audit to ensure compliance with the standards as set out in the Medical devices policy.

Medical Device	Method	Responsible Person
Ambu-lift/Hoist	After each use, wash with neutral detergent. If contaminated with body fluids, clean with high level disinfectant.	Clinician
Auriscope	Use disposable earpieces if available, or wash in neutral detergent to remove the wax. Rinse and store dry.	Clinician
Bath	Clean between clients. Titan may be used to remove stains.	Clinician Facilities Management Assistant (daily)
Wipe Clean Duvets and Pillows	Clean as for mattress – after each service users/patients use, or when visibly soiled/bodily fluids.	Clinician

Bed frames	Clean with high level disinfectant.	On discharge or if contaminated with body fluids - Clinician Weekly – Facilities Management Assistant
Bedpans	Disposable single use – empty contents in toilet and dispose of into appropriate waste stream	Clinician
Bedpan Holders	Clean with high level disinfectant wipes/ disposable.	Clinician
BiPAP Sleep apnoea machine	Single patient use Follow manufacturer instructions. Clean the outside of the machine weekly with disinfectant wipes.	Clinician
Blood Glucose	Clean after every use as per Standard Operating Procedure.	Clinician
Monitoring Machine	Manufacturer's Instructions.	Clinician
Blood Pressure Cuffs	Wipe with neutral detergent or disinfectant wipe between each service users/patients. Use a dedicated cuff for a known infectious service users/patients, which can be washed or disposed of at the end of care episode or use a single use cuff.	Clinician
Bowls (washing)	Use disposable wash bowls.	Clinician
Brushes		
Hairbrushes	Individual use only. Wash in neutral detergent, rinse and leave to dry.	Service users/patients/Clinician Hairdresser- please contact Infection Prevention and Control Team for guidance on cleaning equipment
Lavatory brushes	Rinse in flushing water and store dry. Toilet brush holder Facilities Management Assistant should be cleaned once a week with high level disinfectant and when	Facilities Management Assistant

	visibly soiled.	
Nailbrushes	Individual use only.	Service users/patients/Clinician
Shaving brushes	Individual use only.	Service users/patients/Clinician
Toothbrushes	Individual use only.	Service users/patients/Clinician
Buckets	Wash with neutral detergent (with mop-buckets, ensure that the wringer removed and is cleaned thoroughly), rinse and dry before storing inverted.	Facilities Management Assistant
Carpets	Vacuum daily, periodically clean by hot water extraction and carpet shampoo, or following gross spillage with high level disinfectant.	Facilities Management Assistant Following bodily fluid spillage – Clinician
Catheters	Single use – dispose of into appropriate waste stream.	Clinician
Catheter Stands	Wash daily with neutral detergent, rinse and dry. If contaminated by body fluid, clean with a solution of high level disinfectant.	Clinician
Chiropody instruments	Single use instruments to be used.	Clinician
Cleaning Cloths	Must be disposable.	Facilities Management Assistant
Combs	Individual use. Wash in neutral detergent, rinse and leave to dry.	Service users/patients/Clinician
Commodes	Clean with high level disinfectant between use. Individual named service users/patients use preferred. (ICT approved wipes may be used).	Clinician
Cot Sides	Clean with high level disinfectant.	Clinician
Crockery/Cutlery	Use Dishwasher.	Facilities Management Assistant or Clinician As per local arrangements

Curtains	Must be washed/dry cleaned, steam cleaned annually. **Must be washed/dry cleaned, steam cleaned after outbreak of Norovirus/C. diff as part of terminal cleaning – see policy**	Facilities Management Assistant
Dental Equipment & Instruments	All Medical devices associated with dental care must be decontaminated in line with the local standard operating procedures.	Dental Nurse
Dish Cloths	Use green disposable dish cloths.	Facilities Management Assistant/Clinician
Drainage Bags	Empty contents into toilet and dispose of bag and tubing into appropriate waste stream.	Clinician
Dressing Trolley	Clean with high level disinfectant before and after use.	Clinician
Drip Stands	Damp dust with neutral detergent if contaminated with body fluids, clean with high level disinfectant.	Clinician
Examination Couches	Cover with disposable paper roll and change between service users/patient. Clean with high level disinfectant or disinfectant wipes after each session.	Clinician
Enteral Feeding Pumps/Equipment	Wash with neutral detergent, rinse and dry with paper towels, or follow manufacturer's instructions.	Clinician
Enteral Feeding Tube	The feeding tube should be flushed with fresh tap water, before and after feeding or administrating medication. Enteral feeding tubes for service users/patients who are immunosuppressed, should be flushed with either cooled freshly boiled water, or sterile water from a freshly opened container.	Clinician

Feeding cups	Use dishwasher.	Facilities Management Assistant/ Clinician
Floors (dry-Carpet)	Vacuum clean. (hepa-filtered preferred)	Facilities Management Assistant
Floors (Wet)	Contain spillage then mop or shampoo. If body fluid spillage use high level disinfectant.	Facilities Management Assistant Bodily Fluids – Clinician
Laryngoscope	Single use/ handle to be cleaned with Azo wipes between patient use.	Clinician
Ligature Knife (ReQhook)	Wipe with disinfectant wipe. If knife contaminated with bodily fluids it should be disposed of in a sharps box.	Clinician
Linen	Follow Linen Policy.	Clinician
Locker Tops/Tables	Clean with high level disinfectant.	Facilities Management Assistant Lockers cleaned by Clinician on Discharge/Transfer
Masks and O2 Tubing	Single patient use.	Clinician
Mattresses	Clean mattress **monthly** with high level disinfectant and after every episode of incontinence and when a service users/patients is transferred or discharged. For special mattresses – follow manufacturer's instructions.	Clinician
Medicine Pots	Single use.	Clinician
Mops (floor)	Rinse well after each use and store inverted to dry. Change and launder daily, or use disposable mop heads.	Facilities Management Assistant
Moving and Handling Board	Clean with high level disinfectant after each use.	Clinician
Nail Clippers	Individual service users/patients use or disposable.	Clinician
Nebuliser Mask	Single patient use only. Wash in neutral detergent **after every use,** rinse and leave to dry, cover between therapies.	Clinician

Nebuliser Machine	Wipe exterior with disinfectant wipe, change filters as per manufacturer's instructions.	Clinician
Nebuliser Kit (medication reservoir)	Wash in neutral detergent and rinse and hang tubing to dry **after every use.**	Clinician
Ophthalmoscopes	Wipe with neutral detergent or follow manufacturer's instructions.	Clinician
Oxygen Cylinder Frames	Use neutral detergent, and dry with paper towel.	Clinician
Patella Hammer	Wipe with neutral detergent after each use.	Clinician
Peak Flow Meter	Use single use disposable mouth pieces with filters.	Clinician
Razors	Use disposable or single service users/patients use electric razors. Follow manufacturer's instructions for cleaning electric razor-heads and disposable razors to be placed in sharps box.	Clinician Barber/Hairdresser- please contact Infection Prevention and Control for guidance.
Scissors	For clinical procedures, use single use disposable scissors.	Clinician
Shower	If not regularly used, flush as per Legionella policy. Clean between service users/patient' use.	Twice weekly - Facilities Management Assistant Between service users/patients - Clinician
Slip Sheets, Hoist Slings (Moving & Handling)	Single person use only, mark with client's name. Clean as per manufacturer's instructions. If soiled/ damaged to be disposed of. If labels are not readable, equipment to be replaced.	Clinician
Smokerlyzer	Use disposable SteriBreath clinician mouthpiece – dispose into appropriate waste system.	Clinician
Sputum Container	Disposable. Dispose into appropriate waste stream.	Clinician
Stethoscopes	Clean diaphragm and ear-pieces with disinfectant wipe after every use.	Clinician
Stoma bags	Single use, dispose of via appropriate waste stream.	Clinician

Syringes	Single use.	Clinician
Suction Units	Use disposable liners and catheters. Wash bottles with neutral detergent, rinse and dry using paper towel.	Clinician
Surgical Instruments (Minor surgery)	Single use only, dispose into appropriate waste stream.	Clinician
Tablet Cutters	Wash thoroughly between use with neutral detergent and dry with paper towel.	Clinician
Thermometers	Use disposable thermometers or those with a disposable sleeve. Digital – use a new sleeve cover for each use. See manufacturer's instructions to clean thermometer.	Clinician
Urine Jugs	Disposable single use – empty contents in toilet and dispose of into appropriate waste stream.	Clinician
Volumatics	Single service users/patients use. Wash in neutral detergent monthly, allow to air dry (do not wipe dry) **Rees, J., Kanabar, D.** (2007)	Clinician
Wheelchairs	Individual service users/patients use, whenever possible. Wash daily with neutral detergent, rinse and dry. If contaminated with body fluids clean with a solution of high level disinfectant.	Clinician
Weighing Scales (seated adult)	Line with disposable paper towels. Clean with neutral detergent daily and keep dry. If contaminated with bodily fluids, clean with high level disinfectant. **N.B In most areas of the Trust, patient weighing scales are used to give an approximate weight of the service users/patients- Class IV scales are therefore acceptable for**	Clinician

	use where the weight indication is not to be used for the purpose of monitoring, diagnosis and medical treatment. Where an exact weight is required (e.g. to obtain accurate medication dose) then Class III scales should be used as a minimum and these should be subject to servicing and calibration as per manufacturers instructions.	