

# Management of Care Equipment Policy and Procedure (an element of Standard Infection Control Precautions)



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## Introduction

Health and social care settings contain a diverse population of microorganisms. Care equipment used on patients/clients can become contaminated with blood, other body fluids, secretions and excretions during the delivery of care. Therefore, they must be managed appropriately in order to limit the risk of microorganisms potentially contaminating equipment which, in turn, could lead to the potential contamination/infection of staff, patients/clients, visitors or others during subsequent use.

For the purposes of this policy, care equipment includes items that are non-invasive, reusable items such as stethoscopes, pump infusion devices, drip stands, X-ray machines, thermometers. In addition, A to Z lists of care equipment and how they should be managed/decontaminated are useful tools in local areas. Such lists are often not exhaustive and judgements may still need to be made in specific settings as to how available care equipment should be managed in each specific circumstance e.g. those caring for people in their own homes.

This policy focuses on the general care of equipment. When particular infections/microorganisms are present, further advice should be sought from Infection Control staff. Equipment used to care for particularly susceptible patients/clients (e.g. immunocompromised) may require additional, specific direction, e.g. increased frequency of cleaning. Similarly in specialised areas, e.g. laboratories and pharmacies, more specific regimes may be provided, however, the general principles contained within this policy can apply to all settings. Management of care equipment is one of the nine elements of Standard Infection Control Precautions, which are particularly concerned with the spread of organisms that might be present in blood or other body fluids.

### This policy contains information on:

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**NB** Information relating to the management of the environment and general items within it is detailed within the **Control of Environment Policy**. Care of reusable medical devices is not included in this policy as specific decontamination guidance for this area is available from other sources. Guidance contained within this policy focuses on care equipment that is reusable and is considered low risk. For information in relation to linen, refer to **Safe Management of Linen Policy**.

For further background information, see associated literature review on management of care equipment.

## Management of Care Equipment Policy - Why manage care equipment?

- The healthcare setting, in particular, contains a diverse population of microorganisms and this must be considered when providing care, particularly for those who are susceptible to infection. Although potentially pathogenic microorganisms have been found in air, water and on fomites, determining their role in any infection can be difficult. Equipment surfaces are not generally implicated in the transmission of infection to staff or patients, but it must be considered that contamination of patient/client environments and their equipment will occur and could pose a risk. Appropriate decontamination of care equipment is fundamental to reducing their potential contribution to healthcare associated infection
- The state of repair of care equipment is also important in ensuring that microorganisms are not present. Care equipment, particularly those items with surfaces which are not smooth or intact, or are handled frequently during the delivery of care, can harbour bacteria
- The transfer of microorganisms from surfaces to patients/clients is largely considered to be via hand contact with these surfaces. As a consequence, hand hygiene is also paramount in reducing infection spread via this route (see **Hand Hygiene Policy**)
- A tidy, clutter free environment is important to ensure care equipment items can be easily cleaned and dust free

## Management of Care Equipment Policy - What are the underpinning elements to ensure care equipment is appropriately managed?

- **Responsibilities:**

### All Staff

- Have a responsibility for the areas in which they work to ensure care equipment is managed and potential infection resulting from contamination is avoided as far as possible
- Have a responsibility for cleaning schedules which should be clearly defined, documented and available
- Have a responsibility to display available, relevant posters detailing information on management of care equipment
- Have a responsibility for any equipment that requires to be sent for service or repair must first be decontaminated appropriately. Certificates are often required to accompany the piece of equipment. Similarly, if an item is loaned from or to another area/department these points apply. Staff working with care equipment should be aware of these responsibilities
- Undertake training in cleaning/decontamination duties which must be regular, e.g. annual updates given

### Managers

- Have the responsibility to ensure local risk assessments are carried out where necessary, e.g. to identify the use of appropriate personal protective equipment (PPE), adherence to safe practices, including the provision of resources, immunisation programmes are offered appropriately and any incidents that occur are reviewed and subsequent actions taken where appropriate
- Have the responsibility to ensure training is available and staff have the responsibility to attend such training sessions

- **Other General Good Practice Points:**

- Staff undertaking cleaning should ensure all equipment/receptacles used to clean care equipment are close at hand and are clean before use, using disposable cloths and single use items, as far as possible in health and social care settings. This includes appropriate personal protective equipment (see **Personal Protective Equipment Policy**)
- Staff undertaking cleaning should ensure fresh solutions are made up for the purpose of cleaning
- Items should always be stored away from floors, e.g. on appropriate shelving in a designated storage area
- Purchasing/trials
  - Equipment to be purchased should be discussed with Infection Control staff where appropriate, to ensure it is fit for purpose and can meet Infection Control standards. Supplies/Procurement departments should also be consulted
- Single Use & Reuse
  - Single use items should be used where appropriate/possible and never reused. (Packaging of such items clearly states if they are single use). Manufacturers' instructions should always be followed



- Never reuse single person equipment on more than 1 person. Manufacturers' instructions should always be followed

- **Safety**

- Safety aspects relating to care equipment, e.g. electrical issues, must be considered in conjunction with health and safety guidance for use of equipment. Manufacturers' instructions should be followed for cleaning, in particular, to ensure safety aspects are considered
- Control of Substances Hazardous to Health (COSHH) sheets and Material Safety Data Sheets (MSDS) should be referred to ensure the safe management of solutions used for the care of equipment. Manufacturers' instructions should also be referred to

- **Incident reporting:**

- Items which are found to be consistently unclean, particularly following times when cleaning routines should have been performed, and items which are in a state of disrepair should be reported. Where there is concern about risk of infection, an incident form or other similar forms in use in local areas should be completed
- Any issues arising in relation to the use of cleaning solutions, e.g. skin reactions, damage to care equipment, should similarly be reported

## Management of Care Equipment Procedure - How should care equipment be stored?

- Care equipment must be stored clean following use
- Equipment should also be checked for cleanliness prior to use, e.g. when being removed from storage
- Care equipment should never be stored on the floor. Where possible, trolleys/shelves/cabinets used should be rack-type
- Storage areas should be appropriate and kept clean and tidy
- Covers for items should be utilised where appropriate, e.g. plastic covers used for protecting keyboards these must also be kept clean

## Management of Care Equipment Procedure - When to perform procedures for the management of care equipment?

- On a routine, scheduled basis, as detailed at local level. Generally, this will be after use, on a daily basis or based on a risk assessment
- When visibly dirty, e.g. contamination with dust, soilage
- Immediately when spillages or contamination with blood / other body fluids has occurred (also see **Management of Blood and Body Fluid Spillages Policy**)
- Whenever a patient/client is discharged from their care environment i.e. terminal cleaning. Specific guidance may be in place locally to guide staff as to the steps to take upon patient discharge to ensure the environment is safe to receive the next patient. All of the steps under **How to Perform Procedures for the Management of Care Equipment?** should apply at these times

## Management of Care Equipment Procedure - How to perform procedures for the management of care equipment?

### • Preparation and Staff Protection:

- The use of personal protective equipment (PPE) to protect those cleaning care equipment is important (see **Personal Protective Equipment Policy**), as is disposal of such PPE immediately following use
- Hand hygiene is important, even if gloves are worn during the procedure (see **Hand Hygiene Policy**)
- Gather all relevant equipment and ensure equipment/receptacles used to clean care equipment are clean before use. Utilise single use items, such as disposable cloths, as far as possible, in health and social care settings in particular
- Choosing a cleaning agent that best meets overall needs is important
  - General purpose neutral detergent is generally suitable for all care equipment and should be used unless otherwise indicated at local level (antimicrobial agents are not routinely recommended)
  - Do not use chlorhexidine, e.g. Hibiscrub, and other hand hygiene antiseptic agents, for cleaning of equipment
  - Alcohol wipes should be used appropriately for decontamination of equipment. Some equipment cannot be decontaminated by alcohol as it causes damage, e.g. mattress covers, dental chairs. Manufacturers' instructions should be followed. The use of general purpose neutral detergent and water will still be required at times. Alcohol should not be used where soilage has occurred, e.g. faecal matter
  - The use of detergent wipes may be useful for certain items. Manufacturers' instructions should be followed. These must only be used if they clean equipment as adequately as detergent and water.
- Use warm (hand hot) water with general purpose neutral detergent.
- Follow guidance provided on the chosen cleaning agent, regarding amount to be used, dilution and contact time. Ensure solutions are made up freshly and stored within a receptacle this must be labeled date and time made up and staff should check this and dispose appropriately, e.g. on a 24-hour basis

### • Procedures:

- 'Damp dusting' is the best way to clean equipment that cannot be fully submersed
- Ensure all areas are thoroughly cleaned and free from dust and grime. The mechanical action of cleaning is important. Particular attention should be paid to cracks, rims and ridges
- Air-drying following washing of large surfaces is generally acceptable, however, on smaller areas or areas that are particularly wet, these should be dried with clean, preferably disposable, cloths
- Utilise sterilizing departments where appropriate to assist with equipment decontamination, e.g. basins can be put through washer/disinfector machines
- Crockery should be cleaned preferably in a dishwasher at a high temperature. In the home and community, where a dishwasher is not available, thorough handwashing using (hand) hot water and washing-up liquid is essential
- Items that can be submersed for cleaning should **not** be steeped as bacteria can multiply in stagnant solutions. Washing of equipment should take place immediately, while fully submersed under the water to avoid potential aerosolisation when rubbing equipment surfaces
- If items are taken to a central area for cleaning, the area/room itself should be clean, fit for purpose and tidy before and after procedures
- Items should be checked while cleaning for state of repair. Mattresses should be checked regularly for permeability and signs of wear and tear and staining on the foam
- Utilise laundry facilities for items such as cleaning equipment, e.g. mop heads. Clean mop heads and other equipment should always be stored in a clean dry area

**NB** Any additional information on cleaning/disinfecting agents e.g. the use of hypochlorites, to be used at specific times should be discussed with Infection Control staff.

**NB** If a spillage of blood/other body fluids occurs, this should be managed by following **Management of Blood and Other Body Fluid Spillages Policy** in the first instance.