Infection Control Guidelines For Community Loan Equipment And Wheelchair Services

Guideline PH 04

July 2007
<table>
<thead>
<tr>
<th><strong>Document Management</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title of document</strong></td>
</tr>
<tr>
<td><strong>Type of document</strong></td>
</tr>
<tr>
<td><strong>Description</strong></td>
</tr>
<tr>
<td><strong>Target audience</strong></td>
</tr>
<tr>
<td><strong>Author</strong></td>
</tr>
<tr>
<td><strong>Department</strong></td>
</tr>
<tr>
<td><strong>Directorate</strong></td>
</tr>
<tr>
<td><strong>Approved by</strong></td>
</tr>
<tr>
<td><strong>Date of approval</strong></td>
</tr>
<tr>
<td><strong>Version Number</strong></td>
</tr>
</tbody>
</table>
| **Next review date**     | Reviewed June 2009 – no changes
June 2012 |
The Health Act (2006): Code of Practice for the prevention and control of health care associated infections
Essential Steps to Safe Clean Care (2006)
NtPCT policies and procedures for Infection Control (Current versions) |
| **Superseded documents** | Nil |
| **Internal distribution**| All staff |
| **External distribution**|  |

PH 04 Wheelchair & Community Equipment Cleaning Policy 2  Page 2 of 31
<table>
<thead>
<tr>
<th><strong>Availability</strong></th>
<th>All ratified policies, strategies, procedures and protocols are published on the Trust Intranet and Public Website.</th>
</tr>
</thead>
</table>
| **Contact details** (of main contact for this document) | Name: Infection Control Team  
Address: Nene House, Isebrook Hospital, Irthlingborough Road, Wellingborough, NN8 1LP  
Tel: 01536 494001  
E-mail:  
una.willis@northants.nhs.uk  
andrea.may@northants.nhs.uk  
jenny.boyce@northants.nhs.uk  
lin.marlow@northants.nhs.uk |
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbreviations</td>
<td>5</td>
</tr>
<tr>
<td>Introduction</td>
<td>6</td>
</tr>
<tr>
<td>Facilities</td>
<td>7</td>
</tr>
<tr>
<td>Environment</td>
<td>9</td>
</tr>
<tr>
<td>Equipment</td>
<td>11</td>
</tr>
<tr>
<td>Decontamination Guidelines</td>
<td>13</td>
</tr>
<tr>
<td>Decontamination Products</td>
<td>18</td>
</tr>
<tr>
<td>Waste Disposal</td>
<td>19</td>
</tr>
<tr>
<td>Hand Hygiene</td>
<td>20</td>
</tr>
<tr>
<td>Transportation</td>
<td>22</td>
</tr>
<tr>
<td>Practices and Procedures</td>
<td>23</td>
</tr>
<tr>
<td>Sharps Injuries</td>
<td>23</td>
</tr>
<tr>
<td>Management of blood or Body Fluid Spills</td>
<td>24</td>
</tr>
<tr>
<td>Documentation</td>
<td>24</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>25</td>
</tr>
<tr>
<td>Training</td>
<td>25</td>
</tr>
<tr>
<td>Appendix 1 – Swan neck technique for waste bags</td>
<td>26</td>
</tr>
<tr>
<td>References</td>
<td>27</td>
</tr>
</tbody>
</table>
Abbreviations

CES  Community Equipment Service
EBME  Electro-Biomedical Engineering (hospital equipment technicians)
GPD  General Purpose Detergent
PPM  Planned preventative maintenance
1 **Introduction**

It is vital that the control of infection in healthcare premises is practised effectively and that policies and procedures are available for staff (NHSME (1994)).

1.1 Infection control is an important part of an effective risk management programme to improve the quality of client care and the occupational health of staff.

The aim of these guidelines is to reduce the risk of cross contamination and promote a safe working environment within Community Equipment Services (CES) and Wheelchair Services.

Precautions against cross infection in the hospital are based on policy and procedures reinforced through education and training. Initiatives within loans provision should follow the same process, (Johnson and Harker 1995).

1.2 These guidelines specifically relate to equipment loans and are based on the Medical Devices Agency (1998) recommendations for Equipment Management and the Medicines and Healthcare products Regulatory Agency (2003) Community Equipment Loan Stores – Guidance on Decontamination DB2003 (06). They are to be used in addition to the PCT’s Infection Control Policy.

The contents of these guidelines will provide a basis for audit and should be regarded as a guide to best practice; they cannot cover all eventualities and may need modification in certain circumstances. All staff are urged to take further advice from the Infection Control Team when necessary.

1.3 These guidelines will be reviewed two yearly, or when new national guidance is published, by community loans staff, wheelchair Service staff and the Trust Infection Control Team.
2 Facilities

2.1 The facilities provided are able to safely accommodate the anticipated volume of equipment and negate the risk of cross contamination (Ayliffe et al 1992). The following items of equipment should be available to CES staff to assist in the decontamination of loans equipment:

2.1.1 Automated washer
An automated washer should be available for controlled cleaning of all items of equipment that will withstand thermal disinfection. It will be serviced in line with a planned preventative maintenance programme (PPM). The temperature of the wash cycle will be monitored and recorded on a weekly basis.

2.1.2 Deep sinks
A deep sink should be available for decontamination of small items of equipment that will not withstand thermal disinfection and need intricate cleaning, e.g. roho cushions. A further deep sink should be available to rinse the detergent solution from the equipment. This sink must not be used for washing hands, cutlery or crockery.

2.1.3 Hand-wash sink
A hand-washing sink should be available within the decontamination area. This sink must not be used for washing hands, cutlery or crockery.

2.1.4 Washing machine
A washing machine should be available for laundering mattress covers etc. This should be serviced in line with a PPM programme. The temperature of wash cycle should be monitored and recorded on a weekly basis.

2.1.5 Dryer
A dryer should be available for laundry to be dried prior to storing. This should be serviced in line with a planned preventative maintenance programme (PPM).

2.1.6 Steamer
A steam cleaner should be available to assist in the decontamination of devices with intricate surfaces, e.g. wheelchair wheels. This should be serviced in line with a PPM programme. Full protective clothing should be worn when using this equipment.

2.1.7 A wipeable surface for cleaning mattresses
Mattresses that are not laundered and that are cleaned manually should be cleaned on a wipeable surface that is decontaminated between each mattress with hot water and a general-purpose detergent (GPD). This area should be located near a power supply to enable testing of electrical mattresses.
2.1.8 Adequate shelving
The store should have enough shelving to ensure that equipment is stored safely and with the exception of floor standing equipment all equipment should be stored on shelves.

2.2 KEY POINTS

- A planned preventative maintenance programme (PPM) is in place on all major pieces of equipment, i.e. automated washer, washing machine, dryer, steamer, etc.

- Protective clothing should be worn when cleaning all equipment.
3 Environment

The environment will be maintained appropriately to negate the risk of cross infection (Millwood et al 1993).

3.1 The following areas are required to provide a safe environment for the effective decontamination, maintenance and storage of loans equipment. It must ensure that dirty and clean equipment never comes into direct or indirect contact.

- **Dirty Equipment**
  - **RECEPTION AREA**
    - For used / dirty equipment.
    - This area needs to be secure, cleanable and of sufficient size to accommodate the maximum volume of equipment that might be returned.

- **DECONTAMINATION AREA**
  - For cleaning equipment.
  - This area should be separate from all others to prevent cross contamination of other environments occurring.

- **DRYING AREA**
  - For the drying of equipment and protective clothing. A covered area should be available in which cleaned equipment can dry.

- **MAINTENANCE AREA**
  - For the repair and maintenance of loaned equipment.
  - A designated area where equipment can be serviced, tested, maintained and repaired as necessary.

- **STORAGE AREA**
  - For the appropriate storage of clean equipment.
  - A secure area protecting against the elements, pests and rodents. Large enough for the volume of equipment.

3.2 Suitable facilities should be available for staff to change clothing and also have refreshments away from the main areas of the store to reduce the risk of cross contamination.
3.3 KEY POINTS

- Clean and dirty equipment must never come into direct or indirect contact.
- Designated areas are available to return, clean, dry, maintain, store and dispatch equipment.
- Equipment is stored in a clean dry store on shelves with the exception of floor standing equipment.
- Pest eradication programmes are in place.
4  **Equipment**

Equipment will be cleaned and decontaminated appropriately and stored correctly to negate the risk of infection (Millwood et al 1993).

4.1 Loaned equipment may serve as a vehicle for the transmission of infection to susceptible hosts. It is therefore important that a recognised decontamination policy is followed. The aim of this is to remove visible soiling and micro-organisms from equipment to prevent cross infection between patients and staff.

4.1.1 **Cleaning and drying** is a process that removes soiling, e.g. dust, dirt and organic matter along with a large proportion of any micro-organisms that may be present, including bacterial spores. Cleaning is an essential prerequisite to ensure effective disinfection. Micro-organisms will not multiply on a clean dry surface.

4.1.2 **Disinfection** is a process that kills or inactivates organisms but not all bacterial spores.

4.2 **Assessment of risk**
The level of decontamination required is determined by the nature of the equipment and the risk it poses for transmission of infection. (Coates and Hutchinson 1994).

<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Equipment Examples</th>
<th>Method of Decontamination</th>
<th>Process Options</th>
</tr>
</thead>
</table>
| INTERMEDIATE | • Commode  
• Raised toilet seat  
• Male and female urinal  
• Pressure relief mattresses e.g. NIMBUS, Alpha XCELL | Thorough cleaning followed by disinfection. | • Automated washer  
• Manual cleaning followed by chemical disinfection (control circumstances) |
| LOW | • Bed frames  
• Plastic bath boards  
• Wheelchairs  
• (Manual and powered) | Thorough cleaning | • Automated washer  
• Manual cleaning |
| MINIMAL | • Grab rails | Thorough cleaning | • Automated |
In close proximity to the client but unlikely to be contaminated with a significant number of organisms or pose a significant risk.

<table>
<thead>
<tr>
<th>Walking frames</th>
<th>Trolleys</th>
<th>washer</th>
<th>Manual cleaning</th>
</tr>
</thead>
</table>

4.3 **KEY POINTS**
- The manufacturer's instruction for decontamination must be followed.
- In general thorough cleaning with detergent and hot water will provide adequate decontamination of most equipment.
- Chemical disinfectants should only be used when thermal disinfection is unsuitable.
- Protective clothing should be worn when decontaminating equipment.
- If sterilisation is required, advice must be sought on the best methods available from the Infection Control Team.
5  **Decontamination Guidelines**

5.1

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>CLEANING BETWEEN USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer’s guidelines</td>
<td>must always be checked prior to carrying out decontamination. Protective clothing</td>
</tr>
<tr>
<td></td>
<td>should be worn to reduce the risk of cross contamination and exposure to chemicals.</td>
</tr>
</tbody>
</table>

**Bathroom equipment**
- **Bath-boards (plastic)**
  - **Preferred method:** Automated washer (at least 80°C).
  - **Acceptable methods:** Clean with a GPD and hot water. Dry with disposable paper toweling. Store dry.
- **Bath-boards (wooden)**
  - Single client use. Clean as above prior to disposal.

**Toilet equipment**
- **Bed pans**
- **Toilet frames (various)**
- **Toilet raisers**
- **Commodes**
- **Urinals (Male and Female)**
- **Catheter stands**
  - **Preferred method:** Automated washer with GPD (at least 80°C).
  - **Acceptable methods:** Clean with GPD and hot water followed by disinfection using chlorine releasing agent diluted to a concentration of 1,000 parts per million. Dry with disposable paper toweling. Store dry.
- **Grab rails**
  - Single client use. Clean with GDP prior to disposal.

**Bedroom and chair equipment**
- **Back rest (wooden canvas)**
  - Single client use. Clean with GDP prior to disposal.
- **Bed board**
- **Bed / chair raisers / cone raisers**
- **Bed table**
- **Hospital bed**
- **Cradle**
- **Cot sides**
- **Monkey pole**
- **Footstool**
  - **Preferred method:** Automated washer with GPD (at least 80°C)
  - **Acceptable methods:** Clean with GPD and hot water. Dry with disposable paper toweling. Store dry.
Manufacturer’s guidelines must always be checked prior to carrying out decontamination. Protective clothing should be worn to reduce the risk of cross contamination and exposure to chemicals.

<table>
<thead>
<tr>
<th>Mattresses and cushions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All mattresses, cushions and seating products must be checked prior to re-issuing for signs of leakage into the foam. Examine the equipment: no staining should be visible and the equipment should be impermeable to fluids.</strong> To test: place a paper towel beneath the cover, press down on the mattress or cushion for 10 seconds, pour 50ml of water onto the area, press down for further 30 seconds. Remove and examine the paper towel for signs of leakage through the cover. N.B. Ensure that covers are placed correctly onto the cushion / mattress after cleaning and that the correct cushion / mattress is united to the correct cover after cleaning.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital mattress</th>
<th>Totally enclosed in a wipeable cover. Clean with GPD and <strong>hot</strong> water. Dry thoroughly with disposable paper towel. Store dry. Check mattress as above.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pegasus</td>
<td>Clean with GPD and <strong>hot</strong> water. <em>Take care to avoid &quot;electrics&quot;.</em> Dry with disposable paper toweling. Store dry. Yearly service by EBME.</td>
</tr>
<tr>
<td>Propad mattress &amp; cushion</td>
<td>Launder cover in washing machine in accordance with the manufacture’s instructions. Ensure it is completely dry prior to replacing on the foam. Check mattress / cushion for signs of staining and also test cover for permeability.</td>
</tr>
<tr>
<td>Quattro mattress cushion</td>
<td>Clean with GPD and <strong>hot</strong> water. <em>Take care to avoid &quot;electrics&quot;.</em> Dry with disposable paper toweling. Store dry. Yearly EBME service.</td>
</tr>
<tr>
<td>Sofflex mattress</td>
<td>Totally enclosed in a wipeable cover. Clean with GDP and <strong>hot</strong> water. Dry thoroughly with disposable paper towel. Store dry.</td>
</tr>
</tbody>
</table>

PH 04 Wheelchair & Community Equipment Cleaning Policy 2

Page 14 of 31
<table>
<thead>
<tr>
<th>ITEMS</th>
<th>CLEANING BETWEEN USE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Manufacturer’s guidelines must always be checked prior to carrying out decontamination. Protective clothing should be worn to reduce the risk of cross contamination and exposure to chemicals.</strong></td>
<td></td>
</tr>
<tr>
<td>Softform mattress</td>
<td>Launder cover in washing machine in accordance with the manufacture’s instructions. Ensure it is completely dry prior to replacing on foam. Check mattress for signs of staining and test cover for permeability.</td>
</tr>
<tr>
<td><strong>Lifting and transfer equipment</strong></td>
<td></td>
</tr>
<tr>
<td>Hoists major and mini Liftmaster</td>
<td>Wipe over with GPD and hot water. Use steamer if necessary for intricate areas. Dry with disposable paper towel and store dry. Ensure six monthly service check carried out.</td>
</tr>
<tr>
<td>Slings and Slide sheets</td>
<td>Launder in washing machine in accordance with the manufacturer’s instructions</td>
</tr>
<tr>
<td><strong>Soft furnishings</strong></td>
<td></td>
</tr>
<tr>
<td>Recliner chairs etc.</td>
<td>Referred to outside cleaning agency for decontamination.</td>
</tr>
<tr>
<td><strong>Household equipment</strong></td>
<td></td>
</tr>
<tr>
<td>Etwell trolley Handrails for stairs</td>
<td>Single client use. Clean with GDP prior to disposal.</td>
</tr>
</tbody>
</table>
| Helping hand Portable wheelchair ramp Rutland trolley | **Preferred method:** Automated washer (at least 80°C).  
**Acceptable methods:**  
Clean with GPD and hot water. Steamer.  
Dry with disposable paper toweling. Store dry. |
| **Mobility equipment** | |
| Crutches Delta frames Walking frames Walking sticks Rollators | **Preferred method:** Automated washer (at least 80°C)  
**Acceptable methods:**  
Clean with GPD and hot water. Steamer. |
<table>
<thead>
<tr>
<th>ITEMS</th>
<th>CLEANING BETWEEN USE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Manufacturer’s guidelines must always be checked prior to carrying out decontamination. Protective clothing should be worn to reduce the risk of cross contamination and exposure to chemicals.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred method:</strong> Automated washer (at least 80°C)</td>
<td><strong>Acceptable methods:</strong> Clean with GPD and hot water. Steamer. Dry with disposable paper toweling. Store dry.</td>
</tr>
<tr>
<td>Powered Wheelchairs</td>
<td>Remove Control Box before wiping over with GDP and hot water taking care to avoid the electrical sections. Dry with disposable paper toweling. Store dry.</td>
</tr>
<tr>
<td>Wheelchair Accessories</td>
<td><strong>Preferred method:</strong> Automated washer (at least 80°C)</td>
</tr>
<tr>
<td>Wheelchair Pressure Relieving Cushions/Seating Systems</td>
<td><strong>Preferred method:</strong> Launder cover in washing machine in accordance with the manufacture's instructions. Ensure it is completely dry prior to replacing on the foam. Check cushion for signs of staining and also test cover for permeability.</td>
</tr>
<tr>
<td></td>
<td><strong>Acceptable methods:</strong> Clean with GPD and hot water. Dry thoroughly with disposable paper towel. Store dry.</td>
</tr>
</tbody>
</table>
5.2 KEY POINTS

- Items such as lifting aids, commodes etc. should be examined for signs of wear,
- i.e. chipped or rusted surfaces. If found the item should be condemned. It must not be re issued.
- If mattresses or cushions are used without the appropriate cover they must be condemned.
- Mattresses, chairs and cushions should be checked for any damage to waterproof covering and when the integrity is breached the item should be condemned.
- Always check EBME service date on sticker prior to issuing any electrical equipment.
- Ensure that covers are placed correctly onto the cushion / mattress after cleaning and that the correct cushion / mattress is united to the correct cover after cleaning.
- Ensure all metal items are thoroughly dry prior to storage / issue. In particular check for water leaking into hollow areas of equipment.

Facilities must be available for the disposal of condemned equipment.
All equipment must be effectively decontaminated prior to disposal.
6 **Decontamination Products**

| The supply and use of disinfectants or detergents is appropriate to negate the risk of cross contamination (Millwood et al 1993). |

6.1 All cleaning products must be purchased through NHS Supplies. Equipment should be cleaned with materials in accordance to the manufacturer’s recommendations and the PCT’s Infection Control Guidelines.

6.2 COSHH data sheets must be held for all cleaning substances used. These must be accessible at all times and known to staff. (COSHH 1998)

**Products routinely used for cleaning and disinfecting will include:**

- A General Purpose Detergent (GPD) for routine cleaning of equipment.
- Washing powder for laundering mattress covers, slings etc.
- Disinfectant for the automated washer as specified by manufacturer.
- Detergent for automated washer as specified by manufacturer.
- Rinse aid for automated washer as specified by manufacturer.
- Chlorine releasing agent for chemical disinfection of equipment and for use with spills of blood, e.g. Hypochlorite (Milton) or Sodium Dichloroisocyanurate (NaDCC).
- Cream cleaner for removal of scum from sinks.
- Adhesive remover for cleaning remains of stickers off equipment.
- Detergent wipes for hard surface cleaning when a solution of GDP is not available i.e. transportation vehicles.
- Liquid Soap for routine hand hygiene.
- Moist skin wipes for hand decontamination when hand wash facilities are not available, i.e. transportation vehicles.
- Alcohol hand rub or gel for rapid hand disinfection.

6.3 **KEY POINTS**

- Appropriate protective clothing must be worn when handling decontamination products.
- COSHH data sheets should be available for all products used within the service.
- All products should be purchased from NHS Supplies.
- Advice must be sought from Infection Control prior to changing cleaning products.
7 Waste Disposal

All waste is disposed of safely without risk of contamination or injury. (Millwood et al 1993).

7.1
- Plastic bags should be secured in a foot operated lidded bin or carrier frame. Flip top bins are not recommended due to the risk of contamination.
- All bags should be sealed when three quarters full using ‘swan neck’ method (see appendix). Staples must not be used.
- Waste should be stored in a neat fashion. The area should be cleaned when necessary and must be secured from unauthorised access, elements, pests and rodents.
- Protective clothing (gloves and apron) should always be worn when handling waste bags. The bags should be handled by the neck only and kept upright.

7.2 GENERAL WASTE: or household waste is defined as any waste that consists of a mixture of paper, packaging and similar materials with a proportion of decaying waste incorporated. This is disposed of in black sacks.

GLASS WASTE: should be stored separately in a magpie box or clearly marked cardboard box and disposed of safely.

SHARPS: including needles and lancets must be disposed of in a recognised sharps container conforming to UN 3291 and BS 7320. The box must be labeled and disposed of as clinical waste when 2/3 full.

7.3 KEY POINTS
- Refer to the Trust Clinical Waste policy for further guidance on disposal of waste.
- Sharps waste must be disposed of in a recognised container conforming to BS 7320 and UN 3291 and arrangements made with the Trust Waste Manager for collection.
8. **Hand Hygiene**

| Hands should be decontaminated correctly to reduce the risk of cross infection. (Mercier 1997). |

8.1 The purpose of hand decontamination is to remove or destroy any microorganisms that have been picked up on the hands to prevent transmission to other objects and to protect you.

Routine hand washing will render the hands socially clean provided an effective technique is used.

**Hands must be washed after the removal of gloves:** Nails should be kept short to allow thorough decontamination of the hands and prevent tears in gloves.

**Gloves:** are not always impermeable barriers and soiling of hands may occur upon removal of gloves. Wearing gloves does not alter the need for hand washing.

8.2 Alcohol hand rub or gel is practical alternative to soap and water. It is not a cleansing agent and should therefore only be used on visibly clean hands. The solution should be dispensed in sufficient quantities to allow it to be rubbed on all surfaces of the hands prior to evaporating naturally.

When decontaminating hands or using alcohol hand rub or gel it is important to remember the areas that are commonly missed:
- finger tips,
- thumbs, and
- between fingers.

8.3 **PROCEDURE USING SOAP AND WATER:**

- Wet hands and forearms.
- Apply sufficient liquid soap to the hands to obtain a good lather.
- Rub hands together vigorously, thoroughly cleansing all surfaces, including wrists, for 10 - 15 seconds (approx 5 strokes backwards and forwards for each area).
- Rinse hands thoroughly under running water.
- Dry thoroughly using paper towels.

**Hands should be washed:**

- Before or after a work shift.
- Before and after each clean or dirty task.
- Before eating, drinking or handling food.
- After removing gloves.
• After handling soiled or contaminated equipment.
• After using the toilet.

8.4 **Designated hand-washing sinks:** must be available in appropriate locations throughout the store. They must not be used for cleaning or soaking of any equipment due to the risk of contamination.

**Liquid soap and alcohol hand rub:** should be housed in wall-mounted containers that use disposable cartridges.

**Nailbrushes:** should only be used when necessary and must be single use disposable.

8.5 **Drivers and community staff:** will be provided with facilities to promote hand hygiene whilst in the community. Moist skin wipes and alcohol hand rub or gel will be available particularly for the drivers to use when collecting dirty equipment.

8.6 **KEY POINTS**
• Hands should only be washed under running water.
• Liquid soap should be available at all handwash sinks.
• All abrasions on hands should be covered with an impermeable plaster.
• Cloth towels are not recommended for use. Paper towels should be available within easy reach of the sink but beyond splash contamination.
• Communal pots of hand cream must not be used. (Pump dispensers are acceptable)
• Alcohol hand rub or gel is an excellent rapid skin disinfectant on visible clean hands.

**REMEMBER**
A high standard of hand hygiene is the single most important factor in controlling the spread of infection. (Infection Control Nurses Association 1998)
9 **Transportation**

Equipment will be transported in a manner that negates the risk of cross contamination and provide appropriate protection to staff. (MDA 1998).

9.1 Clean and dirty equipment must never come into direct or indirect contact at any time. Routes must be carefully planned and care must be taken during the transportation of equipment to ensure this never happens.

9.2 Consideration must be given to the stacking of equipment within the vehicle. All mall items of equipment should be placed in plastic bags in the client’s home prior to being transported to the store to reduce the risk of cross contamination. Certain items of equipment will also leave the store within a protective wrapping.

9.3 The interior of the vehicle should be capable of being cleaned and disinfected. The walls and floors should be impermeable and should be compatible with cleaning and disinfection agents. It should be cleaned and disinfected on a weekly basis and also when visibly soiled.

9.4 **Hand Hygiene**

All drivers will have access to moist skin wipes and alcohol hand rub or gel in the vehicle to promote adequate hand hygiene. Hands must be cleaned in between handling dirty and clean equipment.

9.5 **Spillage Kits**

Spillage kits should be available on all vehicles in case of blood or other body fluid spills. They will comprise of:

- gloves, apron and wipes,
- chlorine releasing agent,
- disposable scoop,
- detergent wipes, and
- waste bag.

9.6 **KEY POINTS**

- Clean and dirty equipment must never come into direct or indirect contact.
- Moist skin wipes and alcohol hand rub or gel must be available in all vehicles.
- Spillage kits should be carried.
- Cleaning schedules must be in place for the vehicles.
10 **Practices and Procedures**

In order to safeguard the Health and Safety of Healthcare workers it is essential that good working practices are adopted at all times (Mercier 1997).

10.1 **PROTECTIVE CLOTHING**

Protective clothing is used to prevent cross contamination occurring. Protective clothing should conform to European standards. It is a requirement of Health and Safety at Work etc. Act (1974) and Personal Protective Equipment Regulations (1992).

10.1.1
- **Single use disposable plastic aprons**
  Should be worn for procedures where there is a risk of localised splashing to protect clothing from contamination, they should be removed immediately after use by tearing the neck strap and waist tie and discarded into a waste bag.

10.1.2
- **Gloves**
  Non-disposable household or heavy weight type gloves are required for all decontamination procedures because they are robust and offer greater protection to staff. They should be washed in GDP and dried thoroughly after each use. They must be discarded if punctured or heavily contaminated.

  **Remember hands must be washed after removing gloves.**

10.1.3
- **Eye protection**
  Plastic spectacles or visors should be worn to protect the eyes and face against foreign bodies, splashes or aerosols, i.e. when cleaning equipment with steamer, pressure washer etc.
  Plastic spectacles or visors should be washed at the end of each day using hot water and GDP, rinsed and stored dry.

10.2 **FIRST AID BOXES**

A first aid box should be available for use within the CES; minimum requirements are set out in the Health and Safety (First Aid) Regulations (1981).

11 **SHARPS INJURIES**

11.1 Sharps injury and accidental exposure of non-intact skin or mucous membrane to blood or body fluids must be recorded and reported to Occupational Health or Accident and Emergency Department. This includes:
- All penetrating sharps and needle injuries.
- Contamination of a lesion by blood or body fluid.
- Scratches or bites that involve broken skin.
- Splashes into the eyes or mouth.
- Encourage the wound to bleed.
- Wash well with running water.
- Cover with an impermeable plaster.
- Irrigate splashes to the eye with water or saline.
- Rinse mouth out with water.

An Incident Report Form must be completed, contact Occupation Health or go to A & E. Refer to the PCT’s Sharps Accident Policy.

12 MANAGEMENT OF BLOOD OR BODY FLUIDS SPILLAGE

12.1 Spillages of blood and body fluids must be disinfected and cleaned promptly. Spillage kits can be purchased and are recommended for use in the vans. The alternative methods detailed below may however be used within the service base. (Lewis and Mesa 1997).

Gloves and plastic apron must be worn.

**RECOMMENDED METHOD**
- Cover spill with NaDCC Granules, (Saniclor / Precept) or 1% Hypochlorite (bleach) solution.
- Leave for a 2 minutes, then scoop up and place in plastic waste bag.
- Clean area with a detergent solution.

**ALTERNATIVE METHOD**
- Remove as much of the spillage as possible with paper towels.
- Clean the area with a detergent solution or detergent wipe.
- Leave to dry as possible.

Double bag waste and dispose into black bag.

13 DOCUMENTATION

13.1 In accordance with MHRA DB 2003 (05) Decontamination Certificates should be issued prior to equipment being inspected, serviced or repaired by an outside agency or hospital department. Appropriate documentation is required to indicate the contamination status of the item to remove or minimise the risk of infection.
A certificate of decontamination should be attached to all equipment once it has undergone an appropriate decontamination process. An example of a certificate is provided by the MHRA DB 2003 (06).

13.2 An index of loaned equipment should be maintained detailing equipment available from the store and its present location.

An inventory of maintenance should be kept to ensure that equipment is serviced at the appropriate time schedule and can easily be recalled from the client if a problem arises.

13.3 The PCT Health and Safety Policy and related codes of practice and guidelines should be accessible and COSHH data sheets available for all cleaning solutions used.

14 **OCCUPATIONAL HEALTH**

14.1 The aim of Occupational Health is to minimise work-related ill health and to maximise good general health in the workforce. The Occupational Health Department gives an impartial confidential service regarding:
  
  o Assessment of fitness for work.
  o Occupational immunisations.
  o Health concerns resulting from work.
  o It is recommended that all staff that come into possible contact with blood-stained equipment should be offered Hepatitis B vaccination.

15 **TRAINING**

15.1 All staff must have regular access to infection control and health and safety education and updating.
Appendix 1

‘Swan Neck’ method for sealing waste bags

1. Gather top of bag. Fold the neck of the bag over.
2. Pass the seal over the neck of the bag.
3. Tighten the seal manually to create an effective seal.
References


HEALTH AND SAFETY (First Aid) regulations. (1981).

ICNA. 1998. Guidelines for Hand Hygiene. ICNA.


## Policy Impact Assessment – Screening Tool

<table>
<thead>
<tr>
<th>Name of Directorate:</th>
<th>Public Health</th>
<th>Date of Assessment:</th>
<th>6-Aug-07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy being assessed:</td>
<td>Infection Control Guidelines For Community Equipment And Wheelchair Services</td>
<td>Assessment Carried out by</td>
<td>Andrea May, Infection Control Nurse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy Title</th>
<th>Who is affected</th>
<th>Statutory requirements</th>
<th>Full Assessment Needed</th>
<th>Yes / No</th>
<th>Priority High / Medium / Low</th>
</tr>
</thead>
</table>
| Infection Control Guidelines For Community Equipment And Wheelchair Services | **Directly:** Staff employed at Community Equipment And Wheelchair Services and associated contractors  
**Indirectly:** PCT Staff, Patients and Carers who use | Standards for Better Health (2004)  
Health Act (2006)  
NHSLA (2007) | Yes | High |
| equipment supplied by Community Equipment And Wheelchair Services. Contractors |   |   |   |
## Policy Impact Assessment – Full Assessment Tool

<table>
<thead>
<tr>
<th><strong>Name of Directorate:</strong></th>
<th>Public Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Assessment:</strong></td>
<td>6-Aug-07</td>
</tr>
<tr>
<td><strong>Policy being assessed:</strong></td>
<td>Infection Control Guidelines For Community Equipment And Wheelchair Services</td>
</tr>
<tr>
<td><strong>Assessment Carried out by:</strong></td>
<td>Andrea May, Infection Control Nurse</td>
</tr>
</tbody>
</table>

<p>| 1. <strong>What consultation process will be undertaken?</strong> | Infection Control Committee, Governance Committee, SHA, Community Equipment and Wheelchair Service |
| 2. <strong>Where will records of this consultation be kept?</strong> | Electronically, Infection Control Team records |
| 3. <strong>What existing monitoring arrangements are in place?</strong> | Audit document being developed, completion due by December 07. Audit will be added to Infection Control Audit Programme |
| 4. <strong>Are these sufficient?</strong> | Yes as a rolling programme. If particular issues arise, we will audit these. |
| 5. <strong>Are any additional arrangements required?</strong> | No |
| 6. <strong>How will the results of the assessment be published?</strong> | Via Infection Control Committee |</p>
<table>
<thead>
<tr>
<th>Policy aims and outcomes</th>
<th>Evidence for assessment</th>
<th>Difference in Outcomes</th>
<th>Assessing Impact</th>
<th>Proposed action</th>
</tr>
</thead>
<tbody>
<tr>
<td>The aim of these guidelines is to reduce the risk of cross contamination and promote a safe working environment within Community Equipment Services (CES) and Wheelchair Services Precautions against cross infection. These guidelines specifically relate to equipment loans and are based on the Medical Devices Agency (1998) recommendations for Equipment Management and the Medicines and Healthcare products Regulatory Agency (2003) Community Equipment Loan Stores – Guidance on Decontamination DB2003 (06).</td>
<td>Statutory requirements under Health Act (2006). Policies reviewed 3 yearly or sooner if national guidance changes.</td>
<td>The guidelines are to be used in addition to the PCT’s Infection Control Policy to minimize potential risks associated with inadequate decontamination of shared equipment.</td>
<td>No adverse impact identified</td>
<td>Review as necessary.</td>
</tr>
</tbody>
</table>