

# Decontamination of Reusable Medical Devices - inc. Service user Equipment

<b>Statement of Intent</b>	To provide clear procedures for the decontamination of reusable medical devices in order to minimise the risk of transmitting micro-organisms via contaminated medical devices and in accordance with the Health and Social Care Act 2008.		
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<b>Related policies</b>	All infection control documents		
<b>Applies to</b>	SBC Children, Families and Community Health Staff		
<b>Care Quality Commission Outcomes</b>	Regulation 12: Cleanliness and infection control		
<b>Equality and Diversity</b>	SBC is committed to promoting equality in all its responsibilities - as a provider of services, as a partner in the local economy and as an employer. This policy will contribute to ensuring that all clients, potential clients and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.		

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## **Definition**

Under the Control of Substances Hazardous to Health Regulations (2002) employers have a duty to ensure that exposure of microorganisms and dust to employees and patients is prevented or adequately controlled. These guidelines provide guidance and the risk assessment process to observe when undertaking equipment decontamination procedures. They also provide clear guidance on the removal of blood/body fluid spills. The guidelines relate solely to the microbiological decontamination of equipment and not to items that may be contaminated with chemicals that are corrosive, irritant, toxic, cytotoxic or radioactive. The latter information can be located with the NHS Swindon COSHH Policy.

## **Regulatory Position**

### **The Health and Social Care Act 2012 - Code of Practice for health and adult social care on the prevention and control of infections and related guidance**

The Code of Practice is there to assist all organisations delivering services in planning and implementing how they can prevent and control health care associated infections. It sets out criteria by which managers of organisations delivering health services are to ensure that service users are cared for in a clean environment and where the risk of health care associated infections is kept as low as possible. Failure to observe the Code may result in an Improvement Notice being issued, or it being reported for significant failings and placed on “special measures”.

## **Health and Safety at Work Act 1974**

It is the legal obligation of all employers under the HASAW Act 1974 to ensure that all their employees are appropriately trained and proficient in the procedures necessary for working safely. Managers, with the assistance of the Occupational Health service and Health and Safety Advisers, have a statutory duty to help to prevent illness and injuries at work by ensuring infection control policies and guidelines are available, that staff are appropriately trained in infection control and decontamination procedures, and that training programmes are in place to meet the needs of all employees.

## **Responsibilities**

In order to maintain a safe environment for service users and staff it is important that decontamination procedures include the environment and any reusable equipment. This requires co-operation between all staff disciplines having responsibility for their part of the decontamination process. This responsibility extends to maintaining the cleaning of equipment itself to an appropriate level.

### **Executive Manager:**

- The Executive Manager is defined as the person with ultimate management responsibility, including allocation of resources and the appointment of personnel, for the organisation in which the decontamination equipment is installed.
- Depending on the nature of the organisation, this role may be filled by the general manager, chief executive or other person of similar authority.

### **Director of Infection Prevention and Control (DIPC)**

- The Director of Infection Prevention and Control reports to the chief executive and the board. He/she is responsible for infection prevention aspect of decontamination.

### **Decontamination Lead**

- Every healthcare organisation must have a nominated Decontamination Lead with responsibility for decontamination; either at board level or who has line management responsibility to a senior responsible person at that level (see 'The Health Act 2012').

### **Definition of a Medical Device**

The Department of Health defines a medical device as “any instrument, apparatus, appliance, material or other article whether used alone or in combination, intended by the manufacturer to be used for human beings for the purpose of: control of conception, diagnosis, prevention, monitoring, treatment or alleviation of disease; diagnosis, monitoring, treatment, alleviation of or compensation for an injury or handicap; investigation, replacement or modification of the anatomy or physiological process.

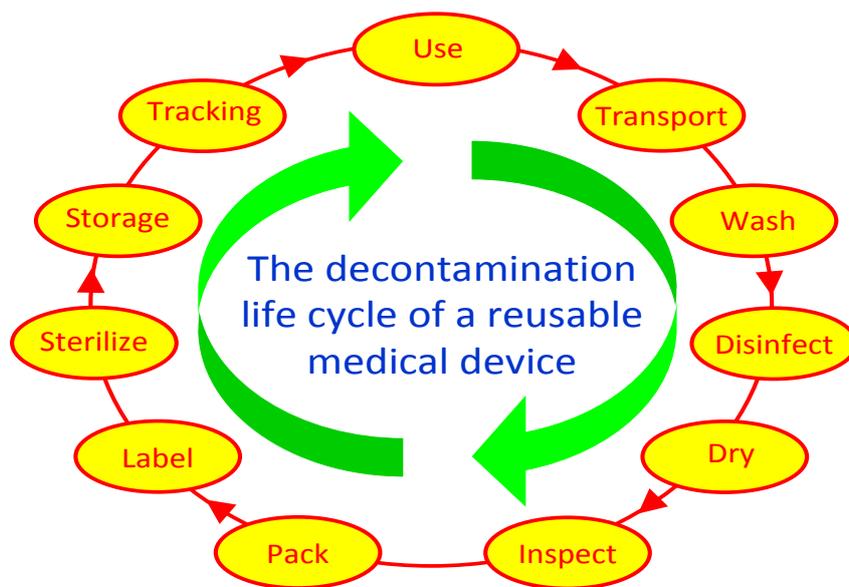
Therefore medical devices include, for example, mobile patient hoists, drip stands, dressing trolleys, BP cuffs, suction units as well as surgical instruments.

### Medical Device Cycle

The decontamination of reusable medical devices is the combination of processes, which if not correctly undertaken, individually or collectively, may increase the likelihood of micro-organisms being transferred to patients and staff. The reusable medical device life cycle comprises the following processes: acquisition; cleaning; disinfection; inspection; packaging; sterilization; tracking; transportation and storage before use.

The cycle is used to render a reusable device safe for further use. The decontamination process within this cycle is required to assist in making medical devices:

- Safe for staff members to handle
- Safe for use on or by the service user.



### Equipment Management Process and Responsibilities

Prior to purchasing equipment, records detailing the decontamination of equipment must be provided by the manufacturer. Where possible, Medical Devices should be able to withstand processing by manual cleaning, ultrasonic washer, automatic thermal washer, chemical washer and steam sterilizer.

The Department of Health requires organisations to develop safe systems of work in order to prevent the transmission of infection by contact with contaminated equipment. The Health and Safety at Work Act (1974) places a duty of care on the DoH and Health Care providers, not only to take precautions to protect their own staff who handle such equipment, but to ensure as far as is reasonably practicable that other persons (e.g.

patients, service engineers, manufacturers) who may handle/touch the equipment are not exposed to unnecessary health and safety risks.

Equipment management also requires that programmes are developed to upgrade and/or replace any equipment decontamination facilities that do not meet the requirements of current standards and test methods

## New Equipment Purchase

The ability to decontaminate equipment is a factor that must be considered when contemplating the purchase of equipment. Specific consideration must be given to:

- Always purchase disposable single use items whenever possible.
- Never re-use or plan to re-use any single use equipment.

Single use symbol as per BS EN 980 -



- Always decontaminate equipment in accordance with the manufacturer's instructions.
- Ensure local decontamination facilities are available to adequately and safely decontaminate a device prior to purchasing any equipment.
- **NB** Additional procedures are required for equipment which has been used on patients who have known CJD / vCJD or are suspected of having CJD / vCJD or thought to be at risk of developing CJD / vCJD. Some equipment will need to be incinerated, as complete decontamination cannot be assured. Refer to the Policy for the Protection against Infection with Transmissible Spongiform Encephalopathy Agents within the Health Care setting for further information.

Manufacturers must be asked to provide recommendations for the decontamination of non-disposable equipment and such recommendations should be endorsed by the Infection Prevention & Control Team (IP&CT) prior to purchasing. **All appropriate cases of need and purchasing requests for medical equipment require input by IP&CT and medical devices group before approval.**

## Equipment Traceability

Each area that are using reusable instruments should have a local procedure available informing staff how to comply with track and trace of instruments

## Decontamination Guidelines

### Risk Assessments

To ensure effective equipment decontamination has taken place; two key factors need to be considered:

- The degree of risk posed by the equipment (See table 1 page 13).

- The level of decontamination required to minimise the risk of transferring micro-organisms.

## Level of Risk

Used equipment can be divided into the following risk categories according to the assumed degree of contamination.

<p><b>Low risk:</b> These items either contact only intact skin or do not come into contact with the patient e.g. IV pumps, furniture, floors. Low risk items should be kept clean and dry.</p>
<p><b>Intermediate risk:</b> These items: come into contact with intact mucous membranes; or may be contaminated with particularly virulent or readily transmissible organisms e.g. commode chair; or used on immunocompromised patients. Items require disinfection or sterilisation after cleaning.</p>
<p><b>High risk:</b> These items penetrate skin or mucous membrane; enter the vascular system or sterile spaces. These items go through the complete decontamination process of cleaning, disinfection and sterilization.</p>

## Level of Decontamination:

The level of decontamination required directly relates to the level of risk posed i.e. the degree of contamination, the purpose for which the equipment is to be used and the vulnerability of the patient.

### Cleaning:

This is a process which removes large numbers of micro-organisms and organic material on which they thrive. It also enables better physical and chemical contact with a disinfecting/sterilising agent. Cleaning is generally adequate for the decontamination of low risk equipment, but is a vital prerequisite before disinfection and sterilisation of medium and high risk instruments. Cleaning in some instances is combined with chemical disinfection. The process must not be used for items intended for single-use only.

The general principle with regard to the level of decontamination necessary is:  
*“The greater the risk the greater the level of decontamination required”*  
 (see table 1)

Table 1 Decontamination Process				
Risk Group	Cleaning	Disinfection	Sterilization	Comment
<b>High Risk</b> Surgical instruments Needles/Syringes Cannulae				Methods include: Steam under pressure (autoclave) Ethylene Oxide Gamma Irradiation <i>Often single use items</i>
<b>Medium Risk</b> Commodes Bedpans (if non-disposable)	disposable			Heat disinfection should always be first choice i.e. washer/disinfector Optional disinfectants include: - 1,000 ppm chlorine solution - Ensure cleaning precedes this process, unless a combined cleaning and disinfection product such as Actichlor plus is used.
<b>Low Risk</b> Mattresses Tables Wash bowls IV drip stands				Detergent wipes or detergent and hot water will suffice. Thorough drying is necessary. <b>NB</b> If contaminated with blood/body fluids, disinfection is required following cleaning,

The table above is for guidance and is not absolute. Always refer to the manufacturer's instructions for guidance.

Examples of low, medium and high risk equipment decontamination methods are shown at Appendix 2.

### Equipment requiring inspection, service or repair

All medical devices being sent for inspection, service or repair to other departments or external service organisations must be rendered safe to handle. A decontamination

certificate must be completed and sent with the equipment so that any biological risks can be assessed and safely managed. (Available from ICES web site)

Recipients of equipment for inspection, service or repair which does not have a decontamination certificate attached **MUST NOT** handle the equipment until the staff have been contacted to clarify whether the equipment has been decontaminated.

Certificates or forms must be completed at department level by the person preparing the equipment for inspection, service or repair.

Equipment that is sent to the manufacturer for service/repair must be packed according to current Post Office regulations. A decontamination certificate 4GEN-009 must be enclosed in a prominent position so as to be visible before opening the internal wrapper, stating what decontamination procedure has been carried out or not and that protective clothing should be worn whilst handling the equipment. If a full decontamination procedure has **not** been carried out, this must be **clearly stated** on the outer wrapper.

## Safe removal of blood/body fluid spills

Note: The term “bodily fluids” includes blood, urine, faeces, sputum, wound exudates and all other bodily secretions. All spillages should be cleared as soon as possible. The responsibility for performance of this task lies with nursing/ health care assistants in individual settings.

Equipment and materials required:

- □colour-coded bucket;
- colour-coded cloth;
- single-use gloves suitable for chemical resistance and complying with the Personal Protective Equipment Directive (89/686/EEC);
- □plastic apron;
- □paper towels/ paper roll/ large absorbent pads (depending upon level of contamination)
- chlorine-based absorbent granules to be used for large spills); chlorine tablets e.g. Actichlor, in tepid water at 1,000 parts per million available for small amounts of visible blood is adequate if most of the spillage is cleared up with absorbent towels;
- orange clinical waste bags;
- warning signs

### Method

1. Display warning signs.
2. Wash hands and put on gloves.
3. Clear spillages of urine or faeces with paper towels and place directly into the clinical waste bag. The bag should be next to the spillage in readiness for this. Tie the bag following waste disposal policy and dispose of at the central point as soon as possible. **Do not put chlorine onto urine or vomit as harmful chlorine vapour is produced.**
4. When managing a blood spill it is important to risk assess the level of risk to the individual in decontaminating the environment. If the spill is large, additional personal

protective equipment may be required, such as face protection, disposable overalls and shoe covers.

a) For large spillages of blood, chlorine-based absorbent granules are to be used, allowing the granules to remain in contact with the blood for 2 minutes before placing debris in a clinical waste bag as detailed in point 3.

b) For small traces of blood that are scattered over a large surface area, or in a location that is hard to access. It may be more appropriate to apply chlorine (Actichlor plus) at 1,000 parts per million using a mop or cloth on an extension device or equivalent disinfection wipe (contact Infection Control for advice)

5. Disinfect thoroughly using appropriate manufacturers methodology for given disinfection product used. Training must be provided to staff in methods of decontamination.

6. On completion, dispose of cloths, gloves and other protective wear used as clinical waste, as at point 3.

7. Allow the area to dry.

8. When chlorine has been used, especially at concentrations of 1,000 parts per million it is important to rinse surfaces/ damp mop to prevent the chemicals having prolonged corrosive effects on the environment/equipment. Again, this must be in accordance with the manufacturer's guidance for any equipment being decontaminated as certain equipment e.g. electrical machinery is not appropriate to be rinsed.

9. Wash hands with soap and water.

If a bowl or bucket has been used, don a clean pair of gloves and clean these items with detergent and hot water, dry with a disposable paper towel.

**NB** It is important to consider the type of surface requiring decontamination as certain equipment and furnishing (e.g. carpets) will not tolerate chlorine at 1,000 parts per million. Manufacturers guidance must be followed in these instances or clarification sought from Infection Prevention and Control.

**NB** When spills also comprise the possibility of small sharps e.g. glass or needles, follow the procedure for removal of dropped sharps in the Policy and Guidelines for the Safe Handling and Disposal of Sharps.

**NB** Additional disinfection for blood/body fluids is recommended in some circumstances. See also Protocols for the Protection against Infection with Transmissible Spongiform Encephalopathy Agents.

## Monitoring and Audit

Swindon Integrated Community Equipment Services (ICES) are involved in sourcing, purchasing, storing, delivering, installing, collecting, decontaminating, servicing and recycling a wide variety of assistive technology equipment to providers, including SBC Community Children's health services. The decontamination processes and procedures will be subject to an annual self-assessment audit to ensure standards are maintained. The results of the audit will be reported to the infection control team. The ICES Board will also receive these reports.

Environmental cleanliness is monitored internally in homes and departments where staff deliver health services as a key element of the Health and Social Care Act 2012, Code of Practice on the prevention and control of infections and related guidance.

The provision of a quarterly infection prevention and control dashboard will provide assurance of standards within SBC Children's community health services and is monitored at the quarterly Quality and Performance Board.

**Appendix 1**  
**Instrument Disinfectants: Properties at room temperature**

Disinfectant	Microbicidal Activity					Stable	Inactivation by organic matter	Corrosive/damaging	Irritant (I) Sensitizing (S)
	Spores	Mycobacteria	Bacteria	Viruses					
				Env	Non-Env				
Ortho-phthalaldehyde (0.55%) e.g. Cidex OPA*	> 6 hours	< 5 mins	< 5 mins	< 5 mins	< 5 mins	Moderate 30 days	No (fixative)	No (staining)	I
Peracetic acid 0.2-0.35%	10-20 mins	5-20 mins	< 5 mins	< 5 mins	< 5 mins	No (1-3 days)	No	Slight	I
Alcohol (usually 70%)*	None	< 5 mins	< 5 mins	< 5 mins	5-10 mins	Yes (evaporates)	Yes (fixative)	Slight (lens cements)	No (flammable)
Quaternary ammonia compounds	None	Variable	Moderate	Moderate	Poor	Yes	Yes	No	No
Peroxygen compounds e.g. Virkon	None	Poor	Good	Good	Moderate	Moderate (e.g. 7 days)	Yes	Slight	No
Chlorine dioxide and other chlorine releasing agents e.g. Tristel 100-1000 ppm av Cl	< 5 mins	< 5 mins	< 5 mins	< 5 mins	< 5 mins	No 1-5 days	Yes	Yes	I
Superoxidised water e.g. Sterilox	< 5 mins	< 5 mins	< 5 mins	< 5 mins	< 5 mins	No (<1 day)	Yes	Yes	No

*\*Should not be used where there is a risk of prion transmission due to their fixative properties*

Ref: Christina Bradley, Hospital Infection Research Laboratory, Birmingham.

## Appendix 2

### Examples of Healthcare Equipment & Suggested Methods of Decontamination

Always refer to the manufacturer's instructions

Item - General Areas	Method of Decontamination	Risk
Accidental spills	Clean up using detergent and hot water, then dry. For blood or body fluid spills, refer to guidance above.	Medium
Alcohol hand gel holder bedside	N/A	Low
Alcohol hand gel wall mounted dispensers	Clean with detergent wipe or detergent and hot water daily	Low
Auroscope tip	Use single-use tips and discard after a single use.	Medium
Auroscope	Clean with detergent wipe or detergent and hot water between each use	Low
Bath Plug	-Standard bath plugs to be decontaminated with chlorine solution at 1000ppm if blood is visible.	Medium
B/P cuffs	Clean after each use with detergent wipe or detergent and water. Alternatively use disposable single patient use varieties for patients in standard isolation.	Low
Bed frames and fittings e.g. cot sides	Check daily if obvious soiling wipe with detergent wipe or detergent and hot water, rinse and dry.	Low
Bed Pan - Disposable	Dispose as per care plan guidance	Medium
Bed Pan Re-usable	N/A	Medium
Bed Pan Holder/Support	Wash with detergent wipe or detergent and hot water followed by disinfection using chlorine solution 1000 ppm/ sporicidal wipe if patient has had their bowels open. Rinse and dry between each use	Medium
Urinal - Disposable	Dispose of as per care plan guidance	Medium
Urinal Re-usable	N/A	Medium
Bed area in child's home	Clean with detergent wipes or detergent and water then dry	Low

<b>Item - General Areas</b>	<b>Method of Decontamination</b>	<b>Risk</b>
<b>Bed table-top and underside</b>	Clean daily with detergent wipe or detergent and water	Low
<b>Bladder scanners</b>	N/A	Low
<b>Buckets for leg ulcers</b>	N/A	Medium
<b>Commode Chair</b>	Wipe all surfaces with detergent wipe or detergent and water. If the patient has had their bowels open disinfect with chlorine solution.	Medium
<b>Crockery and Cutlery, Jugs, Glasses in child's home</b>	Normal domestic processes followed	Medium
<b>Community Daniels Specimen transport boxes</b>	N/A	Medium
<b>Doppler's</b>	N/A	Low
<b>Drip Stands</b>	Wipe with detergent wipe or detergent and water, dry after each use.	Low
<b>Ear syringing reservoir and tubing (Propulse)</b>	N/A	Low
<b>ECG machines</b>	N/A	Low
<b>Fans</b>	See H+S 09 policy. Follow manufacturer's guidelines.	Medium
<b>File holders on beds</b>	N/A	Low
<b>Flow meters</b>	Individualise where possible. If not single patient use, consider using filters for each patient. Replace mouth piece after use.  Wipe with detergent wipe. Ensure follow manufacturers guidelines/ single pt use	Low
<b>Furniture and fittings e.g. locker tops, wall mounted patient drug boxes, chairs, leg rests etc</b>	Wipe with detergent wipe or detergent and dry	Low

Item - General Areas	Method of Decontamination	Risk
Glucose monitoring devices	N/A	Medium
Hoists	Hoist frame, check before each use, clean with detergent wipe or detergent between patients.	Low
Hoist slings	<p><b>Single patient use</b> - follow manufacturer's instructions as some slings are disposable and others may be laundered:</p> <ul style="list-style-type: none"> <li>➤ <u>Disposable slings</u> must be used as single patient use and disposed of when no longer required. Dispose immediately if visibly soiled.</li> <li>➤ <u>Slings for laundry</u> to Be laundered as per Manufacturer's instructions and examined before use for wear/damage.</li> </ul>	Low
INR machine	N/A	Medium
Instruments (Surgical)	N/A	High
IT equipment	As per manufacturers instructions	Low
IV Cannulae and Giving Sets	Single use. Disposable products only	High
Laryngoscopes	N/A	Low
Mattress cover	For routine cleaning wipe with detergent wipe or detergent and water, rinse and dry as per mattress decontamination protocol. If soiled with body fluids following cleaning wipe with Chlorine 1000ppm, wait 5 minutes then rinse with water and dry.	Low
Medicine Pots	Reusable pots to be washed in a dishwasher OR in warm water and detergent rinsed and dried.	Low
Nebuliser machine including chamber (Single patient use)	Refer to manufacturer's instructions. Clean all parts using hot water and detergent between patient uses. Ensure all parts are thoroughly dried. Re-fill chamber with sterile water only. Dispose all tubing/mask/chamber when patient is discharged.	High

Item - General Areas	Method of Decontamination	Risk
<b>Office or base</b> including telephone, nursing notes files, notice board, ward round trolley, stationery docket	Keep clean and tidy. Wipe with detergent wipe. Wipe on a daily basis and when soiled/dusty. Dry with disposable paper roll	Low
<b>Oxygen masks (plastic) and tubing</b>	<b>Single patient use.</b> Mask should always be visibly clean during use. Refer to manufacturer's instructions	Medium
<b>Patient chairs, arms</b>	Clean with detergent wipe or detergent followed by Chlorine solution at 1,000ppm If soiled. Rinse and dry.	Low
<b>Patient line equipment</b>	Clean with detergent wipes or detergent and water as per protocol between patients. Patient line staff to clean routinely weekly.	Low
<b>Pillow Cover</b>	Wipe with detergent wipe or detergent and dry.	Low
<b>Refrigerators staff rooms</b>	As per manufacturer's instructions weekly	Low
<b>Scissors (Clinical)</b>	For invasive procedures and wound care, use sterile disposable scissors. For clean procedures e.g. cutting tape, clean after use with detergent wipe and dry.	Medium
<b>Stethoscopes</b>	Clean after each use using detergent wipe or detergent and water and dry	Low
<b>Suction bottles</b>	Disposable suction liners are recommended. Re-usable bottles - Rinse with cold water. Clean using warm water and detergent, rinse with hot water then disinfect with Sodium Hypochlorite. Rinse all parts in clean warm water allow to dry and store.	Medium
<b>Suction catheters</b>	Single use	High
<b>Suction machine</b>	Clean the surface with detergent wipe Replace filters when wet and as manufacturers guidelines	Medium
<b>Suction tubing</b>	Use single patient tubing Rinse with sterile water between uses Replace daily	High

<b>Item - General Areas</b>	<b>Method of Decontamination</b>	<b>Risk</b>
<b>Surgical, dental and podiatry instruments</b>	N/A	High
<b>Syringe Driver</b>	As per local operating procedure	Low
<b>Telephones</b>	Clean with detergent wipe daily	Low
<b>Thermometers</b>	Use disposable covers for each use. Clean hand set with detergent wipes or detergent and water and dry.	Medium
<b>Tooth mugs</b>	Disposable or service users own. Clean with warm water and detergent, rinse with hot water and dry.	Low
<b>Tourniquets</b>	N/A	Low
<b>Trolley (dressing, patient)</b>	Clean surface using detergent wipe	Medium
<b>Blue Tray</b>	Clean as per ANTT policy with 2% Chlorhexidine in 70% Alcohol wipe	Medium
<b>Urine bag/bottle holders</b>	Clean with detergent wipe or detergent and water and dry.	Low
<b>Vaginal Speculae</b>	N/A	High
<b>Ventilators</b>	Decontaminate according to manufacturer's guidance	High
<b>Walking aids</b>	Decontaminate between patients using detergent wipe. If service users own clean weekly	Low
<b>Wash Bowls</b>	Reusable bowls should be cleaned with detergent and warm water, rinsed with hot water. Store dry, inverted above floor level	Low
<b>Wheelchairs</b>	Clean with detergent wipe or detergent and water followed by disinfection using chlorine solution 1000 ppm if soiled, rinse and dry between patients	Low
<b>Work surfaces clean rooms</b>	Clean with detergent wipe or detergent and water and dry daily	Low
<b>Equipment in Isolation Rooms.</b>		

Item - General Areas	Method of Decontamination	Risk
Rooms used for the isolation of symptomatic patients with <i>Clostridium difficile</i> or <i>diarrhoea of unknown origin</i> should undergo twice daily enhanced cleaning. Patient equipment items must also be cleaned twice daily by Inpatient unit/home staff		
Items - Isolation rooms	Method of Decontamination	Risk
<b>Bed frames and fittings</b> e.g. cot sides.	Decontaminate with combined detergent and chlorine solution (Actichlor plus) at 1000 ppm, or detergent wipe/detergent and water followed by Chlorine solution of 1000ppm. Rinse after 5 minutes with water and dry. Rinsing ensures that chemical residue does not accumulate	Medium
<b>Bedpan Holder/Support</b>	Decontaminate with combined detergent and chlorine solution (Actichlor plus) at 1000 ppm, or detergent wipe/detergent and water followed by Chlorine solution of 1000ppm. Rinse after 5 minutes with water and dry. Rinsing ensures that chemical residue does not accumulate	Medium
<b>Bed table- top and underside</b>	Decontaminate with combined detergent and chlorine solution (Actichlor plus) at 1000 ppm, or detergent wipe/detergent and water followed by Chlorine solution of 1000ppm. Rinse after 5 minutes with water and dry. Rinsing ensures that chemical residue does not accumulate	Medium
<b>Commode Chair</b>	Decontaminate with combined detergent and chlorine solution (Actichlor plus) at 1000 ppm, or detergent wipe/detergent and water followed by Chlorine solution of 1000ppm. Rinse after 5 minutes with water and dry. Rinsing ensures that chemical residue does not accumulate	Medium
<b>Furniture and fittings</b> e.g. locker tops, wall mounted patient drug boxes, chairs, leg rests etc.	Decontaminate with combined detergent and chlorine solution (Actichlor plus) at 1000 ppm, or detergent wipe/detergent and water followed by Chlorine solution of 1000ppm. Rinse after 5 minutes with water and dry. Rinsing ensures that chemical residue does not accumulate.	Medium
<b>Mattress cover</b>	Decontaminate with combined detergent and chlorine solution (Actichlor plus) at 1000 ppm, or detergent wipe/detergent and water followed by Chlorine solution of 1000ppm. Rinse after 5 minutes with water	Medium

Item - General Areas	Method of Decontamination	Risk
	and dry. Rinsing ensures that chemical residue does not accumulate.	
<b>Pillow Cover</b>	Decontaminate with combined detergent and chlorine solution (Actichlor plus) at 1000 ppm, or detergent wipe/detergent and water followed by Chlorine solution of 1000ppm. Rinse after 5 minutes with water and dry. Rinsing ensures that chemical residue does not accumulate.	Medium
<b>Stethoscopes</b>	Decontaminate with combined detergent and chlorine solution (Actichlor plus) at 1000 ppm, or detergent wipe/detergent and water followed by Chlorine solution of 1000ppm. Rinse after 5 minutes with water and dry. Rinsing ensures that chemical residue does not accumulate	Medium
<b>Thermometers</b>	Designated equipment, use disposable covers for each use. Decontaminate with combined detergent and chlorine solution (Actichlor plus) at 1000 ppm, or detergent wipe/detergent and water followed by Chlorine solution of 1000ppm. Rinse after 5 minutes with water and dry. Rinsing ensures that chemical residue does not accumulate	Medium
<b>Urine bag / bottle holders</b>	Decontaminate with combined detergent and chlorine solution (Actichlor plus) at 1000 ppm, or detergent wipe/detergent and water followed by Chlorine solution of 1000ppm. Rinse after 5 minutes with water and dry. Rinsing ensures that chemical residue does not accumulate	Medium
<b>Wash Bowls</b>	Use pulp disposable wash bowels, dispose of as per waste policy	Low