Cleaning and Decontamination of Equipment prior to Inspection, Servicing, Repair or Disposal

Policy

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Brief Summary of Document:	Information for staff regarding procedure for the sending of equipment that requires Inspection, Servicing or Repair.
Scope:	This policy applies to all healthcare professionals involved the management and use, servicing and repair and movement and handling of medical devices and extends to contractors and other external agency healthcare professionals. It also extends to the Health Board's acute and community activities in addition to relevant nursing homes and General Practice settings.
To be read in conjunction with:	149 - Hand Hygiene Policy 151 - Personal Protective Equipment Policy 354 - Policy Standard Infection Control Precautions (SICPs) 230 – Policy for the Management of Blood and Body Fluids 232 – Control of the Environment/Environmental Cleanliness Policy and Procedure 467 – Medical Devices Policy

HYWEL DDA UNIVERSITY HEALTH BOARD

Owning Committee	Infection Prevention Sub-Committee

Executive Director:	Mandy Rayani	Job Title	Director of Nursing, Quality & Patient Experience

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	15/01/2015
2	Revised (Change in practice from using decontamination certificates to decontamination labels)	5.6.2019

Glossary of terms

Term	Definition

Keywords	Decontamination, Cleaning, Equipment

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1. KEY SUMMARY/ EXECUTIVE POINTS

- All medical devices and equipment used in either hospital or community environments may become contaminated with infectious material and, thus, present a risk to those handling or using them. For contamination outside of infectious contamination, i.e. chemical or radioactive, outside specialist professional advice must be sought.
- Manufacturers and persons servicing equipment are within their legal right to REFUSE to accept equipment that is potentially contaminated with infectious substances.
- Adequate precautions must be taken, when persons are involved in cleaning/ decontaminating medical equipment prior to servicing, to prevent significant risk of exposure to infectious substances. A Decontamination Label must be attached to all medical equipment that has been decontaminated.(see Appendix 1)
- Infectious substances include blood and body fluids that give rise to a risk of infection, illness or injury.
- Medical devices must not be sent or presented for service in a soiled or contaminated condition.
- It is the responsibility of equipment users to ensure cleaning and decontamination is performed in line with the manufacturers' instructions following use of medical devices.
- Medical devices must not be decontaminated or altered in any way if suspected of being involved in a serious incident until the necessary due processes have taken place, but must be placed in a secure environment to preserve potential evidence.
- A Datix Incident Report must be completed on the Health Board's Intranet for adverse/serious incidents involving lack of cleaning and decontamination of equipment prior to inspection, servicing, repair or disposal.
- All reusable medical devices returned by a lending organisation, must undergo decontamination in accordance with manufacturers' instructions prior to return. In this case Hywel Dda University Health Board will take responsibility as the organisational device user for the necessary decontamination processes before it returns loaned equipment to another organisation for any reason, e.g. during patient transfers.
- Users of medical devices carry significant responsibilities under this policy which are bound by statute. In all cases it is the medical device user's responsibility to ensure the equipment is decontaminated prior to inspection, service, repair and disposal.
- NOTE: SENDING CONTAMINATED ITEMS THROUGH THE EXTERNAL POST IS A CRIMINAL MATTER (UNLESS THE ITEM IS SENT TO A SPECIALIST COMPANY WHO DEAL WITH CONTAMINATED ITEMS

2. INTRODUCTION

Hywel Dda University Health Board has a legal obligation to ensure that all reusable medical devices to be inspected, serviced, repaired, returned to the lending organisation, or disposed of, must undergo decontamination. This is necessary to ensure that they are in a condition that makes them safe to be handled by the personnel who may come into contact with them during transit and subsequent handling. Users of medical devices must not create situations where recipients of equipment are exposed to any infectious hazard. All medical devices and equipment used in either hospital or community environment may become contaminated with infectious material and, thus, present a risk to those involved in their handling or servicing.

Although this applies generally to medical and laboratory equipment, it will also apply where servicing is to take place on other equipment which confers a risk of exposure to infectious substances.

3. POLICY STATEMENT

Hywel Dda University Health Board will take all reasonably practicable steps to ensure that healthcare professionals involved in the inspection, servicing, repair and disposal of medical equipment in addition to personnel involved in the movement and handling of equipment are not exposed to avoidable infectious hazards during the course of executing their routine work.

4. SCOPE

This policy applies to all healthcare professionals involved the management and use, servicing and repair and movement and handling of medical devices and extends to contractors and other external agency healthcare professionals.

The policy is provided as a reference source for social care managers and social care.

5. AIMS

The aim of this policy is to protect the health, safety and welfare of healthcare professionals and contractors involved in the servicing, repair and movement and handling of medical equipment that has been in clinical use and requires service, repair or disposal.

6. OBJECTIVES

This policy details the procedures to be followed and records to be kept by equipment users when medical equipment is to be sent for inspection, service repair or disposal.

7. RISK ASSESSMENT

Adequate precautions must be taken, when persons are involved in decontaminating equipment prior to servicing, to prevent significant risk of exposure to infectious substances. Additionally, while equipment may be declared decontaminated, residual risks must still be managed on a precautionary basis.

Infectious substances include blood and all body fluids that give rise to a risk of infection, illness or injury.

Persons at risk include employees of the Health Board, including but not limited to CLINICAL ENGINEERING staff, Estates staff, HSDU staff and non-employees working on behalf of the Health Board such as service engineers and couriers.

Exposure may arise as a consequence of:

- Infection from blood or other body fluids through direct contact, cuts, or abrasions of the skin, or accidental self inoculation
- Other routes of infection, including contact of infectious material with a mucosal surface such as the eye, or inhalation into the respiratory tract
- Failure to inform persons involved in servicing of the state of contamination of the equipment, resulting in unsafe methods of work being adopted.

8. OVERVIEW OF SAFE WORKING ARRANGEMENTS

Protection will be achieved by:

- Identifying circumstances where equipment becomes contaminated
- Cleaning and decontaminating equipment prior to servicing
- Providing information (including where adequate decontamination has not taken place) to persons potentially at risk by the issue of a Decontamination Label for the equipment/item concerned.

9. DECONTAMINATION OF MEDICAL DEVICES

All equipment must be decontaminated and a Decontamination label attached to the equipment to ensure it has been decontaminated effectively. Clinical engineering have the right to refuse collection of a piece of equipment has no decontamination label.
Medical devices must not be sent or presented for service in a soiled or contaminated condition. Cleaning and decontamination is carried out by the user and must always be in line with manufacturers' instructions. Healthcare professionals must at all times be vigilant and thorough in carrying out these procedures.

It is the healthcare professional's responsibility to ensure disposable items are discarded safely before equipment is serviced unless they have been involved in a clinical incident when evidence quarantine procedures will prevail.

10. EQUIPMENT WHICH CANNOT BE DECONTAMINATED

The nature of some faults may on occasion render decontamination impossible for the user, e.g. a fault has occurred which makes it impossible to open the device sufficiently to allow normal decontamination. Such contaminated equipment must not be transferred to the place of service unless:

- The recipient of the equipment has been informed as to the contamination status of the equipment.
- The recipient is willing to accept the equipment in that condition.
- Adequate precautions are taken en route to prevent spillage, or risk of exposure to infectious substances (e.g. by sealing the connections or placing the equipment in a plastic bag).
- The equipment is labelled as to its status, including affixing 'biohazard' labels.
- A Decontamination label has been issued which clearly indicates the nature of the risk.

NB: If equipment cannot be decontaminated and needs to be disposed of, staff must seek advice from the Health Board's Environmental Officer.

11. INCIDENTS

In the event of an incident involving an item of equipment, a detailed investigation may be required. Equipment must not be decontaminated or altered in any way until the above investigation takes place, but must be placed in a secure environment to prevent further mishap (please contact Infection Prevention and Control Team or CLINICAL ENGINEERING for further guidance). A Datix Incident Report must be completed on the Health Board's Intranet.

A Label must be completed to warn persons involved in the investigation of the contamination status of the equipment and the nature of the hazard posed by the device.

Where decontamination of the equipment could remove evidence of a fault, or hinder any subsequent investigation, advice on transportation arrangements must be sought from the

manufacturer, maintenance service provider, repair organisation, or investigating body, as it may require the use of a specialist courier. In this case the device user must:

- Double package the device in appropriate packaging
- Give formal prior warning to the intended recipient
- Clearly label equipment to indicate that it is contaminated.

In addition:

- The packaging must be sufficiently robust to withstand transport
- The inner packaging must be suitable to ensure that the outer packaging does not become contaminated or breached during transit.
- NOTE: SENDING CONTAMINATED ITEMS THROUGH THE EXTERNAL POST IS A CRIMINAL MATTER (UNLESS THE ITEM IS SENT TO A SPECIALIST COMPANY WHO DEAL WITH CONTAMINATED ITEMS

12. ROLES, RESPONSIBILITIES & FUNCTIONS

It is important that the following key healthcare professionals understand their individual roles in promoting compliance with the Policy on Cleaning and Decontamination of Equipment prior to Inspection, Servicing or Repair and support the implementation of the policy throughout the organisation.

12.1. Chief Executive

The Chief Executive has ultimate accountability for infection prevention and control within Hywel Dda Health Board. This responsibility is delegated to the Director of Nursing, Quality and Patient Experience.

12.2. Director of Operations and Director of Nursing, Quality and Patient Experience

The Director of Nursing, Quality and Patient Experience has delegated responsibility for Infection Prevention in the Health Board and along with Director of Operations must be familiar with this policy and support the implementation of the policy throughout the organisation.

12.3. Executive Director and Senior Managers

The Executive Director and senior managers must be familiar with this policy and support the implementation of the policy throughout the organisation.

12.4. Head of Decontamination Science

The Health Board's professional Head of Decontamination Science is a key role in the provision of advice and guidance and delivering decontamination services as it relates to the requirements of this policy and must be consulted in all cases where there doubt exists in the minds of users about what constitutes appropriate decontamination and cleaning action.

12.5. Assistant Director of Nursing, Professional Standards and Workforce.

Operational responsibility for infection prevention and control within the Health Board lies with the Assistant Director of Nursing Professional standards and Workforce who is responsible for ensuring that this policy is available to staff and processes for monitoring compliance are in place.

12.6. **Locality Infection Prevention Team**
The Locality IPT will promote implementation of this policy in clinical practice and will conduct regular compliance audits for feedback towards/departments and Locality management teams.

12.7. **Ward /Senior Nurse / Directorate Nurses**
Ensure all staff are familiar with this policy and ensure the policy is complied with. It is the responsibility of the person in charge to ensure that the care area is safe for practice and this includes environmental cleanliness/maintenance. The person in charge has the authority to act if this is deficient.

12.8. **All Clinical staff**
All health care workers are required to be familiar with this policy and comply with its contents and are responsible for informing the IPT and their manager immediately of any concerns related to poor compliance.

12.9. **Medical Device Users**
Users of medical devices carry responsibilities which are covered by statute. Under this policy users will usually be the principal duty holders upon which the responsibility to decontaminate and certify the contamination status of medical devices falls.

13. **TRAINING**
Infection prevention and control training is mandatory every year (either through elearning or face to face) and contents of this policy are included in this training. The Infection Prevention Team perform this training and records are kept through ESR. However, it will be healthcare managers who are responsible to ensure ALL healthcare professionals attend this training at the required time.

14. **IMPLEMENTATION**
Implementation of policies and procedures can only be effective if adequate evaluation and monitoring is used to check the system and ensure any shortcomings are identified and dealt with. Locally, managers are responsible for initiating an ongoing monitoring process within their areas of responsibility.

From an organisational perspective, the Infection Prevention Sub Committee shall be responsible for monitoring compliance with this policy and that appropriate actions are being taken to maintain the safety of staff and contractors involved in the inspection, service and repair of medical device along with patients.

15. **REFERENCES**
Aylifee .J. *et al.* 2018 *'Control of Hospital Infection- A Practical Handbook' Publisher?*

Medicines and Healthcare Products Regulatory Agency 2014 *Managing Medical Devices*

16. **GLOSSARY OF TERMS**
HSDU Hospital Sterilisation and Decontamination Unit
CLINICAL ENGINEERING Electrical & Biomedical Engineering

17. APPENDIX 1 – DECONTAMINATION LABELS