



Sherwood Forest Hospitals
NHS Foundation Trust

Policy for Management of Decontamination and Disinfection of Healthcare Equipment within Healthcare Settings

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- Overarching policy statements must be adhered to in practice.
- Clinical guidelines are for guidance only. The interpretation and application of them remains the responsibility of the individual clinician. If in doubt contact a senior colleague or expert.
- The Author of this clinical document has ultimate responsibility for the information within it.
- This clinical document is not controlled once printed. Please refer to the most up-to-date version on the intranet.
- Caution is advised when using clinical documents once the review date has passed.

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SUMMARY

- The infection Prevention and Control Team must be contacted prior to the purchase of new equipment to ensure that the manufacturer's recommended decontamination procedures are adequate and feasible
- Failure to adhere to manufacturer's cleaning instructions may damage the equipment; it may invalidate any warranties and transfer liability from the manufacturer to the re-processor/person who authorised the re-processing
- A risk assessment must be carried out taking into account what the equipment is used for, and whether the item has been in contact with a patient's skin, mucous membranes or have entered a sterile part of their body
- Cleaning is an essential first step in any decontamination process and is used for items that have been in contact with intact skin or as a prerequisite for disinfection or sterilisation
- The level of decontamination required is dependent on the level of contamination and the extent of contact with susceptible sites on the patient
- For specialist equipment e.g. flexible endoscopes, there is local written protocols which have been approved by the Decontamination Committee
- Minimum person protection equipment required is gloves and apron

1. INTRODUCTION

All Equipment used for the purposes of diagnoses or management of patients must be appropriately decontaminated or disinfected in line with National Guidance including: The Health and Social Care Act 2008 (DH 2015) and the Health Technical Memorandum (2016) 01-01

A wide range of legislation also imposes legal obligations on the trust with regard to how it manages its decontamination processes. This policy sets out the Trusts arrangement for ensuring that appropriate decontamination and disinfection procedures are in place and monitored.

2. SCOPE OF DOCUMENT

This clinical document applies to:

Staff group(s)

- All clinical staff
- All non-clinical staff

Clinical area(s)

- All clinical areas

Patient group(s)

- All patients (Adults, Paediatric, Maternity)

Exclusions

- None

Related Trust policies and guidelines and/or other Trust documents

- Other relevant infection, prevention and control policies/ guidelines as applicable.

3. DEFINITIONS AND/OR ABBREVIATIONS

3.1 Definitions

Cleaning:	A process which physically removes dirt, dust, organic matter and some micro-organisms but which does not necessarily destroy micro-organisms. The reduction in microbial contamination cannot be defined and will depend on many factors including the initial contamination and cleaning method
Contamination:	The soiling or pollution of inanimate objects or living material with potentially infectious substances.
Decontamination:	A general term used to describe the destruction or removal of microbial contamination in order to render an item or the care environment safe.
Disinfectant:	A chemical agent which, under defined conditions, is capable of disinfection. Chemical disinfectants are often toxic to skin, mucous membrane or vapour inhalation.
Disinfection:	A process used to reduce the number of viable micro-organisms to a level which causes no harm. It is usually achieved by thermal or chemical means and is less effective than sterilisation as it does not destroy all viruses and bacterial spores.
Medical Device:	Any instrument, apparatus, appliance, material or health care product (excluding drugs), used for a patient or client for the purpose of: <ul style="list-style-type: none"> • Diagnosis, prevention, monitoring, treatment or alleviation of disease • Diagnosis, monitoring, treatment or alleviation of or compensation for, an injury or handicap • Investigation, replacement or modification of the anatomy or of a physiological process • Prevention of Conception/Implantation
Sterilisation:	A validated process used to render a product free from all forms of viable micro-organism, including viruses and bacterial spores.
Single use device:	An item that is to be used only once and then discarded ②
Single Patient Use:	An item that can only be used by that patient and must be disposed of once no longer required.

3.2 Abbreviation

PPQ	Pre-Purchase Questionnaire
PPE	Personal Protective Equipment
GPD	General Purpose Detergent (washing up liquid)
IPCT	Infection Prevention and Control Team
DIPC	Director of Infection Prevention and Control
MEMD	Medical Equipment Management Department
CE	European Community Standards

4. ROLES AND RESPONSIBILITIES

4.1 Trust Board

The Trust Board has overall responsibility for ensuring there are effective strategic, corporate and operational arrangements in place to maintain effective infection prevention and control programme and that appropriate financial resources are in place to support that programme.

4.2 Chief Executive

The Chief Executive is ultimately responsible for ensuring that there are effective arrangements for infection prevention and control.

- Designate a Director as Nominated Decontamination Lead with responsibility for the strategic management arrangements for decontamination

4.3 Director of Infection Prevention and Control

The Director of Infection Prevention and Control (DIPC) has Trust wide responsibility for the development of strategies and policies for the management of infection prevention and control. The DIPC will report directly to the Chief Executive and the Trust Board, and not through any other officer. They will:

- Ensure that systems and process are in place within the Trust to decontaminate medical devices, including provision of adequate decontamination facilities

4.4 Infection Prevention and Control Team

The Infection Prevention and Control Team (IPCT), in conjunction with the Decontamination Advisor, will review the proposed purchase of new equipment/furniture and advise the Trust on the correct decontamination process in line with the manufacturer's instructions.

4.5 Nominated Decontamination Lead

Provides the Executive leadership on decontamination and reports to the Trust Board to provide assurance that decontamination is being managed in a safe and effective manner.

4.6 Nominated Decontamination Advisor

The Nominated Decontamination Advisor will ensure that decontamination is undertaken in accordance with national standards and local policy, and reports issues and risks to the Decontamination Committee and reports to the executive lead.

4.7 Decontamination Committee

The Committee will monitor and oversee all aspects of decontamination within the Trust and ensure compliance with external standards reporting through the Decontamination Advisor – into Infection Prevention and Control Committee.

4.8 Procurement

Procurement will be responsible for obtaining a completed Pre-Purchase Questionnaire (PPQ) form from the manufacturer; this will include two addendums that require information on decontamination processes and compatibility with products used within the Trust. These completed questionnaires, are to be sent to Infection Prevention and Control Team and the Nominated Decontamination Advisor for approval before purchase. They will also include the Infection Prevention and Control Team in the purchase of equipment/furniture prior to the purchase of new equipment/furniture to ensure that the manufacturer's recommended decontamination procedures are adequate and feasible and that single use alternatives have been considered.

4.9 Sterile Service Department

The sterile service department will:

- provide decontamination which will comply with current legislation and guidelines
- provide specialist advice on decontamination and sterilisation as appropriate
- report any major or significant decontamination incidents to IPCT

4.10 Medical Equipment Management Department

Medical Equipment Management Department (MEMD) will:

- advise on issues of device/equipment standardisation, selection, procurement, commissioning, use, maintenance and decommissioning
- monitor and advise on securing legitimate disposal or recycling at the end of the lifecycle
- support disinfection and decontamination processes

4.11 Executive Directors

Executive Directors will ensure that divisions have well developed clinical governance forums that monitor the application of this policy.

4.12 Service Line Managers

Service Line Managers will ensure that the necessary management arrangements and structures are in place to support all employees to fulfil their obligations in their role of infection prevention and control practices. Consider the decontamination process when procuring devices, obtaining specialist advice from the IPCT and the Nominated Decontamination Advisor as appropriate. Ensure all new disinfectants/cleaning products are referred to the IPCT and the Nominated Decontamination Lead for approval prior to use and abide by COSHH guidance.

4.13 Matrons

Matrons have responsibility for the environment in which care is provided. They must ensure effective implementation of the infection prevention and control policy. They will:

- ensure that the principles, policies, procedures and guidelines relating to decontamination are integrated into clinical practice in line with National Standards
- undertake monitoring, surveillance and audit reporting and devising action plans for improvement
- work in collaboration with IPCT

4.14 Ward Sister/ Charge nurse or Departmental Lead

Ward Sister/ Charge nurse or Departmental Lead are responsible and accountable for infection prevention and control within their sphere of responsibility. They will ensure that all staff are aware of all relevant infection prevention and control measures. Ensure that there is a selection of PPE, which conform to European Community Standards (CE) for safety and performance and are acceptable to staff. They are also responsible for:

- Ensuring dissemination and implementation of this policy via appropriate training supported by IPCT
- Ensuring compliance with this policy and ensuring patient safety is maintained
- Taking action when staff fail to follow the principles of this policy

4.15 Infection Prevention and Control Link Representatives

Infection Prevention and Control Link Representatives will disseminate all relevant infection prevention and control information to staff within their own work environment.

4.16 Clinical Team

Clinical teams are responsible for ensuring that all staff accountable to them are aware of this policy and adhere to its statement. They will actively promote and support all current infection prevention and control measures. They will bring to the notice of management, any problems or failings associated with the decontamination process.

4.17 All Staffs

The onus for ensuring health and safety in the workplace is not placed entirely on the employer; the employee also has a duty to protect the health and safety, not only of themselves but also their fellow employees, patients and visitors.

5. NARRATIVE

Decontaminating/disinfection equipment is to remove potentially pathogenic microorganisms reaching a susceptible host in sufficient numbers to cause infection. Equipment used in clinical and care procedures can transmit infection to an individual or from one person to another. To prevent the spread of infection, items need to be decontaminated after use and between uses on another person. Guidance to method and product can be found in [Appendix A](#); The Cleaning Manual for Clinically Based Staff.

5.1 Risk Based decision making

Compliance with existing guidance on decontamination is essential to provide infection risk reduction and ensure the highest attainable levels of patient and staff safety. The risk of infection is governed by the procedure for which an item is to be used, therefore a risk assessment must be carried out taking into account what the equipment is used for, and whether the item has been in contact with a patient's skin, mucous membranes or have entered a sterile part of their body. Medical equipment can be categorised according to the risk they pose to the patient, this is based on an assessment of the procedure to be performed.

<i>Risk assessment for decontamination of equipment</i>		
Risk	Application	Recommendation
Low	Items in contact with healthy skin or mucous membranes or not in contact with patients	Cleaning
Intermediate	Items in contact with intact skin, mucous membranes or body fluids, particularly after use on infected patients or prior to use on immuno-compromised patients	Sterilisation or disinfection required. Cleaning may be acceptable in some agreed situations
High	Items in close contact with a break in the skin or mucous membrane or introduced into a sterile body area	Sterilisation

5.2 Manufacturer's instructions

Under current legislation, manufacturers of reusable equipment are obliged to provide advice about appropriate methods of decontamination. Failure to adhere to these may damage the equipment; it may invalidate any warranties and transfer liability from the manufacturer to the re-processor/person who authorised the re-processing.

5.3 Equipment to be sent for inspection, service or repair

Equipment, which has been contaminated with blood and/or body fluids, or has been exposed to patients with a suspected or known infectious disease, must be decontaminated before it is sent to third parties i.e. MEMD or manufacturers for inspection, service or repair. All equipment to be inspected, serviced or repair must have a [Decontamination Certificate](#) (published to the MEMD intranet site) completed, which indicates that the item either;

- has been in contact with blood or body fluids
or
- has not been in contact with blood or body fluids
or
- has been cleaned and decontaminated
or
- could not be disinfected

5.4 Personal protective equipment

Select appropriate personal protective equipment (PPE), which has been based on an assessment of the risk of transmission of microorganisms and the risk of contamination. A standard risk assessment must be undertaken to consider the risk of blood and/or body fluid exposure prior to activities.

5.5 Decontamination

If decontamination is to be carried out on site, choosing the most effective method can sometimes be a complex process given the wide variety of equipment in use and the various methods of decontamination available. Decontamination is a general term, which means the removal or destruction of pathogenic microbes by a number of methods, including cleaning and disinfection.

6. EVIDENCE BASE / REFERENCES

The following national standards and guidance has been used to inform this policy:

Department of Health (DH) 2015 The Health and Social Care Act 2008
Code of practice on the prevention and control of infections and related guidance.

DH (2016) Health Technical Memorandum 01-01: Management and decontamination of surgical instruments (medical devices) used in acute care

7. EDUCATION AND TRAINING

All staff that re-process medical devices associated with high risk (surgical instruments) and intermediate risk (endoscopes) or who are involved in the management of decontamination services i.e. Decontamination Lead, Designated Users, and Operators demonstrate that they have undertaken appropriate training for their role.

Staff who are involved in decontamination of low risk equipment will receive in-hours training as part of corporate and local induction. Training will be provided at request from the relevant manufacturer such as Gama.

8. MONITORING COMPLIANCE

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Review of procedures on clinical areas	IPCT/SPCD	Joint Monitoring Audits	Monthly	IPCC
Specific equipment cleanliness checks	IPCT	Audit	Quarterly	IPCC

9. CONSULTATION

Contributors	Communication Channel: e.g. • Email • 1:1 meeting/ phone • Group/ committee meeting	Date
Infection Prevention and Control Team	E-mail/meeting	June 2016
Consultant Microbiologist	E-mail	
Members of healthcare associated infection forum	E-mail	
Medirest	E-mail/meeting	
Matrons	E-mail	
Infection Prevention and Control Committee	E-mail	
Decontamination Lead	E-mail/meeting	July 2016
MEMD	E-mail/meeting	June 2016
Risk Manager	Email/verbal	Dec 2016

10. EQUALITY IMPACT ASSESSMENT (EIA)

The Trust is committed to ensuring that none of its policies, procedures and guidelines discriminate against individuals directly or indirectly on the basis of gender, colour, race, nationality, ethnic or national origins, age, sexual orientation, marital status, disability, religion, beliefs, political affiliation, trade union membership, and social and employment status. An EIA of this policy/guideline has been conducted by the author using the EIA tool developed by the Diversity and Inclusivity Committee.

11. KEYWORDS

- Cleaning; contamination; disinfectant; medical device; sterilisation;

12. APPENDICES

[Appendix A](#) – Cleaning Manual for Clinically Based Staff

Appendix A:

Cleaning Manual for Clinically Based Staff

<p>Introduction</p>	<p>Ensuring patients are cared for in a clean and safe environment is the joint responsibility of all staff. It is key in reducing the risk of infections. This manual provides a quick guide for staff cleaning responsibilities.</p> <p>It is not exhaustive list and it must be stressed that the manufacturer’s recommendations must be followed primarily for all equipment. If that is not possible or there is a specific infection concern present or an outbreak of infection please contact the IPCT for further advice.</p> <p>Each section covers different types on equipment:</p> <p><u>Section 1:</u> General Patient Equipment</p> <p><u>Section2:</u> Specialist equipment</p> <p><u>Section 3:</u> Sanitary ware</p> <p><u>Section 4:</u> General ward Equipment</p>
<p>Standard</p>	<p>As a standard SFHFT expects that all wards and departments, equipment, fixtures and fittings are kept free from dirt, dust, bodily fluids and general debris.</p>
<p>Core Principles for Cleaning</p>	<p>All equipment being cleaned should following specific process</p> <ul style="list-style-type: none"> • Clean from top surface and down • Use a ‘S’ shaped motion to clean, ensuring that there is only minimal overlapping. • Do not use one wipe or cleaning cloth for different equipment and surfaces
<p>Colour Coding</p>	<p>The NHS patient safety agency introduced a national colour coding scheme for hospital cleaning materials and equipment.</p> <p>Please ensure this is used to avoid cross contamination</p>
<p>Cleaning Products</p>	<p>The cleaning products currently available are the Universal Surface Disinfection and Cleaning wipe (Green), the Sporicidal wipe (Red), So-Chlor- tablets for dilution in cold water and a Peracetic Acid based product for use by cleaning services.</p> <p>Hydrogen peroxide decontamination is undertaken for Clostridium difficile contamination or following a specific request from a microbiologist or the infection prevention and control team.</p>
<p>R.A.G Process</p>	<p>Provides guidance on what process and products should be used when infections are identified in patients vacating their beds.</p> <p>Each clinical area should have a copy of the poster available</p>

Section 1: General Patient Equipment

ITEM	IV DRIP STAND
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or spillages.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	On patient discharge. Weekly if occurs before discharge. As spillages & accumulation of dust, dirt or debris requires.
Person responsible	Nurse / Midwife/HCA
Additional guidance	<p>Pay special attention to wheel base and wheels.</p> <p>For patients in isolation:</p> <p>A yellow coloured cloth and disposable pulp bowl should be used for isolation cleaning and appropriate protective gloves and yellow apron worn.</p> <ul style="list-style-type: none"> • Damp dust all contact surfaces daily. Use neutral detergent & hot water or a single use universal surface disinfection & cleaning wipe, (sporicidal wipe where enteric precautions in use). • On patient discharge or vacation of the single room – follow the guidance outlined in the R.A.G.* discharge cleaning process <p>Seek advice from Infection Prevention & Control if unclear..</p>

ITEM	FOAM WEDGE
Standard	Covered with an intact plastic cover. All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape, stains or spillages. No evidence of strike through.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	After individual patient use.
Person responsible	Nurse / Midwife/HCA
Additional guidance	<p>Only use if covered with a plastic waterproof cover.</p> <p>If plastic cover damaged or ripped discard in domestic waste.</p> <p>If evidence of contamination with bodily fluids / strike through dispose of via orange infected healthcare waste.</p>

ITEM MOVING AND HANDLING HOIST	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or spillages including wheel-base and wheels.
Cleaning method	Hoist – single use universal surface disinfection & cleaning wipe. Slings – laundry if not disposable single patient use.
Frequency	After individual patient use. Weekly if not used very frequently. Slings should be sent to the laundry after patient discharge or as required if soiled using appropriately coloured laundry bag.
Person responsible	Nurse / Midwife/HCA
Additional guidance	Dedicated equipment should be provided for patients in isolation. Single use disposable slings should be used where possible and discarded on patient discharge or when isolation precautions end. For patients in isolation: A yellow coloured cloth and disposable pulp bowl should be used for isolation cleaning and appropriate protective gloves and yellow apron worn. <ul style="list-style-type: none"> • Damp dust all contact surfaces daily. Use neutral detergent & hot water or a single use universal surface disinfection & cleaning wipe, (sporicidal wipe where enteric precautions in use). • On patient discharge or vacation of the single room – follow the guidance outlined in the R.A.G.* discharge cleaning process • Seek advice from Infection Prevention & Control if unclear.

ITEM PAT SLIDE	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or spillages.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	After individual patient use. Weekly if not used frequently.
Person responsible	Nurse / Midwife/HCA
Additional guidance	For patients in isolation: A yellow coloured cloth and disposable pulp bowl should be used for isolation cleaning and appropriate protective gloves and yellow apron worn. <ul style="list-style-type: none"> • Damp dust all contact surfaces daily. Use neutral detergent & hot water or a single use universal surface disinfection & cleaning wipe, (sporicidal wipe where enteric precautions in use). • On patient discharge or vacation of the single room – follow the guidance outlined in the R.A.G.* discharge cleaning process • Seek advice from Infection Prevention & Control if unclear.

ITEM SCALES (WEIGHING)	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or spillages.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	After individual patient use. Weekly if not used frequently.
Person responsible	Nurse / Midwife/HCA
Additional guidance	Pay special attention to wheel base and wheels.

ITEM SCISSORS	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or stains.
Cleaning method	Single use universal surface disinfection & cleaning wipe if not single use.
Frequency	After use if not a single use item.
Person responsible	Nurse / Midwife/ HCA/therapist
Additional guidance	Scissors used for aseptic procedures must be sterile single use scissors. For patients in isolation use single use scissors.

ITEM WARD STETHOSCOPE	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or stains.
Cleaning method	Clean the bell with single use universal surface disinfection & cleaning wipe. Remove the ear pieces and membrane clean with single use universal surface disinfection & cleaning wipe and dry.
Frequency	Daily. After individual patient use.
Person responsible	Nurse / Midwife/ HCA
Additional guidance	In high dependency areas there must be a designated stethoscope per patient. Single use stethoscope covers can be used.

ITEM ELECTRIC BLOOD PRESSURE MONITOR / SPHYGMOMANOMETER / MOBILE OBSERVATION STAND	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or spillages.
Cleaning method	Single use, universal disinfection & cleaning wipe.
Frequency	Cuff – between individual patient uses. Stand weekly. As spillages or accumulation of dust, dirt or debris requires.
Person responsible	Nurse / Midwife/ HCA
Additional guidance	<p>Consider the use of patient specific or single use cuffs for patients in isolation.</p> <p>For patients in isolation: A yellow coloured cloth and disposable pulp bowl should be used for isolation cleaning and appropriate protective gloves and yellow apron worn.</p> <ul style="list-style-type: none"> • Damp dust all contact surfaces daily. Use a single use universal surface disinfection & cleaning wipe, (sporicidal wipe where enteric precautions in use). • On patient discharge or vacation of the single room – follow the guidance outlined in the R.A.G.* discharge cleaning process <p>Seek advice from Infection Prevention & Control if unclear.</p>

ITEM ELECTRONIC THERMOMETER	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or stains.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	Use single use disposable sleeve. Single use disposable covers. Clean hardware weekly.
Person responsible	Nurse / Midwife/HCA/therapist
Additional guidance	<p>Electronic device use with a disposable single use sleeve.</p> <p>Tympanic device use with a single use disposable ear piece.</p> <p>If a thermometer recording provides unexpectedly low readings ensure probe end is cleaned and dried before putting probe cover on</p>

ITEM TOYS Non-absorbent – i.e. plastic Absorbent – i.e. soft toys	
Standard	All toys should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or stains and in good condition.

Cleaning method	<p>Single use universal surface disinfection & cleaning wipe.</p> <p>Dispose of if soiled or contaminated (patients' own should be sent home for laundering).</p>
Frequency	<p>Weekly.</p> <p>As spillages / soiling or accumulation of dust, dirt or debris requires.</p>
Person responsible	<p>Nurse / Midwife/ HCA</p>
Additional guidance	<p>Soft toys are discouraged.</p> <p>If toys heavily soiled discard or seek advice from the Infection Prevention and Control Team.</p>

Section 2: Specialist Patient Equipment

ITEM	AMBU BAG
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape, stains or spillages. Sterilise between patients if not using Single Use Item.
Cleaning method	Return to Sterile Services.
Frequency	After single patient use.
Person responsible	Nurse / Midwife
Additional guidance	Single use disposable equipment available.

ITEM	ECG MACHINE – retained on ward ECG Wires
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape, stains or spillages.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	ECG Wires after individual patient use. ECG machine – weekly. As spillages or accumulation of dust, dirt or debris requires.
Person responsible	Nurse / Midwife /HCA
Additional guidance	Disposable ECG electrodes are single use.

ITEM	MEDICAL EQUIPMENT CONNECTED TO THE PATIENT
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, stains or spillages.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	Daily. On patient discharge. As spillages or accumulation of dust, dirt or debris requires.
Person responsible	Nurse / Midwife / HCA
Additional guidance	Special attention should be paid to underneath, ledges, wheel bases and wheels where appropriate. Ask advice of Clinical Engineering / Infection Prevention & Control if unsure.

ITEM MEDICAL EQUIPMENT NOT IN USE	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, stains or spillages.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	Weekly. As spillages & accumulation of dust, dirt or debris requires.
Person responsible	Nurse / Midwife / HCA
Additional guidance	Special attention should be paid to underneath, ledges, wheel bases and wheels where appropriate.

ITEM MEDICAL GAS EQUIPMENT / Oxygen trolleys / holders / regulators	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris or spillages.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	Weekly. As spillages & accumulation of dust, dirt or debris requires.
Person responsible	Nurse / Midwife / HCA
Additional guidance	

ITEM NEBULISER	
Standard	Single patient use. Clean & dry.
Cleaning method	Nebuliser pots are either single use or single patient use – refer to manufacturer data / packaging or Infection Prevention & Control. Single use – discard after use. Single patient use – discard any remaining fluid (not down hand-wash sinks). Wash pot in sterile water, dry thoroughly with paper towels and reassemble if single patient use.
Frequency	Dispose of after use.
Person responsible	Nurse / Midwife / HCA/Therapist
Additional guidance	Single patient use nebuliser pots, masks and tubing must only be used for a MAXIMUM PERIOD OF 24 HOURS and then MUST be replaced.

ITEM		OXYGEN MASK & TUBING
Standard		Clean & free from blood & bodily fluids.
Cleaning method		Dispose of once usage complete.
Frequency		After single patient use or if soiled.
Person responsible		Nurse / Midwife / HCA/Therapist
Additional guidance		Change / replace every 24 hours if in use.

ITEM		PULSE OXIMETER
Standard		All parts should be visibly clean with no blood and bodily substances, dust, debris or spillages.
Cleaning method		Single use universal surface disinfection & cleaning wipe.
Frequency		Between individual patient use.
Person responsible		Nurse / Midwife / HCA
Additional guidance		<p>For patients in isolation:</p> <p>A yellow coloured cloth and disposable pulp bowl should be used for isolation cleaning and appropriate protective gloves and yellow apron worn.</p> <ul style="list-style-type: none"> • Damp dust all contact surfaces daily. Use neutral detergent & hot water or a single use universal surface disinfection & cleaning wipe, (sporicidal wipe where enteric precautions in use). • On patient discharge or vacation of the single room – follow the guidance outlined in the R.A.G.* discharge cleaning process • Seek advice from Infection Prevention & Control if unclear.

ITEM		RESPIRATORY EQUIPMENT: Spacers, Peak flow, Placebo Inhalers
Standard		<p>Single patient use only.</p> <p>All parts should be visibly clean with no blood and bodily substances, dust, debris or spillages.</p>
Cleaning method		<p>Single use universal surface disinfection & cleaning wipe, dry thoroughly with paper towels and reassemble.</p> <p>Use sterile rinse water for immunosuppressed patients.</p>
Frequency		Single patient use.
Person responsible		Nurse / Midwife
Additional guidance		These items are single patient use, if required for a long-term patient change weekly.

ITEM		SPECIALIST BATHS, HYDROTHERAPY POOLS, BIRTHING POOLS
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, scum, with no lime-scale, stains or spillages. Plugholes and overflow should be free from build-up of lime scale.	
Cleaning method	Clean with 1,000ppm (0.1%) chlorine solution (So-Chlor). Refer to local midwifery policy.	
Frequency	After individual patient use. Weekly if not used. As spillages & accumulation of dust, dirt or debris requires.	
Person responsible	Midwife after use / cleaning services daily as part of scheduled departmental clean.	
Additional guidance	Seek advice from the Infection Prevention and Control Team as needed.	

ITEM		TRAINING MANNEQUINNS (Mouth / Airway)
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris or stains.	
Cleaning method	Single use universal surface disinfection & cleaning wipe and dry with a paper towel.	
Frequency	After each individual user.	
Person responsible	Nurse / Midwife / HCA/education and training staff	
Additional guidance	Staff should be actively discouraged from participating in use of mannequin if they have an upper respiratory tract infection or oral lesions, e.g. cold sore or head cold.	

ITEM		VAGINAL SPECULA
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris or spillages Sterilised packaging / manufacturer's packaging intact.	
Cleaning method	Single use. Or return to Sterile Services for autoclaving.	
Frequency	After single patient use if not disposable.	
Person responsible	Nurse / Midwife	
Additional guidance		

ITEM VENTILATOR	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or spillages.
Cleaning method	Clean external surfaces with single use universal surface disinfection & cleaning wipe.
Frequency	External surfaces daily.
Person responsible	Nurse / Midwife
Additional guidance	Internal mechanisms return to clinical engineering for sterilisation on patient discharge / end of required use.

ITEM EAR PIECES FOR AUROSCOPE	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris or spillages.
Cleaning method	Single use universal surface disinfection & cleaning wipe. Rinse and dry with paper towel.
Frequency	Non-disposable ear pieces after single patient use. Handle – weekly. As spillages & accumulation of dust, dirt or debris requires.
Person responsible	Nurse / Midwife
Additional guidance	

ITEM BREAST FEEDING PUMP	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris or spillages.
Cleaning method	Neutral detergent and hot water ensuring all debris is removed. Rinse and allow to air dry.
Frequency	After single patient use.
Person responsible	Midwife / Mother
Additional guidance	Dummies / feeding bottles / teats are all single use / single baby use.

Section 3: Sluice & Sanitary Ware

ITEM		BEDPANS / BEDPAN CARRIERS
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape, stains, spillages or heavy scratching.	
Cleaning method	Clean bedpans / bedpan carriers with sporicidal wipes. Use disposable pulp inner liners.	
Frequency	Daily. After patient use.	
Person responsible	Nurse / Midwife / HCA	
Additional guidance	Discard if heavily stained or scratched. Bedpans / bedpan carrier should be stored inverted.	

ITEM		COMMODES
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape, stains or rust. Seat cover must not be torn, ripped or punctured. Must have an indicator sticker or tape attached to indicate when and by whom it was last cleaned.	
Cleaning method	Dismantle and clean with sporicidal wipe. Pay particular attention to underneath sections, foot plate and wheels.	
Frequency	Twice a day. After patient use.	
Person responsible	Nurse / Midwife / HCA	
Additional guidance	Hydrogen peroxide decontamination of commodes on wards where an outbreak of <i>Clostridium difficile</i> or a period of increased incidence (PII) has occurred will be required on the advice of the Infection Prevention and Control Team.	

ITEM		RAISED TOILET SEAT
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, stains or rust.	
Cleaning method	Clean with sporicidal wipe.	
Frequency	Clean after patient use. Weekly if not in use and stored.	

Person responsible	Nurse / Midwife / HCA
Additional guidance	Clinical staff clean any toilet riser that is situated over a toilet using a peracetic acid based product The riser should be re-cleaned after each use If stored elsewhere it is a nursing responsibility to clean the riser.

ITEM MACERATOR	
Standard	In working order. All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape, scum, lime scale, stains or deposits / build up around the lid / rim.
Cleaning method	Wipe outer surface and rim of the lid with a sporicidal wipe.
Frequency	Daily
Person responsible	Nurse / Midwife / HCA
Additional guidance	Check after use & cleaned immediately if soiled.

ITEM WASH BASINS, BATHS, SHOWERS & SINKS	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, scum, lime scale, stains, deposits or smears.
Cleaning method	Clean with neutral detergent and hot water in between patients. When visibly soiled clean with 1,000ppm (0.1%) chlorine solution (So-Chlor) using an appropriately colour coded single use cloth, apron and gloves. Peracetic acid based products can be used to clean where available.
Frequency	After patient use.
Person responsible	Nurse / Midwife / HCA Clinical staff have the responsibility of sanitary areas, as it should be reported to them if a sanitary area is found to be dirty in between the scheduled cleans.
Additional guidance	Cleaning services are required to clean sanitary ware each day. Frequencies vary dependant on the allocated risk category of the ward / department: <ul style="list-style-type: none"> • Very high risk category requires 3 full cleans daily • High risk category requires 2 full cleans daily • Significant risk category requires a daily clean plus 1 check • Low risk category requires a daily clean

ITEM	TOILETS & BIDETS
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, scum, lime scale, stains, deposits or smears.
Cleaning method	When visibly soiled clean with 1,000ppm (0.1%) chlorine solution (So-Chlor) using an appropriately colour coded single use cloth, apron and gloves. Peracetic acid based products can be used where available.
Frequency	After patient use.
Person responsible	Nurse / Midwife / HCA Clinical staff has the responsibility of sanitary areas, as it should be reported to them if a sanitary area is found to be dirty in between the scheduled cleans.
Additional guidance	Cleaning services are required to clean sanitary ware each day, and as required by ward staff. Frequencies are dependant on achieving the outcome specification of the contract.

Section 4: General Ward Items

ITEM ALCOHOL HAND RUB CONTAINER & HOLDER (Bedside)	
Standard	Visibly clean with no blood and bodily substances, dust, debris or spillages. Free from product build-up around the nozzle. No splashes on wall, floor, bed or furniture. Container should not be empty.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	Daily and on patient discharge.
Person responsible	Nurse / Midwife / HCA
Additional guidance	

ITEM BEDSIDE ENTERTAINMENT SYSTEM – Single use earphones	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or stains.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	On patient discharge.
Person responsible	Nurse / Midwife / HCA – ear phones Medirest - hard ware
Additional guidance	Single use earphones should be discarded on discharge or if soiled. Medirest required to wipe the entertainment screen on patient discharge.

ITEM BED-FRAME (above mattress base plate) including bed rails, integral IV stand & pull-out linen holder	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or spillages.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	On patient discharge. Weekly. As spillages & accumulation of dust, dirt or debris requires.
Person responsible	Nurse / Midwife / HCA
Additional guidance	<p>For patients in isolation:</p> <p>A yellow coloured cloth and disposable pulp bowl should be used for isolation cleaning and appropriate protective gloves and yellow apron worn.</p> <ul style="list-style-type: none"> • Damp dust all contact surfaces daily. Use neutral detergent & hot water or a single use universal surface disinfection & cleaning wipe, (sporicidal wipe where enteric precautions in use). • On patient discharge or vacation of the single room – follow the guidance outlined in the R.A.G.* discharge cleaning process • Seek advice from Infection Prevention & Control if unclear.

ITEM MATTRESSES & PRESSURE RELIEVING CUSHIONS	
Standard	<p>All parts should be visibly clean with no blood and bodily substances, dust, debris or stains.</p> <p>Mattresses must have an intact cover with no strike through e.g. the unzipped mattress cover reveals no soiling of mattress foam.</p>
Cleaning method	<p>Single use universal surface disinfection & cleaning wipe.</p> <p>Sporicidal wipe if patient has had enteric precautions.</p> <p>Please refer to specific standard operating procedure for cleaning mattresses*</p>
Frequency	<p>On patient discharge.</p> <p>As spillages & accumulation of dust, dirt or debris requires.</p>
Person responsible	Nurse / Midwife / HCA
Additional guidance	<p>The mattress should be inspected for strike through following any contamination with bodily fluids where no patient protection was in place e.g. pads / pants.</p> <p>Dynamic pressure relieving mattresses should be returned to MEMD once decontaminated.</p> <p>Motor should be damp dusted daily.</p>

	Weekly. As spillages & accumulation of dust, dirt or debris requires.
Person responsible	Nurse / Midwife / HCA responsible for cleaning fans.
Additional guidance	Fan should be removed from use until cleaned. Nurse / Midwife must report need for cleaning to Help Desk (ext. 3005) if the fan cannot be dismantled to access the blades / fins.

ITEM EXAMINATION TROLLEY COUCH	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or spillages. Surface must be intact with no visible signs of rips or tears.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	After patient use. Weekly if not used frequently.
Person responsible	Nurse / Midwife / HCA
Additional guidance	For patients in isolation: A yellow coloured cloth and disposable pulp bowl should be used for isolation cleaning and appropriate protective gloves and yellow apron worn. <ul style="list-style-type: none"> • Damp dust all contact surfaces daily. Use neutral detergent & hot water or a single use universal surface disinfection & cleaning wipe, (sporicidal wipe where enteric precautions in use). • On patient discharge or vacation of the single room – follow the guidance outlined in the R.A.G.* discharge cleaning process Seek advice from Infection Prevention & Control if unclear.

ITEM BABY CHANGING MAT	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or spillages. Surface must be intact with no visible signs of rips or tears.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	After individual use. Weekly if not used frequently. As spillages or accumulation of dust, dirt or debris requires.
Person responsible	Nurse / Midwife / HCA
Additional guidance	For patients in isolation: A yellow coloured cloth and disposable pulp bowl should be used for isolation cleaning and appropriate protective gloves and yellow apron worn. <ul style="list-style-type: none"> • Damp dust all contact surfaces daily. Use neutral detergent & hot water or a

single use universal surface disinfection & cleaning wipe, (sporicidal wipe where enteric precautions in use).

- On patient discharge or vacation of the single room – follow the guidance outlined in the [R.A.G.*](#). discharge clean process

Seek advice from Infection Prevention & Control if unclear.

ITEM PATIENT TROLLEYS & WHEELCHAIRS	
Standard	Visibly clean & free from dust, debris, blood & bodily fluids.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	After patient use. Weekly if not used frequently.
Person responsible	Nurse / Midwife / HCA/Therapist/
Additional guidance	<p>For patients in isolation:</p> <p>A yellow coloured cloth and disposable pulp bowl should be used for isolation cleaning and appropriate protective gloves and yellow apron worn.</p> <ul style="list-style-type: none"> Damp dust all contact surfaces daily. Use neutral detergent & hot water or a single use universal surface disinfection & cleaning wipe, (sporicidal wipe where enteric precautions in use). On patient discharge or vacation of the single room – follow the guidance outlined in the R.A.G.*. discharge cleaning process Seek advice from Infection Prevention & Control if unclear.

ITEM PLASTIC PATIENT WASHING BOWLS	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, or spillages. They should not be badly scratched.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	After use. Weekly if not frequently used.
Person responsible	Nurse / Midwife / HCA
Additional guidance	<p>Disposable single use pulp bowls should be item of choice.</p> <p>Where plastic bowls are required, store inverted in patient's locker. Discard on patient discharge.</p>

ITEM ELECTRONIC WHITE BOARD	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris or adhesive tape.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	Clean electronic board / screen / processing unit weekly.
Person responsible	Nurse / Midwife / HCA
Additional guidance	High dusting of support arm should be undertaken by cleaning services as part of the weekly ward clean.

ITEM PATIENT NOTES TROLLEY	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or spillages, including the inside of the trolley.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	Weekly. As spillages & accumulation of dust, dirt or debris requires, including any lower shelves, ledges & wheels.
Person responsible	Nurse / Midwife / HCA
Additional guidance	

ITEM DRUGS CUPBOARD / TROLLEY	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or spillages, including the inside of the cupboard / trolley, & any shelves, ledges & wheels.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	Weekly. As spillages & accumulation of dust, dirt or debris requires.
Person responsible	Nurse / Midwife / HCA
Additional guidance	Observe stock for drug expiry dates.

ITEM DRESSING TROLLEY	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or spillages, including the underside, ledges, legs and wheels of the trolley.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	Before & after use. Weekly including undersides & wheels.
Person responsible	Nurse / Midwife / HCA
Additional guidance	Pay special attention to the back of the trolley, wheels and ledges.

ITEM DIRTY LINEN TROLLEY	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or spillages.
Cleaning method	Single use universal surface disinfection & cleaning wipe. When visibly soiled clean with 1,000ppm (0.1%) chlorine solution (So-Chlor) using an appropriately colour coded single use cloth, apron and gloves. Peracetic acid based product can be used where available
Frequency	Immediately if soiled. Weekly. As spillages & accumulation of dust, dirt or debris requires.
Person responsible	Nurse / Midwife
Additional guidance	

ITEM CLINICAL STORAGE RACKS / CUPBOARDS / DRAWS	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape, spillages or stains.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	Monthly. As spillages & accumulation of dust, dirt or debris requires.
Person responsible	Nurse / Midwife / HCA
Additional guidance	

ITEM PATIENT CALL BELL	
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Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or spillages.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	On patient discharge. Weekly if occurs before discharge. As spillages or contamination with blood / bodily fluids / dirt requires.
Person responsible	Nurse / Midwife / HCA
Additional guidance	For patients in isolation: A yellow coloured cloth and disposable pulp bowl should be used for isolation cleaning and appropriate protective gloves and yellow apron worn. <ul style="list-style-type: none"> • Damp dust all contact surfaces daily. Use neutral detergent & hot water or a single use universal surface disinfection & cleaning wipe, (sporicidal wipe where enteric precautions in use). • On patient discharge or vacation of the single room – follow the guidance outlined in the R.A.G.* discharge cleaning process • Seek advice from Infection Prevention & Control if unclear.

ITEM	DESK EQUIPMENT e.g. telephone, computer and keyboard
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Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or spillages.
Cleaning method	Wipe all surfaces with a single use universal surface disinfection & cleaning wipe.
Frequency	Daily – for those situated in clinical areas Weekly for office based staff
Person responsible	Nurse / Midwife / HCA within clinical areas The user within office based departments
Additional guidance	

ITEM	PATIENT LOCKERS (inside)
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Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape, stains or spillages.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	On patient discharge. Weekly if occurs before discharge. As spillages & accumulation of dust, dirt or debris requires.
Person responsible	Nurse / Midwife / HCA

Additional guidance	<p>Patient personal items e.g. cards and suitcases should be visibly clean with no blood and bodily substances, dust, debris, or spillages. Loose clothing should be stored away in the locker.</p> <p>External sides, back of locker & wheels – Cleaning services responsibility.</p> <p>Cleaning services clean the bedside lockers, both inside and out, as part of isolation clean / hydrogen peroxide clean.</p>
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ITEM RESUSITATION TROLLEY	
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, adhesive tape or spillages.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	Daily & after use.
Person responsible	Nurse / Midwife / HCA
Additional guidance	<p>Pay special attention to the back of trolley, wheels and ledges.</p> <p>Record on daily resuscitation checking sheets.</p>

ITEM STAFF ROOM FRIDGE	
Standard	All parts should be visibly clean with dust, debris, adhesive tape, stains or spillages, food debris or build-up of ice. No unlabelled / out of date food to be present.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	<p>Weekly.</p> <p>As spillages & accumulation of dust, dirt or debris requires.</p> <p>Dispose of out of date food daily.</p>
Person responsible	<p>Nurse / Midwife responsible for the inside of the fridge.</p> <p>Cleaning services are responsible for external surfaces.</p>
Additional guidance	

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