DECONTAMINATION AND DISINFECTION OF HEALTHCARE EQUIPMENT WITHIN HEALTHCARE SETTINGS POLICY

POLICY

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Approving Body	Infection Prevention and Control Committee		
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	YES	**NO**	**N/A**
	X		
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Author (Position & Name)	• Nurse Consultant, Infection Prevention and Control • Decontamination Lead/ Kay Theaker		
Lead Division/ Directorate	Clinical Services, Therapies and Out Patients		
Lead Specialty/ Service/ Department	Infection Prevention and Control		
Position of Person able to provide Further Guidance/Information	Infection Prevention and Control Team Decontamination Lead/ Kay Theaker		

Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**

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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 and Mattress, there is local written protocols which have been approved by the Decontamination Committee
- Minimum person protection equipment required is gloves and apron

1.0 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:

- Health and Social Care Act 2008 (DH 2015) and
- Health Technical Memorandum (2016) 01-01

2.0 POLICY STATEMENT

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.

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

3.0 DEFINITIONS/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: • 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
UKCA	United Kingdom Certified Accreditation

4.0 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 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 advice 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 Operational Lead Decontamination

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 manufacture; this will include two addendums that require information on decontamination processes and compatibility with products used within the Trust. This 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 Head Of Decontamination/Operational Lead.

The sterile service department will:

- provide decontamination which will comply with current legislation and guidelines
- provide specialist advice on decontamination, disinfection 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 Directors/Deputy Directors of Nursing/Matrons

Directors/Deputy Directors of Nursing/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 United Kingdom Certified Accreditation standards (UKCA) 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.

5.0 APPROVAL

Policy approved at the Infection Prevention and Control Committee.

6.0 DOCUMENT REQUIREMENTS (POLICY 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.

6.1 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.

Risk assessment for decontamination of equipment		
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

6.2 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.

6.3 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

6.4 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.

6.5 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.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

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

8.0 TRAINING AND IMPLEMENTATION

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.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix B
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix C

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

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

Related SFHFT Documents:

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

11.0 KEY WORDS

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

12. APPENDICES

Appendix A – Cleaning Manual for Clinically Based Staff
Appendix B – Equality Impact Assessment
Appendix C – Environmental Impact Assessment

Appendix A:

Cleaning Manual for Clinically Based Staff	
Introduction	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. 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. Each section covers different types on equipment: **Section 1: General Patient Equipment** **Section2: Specialist equipment** **Section 3: Sanitary ware** **Section 4: General ward Equipment**
Standard	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.
Core Principles for Cleaning	All equipment being cleaned should following specific process • 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
Colour Coding	The NHS patient safety agency introduced a national colour coding scheme for hospital cleaning materials and equipment. Please ensure this is used to avoid cross contamination
Cleaning Products	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. Hydrogen peroxide decontamination is undertaken for Clostridium difficile contamination or following a specific request from a microbiologist or the infection prevention and control team.
R.A.G Process	Provides guidance on what process and products should be used when infections are identified in patients vacating their beds. Each clinical area should have a copy of the poster available

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	Pay special attention to wheelbase and wheels. 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. • 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	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	Only use if covered with a plastic waterproof cover. If plastic cover damaged or ripped discard in domestic waste. If evidence of contamination with bodily fluids / strike through dispose of via orange infected healthcare waste.

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 Mattress Decontamination Ward 2 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. • 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. • 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 wheelbase 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 earpieces 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	Between individual patient uses. Stand weekly. As spillages or accumulation of dust, dirt or debris requires.
Person responsible	Nurse / Midwife/ HCA
Additional guidance	Consider the use of patient specific or single use cuffs for patients in isolation. 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. • 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 Seek advice from Infection Prevention & Control if unclear.

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. After each patient use
Person responsible	Nurse / Midwife/HCA/therapist
Additional guidance	Electronic device use with a disposable single use sleeve. Tympanic device use with a single use disposable earpiece. If a thermometer recording provides unexpectedly low readings, ensure probe end is cleaned and dried before putting probe cover on

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

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	Single patient use equipment
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, wheelbases 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, wheelbases 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	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. • 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	Single patient use only. 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, dry thoroughly with paper towels and reassemble. Use sterile rinse water for immunosuppressed patients.
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 Thermal disinfection and Sterilisation. Need to move to fully disposable as difficult to clean items , these are being disposed of in some areas which is adding to service pressures.
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 earpieces 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 *Clostridium difficile* 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: • 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 dependent 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 – earphones 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. To be returned to Ward 2 for decontamination. Weekly. As spillages & accumulation of dust, dirt or debris requires. This is not occurring on ward areas. To be implemented with ward 2 decontamination. Appropriate lifting equipment purchased. However in use within MEMD. need to arrange meeting to progress scheme mattress team are the decon experts.
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. • 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	All parts should be visibly clean with no blood and bodily substances, dust, debris, or stains. Mattresses must have an intact cover with no strike through e.g., the unzipped mattress cover reveals no soiling of mattress foam.
Cleaning method	Upon patient discharge place mattress/pressure relieving cushion in red bag and contact the mattress decontamination team on extension 4686 for collection/delivery and decontamination.
Frequency	On patient discharge. As spillages & accumulation of dust, dirt or debris requires.
Person responsible	Nurse / Midwife / HCA
Additional guidance	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. Dynamic pressure relieving mattresses should be returned to MEMD once decontaminated by the mattress decontamination team for any required

	servicing or repair this will be documented within the electronic tracking system. Motor should be damp dusted daily.

ITEM	PILLOWS / DUVETS
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris or stains. Pillows should be protected by an intact plastic waterproof cover, with no evidence of strike through or staining to the foam.
Cleaning method	Single use universal surface disinfection & cleaning wipe.
Frequency	On patient discharge. As necessary in case of soiling / spillages.
Person responsible	Nurse / Midwife / HCA
Additional guidance	Pillows should only be used if covered with an intact waterproof cover. If plastic cover damaged or ripped send pillow/duvet back to the linen room for replacement. If evidence of contamination with bodily fluids / strike through dispose of via orange infected healthcare waste and inform the linen room.

ITEM	SUCTION EQUIPMENT
Standard	All parts should be visibly clean with no blood and bodily substances, dust, debris, or spillages.
Cleaning method	Suction jar holders – Clean with single use universal surface disinfection & cleaning wipe.
Frequency	Suction catheters are single use items. Suction tubing – change every 24 hours if in use. Change liner in case of spillages / external contamination every 24 hours or when ¾ full, whichever is sooner. Disposable liners discard on patient discharge or weekly if occurs before discharge and clean suction jar as above. Change filters and yellow tubing if contaminated and routinely after every 6 months
Person responsible	Nurse / Midwife / HCA
Additional guidance	Seek advice from the Infection Prevention and Control Team if unclear.

ITEM	PATIENT FANS

Standard	All parts should be visibly clean with no blood and bodily substances, dust, dirt, debris, 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 responsible for cleaning fans.
Additional guidance	Fan should be removed from use until cleaned. Contact mattress decontamination extension 4686 where fans require decontamination prior to re-use or repair and servicing via SFS.

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. • 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. • 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. Contact mattress decontamination team on ext 4686 when wheelchairs require decontamination
Person responsible	Nurse / Midwife / HCA/Therapist/
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. • 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	Disposable single use pulp bowls should be item of choice. Where plastic bowls are required, store inverted in patient's locker. Discard on

	patient discharge.

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
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. • 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
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)
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	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. **External sides, back of locker & wheels – Cleaning services responsibility.** Cleaning services clean the bedside lockers, both inside and out, as part of isolation clean / hydrogen peroxide clean.

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	Pay special attention to the back of trolley, wheels and ledges. Record on daily resuscitation checking sheets.

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	Weekly. As spillages & accumulation of dust, dirt or debris requires. Dispose of out-of-date food daily.
Person responsible	Nurse / Midwife responsible for the inside of the fridge. Cleaning services are responsible for external surfaces.
Additional guidance	

APPENDIX B – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Equality Impact Assessment (EIA) Form (Please complete all sections)

EIA Form Stage One:

Name EIA Assessor: Sally Palmer		**Date of EIA completion: 21/05/2025**
Department: Infection Prevention and Control		**Division: CSTO**
Name of service/policy/procedure being reviewed or created: Decontamination and Disinfection of Healthcare Equipment within Healthcare Settings Policy		
Name of person responsible for service/policy/procedure: Sally Palmer		
Brief summary of policy, procedure or service being assessed: **This policy covers the cleaning and disinfection of all equipment in the Trust**		
Please state who this policy will affect: Staff, Stakeholder organisations, **(Please delete as appropriate)**		
Protected Characteristic	**Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)**	**Provide a brief summary of what data or supporting information was considered to complete this assessment?** This is a review of a current policy and we have consulted with people who are already using the policy to obtain this information. We also use our networks of link professionals.
Race and Ethnicity	No	
Sex	No	
Age	No	
Religion and Belief	No	
Disability	No	
Sexuality	No	
Pregnancy and Maternity	No	
Gender Reassignment	No	
Marriage and Civil	No	

Partnership		
Socio-Economic Factors (i.e. living in a poorer neighbour hood / social deprivation)	No	

What consultation with protected characteristic groups including patient groups have you carried out? With all members of the Infection Prevention and Control Committee which includes representatives from all Divisions, Occupational Health, Medirest, Health & Safety, Skanska, UKHSA and ICB representatives.
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? No

On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality? (delete as appropriate)

Positive			Negative			
High	**Medium**	**Low**	**Nil**	**Low**	**Medium**	**High**

If you identified positive impact, please outline the details here:

Signature: S Palme

I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form

Date: 21/05/2025

APPENDIX C – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	Yes	Wipes for cleaning of equipment
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)	No	
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	No	
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	No	
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	No	
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	No	