Worcestershire Acute Hospitals NHS Trust

Near to Patient Clinical Equipment Cleanliness and Decontamination in the Dialysis Unit Guideline
(High Impact Intervention No 8)

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

INTRODUCTION

The Health and Social Care Act 2008 Code of Practice states that organisations must audit key policies and procedures for the prevention and control of infection, ensuring the patients are cared for in a safe and clean environment. This is also a legal requirement for all Trusts registering with the Care Quality Commission.
Hospital cleanliness and low rates of infection, are rated by patients as being the most important factors when choosing a hospital to be cared in. Our aim is to ensure that renal patients choose Kidderminster Dialysis Unit as the place of choice to be dialysed in, because they feel safe and secure in a clean environment.

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS:

All staff, patients and their families, working within Kidderminster Dialysis Unit, including voluntary and contract workers.

Lead Clinician

Liz Wittich	Lead Nurse for Renal Services
Approved by Renal Specialty Meeting on:	27th February 2023
Review Date: This is the most current document and is to be used until a revised version is available	27th February 2026

Key amendments to this guideline

Date	Amendment	By:
27.03.12	Extended for three years. No changes made.	Dr M Ferring
06.08.15	Document extended for 12 months as per TMC paper approved on 22nd July 2015	TMC
17/08/2016	Document extended for 12 months as per TMC paper approved on 22nd July 2015	TMC
14/11/16	Further extension as per TMC 22nd January 2015	TMC
October 2017	Document extended for further two years with no changes	Dr Ferring
December 2017	Sentence added in at the request of the Coroner	
January 2020	Document extended for 3 months whilst undergoing approval process	Dr Martin Ferring
14th April 2020	Document extended for 6 months during COVID period	
February 2021	Document extended as per Trust agreement 11.02.2021	
15th December 2021	Document extended for 6 months to allow for thorough review	Specialist Medicine Divisional Governance
17th March 2022	Document extended until the end of the year to allow for thorough review	Dr Jasper Trevelyan
January 2023	Full review of document –paragraph added to top of page 4	

Near to Patient Clinical Equipment Cleanliness and Decontamination in the Dialysis Unit Guideline (High Impact Intervention No 8)

INTRODUCTION

The Health and Social Care Act 2008 Code of Practice states that organisations must audit key policies and procedures for the prevention and control of infection, ensuring the patients are cared for in a safe and clean environment. All NHS Trusts that provide patients with care are now legally required to register with the Care Quality Commission. As a legal requirement of their registration, they must operate in a way that protects patients from the risk of acquiring a health care acquired infection (HCAI).

Likewise, the NPSA – National Specification for Cleanliness in the NHS: *a framework for setting and measuring performance outcomes* (2007), was endorsed by the Chief Nursing Officer saying that:

> '*although the nurse in charge of any patient area has direct responsibility for ensuring that cleanliness standards are maintained throughout that shift, it is the responsibility of every nurse and care support worker to ensure that they maintain a safe and clean environment at all times'*.

Hospital cleanliness and low rates of infection are listed most often by patients as being the most important factors when choosing a hospital to be cared in. Our aim and mission is to ensure that renal patients requiring haemodialysis choose Kidderminster Dialysis Unit as the place of choice to be dialysed in, because they feel safe and secure in a clean environment.

High Impact Intervention (HII) No 8, (2010) was published by the Department of Health to help Trusts achieve compliance under criterion 2 of the Code of Practice by providing information and a tool to measure the implementation of guidelines and policies to reduce infection. HII No 8, complements the other saving lives audits from the 2007 national specifications for cleanliness, especially HII No 7, which ensures the process of cleaning and decontamination within the patient environment is thorough and follows best practice on all equipment and not just equipment used for patients with *Clostridium difficile* infection.

DETAILS OF GUIDELINE

This guideline will help focus nurses and health care workers whilst supporting their task in ensuring the patient environment is clean safe and free of infection. It is the responsibility of all workers within the health care setting to ensure that all users of the service including visitors, patients and their families follow hygiene policies. This guideline is additional to all the other hygiene guidelines and will ensure that near to patient cleaning and decontamination of clinical equipment is audited to generic standards, forming a history and evidence for which change and improved can be based upon.

High Impact Intervention No 8, has two separate elements dependent on the HCAI status of the patients. Equipment, which cannot be cleaned, must be risk assessed on a need-to-use basis or used for single patient use only.

Equipment and the patient area in a haemodialysis unit is considered as high risk although it is not necessarily an infected area. Known infectious patients and areas are segregated on a known named patient basis and cleaned as an infectious area.

The daily Patient Station Cleaning tool (appendix 1) will be used in the cleaning, and decontamination of all medical devices used. The tool needs to ensure they encompass all the elements, which the HII No 8 will be audited against.

MONITORING TOOL

Monitoring of HII No 8 will be conducted by the Renal Matron (lead nurse for renal services) monthly. Results will be released to the dialysis unit staff on completion of the audit to ensure actions are immediate and correction or change in practice has maximum impact and reduction in risk. Results and action plans will be cascaded in line with all the other Trust audit programmes.
Environmental and quality audits also highlight on cleaning and decontamination of equipment and the cleanliness of the patient environment

STANDARDS	%	CLINICAL EXCEPTIONS
For all staff and visitors to ensure cleaning and decontamination of equipment guidelines and standards are followed and the patient environment is safe, clean and free of infection.	100%	None

GUIDELINE STEPS

Cleaning and decontamination of equipment in the haemodialysis environment is treated as a high risk area because of the high level of exposure to blood and patient extracorporeal circuits, although it is not necessarily an infected area.

When equipment is cleaned and or decontaminated a number of elements need be considered:

- The most appropriate cleaning is completed determined whether (i) the patient is suspected or confirmed as having a HCAI or is in a known contaminated area or (ii) the equipment was used on non-infected patient and in a non-contaminated area.
- Equipment that cannot be cleaned must be risk assessed on a need-to-use basis, or designated as for single patient use.
- Single-use items must not be re-used
- All staff should be aware of their roles and responsibilities with regard to cleaning and decontamination
- Staff undertaking the cleaning of equipment must be trained in the correct decontamination procedures.
- Staff must have access to the appropriate cleaning materials and products
- A clutter-free environment and adoption of the ‘clean as you go’ policies to ensure a clean, safe place
- When purchasing new items of equipment, where possible the equipment should be capable of being disinfected by a chlorine or other sporicidal agent.
- Clear identification and documentation of cleaned items and a visibly clean environment reassures the area is clean
- Designated areas separating the storage of clean equipment from equipment requiring decontamination is available

Documentation as evidence and to support performed cleaning is attached as appendix (1)

The High Impact Intervention No 8 saving lives audit will be measured against the following elements: (appendix 2)

Elements in the cleaning and decontamination of equipment in the haemodialysis area will follow:

Location of cleaning activity • Equipment is cleaned at the point of use and away from clean items
Correct hand hygiene • Wash hands with soap and water before and after cleaning equipment
Personal protective equipment • Correct PPE (gloves and apron) (visor in isolated areas) are worn • PPE is disposed of correctly in black waste (yellow in isolated areas)
Cleaning • Cleaning and decontamination is performed immediately following patient use External areas of equipment • Tristel® solution is the cleaning product to be used to clean all external areas of the dialysis machine, BP cuff, dialysis table and chair and any other equipment used • A separate disposable cloth for each patient area, which must not be re-dipped into the cleaning solution • Cleaning of equipment is from top to bottom, covering all areas and sides Internal disinfection of haemodialysis machine • Heat citric programme after each patient use and every 72 hours if the machine is currently out of use
Storage • Cleaned equipment is stored separately from used items and away from areas where cleaning is taking place
Documentation • Cleaning is documented by the person who cleaned the items and the item is labelled as clean

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.

REFERENCES

Department of Health (2010) Saving lives: reducing infection, delivering clean and safe care. *High Impact Intervention No 8 care bundle to improve the cleaning and decontamination of clinical equipment.*

Department of Health (2009) *The Health and Social Care Act 2008: Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance*.

Department of Health (2007) Saving lives: reducing infection, delivering clean and safe care. *High Impact Intervention No 7 care bundle to reduce the risk from Clostridium difficile.*

Healthcare Commission (2008) *Inspections of cleanliness and infection control: how well are acute trusts following the hygiene code*

NPSA (2007) *The national specifications for cleanliness in the NHS: a framework for setting and measuring performance outcomes*

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
Liz Wittich	Lead Nurse Renal Services

Circulated to the following individuals for comments

Name	Designation
Clarisa Marquez	Ward Manager, RDU, KTC
Bobbie Bedford	Lead Nurse, Haemodialysis Unit, DGOH
Dr Kumar	Nephrologist DGOH
Claire Fisher	Deputy Senior Nurse. UHB
Dr Cockwell	Nephrologist. UHB
Emma Fulloway	Senior Nurse, IPC, WAHT

Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department

Circulated to the chair of the following committee's / groups for comments

Name	Committee / group

Appendix 1

STATION NO:

Machine No:

Patient Station Cleaning RDU KTC

Month/Year

The following items are to be decontaminated at the point of use as follows:

Equipment	Decontaminant	Frequency
HD machine (internal)	Internal heat citric disinfectant	Following each patient use (and every 72hrs if machine has not being used during this time)
HD machine (external)	Tristel® solution – all areas wiped down and left to dry (top to bottom)	Following each patient use
Dialysis chair	Tristel® solution – all areas wiped down and left to dry (top to bottom)	Following each patient use
Dialysis table	Tristel® solution – all areas wiped down and left to dry (top to bottom)	Following each patient use
BP cuff	Tristel® solution – all areas wiped down and left to dry (top to bottom)	Following each patient use

DATE	DIALYSIS Machine	BP Cuff	CHAIR	TABLE	CLEAN	HEAT DIINFECT	SIGNATURE
1ST							
2ND							
3RD							
4TH							
5TH							
6TH							
7TH							
8TH							
9TH							
10TH							
11TH							
12TH							
13TH							
14TH							
15TH							
16TH							
17TH							
18TH							
19TH							
20TH							
21ST							
22ND							
23RD							
24TH							
25TH							
26TH							
27TH							
28TH							
29TH							
30TH							
31ST							

NHS Worcestershire Acute Hospitals NHS Trust

NHS Worcestershire Health and Care NHS Trust

Patient Station Cleaning RDU KTC

STATION NO:

Machine No:

Month/Year

DATE	DIALYSIS CHAIR	BP Cuff	CHAIR	TABLE	CLEAN	HEAT DIINFECT	SIGNATURE
1ST							
2ND							
3RD							
4TH							
5TH							
6TH							
7TH							
8TH							
9TH							
10TH							
11TH							
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18TH							
19TH							
20TH							
21ST							
22ND							
23RD							
24TH							
25TH							
26TH							
27TH							
28TH							
29TH							
30TH							
31ST							

Appendix 2

High Impact Intervention (HII) 8, Cleaning & Decontamination of Equipment used during a Haemodialysis Treatment

Dialysis units are regarded as high-risk areas for the transmission of blood borne viruses. For this reason equipment used during a patient haemodialysis treatment is to be treated as 'possibly' infected. Isolated patient equipment and areas are separated from non-isolated areas.

The following items are to be decontaminated at the point of use as follows:

Equipment	Decontaminant	Frequency	Evidence
HD machine (internal)	Internal heat citric disinfectant	Following each patient use (and every 72hrs if machine has not being used during this time)	Machine log and patient station cleaning record
HD machine (external)	Tristel® solution – all areas wiped down and left to dry (top to bottom)	Following each patient use	Patient station cleaning record
Dialysis chair	Tristel® solution – all areas wiped down and left to dry (top to bottom)	Following each patient use	Patient station cleaning record
Dialysis table	Tristel® solution – all areas wiped down and left to dry (top to bottom)	Following each patient use	Patient station cleaning record
BP cuff	Tristel® solution – all areas wiped down and left to dry (top to bottom)	Following each patient use	Patient station cleaning record

Date of audit..... **Auditor.....**

Observations	**Equipment observed (HD machine, chair, table, BP cuff)**	**Equipment is cleaned at the point of use**	**Correct hand hygiene is observed**	**PPE is worn**	**Decontamination of equipment is carried out immediately following use**	**Equipment is decontaminated with appropriate solution (machine internal – heat citric. External Tristel®)**	**Equipment is cleaned from top to bottom**	**Single use cleaning cloths for each patient area, & not re-dipped into cleaning solutions**	**Cleaning is documented and equipment labelled as clean and ready for use**	Score %
1										
2										
3										
4										
5										
Total										%

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust		Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title:**			
What is the aim, purpose and/or intended outcomes of this Activity?				
Who will be affected by the development & implementation of this activity?	❑ Service User ❑ Patient ❑ Carers ❑ Visitors		❑ Staff ❑ Communities ❑ Other _____	
Is this:	❑ Review of an existing activity ❑ New activity			

	❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age				
Disability				
Gender Reassignment				
Marriage & Civil Partnerships				
Pregnancy & Maternity				
Race including Traveling Communities				
Religion & Belief				
Sex				
Sexual Orientation				
Other Vulnerable and Disadvantaged Groups (e.g. carers;				

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	
2.	Does the implementation of this document require additional revenue	
3.	Does the implementation of this document require additional manpower	
4.	Does the implementation of this document release any manpower costs through a change in practice	
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.