



Decontamination Policy

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1 Statement of Aims and Objectives

- 1.1. South East Coast Ambulance Service NHS Foundation Trust (the Trust) seeks to constantly develop safer systems of work to maximise the wellbeing and safety of patients and staff in accordance with The Health and Social Care Act 2008, Code of Practice for the Prevention and Control of Healthcare Associated Infections.
- 1.2. The policy covers all aspects of decontamination that are required to protect all staff and service users and is applicable to all staff.
- 1.3. This policy meets the requirements of the Health and Social Care Act 2008 (revised 2015) Code of Practice on the Prevention and Control of Infections and related guidance regarding the decontamination of medical devices and other surfaces and equipment.
- 1.4. Service users can be protected by removing pathogenic micro-organisms from potential sources of infection. This can be accomplished by the effective decontamination of materials, equipment and surfaces. Devices designated for 'single-use' must not be reused under any circumstances. The reuse of 'single-use' devices has legal implications and can affect the safety, performance and effectiveness of the device, exposing service users and staff to unnecessary risk. All reusable equipment must be appropriately decontaminated before use and between each service user/patient use. All staff should be aware of the symbols used on medical devices and their packaging.
- 1.5. Any medical equipment requiring inspection, service or repair, either in-house or by a manufacturer/contractor, should be decontaminated prior to the inspection/repair to prevent transmission of infection. HSG (93)26 requires that such equipment should be accompanied by a certificate/statement, which identifies that decontamination has occurred. When decontamination is not possible the nature of the risk and any necessary safety precautions required should be identified.

2 Principles

- 2.1. To make sure that there is a system in place that ensures so far as is reasonably practicable that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are properly assessed.
- 2.2. To ensure that staff understand the differences between the methods of decontamination so that the correct method is implemented.
- 2.3. To enable staff to implement the correct procedure when dealing with blood and body fluid spillage.



- 2.4. To ensure that service users and staff are cared for in a safe environment where the risks associated with decontamination procedures are kept to a minimum.

3 Definitions

- 3.1. **Decontamination** - A general term used to describe the destruction or removal of microbial contamination to render an item or the environment safe. The term decontamination includes cleaning, disinfection and sterilisation.
- 3.2. **Cleaning** - A process that removes dirt, dust, large numbers of micro-organisms and the organic matter, such as blood or faeces that protects them. Cleaning is a prerequisite to disinfection or sterilisation.
- 3.3. **Disinfection** - This is a process of removing or killing most viable organisms. The aim of disinfection is to reduce the number of microorganisms to a level at which they are not harmful.
- 3.4. **Sterilization** - This is the process of removing or killing all viable organisms including spores, dead micro-organisms and toxins. NB. This is a process that is not carried out in ambulance services.
- 3.5. **Antimicrobials** - Antimicrobials are substances which are used in the treatment of infection caused by bacteria, fungi or viruses.
- 3.6. **Bacteraemia** - The presence of bacteria in the blood.
- 3.7. **Colonisation** - Where an organism is present on or within a person's body but without signs or symptoms of disease. Colonised patients can infect equipment and surfaces, which, if not decontaminated correctly, puts others at risk.
- 3.8. **Healthcare Associated Infection (HCAI)** - Any infection by any infectious agent acquired as a consequence of a person's treatment in the healthcare setting or which is acquired by a healthcare worker in the course of their duties.
- 3.9. **Infection** - Where the body is invaded by a harmful organism (pathogen) which causes disease or illness.
- 3.10. **Standard infection Prevention and Control Precautions** - Standard infection control precautions underpin routine safe practice, protecting both staff and service users from micro-organisms that may cause infection. By always applying standard infection control precautions and to all service users, best practice becomes second nature, and the risks of infection are minimised.



4 Responsibilities

4.1. The responsibility for ensuring this policy is enacted lies with the Trust Board and the Chief Executive Officer.

4.2. Executive Director of Quality and Nursing

4.2.1. The responsibility is devolved to the Executive Director of Quality and Nursing / Director of Infection Prevention and Control (DIPC) and the Head of Infection Prevention and Control (Decontamination Lead), who is responsible for overseeing the policy on an operational basis.

4.3. Trust Executive Directors and Heads of Departments

4.3.1. Trust Directors are responsible for the provision, application and monitoring of decontamination procedures that fall within their area of responsibilities.

4.4. Executive Director of Finance and Corporate Services

4.4.1. Responsible for decontamination procedures affecting premises and facilities, including vehicles, stores and procurement, waste management and cleaning services.

4.5. Executive Director of Human Resources

4.5.1. Responsible for incorporating the principles and practice of decontamination procedures in corporate induction, basic training for new staff and key skills training programmes.

4.6. Head of Infection Prevention and Control (Decontamination Lead)

4.7. Responsible for defining the decontamination strategy of the Trust and developing appropriate measures to manage them that meet the needs of the Trust and ensure patient safety and quality of care.

4.7.1. To identify priorities for the delivery of clean, safe, evidence-based infection control practice based on current legislation and guidance.

4.7.2. They will act as an ambassador and expert for all aspects of IPC and Decontamination as appropriate, with the Department of Health, National Reporting and Learning System, Public Health England, NHS England, Environmental Health Services, Clinical Commissioning Groups, Acute Sector Partners, Social Services and other interested parties encouraging collaborative working to improve service performance.



4.7.3. Reporting to the Trust Board that the Decontamination Policy and Procedure has been implemented to reduce HCAI via the Clinical Governance Group.

4.8. **Senior Managers**

4.8.1. Senior Managers are responsible for implementing and monitoring Trust policies and to provide leadership and supervision to ensure compliance.

4.9. **All Staff**

4.9.1. All staff are responsible for ensuring that the correct decontamination of medical devices, equipment used, and other surfaces takes place in accordance with the Decontamination Procedure.

5 **Education and training**

5.1. The Trust, through the Learning and Development Department, will ensure that all staff and contractors receive education, information and training in decontamination procedures in line with The Health and Social Care Act 2008.

5.2. All details and requirements of training are recorded on the Trust's training needs analysis programme, including Trust procedures and actions which apply in the event of any non-attendance by staff.

6 **Monitoring compliance**

6.1. Incidents relating to decontamination will be recorded on the incident reporting system by the Trust's Risk Co-ordinator.

6.2. These will be investigated by the relevant Line Manager and will be monitored for completion by the Risk Co-ordinator. This alert will be sent to the Head of Infection Prevention and Control who will provide advice and guidance for various groups and committees.

6.3. Information relating to decontamination will be reported by the Head of Infection Prevention and Control to the Central Health and Safety Working Group every three months. This will identify incidents which may impact across the whole Trust. As the committee includes a member of Learning and Development all learning points will be integrated into the training needs analysis programme. Minutes of these groups will reflect recommendations, training records and improvements.

6.4. All incidents will be reviewed three monthly by the Infection Prevention and Control Sub Group. It will be the responsibility of the Head of Infection



Prevention and Control to table the report for this group. Minutes of these groups will reflect recommended actions and is the method for raising issues at the Central Health and Safety Working Group.

7 Audit and Review (evaluating effectiveness)

- 7.1. All policies have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.
- 7.2. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 7.3. This policy will be reviewed every three years by the Director for Infection Prevention and Control and amended accordingly if required. The Head of Infection Prevention and Control (Decontamination Lead) will lead the review in consultation with the members of the Infection Prevention and Control Sub Group and in accordance with the Trust's Policy and Procedure on the Development and Management of Policies and Procedures.
- 7.4. All changes made to this policy will go through the governance route for development and approval as set out in the Policy on Policies.

8 Associated Trust Documentation

- 8.1. Decontamination Procedure
- 8.2. Infection Prevention and Control Policy
- 8.3. Infection Prevention and Control Manual Procedure.
- 8.4. Infection Prevention Ready Procedure
- 8.5. Waste Management Policy.
- 8.6. Medical Devices Management Policy.
- 8.7. Risk Assessment Procedure (of medical devices and practices).

9 References

- 9.1. Department of Health (2008) Health and Social Care Act - Code of Practice on the prevention and control of infections and related guidance.
- 9.2. National Standards of Healthcare Cleanliness (2021)



- 9.3. Department of Health (2021) Health Technical Memorandum 01-01: Management and decontamination of surgical instruments (medical devices) used in acute care
- 9.4. Health Professions Council, Standard of Proficiency section 10.
- 9.5. Joint Royal Colleges Ambulance Liaison Committee, Clinical Practice Guidelines.
- 9.6. Health and Safety Executive (2002) Control of Substances Hazardous to Health.

10 Financial Checkpoint

- 10.1. This document has been confirmed by Finance to have financial implications and the relevant Trust processes have been followed to ensure adequate funds are available.

11 Equality Analysis

- 11.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.
- 11.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.