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Control.**
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Community Infection Prevention and Control Policy for Care Home settings

Safe management of care equipment

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This guidance document has been adopted as a policy document by:

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SAFE MANAGEMENT OF CARE EQUIPMENT

1. Introduction

NHS England recommends that organisations adopt the *National infection prevention and control manual (NIPCM) for England*, complemented by care setting specific Policies. This Policy has been produced in accordance with this recommendation and incorporates the *NIPCM* version as referenced in this Policy with detailed care home specific guidance.

This Policy is one of the 'Standard infection control precautions' (SICPs).

Care equipment is easily contaminated with blood, other body fluids, secretions, excretions and infectious agents. Consequently, it is easy to transfer infectious agents from communal care equipment during care delivery.

In order to prevent transmission of infection, it is essential that decontamination of reusable care equipment after use on a resident is undertaken in accordance with manufacturer's instructions and before being stored clean and dry.

A schedule for care equipment decontamination that details what care equipment is to be decontaminated, when to do so and what type of product to use, should be in place. All products used for decontamination of care equipment must be within the expiry date.

Always use SICPs and, where required, 'Transmission based precautions' (TBPs), refer to the 'SICPs and TBPs Policy for Care Home Settings'.

When caring for residents in relation to any new or emerging infections, staff should refer to national infection prevention and control guidance.

2. Definitions

Equipment:	Care equipment used in care homes includes aids to daily living, e.g. wheelchairs, walking frames, commodes, urine bottles, raised toilet seats, shower chairs, pressure relieving mattresses and cushions
Contamination:	The soiling of an object with organic matter (dirt, debris, blood, vomit, faeces, etc.) and/or microorganisms, such as bacteria and viruses
Decontamination:	The use of cleaning, and/or disinfection and/or sterilisation processes to remove, or reduce, contamination
Cleaning:	A process to remove contamination using 'fluid', usually detergent with warm water, and 'friction' – either mechanical or physical, leaving the surface or care equipment visibly clean. Cleaning must precede disinfection for the process to be effective

Disinfection:	A process to remove or reduce pathogenic (harmful) microorganisms using a disinfecting agent or method. The ability to kill spores is dependent on the type of disinfectant used. Some disinfectants are deactivated by organic matter. Cleaning must precede disinfection for the process to be effective, either using separate cleaning and disinfecting agents in a two step process or a combined '2 in 1' product that cleans and disinfects in one step
Sterilisation:	A process that removes or destroys all viable organisms including spores. Prions will not be effectively destroyed by this process

3. Levels of decontamination

There are 3 levels of decontamination:

- Cleaning
- Disinfection
- Sterilisation

All care equipment should be adequately decontaminated after use on a resident, before storing or use on another resident.

Those performing decontamination should be aware that detergent and disinfectant wipes can damage plastic surfaces of care equipment if they are not compatible with the surface material. Reports describe damage to devices, such as tympanic thermometers, resident monitors and infusion pumps. This damage may compromise the ability to decontaminate the device adequately or affect the function of the device. Check manufacturer's instructions to ensure cleaning products are compatible with the item.

The method of decontamination to be applied will depend on the manufacturer's instructions, a risk assessment of the procedure and the item being used in accordance with Control of Substances Hazardous to Health (COSHH) Regulations (see Section 11 below, Infection risks and categories).

When a care home approves a cleaning and or disinfectant product, it is responsible for ensuring safe systems of work, including the completion of a documented risk assessment approved through local governance procedures. The care home must confirm the efficacy and suitability of the product (i.e. that it conforms with the relevant standards and is appropriate for the intended use) with the product manufacturer.

Appendix 1 'Safe management of care equipment: Quick reference guide' provides a flow chart to help decide the level of decontamination required.

4. Cleaning

- Cleaning is a process that physically removes dust, dirt, including visible soiling, body fluids and a number of microorganisms.
- The correct personal protective equipment (PPE) must be worn and risk assess the need for facial protection. After removing PPE, clean hands with liquid soap, warm running water and dry thoroughly with paper towels.
- Detergent wipes or general purpose neutral detergent, and warm water and single use disposable cloths are recommended.
- Cleaning is **essential** before disinfection or sterilisation is carried out.
- When wiping surfaces, clean top to bottom, clean to dirty. Large and flat surfaces should be cleaned using an 'S' shaped pattern, starting at the point furthest away, overlapping slightly, but taking care not to go over the same area twice. This cleaning motion reduces the amount of microorganisms, such as bacteria and viruses, that may be transferred from a dirty area to a clean area.
- All reusable care equipment that has been cleaned must be dried thoroughly before storage.



5. Disinfection

- Disinfection is a process that removes or kills most, but not all, microorganisms.
- When using disinfectant products, always wear PPE, e.g. disposable apron, gloves, and risk assess the need for facial protection. After removing PPE, clean hands with liquid soap, warm running water and dry thoroughly with paper towels.
- A disinfectant should be used for reusable care equipment that has been in contact with non-intact skin, mucous membranes, body fluids or a resident with a confirmed or suspected infection.
- Disinfectants can be in the form of a wipe or as chlorine releasing tablets or liquids.
- Some disinfectant products are '2 in 1', which contain both a detergent and a disinfectant.
- If used, single use disposable cloths are recommended.
- A disinfectant will not be effective if contamination with organic matter (dirt, debris, blood, vomit, faeces, etc.) and/or microorganisms, is present. Therefore, if the disinfectant is not a '2 in 1' detergent and disinfectant product, care equipment should be cleaned before a disinfectant is used.
- Some disinfectants and '2 in 1' detergent and disinfectant wipes/fluids can damage plastic surfaces of care equipment if they are not compatible with the surface material.
- At minimum, the disinfectant product should be bactericidal and virucidal. Sporicidal disinfectants should be used when a resident is confirmed or suspected to have diarrhoea due to *Clostridioides difficile*, refer to the '*C. difficile* Policy for Care Home

settings' for further information.

- When wiping surfaces, see instructions above.
- When disinfecting care equipment, always follow the manufacturer's instructions for the correct application and contact time. Some equipment will have specific instructions which should be followed.
- A disinfectant should be used for reusable care equipment:
 - Contaminated with splashes of blood - the appropriate disinfectant should have virucidal properties effective against hepatitis B, hepatitis C and HIV, and be used at the correct concentration advised by the manufacturer
 - That has been in contact with a resident with a confirmed or suspected infection, non-intact skin, mucous membranes or body fluids
- To ensure a disinfectant solution works effectively, it is important that the correct amount of disinfectant and water are used. If a weaker solution is used, the microorganisms will not be killed, too strong, and equipment or surfaces can be damaged.
- No disinfectant acts instantly - to ensure efficacy, always follow the manufacturer's guidance on application and contact time (how long the product needs to be left on the surface), and whether the product should be left to air dry or wiped/rinsed off. Be aware that a product's contact time will vary, depending on the confirmed or suspected pathogenic microorganism(s) present.
- Do not use chlorine-based disinfectant solutions on wooden or fabric surfaces.
- If a chlorine-based disinfectant solution is used, it should be at a dilution of 1,000 parts per million (ppm), unless the item is contaminated with blood and/or blood stained body fluids, when a dilution of 10,000 ppm should be used, as per manufacturer's instructions.
- As diluted chlorine-based disinfectant solutions are unstable and become less effective after 24 hours, a new solution should be made each day and the time and date documented.
- All reusable care equipment that has been cleaned and disinfected must be dried thoroughly before storage.

6. Sterilisation

Sterilisation is a process that destroys or removes all viable microorganisms. It is unlikely that invasive reusable medical devices, e.g. surgical instruments, would be used in a care home setting. Any such medical device would have to be sent to an accredited Decontamination Services Facility.

Alternatively, single use disposable equipment can be used.

7. Colour coding of cleaning materials and equipment

- Colour coding of cleaning materials and equipment ensures that these items are not used in multiple areas, therefore, reducing the risk of transmission of infection from one area to another, e.g. toilet to kitchen.
- In accordance with the *National standards of healthcare cleanliness 2025*, all cleaning materials and equipment, e.g. disposable cloths, mops, buckets, aprons and gloves, should be colour coded.
- Cleaning products, such as bleach and disinfectants, do not need to be colour coded.
- A colour coded chart should be displayed in the cleaner's room, such as the 'National colour coding scheme for cleaning materials and equipment in care homes' poster, see table below.

National colour coding scheme for cleaning materials and equipment in care homes

All care homes are recommended to adopt the national colour code for cleaning materials (see below). All cleaning items, e.g. disposable cloths, mops, buckets, aprons and gloves, should be colour coded

RED	Bathrooms, showers, toilets, basins and bathroom floors
BLUE	General areas, including lounges, offices, corridors and bedrooms
GREEN	Kitchen areas, including satellite kitchen areas and food storage areas
YELLOW	Bedrooms when someone has a confirmed or suspected infection and is cared for in their own room (isolated)

8. Decontamination of care equipment prior to inspection, service, repair or disposal

When care equipment requires servicing or repair, documentation should accompany the equipment stating if the item has or has not been decontaminated (a 'Declaration of contamination status' and flow chart is available to download at www.infectionpreventioncontrol.co.uk/resources/declaration-of-contamination-status-form/).

It is illegal to send contaminated items through the post.

Items for disposal should be cleaned prior to disposal.

Items that are known, thought to be infected, e.g. been in contact with non-intact skin, mucous membranes, body fluids or a resident with a confirmed or suspected infection, or heavily soiled, should be cleaned and disinfected prior to disposal as infectious waste. The items must be suitably bagged, securely sealed and labelled as biohazard. Removal must be sought via an approved contractor or the local council. Prior to removal, they should be stored in a secure area, refer to the 'Safe disposal of waste, including sharps Policy for Care Home settings'.

9. Classification of care equipment

Single use

Items intended for single use are packaged with this symbol  or are labelled 'single use'.

Items labelled or marked for single use, e.g. disposable scissors, tympanic (ear) thermometer covers, some medicine pots, must **not** be used again as they are designed to be used only once and then discarded.

Single patient (resident) use

Items intended for single resident use will be labelled with 'single patient use', e.g. oxygen mask, nebuliser mask. These can be decontaminated after each use and reused on the same resident, but cannot be used on another resident.

Hoist slings should be single resident use, e.g. labelled for use by a named resident and should not be used by any other person. They should be on a cleaning schedule, laundered regularly and whenever visibly soiled. Records of laundering should be maintained. It is recommended that a supply of spare hoist slings are available to facilitate the laundering process.

Care homes who disregard this information and prepare 'single use' or 'single resident use' devices for further use, may be transferring legal liability for the safe performance of the product from the manufacturer to themselves, or the organisation that employs them.

Reusable non-invasive equipment

Reusable non-invasive equipment, e.g. thermometers, wheelchairs, commodes, fans, often referred to as communal equipment, can be reused on more than one resident following decontamination.

Use of reusable non-invasive equipment must comply with manufacturer's instructions and decontamination must be undertaken:

- Between each use/between residents
- After contamination with blood or body fluids
- At regular predefined intervals as part of an equipment cleaning protocol
- Before inspection, servicing or repair

For any queries regarding reprocessing of equipment, advice should be sought from the manufacturer or your local Community Infection Prevention and Control (IPC) or UK Health Security Agency (UKHSA) Team.

10. Reusable PPE

After use, reusable PPE, e.g. safety glasses, face visor, should be decontaminated appropriately.

If worn when a resident **does not** have a confirmed or suspected infection, or the PPE is **not** visibly soiled with blood or body fluids, cleaning is sufficient, see Section 4.

If worn when a resident has a confirmed or suspected infection, or the PPE is visibly soiled with blood or body fluids, it should be cleaned and disinfected, see Sections 4 and 5.

Decontaminated reusable PPE should then be stored appropriately, e.g. in a clean lidded wipeable container or plastic bag. Do not store on open surfaces where it may become contaminated.

Face visors can be reused and replaced whenever required. Please add your name to your face visor. Follow the correct procedure below for decontamination.

How to decontaminate a face visor after use	
1.	Clean hands
2.	Put on a new pair of disposable gloves
3.	Clean inside of the visor, foam/plastic and elastic strap
4.	Clean outside of the visor
5.	Dispose of wipe or cloth in an infectious waste bag
6.	Repeat steps 4-5 for disinfection unless a '2 in 1' product has been used
7.	Allow face visor to air dry - do not wipe dry
8.	Remove and dispose of gloves
9.	Clean hands
10.	Store face visor safely until next use, in a clean lidded wipeable container or plastic bag

11. Infection risks and categories

Risk category	Level of decontamination	Method	Examples
Low risk Items in contact with intact skin	Cleaning	Clean using detergent wipes or general purpose neutral detergent and warm water	- Mattresses and pressure relieving cushions (see Section 13 below) - Blood pressure cuffs
Medium risk Items in contact with intact mucous membranes, or contaminated with blood/body fluids or in contact with a resident with a confirmed or suspected infection	Disinfection	- Cleaning should be undertaken before disinfection unless a '2 in 1' product is used - Disinfect using disinfectant wipes or a chlorine-based disinfectant - The use of single use items	- Commode and pan (see Section 14 below) - Bed pan

Risk category	Level of decontamination	Method	Examples
High risk Items in contact with a break in the skin or mucous membrane or introduced into a sterile body area	Sterilisation	• Single use • Items sterilised by an accredited Decontamination Services Facility	• Needles • PEG tubes • Urinary catheters

12. Evidence of decontamination

Reusable equipment that has been cleaned or disinfected should be labelled, e.g. with 'I am clean' indicator tape or label/documentation, giving details of the date of cleaning and signed by the person who performed the decontamination.

It is also recommended that care equipment not in regular use should be stored in a clean environment, e.g. cupboard, checked on a monthly basis and decontaminated as appropriate and relabelled.

13. Mattress and pressure relieving cushion decontamination and care

Whilst classified as low infection risk, mattresses and pressure relieving cushions with damaged or stained covers or contents can promote the growth of microorganisms, which are a potential cause of transmission of infection. Proper care, maintenance and cleaning is, therefore, essential.

- When ordering, mattresses and pressure relieving cushions should be of an appropriate thickness and covered with a waterproof cover, preferably with an integral zip fastener for easy inspection of the underside of the cover and the contents.
- The covers should be able to withstand cleaning with detergent wipes or general purpose neutral detergent and warm water and disinfection with products effective against bacteria, viruses and spores as required.
- Mattresses and pressure relieving cushions should be dated and numbered when put into use and replaced to a predetermined schedule according to manufacturers' instructions. It may not be possible to label some mattresses, pressure relieving cushions or covers, i.e. special mattresses. An appropriate system must be put in place to identify these.
- Mattress covers should be cleaned regularly and whenever visibly soiled with detergent wipes or general purpose neutral detergent and warm water and, when required, disinfected with appropriate products (see Sections 4 and 5 above).
- All covers, zip fasteners and contents should be **regularly** inspected for damage. Additionally, an inspection should be carried out when a room is vacated prior to a

new resident.

- If a cover is stained, worn or torn, the contents should be examined and the damaged cover should be replaced immediately.
- If the mattress is wet or stained, the cover and mattress should be disposed of.
- Special mattresses and pressure relieving cushions, including those with hinged sections/air cells, should be maintained and cared for in accordance with manufacturers' instructions.
- Some mattresses do not require turning, so always refer to the manufacturer's instructions. Used mattresses, covers and pressure relieving cushions, do not normally need to be disposed of as infectious waste. They must be socially clean, i.e. cleaned with general purpose neutral detergent and warm water and have a decontamination certificate attached (see Section 8), prior to being disposed of as household waste.
- Any item that is known, thought to be infected, or heavily soiled, should be cleaned and disinfected prior to disposal as infectious waste. The items must be suitably bagged, securely sealed and labelled as biohazard. Removal must be sought via an approved contractor or the local council. Prior to removal, they should be stored in a secure area, refer to the 'Safe disposal of waste, including sharps Policy for Care Home settings'.
- Prior to return to a community loan department or other supplier, special mattresses and pressure relieving cushions should be decontaminated according to manufacturer's instructions and have a decontamination certificate attached (see Section 8). The item should then be stored in a clean area awaiting collection.

14. Commode and bed pan decontamination

Commodes and bed pans are classified as medium infection risk, requiring cleaning prior to disinfection. Inadequately decontaminated commodes and bed pans can promote the growth of microorganisms, such as *Clostridioides difficile* and Norovirus. Appropriate cleaning and disinfection is, therefore, essential.

Best practice is to always:

- Where possible, ventilate the area
- Use a colour coded bucket or sink designated for only cleaning commodes or bed pans
- Use colour coded disposable cleaning cloths and dispose of after use
- Use a general purpose neutral detergent and warm water for cleaning before disinfecting
- Use 1,000 parts per million (ppm) chlorine-based disinfectant solution or equivalent product, as per manufacturer's instructions
- If contaminated with blood/blood stained body fluid, use 10,000 ppm or equivalent product, as per manufacturer's instructions
- Alternatively, use a '2 in 1' product, which contains both a detergent and a disinfectant

- Ensure commodes and bed pans are replaced when scratched, stained or rusted

Follow your local 'Safe disposal of waste, including sharps Policy for Care Home settings' for appropriate waste stream to be used.

Posters for cleaning and disinfecting commodes and bed pans are available to download at www.infectionpreventioncontrol.co.uk.

15. Evidence of good practice

It is recommended that, for assurance purposes:

- The standard of 'Safe management of care equipment' is audited on induction and annually. An audit tool is available to download at www.infectionpreventioncontrol.co.uk/resources/safe-management-of-care-equipment-compliance-monthly-audit-tool-for-care-homes/ and can be completed electronically).
- Safe management of care equipment is also included in the 'SICPs Assurance: Annual IPC Audit Tool for Care Homes' available to download at www.infectionpreventioncontrol.co.uk/resources/sicps-assurance-annual-ipc-audit-tool-for-care-homes/
- Monthly audits to assess the standard of maintenance of mattresses, mattress covers and pressure relieving cushions are carried out. Audit tools are available to download at www.infectionpreventioncontrol.co.uk/resources/mattress-and-mattress-cover-compliance-monthly-audit-tool-for-care-homes/.
- Monthly audits to assess the standard of cleanliness of commodes and bed pans are carried out. An audit tool is available to download at www.infectionpreventioncontrol.co.uk/resources/commode-and-commode-pan-compliance-monthly-audit-tool-for-care-homesor-care-homes/.

Following these audits, 'Action plans' should be drawn up and implemented to demonstrate continuous improvement.

16. Infection Prevention and Control resources, education and training

See Appendix 1 for the Safe management of care equipment: Quick reference guide.

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related resources* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 30 IPC Policy documents for Care Home settings
- Preventing Infection Workbook: Guidance for Care Homes
- IPC CQC inspection preparation Pack for Care Homes
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for Care Homes

In addition, we hold IPC educational training events in North Yorkshire.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

17. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

Health and Safety Executive (2002) *Control of Substances Hazardous to Health (COSHH) Regulations*

Loveday et al (2014) epic3: *National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospital in England*

Medicines and Healthcare Products Regulatory Agency (2021) *Single-use medical devices: implications and consequences of reuse*

Medicines and Healthcare Products Regulatory Agency (2021) *Managing Medical Devices Guidance for healthcare and social services organisations*

Medicines and Healthcare Products Regulatory Agency (2013) *Detergent and disinfectant wipes used on reusable medical devices with plastic surfaces – risk of degrading plastic surfaces MDA/2013/019*

NHS England (Updated 2025) *National infection prevention and control manual (NIPCM) for England*

NHS England (May 2022) *National standards of healthcare cleanliness: healthcare cleaning manual*

NHS England (February 2025) *National standards of healthcare cleanliness 2025*

18. Appendices

Appendix 1: Safe management of care equipment: Quick reference guide



Safe management of care equipment: Quick reference guide

Appendix 7: Decontamination of reusable non-invasive care equipment



**Infection prevention and control
team/health protection team:**

Name: _____
Designation: _____
Contact Number: _____

**Routine decontamination of reusable
non-invasive care equipment.**

- Check manufacturer's instructions for suitability of cleaning products especially when dealing with electronic equipment.
- Wear appropriate PPE eg disposable, non-sterile gloves and apron.

**Is equipment contaminated with urine/
vomit/faeces or been used on a patient with
a known/suspected infection/colonisation?**

NO

- Decontaminate equipment with disposable cloths/paper towel and a fresh solution of **general purpose detergent and water or detergent impregnated wipes**.
- Rinse and dry thoroughly.
- Disinfect specific items of non-invasive, reusable, communal care equipment if recommended by the manufacturer's instructions eg stethoscopes with 70% isopropyl alcohol.

YES

- Immediately decontaminate equipment with disposable cloths/paper towel and a fresh solution of detergent, rinse dry and follow with a disinfectant solution of **1,000 parts per million available chlorine (ppm av cl)*** rinse and dry thoroughly.
 - Or use a combined detergent /chlorine releasing solution with a concentration of **1,000 ppm av cl*** rinse and dry thoroughly.
- *If the item cannot withstand chlorine releasing agents, consult with the manufacturer's instructions for a suitable alternative to use following or combined with detergent cleaning.

**Is equipment contaminated with
blood or body fluid as in box 1?**

NO

YES

- Immediately decontaminate equipment with disposable cloths/paper towel and a fresh solution of detergent, rinse dry and follow with a disinfectant solution of **10,000 parts per million available chlorine (ppm av cl)***.
 - Or use a combined detergent /chlorine releasing solution with a concentration of **10,000 ppm av cl*** rinse and dry thoroughly.
- *If the item cannot withstand chlorine releasing agents, consult with the manufacturer's instructions for a suitable alternative to use following or combined with detergent cleaning.

- ☐ Follow manufacturer's instructions for safe preparation, dilution, and contact time.
- ☐ Clean the piece of equipment from the top or furthest away point.
- ☐ Discard disposable cloths/paper roll immediately into the healthcare waste receptacle.
- ☐ Discard detergent/disinfectant solution in the designated area.
- ☐ Clean, dry and store re-usable decontamination equipment.
- ☐ Remove and discard PPE.
- ☐ Perform hand hygiene.

BOX 1 • Cerebrospinal fluid • Synovial fluid • Vaginal secretions
• Peritoneal fluid • Amniotic fluid • Breast milk
• Pleural fluid • Semen • Any other body fluid with visible blood (excluding urine)

National infection prevention and control manual for England
Appendix 7: Decontamination of reusable non-invasive care equipment

For further information, please refer to the full Policy which can be found at www.infectionpreventioncontrol.co.uk/care-homes/policies/

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