The Walton Centre NHS Foundation Trust

Excellence in Neuroscience

Decontamination Policy

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Responsible Director:	[redacted]	
Approved by and date:	**Infection Control Committee**	**April 2016**
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Target Audience:	All trust employees.	
Document Approval, History/Changes	[redacted]	

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Executive Summary

This document describes the revised decontamination process for instruments for medical devices and the environment to prevent the spread of infection.

Contents

1. Introduction

All medical devices and equipment used in healthcare environments may become contaminated with micro-organisms and thus can present a risk to patients, as well as to those subsequently handling or using them. Safe and effective decontamination of all re-usable equipment between uses is therefore an essential part of routine infection control practice. Inadequate decontamination has been responsible for outbreaks of infection in healthcare establishments, and can result in the transmission of a range of micro-organisms from blood-borne viruses such as HIV or hepatitis B, to fungal and common bacterial infections. This policy describes the cleaning and disinfecting procedures that must be followed to minimise these risks.

Decontamination of all surgical instruments is carried out by an accredited third party at an off-site facility. A formal Service Level Agreement exists between the Trust and Synergy that details the services to be delivered by the third party, together with the financial aspects. Decontamination of flexible endoscopes will be carried out using MDD compliant equipment and facilities.

1.1. Aim

To provide staff with clear guidance on the actions they must take in order to prevent transmission of infection from inadequately decontaminated medical equipment.

2. Scope

This policy applies to all employees of The Walton Centre NHS Foundation Trust, including people holding honorary contracts, bank and agency staff, locums, trainees and students. Each member of staff has a personal responsibility to ensure they comply with this policy.

3. Definitions

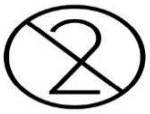
- **Microbial agent** - any micro-organism, cell culture, or human endoparasite including any which have been genetically modified, which may cause infection, allergy, toxicity or otherwise create a hazard to human health.
- **Decontamination** - of re-usable medical devices is the combination of processes, which if not correctly undertaken, individually or collectively, may increase the likelihood of microorganisms being transferred to patients or staff. Decontamination is a process, which removes or destroys contamination and thereby prevents microorganisms or other contaminants reaching a susceptible site in sufficient quantities to initiate infection or any other harmful response.
    - The decontamination process is required to make medical devices:
    - Safe for staff members to handle.
    - Safe for use on the patient.

3.1. Three processes of decontamination are commonly used:

- **Cleaning** - is the process which physically removes contamination but does not necessarily destroy microorganisms. The reduction of microbial contamination is not routinely measured and will depend upon many factors, including the efficiency of the cleaning process and the initial bioburden. Cleaning removes micro-organisms and the organic material on which they thrive.
- **Disinfection** - is the process used to reduce the number of viable microorganisms but which may not necessarily inactivate some microbial agents, such as certain

viruses and bacterial spores. Disinfection may not achieve the same reduction in microbial contamination levels as sterilization.

- **Sterilization** - is the process used to render an object free from microorganisms including viruses and bacterial spores. Normal sterilisation methods will not destroy prions.
- **Single use device** - is any device deemed unsuitable by the manufacturer for reprocessing. Such products will be labelled with the words “single-use”, and may have the following symbol



  - Staff members must not re use any single use devices. Staff who disregard this information and prepare single use products for further use, will transfer legal liability for the safe performance of the product from the manufacturer to themselves or to the Trust

4. Duties

4.1. The Chief Executive of the Trust has the overall responsibility to ensure that the requirements of the Department of Health for the decontamination of medical equipment are met.

4.2. Divisional General Manager (DGM) for Surgery, Pain and Critical Care will ensure:

- That an audit trail is available for all local decontamination and that any external processing departments are accredited centres
- That the external provider of decontamination services maintains the service level agreed in the contract
- That all staff comply with this policy

4.3. Theatre Manager will ensure that:

- Basic decontamination is included in mandatory training for all staff, specialist training will be provided for those staff using local decontamination equipment
- Training records for staff are kept, including local training
- An audit trail is kept for local decontamination
- Daily and weekly maintenance checks are carried out by trained staff in accordance with manufacturers’ instructions
- All staff comply with this policy

4.4. Decontamination Lead will:

- Be organisationally responsible for the effective and technically compliant provision of decontamination services from external providers
- Monitor compliance to the clinical specifications laid out in the Service Level Agreement
- Report on incidents on decontamination related issues and risks
- Provide specialist advice for the suitability of equipment prior to purchase. This will include approving the design of equipment e.g difficult to clean areas, dust traps etc.
- Provide information and advice to enable managers and users to undertake risk assessments on levels of decontamination required

4.5. Infection Prevention and Control Team will:

- Be responsible for the implementation of an operational policy for decontamination.
- In liaison with the decontamination lead provide specialist advice for the suitability of equipment prior to purchase.
- Provide information and advice to enable managers and users to undertake risk assessments on levels of decontamination required
- Assist in undertaking risk assessments
- Conduct investigation into areas of special risk advising on safe practice
- Audit practice and monitor standards in line with policy

4.6. Theatre Staff will ensure that:

- They have received the appropriate training to use any decontamination equipment prior to use.

4.7. All Staff have responsibility:

- To ensure they are aware and adhere to the policy, and have read and understood them, this will enable them to carry out their work according to the Trust's policy to ensure care equipment is clean before use to prevent the risks of infection
- For cleaning all equipment they have used in-between patient use
- To display available, relevant posters detailing information on management of care equipment
- That any equipment that requires to be sent for service or repair must first be decontaminated appropriately, the appropriate decontamination label should be completed and attached to the piece of equipment
- To attend all relevant training

4.8. Line Managers/Head of Departments have responsibility:

- For the implementation of and compliance with the policy within their own clinical area and that the policy is accessible to their staff via the intranet
- To clarify issues for a staff member who does not understand any part of the policy
- To make staff aware of any changes or revisions to the policy
- To ensure staff attend all relevant training, including updates at the required frequency
- Attendance at mandatory training sessions will be monitored via Training and Development Department and reported through the Divisions

4.9. Procurement Department will:

- Consult with Infection prevention and control team, the Trust decontamination lead and Medical Devices lead, prior to the purchase or trial of any new equipment or cleaning chemicals

5. Classification of Infection Risk Associated with the Decontamination of Medical Devices

The decision to clean, disinfect or sterilise depends on the risk of the equipment transmitting infection or acting as a source of infection. The table below categorises the level of decontamination required.

Category	Indication	Examples	Level of Contamination	Methods
High Risk	Items that penetrate skin or mucous membranes, or that enter sterile sites	Surgical instruments	Sterile	Cleaning Sterilisation Single-use disposal instruments when possible
Medium Risk	Items that have contact with mucous membranes or are contaminated by microbes that are easily transmitted	Vaginal speculum, endoscopes,	Disinfect or sterilise	Cleaning Sterilisation Chemical Disinfection
Low Risk	Items used on intact skin	mattresses	Clean	Wash with detergent and warm water and dry throughly

Staff must remember that cleaning is an essential pre-requisite when decontaminating equipment and must precede disinfection.

Disinfectants can effectively reduce the number of infecting organisms. However, they should not be used with the aim of producing sterility. The presence of any organic soiling on items will greatly reduce the effectiveness of disinfectants.

Therefore:

- Thorough cleaning of items is essential before the application of any disinfectant
- Always consult the Infection Control Nurse for advice when purchasing any item of equipment that requires decontamination
- All staff should receive training in correct cleaning of equipment

5.1. COSHH Regulations and Disinfection

Staff must only use products when a COSHH assessment has been performed using safety data sheets obtainable from the manufacturer. Protective clothing must be worn when making up and using solutions according to risk to assessment. Ensure exposure limits are adhered to if applicable. Only use solutions or powders that are within their expiry date. Any sensitivity or reaction to a disinfectant must be reported to the Department of Occupational Health, and also documented by the head of department

Standard sterilization procedures may not eliminate 'prions' (e.g. agents of variant and classical Creutzfeldt Jacob Disease). Whenever a particular hazard from such agents is identified, refer to Trust Policy "Management of Patients with CJD and other Prion Disease". Where possible Single-use (disposable) items will generally be preferred. Reusable surgical instruments used on an "At Risk" patient with CJD or other prion disease should be placed in quarantine until a definitive diagnosis is reached.

5.1.1 Reusable Devices

Most medical devices are capable of repeated use and therefore decontamination is required between use. Manufacturers/providers of such devices are obliged to provide decontamination instructions and, where relevant define the number of successive uses allowed.

5.1.2 Surgical instruments and other equipment requiring external decontamination

The Trust's external service provider now issues red plastic sealable containers. Each container provided will have yellow tamper evident tags and a blue plastic sack into which used items should be placed. Prior to the agreed collection time, ward/departmental staff should seal the used instrument sack and place it inside the plastic container, locking it with black tags. When left in an agreed location, these tags will indicate to sterile supplies that they are ready for transportation to the service provider.

Theatre non-disposable equipment is sealed using standard infection prevention and control precautions and are loaded into a metal transport truck which is sealed prior to its return to the service provider.

5.1.3 Traceability of Surgical Instruments

It should be possible to identify from patients records which (set of) instruments were used on that patient. The patient records should also enable traceability to all the decontamination processes that made the instrument safe for the procedure. The traceability should also extend the capability to define on which other patients that/those instruments have been used

5.1.4 Single-use Devices

Single-use devices are intended to be used once only. They are not designed to be reprocessed and thus decontamination instructions are not provided. Such devices are required to be identified by the single use symbol either on the instrument or in its packaging. (See figure 1 below)

Such devices must be disposed of safely after use. Single-use devices presented for surgery but are not used are not capable of reprocessing and will be disposed of safely.

5.1.5 Single-Patient Use Devices

These devices are capable of reuse and therefore can be decontaminated. However they should be reserved for use only on the patient on whom it was originally used. There is no defined symbol to define single-patient use

6. Essential standards in the decontamination of medical devices and equipment

6.1.1 Personal Protective Equipment (PPE)

Appropriate PPE including gloves, aprons, respiration and eye protection will be available for use wherever necessary. It is the responsibility of employers to monitor the correct and safe working of the protective measures and to provide appropriate guidance on wearing. It is the employees responsibility to follow policy.

6.1.2 The Decontamination Environment

All medical devices requiring sterilisation or high level disinfection are decontaminated off site in compliant facilities that are designed for the process of decontaminating medical devices through validated processing systems and controlled environmental conditions to ensure that all potential environmental, cross infection, handling and medical device usage risks are minimised.
Low risk items e.g. infusion devices are cleaned in designated areas of wards/clinics etc. in accordance with the processes included within this policy.

6.1.3 Cleaning

Manufacturer's instructions must be followed for all elements of the decontamination process. Where advised in manufacturer's instructions, items must be dismantled before cleaning. This will allow for all areas of the item being cleaned to be accessed during the decontamination process. If instructions are not available staff should seek advice from the decontamination lead or a member of the infection prevention and control team.

6.1.4 Reassembly

It is essential that following decontamination equipment/devices that have been disassembled prior to the cleaning process are correctly reassembled according to manufacturer's guidance. Staff must be adequately trained to be able to disassemble and reassemble equipment and check that it is operating normally before re-use.

6.1.5 Labelling

Following decontamination, medical devices must be labelled as follows:
Items decontaminated within SSD .
These must be labelled after sterilisation with a label that is fully compliant

7. Cleaning

Detergent is essential for effective cleaning. It breaks up grease and dirt and improves the ability of water to remove soil. Organic material such as blood is coagulated by heat or chemicals and therefore must be cleaned with detergent and water in addition to disinfection.

Cleaning with general purpose detergent, solution or Clinell wipes remove many organisms and in many situations is all that is required. This is suitable for all patient equipment and should be used unless otherwise indicated.

Equipment should be cleaned on a routine basis and based on a risk assessment. All equipment is to be cleaned in between patient use. Where possible, single patient use equipment should be used.

All equipment to be serviced or repaired whether in-house or by outside contractors must be decontaminated and accompanied by a yellow decontamination label. The responsibility for decontamination is the person requesting the service or repair.

The use of personal protective equipment should be used when cleaning equipment and disposed of appropriately following use. Hand hygiene is important even if gloves are worn during the procedure.

In the event of an outbreak of diarrhoea and vomiting, hypochlorite solution/wipes will be indicated for decontamination of equipment and the environment following advice from the infection prevention and control team.

Once equipment has been decontaminated it should be labelled with a green decontamination label or yellow label if sending for repair or maintenance.

8. Decontamination of Equipment Prior To Service or Repair

Anyone who inspects services repairs or transports medical devices and equipment has a right to expect that they have been appropriately treated so as to remove or minimise the risk of infection or other hazards e.g. chemical or radiation.

Medical devices must be decontaminated through an approved process prior to them being sent for service or repair, and **all** devices presented for service or repair must be provided with a decontamination label

9. Storage of Equipment

The environmental conditions of the areas designated for storage and distribution should be clean, well ventilated and secure. The accommodation should afford adequate protection to prevent contamination or deterioration of the product. Items must not be stored on the floor. Stock rotation should be used for storage, First in, First out. Checks of expiry dates of decontaminated items must also be undertaken at regular intervals in order that those items that require to be decontaminated again can be identified, removed from stock and be sent for subsequent decontamination.

10. Purchase of Medical Devices and Equipment

Those involved in the purchasing of medical devices and equipment must always consider the suitability and compatibility of the item with the decontamination processes available within the Trust. The following issues should be taken into account:
How easily can the item be cleaned?

- Decontamination and sterilisation instruction need to be verified as acceptable by the Trust Decontamination lead
- Does the item need dismantling before decontamination? If so, can this be performed by the clinician?
- Does the item have electrical components? If yes, does the Trust have the ability to decontaminate these?
- Does the product have a limited life / number of times that it can be decontaminated?
- What cleaning agents / disinfectants are recommended and do these comply with the Infection Control Policies and health and safety requirements?
- How long will the decontamination process take?
- Has a risk assessment process been undertaken to determine whether a single use product is more appropriate for the circumstances (i.e. would this pose significantly less risk of infection or be more cost effective?)
- Where necessary, advice should be sought from the Infection Control Team

11. Training

Competency based training is undertaken by all staff involved in using medical equipment. A section of the training involves processes involved in decontamination.

All new staff attend the Walton Centre's Induction Programme. Infection prevention and control is a mandatory topic on this session.

All Trust clinical staff undertake an annual mandatory infection prevention and control update.

During both sessions standard infection control precautions are emphasised which includes decontamination of equipment.

12. Monitoring

12.1. Audit Programme

To ensure that the policy is working effectively an audit programme relevant to decontamination is undertaken as an element of the “Saving Lives” High Impact” interventions monthly rolling programme. Results are reported by exception to Infection Control Committee.

13. References

- Ayliffe GAJ, Fraise AP, Geddes AM. Mitchell K (2000) Control of Hospital Infection, 4th Ed Arnold
- Department of Health.Health Service Circular 1999/179 13th August 1999: Controls Assurance in Infection Control: Decontamination of Medical Devices
- Department of Health. Variant Creutzfeldt - Jakob disease: Minimising the risk of transmission. HSC 1999/178;1999
- Department of Health. Decontamination of medical devices. HSC 2000/032; 2000
- Department of Health. The Health Act 2006; Code of practice for the Prevention and Control of Health Care Associated Infections Revision 2010
- Department of Health (2004) Standards for Better Health
- NHS Estates. A guide to the decontamination of re-usable surgical instruments; 2003
- Russell . D., Hugo W.B. and Ayliffe G.A.J. (1999) Principles and Practice of Disinfection, Preservation and Sterilisation 3rd Ed Blackwell Science
- Choice Framework for Local Policy and Procedures 01-06: Decontamination of Flexible Endoscopes: Operational Management Manual 2012 (CfPP)
- National Endoscopy Programme Decontamination Standards for Flexible Endoscopy 2009
- Medical Device Agency Decontamination of Endoscopes DB2002 (05)
- St Helens and Knowsley Teaching Hospitals Decontamination Policy-Flexible Endoscopes Version 2 July 2011
- Transmissable Spongiform Encephalopathy Agents: Safe Working and the Prevention of infection: 2013 Annex F (TSE)

13.1. Supporting policies/documents

- Medical Devices Policy
- Infection Control Policy
- Standard Infection Control Policy
- Risk Management Strategy
- Incident Reporting Policy

Appendix 1 - Procedure for Decontamination of Flexible Endoscopes

Decontamination should begin as soon as possible after the endoscope and accessories have been used. Personal protective equipment must be worn during this process red apron, goggles/visor, gloves and forearm protectors. Manufacturers manual cleaning instructions must be adhered to and staff undertaking this duty must be trained and competent having completed the appropriate competency sheets with a trainer.

The Endoscope should be pre cleaned before transport to the Endoscopy room.

To Pre clean wipe the outside of the scope with a Clinell wipe to remove excess residue and the flushing valve attached then suction through about 100mls of clean water.

Transport the scope inside the red liner on the dedicated transport trolley provided to the Endoscopy room.

Leak test and visual inspection

The Endoscope must be inspected for bite marks and any sign of damage prior to decontamination and a leak test must be completed to manufactures instructions.

Perform leakage test to check integrity of all channels. Inflate into test zone and move deflection wheels to angulate the distal end.

If a leak is detected further decontamination is stopped a repair tag is attached and on the repair form it is recorded as **NOT** decontaminated. This is to alert the repair company of the contamination risk. If the scope was to be processed further damage is likely to occur.

If pressure remains in the test zone during leak test, disconnect leak tester. Remove detachable parts of the scope including values. Disconnect leak tester and proceed to manually clean.

Manual Cleaning

All detachable parts must be removed prior to manual cleaning. The detachable parts must be manually cleaned and processed with the endoscope to form a unique set (including all flushing valves)

Fill dedicated dirty sink with a low foaming enzymatic detergent (Rhuon) using warm tepid water (20°C to 35°C) to the level marked on the sink, immerse scope in sink.

All external and accessible internal components of the endoscope must be exposed to a low foaming enzymatic detergent (Rhuon) known to be compatible with the endoscope.

Manually brush all channels at least 3 times with a specific single-use cleaning brush of appropriate size for the channel. The brush should be cleaned each time it passes through the distal end of the scope before it is pulled back to the insertion tube of the scope. Ensure the traceability label from brushes is put in the patient record.

Where appropriate all channels must be flushed through with detergent and then water and air as per manufacturers' instructions.

The endoscope must be rinsed in clean water in the second sink to remove residual detergent and all channels irrigated. The endoscope is then ready for loading into the Steris.

Automated Endoscope Reprocessing (Steris)

The Steris should undergo a self-disinfect cycle at the beginning of each day the print out for this cycle should be kept on file.

The endoscope along with all of its detachable parts should be placed in the Steris and have appropriate connections to the Steris to ensure irrigation of all channels. The detachable parts and quality test strip should be placed in the basket in the Steris.

Check batch number and expiry date of Disinfectant Powder and record both on patient record. Check that container is intact with no indications of damage or leakage of contents. Insert the Steris disinfectant Powder into its holder within the unit, ensure the unit lid is sealed and process the scope.

Connectors must be inspected at the end of the cycle prior to removal of the endoscope to ensure that none have been dislodged during the cycle. If they have become dislodged the Endoscope will need to be reprocessed.

The Steris uses single use disinfectant powder. Verification that the decontamination cycle was successful and complete must be obtained from the electronic print out from the Steris prior to release of an endoscope for use. Operator must sign and date print out from machine, record batch number and expiry date of Disinfectant powder and confirm that successful diagnostic test was completed prior to use. This printout must then be attached to the scope before storage.

Endoscope storage

Following decontamination the endoscope must either be stored in STERILOX DRY: MASTER CABINET which delivers high efficiency particulate filtered air to the internal channels of the endoscope at the appropriate temperature and flow rate or go direct for immediate patient use. The ticket from Steris must be attached to the scope.

The Scopes must be transferred from Steris to the Dry Master using a sterile approach the operator must wear sterile gloves.

Cabinets can be used to store endoscopes for up to 72 hours following processing.

Any endoscope which has not been used on a patient within 3 hours of removal from either Steris or storage cabinet must be re-processed. These endoscopes must be leak tested but will not require full manual cleaning prior to processing in Steris.

Transport to and from the clinical area occurs in a dedicated trolley with a liner this is used green side up when transporting a clean scope and Red side up when returning a dirty scope.

Tracking and Traceability

For every decontamination cycle, a cleaning & decontamination checklist and record are completed. The Scope serial number, Steris cycle printout, the disinfectant powder batch/serial number, Brush serial/batch number stickers and the Sterilox printout are recorded in/attached to the sheet which is then photo copied.

A patient identification label will be attached after use and 1 copy is placed in the patients notes the second is kept on file for 11 years as per trust policy.

Appendix 2 - A to Z Decontamination of Equipment

This is not intended to be an exhaustive list of all items of medical equipment used within the Trust. The manufacturer's instructions must always be followed for decontamination of a product. Where manufacturer's instructions are unclear, or alternative disinfection agents to those described above are recommended, the Infection Prevention Control Team should be contacted for advice.

Alcoholic Gel holders-end of the bed	Daily detergent wipe and following patient discharge
Alcohol holders and spill trays	Daily detergent wipe
Ambubags (if not disposable)	Wipe with detergent and warm water. If valve is contaminated, dismantle, wash and disinfect with isopropyl alcohol impregnated tissues (Alcowipe).
Baths, wash basins	Clean with detergent and warm water between patients. Dry well
Bed, bed tables and cot sides	Wash with detergent and warm wate or clinell wipes
Bedpan macerators	Wipe outer surfaces with detergent and warm water.
Cardiac monitor	Wipe with detergent wipes
Commodes	Dispose of disposable bedpan in bedpan macerators. Wipe toilet seat and under rim with detergent and warm water. Pay particular attention to arm rests. Complete decontamination sash with date and signature, place on commode.
Crockery and cutlery	Normal dishwasher temperature (rinse at 80 deg C) is sufficient. There is no need for disposables. If no dishwasher available wash in warm water and detergent rinse and dry throughly.
Earphones (patient use)	Earpieces should be changed between each patient. If visibly soiled, wash with detergent and warm water, rinse and dry thoroughly. If visibly clean wipe with isopropyl alcohol impregnated tissues (Alcowipe)
Electric Hair Clippers	Disposable heads should be used for each patient.
Floor mops	Rinse well after use and store dry. Store mops inverted when not in use. Mops should be replaced in all areas on a daily basis and adherence to colour coding is requested.
Household cleaning, floors, fittings etc.	Wash with detergent and warm water. Dry well.
Humidification Devices	The machine should be stripped down, cleaned and disinfected between patients. Dispose of disposable tubing following use.
IV infusion stands	Wash with detergent and warm water or detergent wipes
Infusion Pumps, (iv, feeding)	Wash with detergent and warm water or detergent wipes. Ensure there is no residual feed left on pumps
Lockers, bedsteads and bed frames	Wash with detergent and hot water or detergent wipes
Manual Handling Equipment	Clean all hoists, ambulifts, pat slides and sliding sheets with warm water and detergent and dry throughly after each use. Non disposable slings should be washed between patient use.

	Disposable slings should be used for individual patients and always used for infected patients
Mattresses	Wash with detergent and warm water or detergent wipes. Un zip the cover and check the integrety of the mattress. If there is evidence of contamination the mattress must be condemned.
Ophthalmoscopes	Wipe with detergent wipes
Pressure Relieving Equipment	Wash with detergent and warm water or detergent wipes. Return to the company for decontamination or return to the bed store
Patella hammers	Wipe with Clinell wipes
Air Tube (POD) System	Wash with detergent and warm water. Check internal aspect for evidence of spillages (please refer to Trust “Air Tube Policy”)
Stethoscopes	Wipe with Clinell wipes
Surface disinfection of clean objects - glass or stainless steel trolley tops	Wipe with Clinell wipes
Tele-comm systems	Change ear pieces between patient use.
Wheelchair	Check wheelchairs frequently. Wash between patients and if soiled wash with warm soapy water.
Wrights peak flow meter	Use disposable mouthpiece.

Once equipment has been decontaminated it should be labelled with a green decontamination label or yellow label if sending for repair or maintenance.

Appendix 3 - Equality Impact Assessment (EIA) Form

This section must be completed at the development stage i.e. before ratification or approval. For further support please refer to the EIA Guidance on the Equality and Diversity section of the Intranet.

The Walton Centre NHS Foundation Trust

Part 1

1. Person(s) Responsible for Assessment: [redacted] 2. Contact Number: [redacted]

3. Department(s): Infection Prevention and Control 4. Date of Assessment: March 2016

5. Name of the policy/procedure being assessed: Decontamination Policy

6. Is the policy new or existing? Existing

7. Who will be affected by the policy (*please tick all that apply*)? Staff

8. How will these groups/key stakeholders be consulted with? Ward meetings Professional Nurse Forum

9. What is the main purpose of the policy? To ensure staff take decontaminate equipment and environment to prevent the spread of infection

10. What are the benefits of the policy and how will these be measured? No spread of infection to patients. Alert organism surveillance results

11. Is the policy associated with any other policies, procedures, guidelines, projects or services?
Standard infection control precautions
Hand Hygiene
Major outbreak of infection
CJD

12. What is the potential for discrimination or disproportionate treatment of any of the protected characteristics? *Please specify specifically who would be affected (e.g. patients with a hearing impairment or staff aged over 50). Please tick either positive, negative or no impact then explain in reasons and include any mitigation e.g. requiring applicants to apply for jobs online would be negative as there is potential disadvantage to individuals with learning difficulties or older people (detail this in the reason column with evidence) however applicants can ask for an offline application as an alternative (detail this in the mitigation column)*

Protected Characteristic	Positive Impact *(benefit)*	Negative *(disadvantage or potential disadvantage)*	No Impact	Reasons to support your decision and evidence sought	Mitigation/adjustments already put in place
Age			X		
Sex			X		
Race			X		
Religion or Belief			X		
Disability			X		
Sexual Orientation			X		
Pregnancy/maternity			X		
Gender Reassignment			X		
Marriage & Civil Partnership			X		
Other			X		

If you have identified no negative impact for all please explain how you reached that decision and provide reference to any evidence (e.g. reviews undertaken, surveys, feedback, patient data etc.)
Policy is aimed at staff and the procedure to be taken to reduce the risks of spread of infection to other patients and staff. This is applicable to all

13. Does the policy raise any issues in relation to Human Rights as set out in the Human Rights Act 1998? *See Guidance for more details (NB if an absolute right is removed or affected the policy will need to be changed. If a limited or qualified right is removed or affected the decision needs to be proportional and legal)*

no

If you have identified negative impact for any of the above characteristics, and have not been able to identify any mitigation, you MUST complete Part 2, please see the full EIA document on the Equality and Diversity section of the Intranet and speak to [redacted]

[redacted]

Action	Lead	Timescales	Review Date

Declaration

I am satisfied this document/activity has been satisfactorily equality impact assessed and the outcome is:

No major change needed – EIA has not identified any potential for discrimination/adverse impact, or where it has this can be mitigated & all opportunities to promote equality have been taken

Adjust the policy – EIA has identified a need amend the policy in order to remove barriers or to better promote equality
You must ensure the policy has been amended before it can be ratified.

Adverse impact but continue with policy – EIA has identified an adverse impact but it is felt the policy cannot be amended.
You must complete Part 2 of the EIA before this policy can be ratified.

Stop and remove the policy – EIA has shown actual or potential unlawful discrimination and the policy has been removed

Name: [redacted]

Signed:

Appendix 4 - Version Control

Version	Section/Para/ Appendix	Version/description of amendments	Date	Author/Amended by
2.0		Review at expiry date	12/2013	[redacted]
3.0	5.2	Inclusion of COSHH	12/2013	
3.0	5.7	Review of Cleaning	12/2013	
3.0	Appendix 1	Inclusion cleaning of endoscopes	12/2013	
4.0	3.1	Microbial agent updated	03/2016	
4.0	3.2	Decontamination sections reviewed and updated	03/2016	
4.0	4.4	Bullet points reviewed and updated	03/2016	
4.0	4.5	Bullet points reviewed and updated	03/2016	
4.0	4.9	Bullet points reviewed and updated	03/2016	
4.0	6	Standards reviewed and updated	03/2016	
4.0	8	Paragraphs updated	03/2016	
4.0	9	Paragraphs updated	03/2016	

Translation Service

This information can be translated on request or if preferred an interpreter can be arranged. For additional information regarding these services please contact The Walton centre on 0151 525 3611

Gellir gofyn am gael cyfieithiad o'r deunydd hwn neu gellir trefnu cyfieithydd ar y pryd os yw hynny'n well gennych. I wybod rhagor am y gwasanaethau hyn cysylltwch â chanolfan Walton ar 0151 525 3611.

هذه المعلومات يمكن أن تُتَرْجَم عند الطّلب أو إذا فضّل المترجم يمكن أن يُرَتَّب للمعلومة الإضافيّة بخصوص هذه الخدمات من فضلك اتّصل بالمركز ولتون على 0151 5253611

ئەم زانیاریە دەکرێت وەربگێڕدرێت کاتێك کە داواکرێت یان ئەگەر بەباش زانرا دەکرێت وەرگێڕێك ئامادە بکرێت (ڕێك بخرێت) ، بۆ زانیاری زیاتر دەربارەی ئەم خزمەتگوزاریانە تکایە پەیوەندی بکە بە Walton Centre بە ژمارە تەلەفۆنی ١٥١٥٢٥٣٦١١ .

一经要求，可对此信息进行翻译，或者如果愿意的话，可以安排口译员。如需这些服务的额外信息，请联络Walton中心，电话是：0151 525 3611。