

CARE OF ALTERG SHORTS AND CLEANING GUIDANCE

Introduction to Guidance

Decontamination of medical equipment and cleaning of the healthcare environment is essential to the effective delivery of patient care regardless of the care environment.

This guidance covers the care of AlterG shorts to comply with national guidance. The guidance is presented at the end of a review of accepted healthcare practice

Guidance Aim

The aim is to give general guidance on the approved cleaning and disinfection of products mentioned as AlterG shorts, and outline cleaning responsibilities, to allow users to correctly use the appropriate product and cleaning and/or disinfection method.

Guidance Outcome

AlterG shorts used throughout the user setting will be decontaminated appropriate to the level of risk to ensure risk of cross infection is minimised.

Scope of Guidance

Health care practitioners are responsible for the management of risks within their scope as part of Health and Safety responsibilities and the Code of Practice duties.

This guidance is intended to be used alongside, and not replace, local Trust NHS policies/guidelines.

Target group

Users and user providers of AlterG Anti-gravity treadmill.

Specific responsibilities

AlterG - Responsibility to provide guidance and information on appropriate procedures and agents that can be used without detriment to the materials used.

Service Provider - The service/user provider has collective responsibility for ensuring assurance that appropriate and effective policies are in place to minimise the risks of health care associated infections.

It is the responsibility of managers to ensure that staff are aware of this policy, have a suitable and adequate supply of cleaning and disinfection products appropriate to the care environment and use appropriate dilutions effectively and safely and compatible with the manufacturers decontamination guidance.

Infection Prevention and Control Team - It is the responsibility of the Infection Prevention and Control team to oversee the development and implementation of infection prevention and control policies.

Legal obligations

The Health and Safety at Work etc. Act (1974) and The Control of Substances Hazardous to Health Regulations 2002.

Background to NHS Professionals Standard Infection Control Precautions

Standard Infection Control Precautions Clinical Governance V3 November 2010)

Scope of NHS Professionals Standard Infection Control Precautions

Guidance that applies to all health care personnel working for NHS Professionals in any healthcare setting, including Acute, Mental Health and Primary Care and Community NHS Trusts. It is intended to be used alongside, and not replace, local Trust NHS policies/guidelines.

What are Standard Infection Control Precautions?

Standard Infection Control Precautions (SICP) are designed to prevent cross transmission from recognised and unrecognised sources of infection. These sources of (potential) infection include blood and other body fluid secretions or excretions (excluding sweat), non – intact skin or mucous membranes and any equipment or items in the care environment which are likely to become contaminated. Where specific infections are present e.g. C diff, the organisations local policy should be followed and advice should be sought from the local infection prevention and control team.

Decontamination Process

This is a combination of processes, including cleaning and disinfection, which when used in combination make a re-usable item safe for re-use.

Cleaning

This is a process which physically removes soil e.g. dust, dirt and organic matter e.g. body fluids, from environmental surfaces and equipment. Cleaning must precede disinfection.

Disinfection

Disinfectants reduce the number of micro-organisms present but cannot be guaranteed to remove all e.g. spores. Efficiency of this process is dependent on:

- Efficient prior cleaning
- Appropriate disinfectant for the micro-organisms present
- Appropriate strength of the disinfectant
- Compatibility of the equipment
- Appropriate contact time

Assessment of risk

The level of decontamination required is determined by the type of equipment and/or environment and the intended use.

High Risk

- Items in close contact with a break in the skin or mucous membrane
- Items introduced into sterile body cavities
- Sterile single use

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Medium Risk

- Items in contact with mucous membranes
- Items/environment contaminated with potentially virulent or readily transmissible organisms
- Items prior to use on immuno-compromised patients
- Thorough cleaning followed by disinfection or sterilisation (appropriate service only)
- Single use

Low Risk

- Items in contact with healthy skin
- Items/environment not in direct contact with the patient
- Thorough cleaning

Cleaning - Detergents

Healthcare grade general purpose detergent diluted according to the manufacturers instructions should be used for all general cleaning in all clinical areas. The solution must be discarded on completion of each task. It is important to dry all items after cleaning as bacteria thrive in moist conditions. Bowls/buckets used for to dilution of detergents must be rinsed and stored inverted to drain. Detergents used must be risk assessed for Control of Substances Hazardous to Health (COSHH), included in COSHH inventories and safety data sheets held if appropriate.

Introduction to Management of Linen/Uniform/fabric

It has been shown that soiled fabric/linen within healthcare settings in particular, can harbor large numbers of potentially pathogenic microorganisms however it is not considered that fabric/linen/uniforms are a serious source of infection. It is important to ensure that the appropriate precautions are taken to ensure that contamination to and from fabric/linen/uniforms does not occur, as this might lead to the transmission of microorganism to people or the environment potentially causing infection. Everyone has an important part to play in improving patient/client safety. Undertaking SICPs are crucial elements in ensuring everyone's safety.

Main categories of linen applicable to this guideline are:

Used linen - this refers to all used linen, irrespective of state, except linen from infectious (or isolated) patients/clients or those suspected of being infectious. Infected linen - this specifically applies to linen that has been used by a patient or client who is known or suspected to be carrying potentially pathogenic microorganisms. Normally a risk assessment will have been carried out and additional precautions put in place to prevent transmission of microorganisms and subsequent infection of others. Local infection control teams will give specific advice.

Soiled linen - this term refers to linen contaminated with blood or other body fluids, e.g. faeces. This term is often used in practice and local policy will determine into which category the linen will be placed e.g. used or infected

Care of Linen/Uniform/fabric

There are some good practice guidelines which can be followed by NHS Professional staff to reduce the likelihood of cross contamination and these include:

- Change into a clean uniform at the start of each shift
- Change immediately if clothes become heavily soiled or contaminated
- Visible soiling or contamination is likely to be an infection risk
- Wash uniforms at the hottest programme suitable for the fabric (*Washing for 10 mins at 60 degrees removes most organisms – if fabric allows*)

AlterG Shorts Care Guidance

- The user risk is less than low as shorts are generally worn over clothing garments and are not in contact with skin depth.
- Sweat is less than low risk as a source of potential infection.
- Fabric/linen/uniforms are advisably washed at hottest programme suitable for the fabric. Shorts can be washed at 40 degrees in a washing machine and air-dried.
- Shorts can be reused at user provider's discretion but must be surface cleaned with detergent before each user. Shorts are tolerable of detergents containing Sodium Hypochlorite. NHS acknowledges Sodium Hypochlorite 1% as neat Milton.
- Shorts that become soiled will be returned to AlterG for appropriate management. Follow local guidelines for storage of these soiled items prior to collection.

AlterG Cleaning Guidance

The following is only guidance as to the advised cleaning frequency and detergents used when maintaining the AlterG machine in the clinical setting. This guidance is not exclusive and local guidelines must be met at the responsibility of the user:

| Detergent | Frequency | Rationale |
|---|-----------|---|
| Soap/water and detergent wipes e.g. sodium hypochlorite wipes | Daily | Daily cleaning procedure |
| 1000ppm hypochlorite (Actichlor) | Daily | For infected patients |
| 5000ppm hypochlorite (Actichlor) | Adhoc | <ul style="list-style-type: none">● When in contact with CDT or norovirus● Deep clean● Outbreak |
| 10000ppm hypochlorite (Actichlor) | Adhoc | When contaminated with blood borne viruses |

References

Medicines and Healthcare Regulatory Agency (MHRA) 2002. Sterilization, Disinfection and Cleaning of Medical Equipment. Guidance on Decontamination from the Microbiological Advisory Committee to the Department of Health (The MAC Manual) London. MHRA.

- Hazardous Waste England and Wales Regulations (2005)
- Person Protective Equipment (2009)
- National Public Health Service for Wales Model Policies (2009)
- NHS Healthcare Cleaning Manual (2005)
- NHS Scotland Model Infection Control Policies (2009)
- Uniforms & Work, evidence base for developing local policy DOH (2007)
- National Resource for Infection Control. Clinical Practice. Cleaning

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