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Introduction

This unit explores important issues related to:

- Clean and safe environments
- Environmental hygiene, including cleaning and decontamination of equipment
- Spillages of blood and body fluid.

It covers three of the Standard Infection Control Precautions (SICPs):

- Control of the Environment
- Management of Care Equipment
- Management of Blood and Body Fluid Spillages.
Learning Outcomes and Competencies

Learning Outcomes
The outcomes for this unit are that on completion, you will be able to:

1. Explain the principles of healthcare environmental cleanliness
2. Explain the importance of decontaminating shared patient equipment
3. State when the different methods of decontamination of equipment will be used and why
4. Explain the actions to be taken in the event of spillage of blood/body fluids

Competencies
The Core Competencies related to this unit are that on completion, you will be able to:

A. Act as a role model in promoting best practice in the maintenance of a clean healthcare environment
B. Demonstrate awareness of decontamination methods, with examples of when each might be used
C. Act as a role model in promoting best practice in selecting and using appropriate decontamination methods

Poor Environmental Hygiene and HAI are Linked

Key Points
Evidence from case reports and outbreaks of infection shows a link between poor environmental hygiene and the transmission of micro-organisms causing healthcare associated infections (HAI).

Issues such as ‘dirty hospitals’, prolonged hospital stay and even death from HAIs have been reported in the media.

Please read at least one of the reports on hygiene in hospitals from the BBC website. (E)

Hospital hygiene: Your stories, 25 November 2009 BBC

Working undercover at dirty hospital, 12 October 2007 BBC

It is important for you as a Cleanliness Champion to be aware of how effective a good level of environmental hygiene can be in the control of infection.
Stop and Think

How would you feel if you or your family were cared for in a dirty environment? Sadly there is evidence that outbreaks of infection can result in prolonged hospital stay and death.

What has been Done to Address this Problem?

The Healthcare Environment Inspectorate (HEI) was established in April 2009 with the aims of:

- Contributing to the prevention and control of HAI
- Providing public assurance and protection, to restore public trust and confidence
- Contributing to improvement in the healthcare environment including infection control, cleanliness and hygiene and the broader quality improvement agenda across NHSScotland.

The HEI conducts announced and unannounced hospital inspections which cover environmental cleanliness and staff awareness and training in infection prevention and control.

Further Information – Healthcare Environment Inspectorate

The Scottish Government’s commitment to ensuring all NHS facilities delivering healthcare should provide a clean and safe environment for patients represents a challenge for all healthcare employees. You can find out more about the HEI’s work on its website [http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/environment_inspectorate_hei.aspx](http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/environment_inspectorate_hei.aspx) - accessed 19 December 2011.

A Clean Environment

Let us look first at a ‘clean environment’.

The healthcare environment should be visibly clean and free from dust and soilage. A poor standard of cleanliness can lead to a lack of public confidence.

Many of the issues impacting on the cleanliness of the environment that we are highlighting should be regular and routine cleaning practices.

They include:

- Cleaning: removing visible dust and dirt by appropriate means
- Using the right materials
- Using suitable furniture and fittings which can be cleaned easily and which do not harbour micro-organisms
- Ensuring uncluttered spaces
- Knowing when and how to clean appropriately.
Cleaning - Removing Visible Dirt and Dust

In acknowledging that healthcare premises could be cleaner, we need to ask why cleanliness is important.

**Key Points**

Cleaning reduces the number of micro-organisms present and reduces the risk of their transfer to a susceptible patient.

A clean, dry environment is hostile to bacteria, but bacteria can be spread to other areas if cleaning is not carried out properly.

Because of this, visible dirt and dust should be removed regularly and methodically, and surfaces must be kept as dry as possible.

It is important to note, however, that most bacteria present in the environment are not harmful or cannot reach a susceptible site on the patient. For example, in adult healthcare settings, most bacteria on the floor are safe, as long as they stay on the floor.

**Key Points**

Some bacteria, notably *S. aureus*, *C. difficile* and *Acinetobacter* survive in dry environments, while others such as *Pseudomonas* multiply well in damp conditions. Because of this, visible dirt and dust should be removed regularly and methodically, and surfaces must be kept as dry as possible.

Removal of visible dirt and dust is also essential for patient and public confidence.

All surfaces, ledges and items that gather dust - televisions, artificial flowers and clinical equipment, for instance - should be cleaned regularly. It should be clear who is responsible for performing these tasks.

*Dusty call bell light (Source: HEI)*

**Brushing should be avoided** because it disperses dust into the air. Damp dusting and vacuuming (with three-stage filtration) should be used.

Where items are damp dusted or washed, the **minimum amount of water** should be used and the item or area dried afterwards, because bacteria multiply quickly in moist environments.
Cleaning Materials

Because bacteria multiply quickly in moist environments, cleaning materials should be stored dry.

A mop left sitting in dirty water will put more bacteria onto the floor than it takes off. Bacteria can also be spread from one area to another so water should be changed frequently when cleaning - when dirty, every 15 minutes and between tasks.

Cloths/mops that are disposable or which can be laundered or autoclaved should be used for each area, if possible. The work flow should move from cleaner to dirty areas.

Cleaning with Disinfectants

Disinfectants should only be used in accordance with local policy. They are rarely required for environmental cleaning.

However, 1,000 ppm available chlorine should be used routinely on sanitary fittings. Disinfectants may occasionally be advised by the Infection Control Team, e.g. during outbreaks, when additional cleaning may be required alongside routine measures.

Suitable Furniture and Fittings

An example of unsuitable furniture - broken seat cover with exposed foam on chair. (Source: HEI)

Let us look at some of the requirements that should be in place and the practices that should be promoted to maximise environmental hygiene.

Key Points

To facilitate cleaning:

- Surfaces should be smooth and intact as cracks harbour bacteria.
- Surfaces should be waterproof and capable of being cleaned - this is especially important in kitchens, sanitary areas, decontamination rooms and in treatment areas.
- Fittings such as sinks and kitchen worktops should be fixed and sealed to the walls.
- Furniture should be water resistant and be cleanable (suitability should be checked with the Infection Control Team or the manufacturer prior to purchase).
- Mattress covers should be waterproof and must be checked regularly for signs of wear.
- Furnishings, e.g. mattresses, chairs, dental chairs, commode lids/backs that are split or with exposed foam should be removed from use and repaired or replaced.
Ensuring Uncluttered Spaces

As a general rule, areas should be tidy and uncluttered. This is especially important in some rooms, e.g. isolation and treatment rooms in which anything that is not needed should be removed.

Protecting against Dust

Items should be stored in cupboards rather than in the open air where they will become covered with dust.

If this is not possible - e.g. with a resuscitation trolley - the item should be covered with a clear plastic sheet.

Resuscitation trolley covered with a clear plastic sheet

When and How to Clean

Every member of staff needs to be clear about their specific responsibilities for cleaning equipment and clinical areas, especially those in close proximity to patients. Responsibilities for cleaning schedules should be clearly defined, documented and available.

What Can You Do?

When it comes to environmental hygiene, it is helpful as a Cleanliness Champion to clarify responsibility at the outset.

Colour Coding

In the NHS, all cleaning materials and equipment should be colour coded in accordance with the coding scheme outlined in the NHSScotland National Cleaning Services Specification. Cleaning equipment should only be used in the area indicated by the colour scheme.

When to Clean

Cleaning should be carried out:

- **On a routine, scheduled basis** (particularly in care settings), as detailed in the local area or according to the National Cleaning Services Specification. Generally this will involve cleaning on a daily/twice daily basis, or be based on a risk assessment, e.g. between patients. The frequency of cleaning should reflect the risk of HAI. High-risk sites, frequently touched surfaces and the ‘near patient zone’ have been identified as providing a greater potential risk of HAI.
- When surfaces are visibly dirty, e.g. when contaminated with dust or soilage.
- Immediately when spillages occur.
- Whenever a patient is discharged from the care environment - so-called ‘terminal cleaning’. Specific guidance may be in place locally to guide staff on the steps to take upon patient discharge to ensure the environment is safe to receive the next patient. These environments can include rooms, wards and (mobile) treatment areas in all settings.
- Where areas/items are found to be consistently unclean, particularly following times when cleaning routines should have been performed. Items which are in poor state of repair should be reported.

How to Clean

- Equipment used for the cleaning of the environment should itself be clean, fit for purpose and in a good state of repair.
- Staff undertaking cleaning should ensure all equipment/receptacles used to clean care equipment are close at hand and are clean before use.
- Staff should utilise single-use items, such as disposable cloths, as far as possible in health and social care settings. This includes appropriate Personal Protective Equipment (PPE).
- Ensure all areas are thoroughly cleaned and free from dust and grime, paying particular attention to harder to reach areas, such as corners, edges and underneath of beds. The mechanical action of cleaning is important.
- General-purpose detergent is generally suitable for all care equipment and should be used unless otherwise indicated at local level (antimicrobial agents are not routinely recommended). Only products supplied by your employer should be used.
- Do not use chlorhexidine (e.g. Hibiscrub) and other hand hygiene antiseptic agents for cleaning of equipment.
- Alcohol should not be used where soilage with, for instance, blood or faeces has occurred. Note: Alcohol wipes should only be used following cleaning. They should be used appropriately as directed by manufacturers’ instructions or local policy for decontamination of equipment. Some equipment cannot be cleaned by alcohol as it causes damage - mattress covers are an example.
- Detergent wipes and disinfectant wipes should be used according to manufacturers’ guidelines and local policy.
- Follow manufacturers’ guidance and local policy on the chosen cleaning agent regarding amount to be used, dilution and contact time where appropriate.
- Ensure solutions are made up freshly according to manufacturers’ instructions. Those made up and stored within a receptacle must be labelled with solution name, date and time made up. Staff should check this and dispose appropriately.
Blood and Body Fluid Spillages

We are now going to explain how spillages of blood and body fluids are dealt with.

Cleaning up blood or body fluids spillages should be done promptly, as they may expose you to blood-borne viruses or harmful micro-organisms.

It is, therefore, crucial that you wear appropriate PPE and that you follow your local policy.

It must also be assumed that every person encountered could be carrying potentially harmful micro-organisms that might be transmitted and cause harm to others.

As such, safe and effective management of blood and other body fluid spillages in particular is a precaution that must be applied as standard. Management of blood and body fluid spillages is one of the 10 elements of the SICPs.

Further Information - SICPs

National Infection Prevention & Control Manual - Part 1 SICPs


Chlorine-Releasing Agents

Chlorine-releasing agents are generally used for blood spillage and are available in liquid, tablet or granule form. They are inactivated by organic matter so a high concentration is required for blood spills, commonly 10,000 ppm (parts per million). This is higher than is used for environmental cleaning.

Key Points

Follow local policy on:
- Making up the solution (if required)
- Dealing with the spillage
- How to store any made-up solution.
Spillages - Key Points

- Responsibilities for the cleaning of blood and body fluid spillages should be clear within each area/care setting.
- Spillages should be dealt with immediately.
- All necessary equipment to deal with a spillage must first be gathered, including PPE and any spillage kits:
  - Gloves are essential, and protective facewear, apron or gown should be worn if there is a risk of splashing to eyes, mouth and/or body
  - Waste receptacle - check the correct waste bag is available, particularly in clinical/care settings; yellow or orange bags are used for clinical waste
- Items to manage the spillage:
  - Containment of spillages may be necessary in the first instance - this should be done using disposable towels
  - Disinfectant if indicated (approved, appropriate solution or granules containing sodium hypochlorite or sodium dichlorisocyanurate)
  - Water and general purpose detergent.
    (Many of the items used are often contained within spillage kits. Spillage kits might also contain single-incident use disposable scoops).
- If necessary, a sign which can be displayed or the use of a physical barrier to ensure all other persons avoid the spillage while it is being dealt with.
- All items used during a spillage must be disposed of or cleaned appropriately.
- Hand hygiene should be performed following management of spillages.
Stop and Think

What spillages occur frequently in your area? How would you deal with them?

Check your answer against the flowchart.

(from the National Infection Prevention & Control Manual - Part 1 SICPs (HPS, 2012) (Appendix 8 – Management of blood and body fluid spillages)

We will now move on and look at another important aspect of the maintenance of a clean healthcare environment: the decontamination of equipment.
Decontamination of Equipment

Key Points

Decontamination of equipment, which is a means of removing contaminants such as micro-organisms and dirt to reduce hazards, is also required so that the equipment is safe to handle and use.

Although practical issues such as intact surfaces and appropriate dusting methods help to promote environmental hygiene, other measures have to be taken, especially with regard to equipment.

When to Decontaminate Equipment

As an example, consider the use of an examination couch, commode or bath.

These pieces of equipment could, in the space of a morning, be used by 10 patients.

How can you be sure that the equipment does not become a reservoir for harmful micro-organisms and therefore put susceptible patients at risk?

Typical examination couch

Commode

Key Points

Where a piece of equipment is used for more than one patient it must be decontaminated following each and every episode of use.

Decontamination should also be carried out, in a systematic manner:

- At regular predefined intervals as part of an equipment cleaning protocol
- After blood or body fluid contamination
- Before disinfection or sterilisation
- Before inspection, servicing or repair
- Before disposal.
Equipment Storage and Repairs

Commode soiled with faeces (Source: HEI)

Equipment Storage

Care equipment should never be stored following use without first being decontaminated and should be checked for cleanliness before use. Storage areas should be kept clean and tidy.

Equipment Repairs

The state of repair of care equipment is also important to prevent harbouring of bacteria. Any equipment that requires to be sent for repair or service must first be decontaminated appropriately.

How to Decontaminate Equipment

There are three methods used for decontamination of equipment, depending on the risk of the equipment becoming a reservoir for, or a means of, transmitting infection.

The methods are:

- **Cleaning** - the removal of visible soiling (e.g., organic and inorganic material) from objects and surfaces
- **Disinfection** - a process that eliminates many or all pathogenic micro-organisms, except spores, on objects and surfaces
- **Sterilisation** - a process that destroys or eliminates all forms of microbial life.

Thorough cleaning is essential before disinfection and sterilisation, because inorganic and organic materials that remain on the surfaces of items interfere with the effectiveness of these processes. A warm solution of neutral detergent is usually sufficient for cleaning.

Key Points

To fail to decontaminate adequately will not only spread infection and put patients and staff at risk, but could also lead to life-threatening outbreaks in some cases.
Further Information – Surgical Instruments

Instruments and equipment used on patients must be safe.

Study the key advice summarised in the diagram which is applicable to the reprocessing of surgical instruments where undertaken locally. Effective decontamination requires the control and monitoring of all stages of the life cycle process shown in the diagram.

Life cycle of re-useable surgical instruments (Source: http://scotland.gov.uk/Publications/2004/11/20093/45210)

At all stages, it is imperative that decontamination issues relating to the environment, equipment, facilities, management and policies/procedures are taken into account.
Risk Assessment

The level of decontamination required can be assessed or determined using a risk assessment tool.

The level of risk extends from minimal risk to high risk and includes decontamination activities from cleaning and drying to disinfection and sterilisation.

Key Points

The underlying principle is to assess what the equipment may be contaminated with, and when and on whom it was last used. You need to ask whether there were any known infection risks and how the equipment will be used on the next patient.

Equipment which will be in contact with a site of the body which is sterile is always high risk - in such cases, equipment needs to be sterile.

Also, are there any risk factors linked to patient care that make the patient especially susceptible to infection? Such situations can move the risk from minimal or low, requiring cleaning, to a higher level of risk that may require disinfection. If you are ever unsure, you should ask.

Risk Assessment Guide

This table summarises information on the levels of risks.

Consider the examples of minimal, low, medium and high risk and the level of decontamination you require.

You should check them against other examples in your own local policy manual. It is worth repeating that if you are ever unsure, you should ask for guidance.
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<th>Risk</th>
<th>Application of item</th>
<th>Recommendation</th>
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<tr>
<td>Minimal</td>
<td>• Items some distance away from the patient such as environmental surfaces and fittings, including: - Walls - Floors - Ceilings - Sinks and drains.</td>
<td>Cleaning and drying are adequate, but additional measures may be advised during an outbreak</td>
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<td>• Items in close proximity to the patient but unlikely to be contaminated with a significant number of pathogens, or which pose a significant risk of transfer of pathogens to a susceptible site, including: - Bed-frames - Lockers - Flower vases - Work surfaces.</td>
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<td>Low</td>
<td>• Items in contact with normal intact skin, such as: - Stethoscopes - Washing bowls - Crockery and cutlery - Dental Chairs</td>
<td>Cleaning and drying are adequate, but additional measures may be advised during an outbreak</td>
</tr>
<tr>
<td>Intermediate</td>
<td>• Items in contact with mucous membranes, such as: - Respiratory equipment - Thermometers - Gastroscopes - Bronchoscopes.</td>
<td>Disinfection or sterilisation</td>
</tr>
<tr>
<td></td>
<td>• Items contaminated with particularly virulent or readily transmissible organisms, including bedpans of patients with known or suspected salmonella infection.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Items to be used on highly susceptible patients.</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>• Items in close contact with a break in the skin or mucous membranes, such as dressings.</td>
<td>Sterilisation</td>
</tr>
<tr>
<td></td>
<td>• Items introduced into a normally sterile body site, including: - Surgical instruments - Syringe needles - Urinary catheters.</td>
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Key Risk Assessment Questions

Stop and Think

What questions do you need to ask when trying to decide on the right level of decontamination?

Questions that you should ask include:

- Would cleaning be sufficient?
- Is disinfection needed?
- Is sterilisation required?
- Could disposables be used economically instead?

Where can you find the answers to these questions? You will find them in your local policy.

Local Decontamination Policy

There should be documentation, e.g. risk assessment, manufacturers’ instructions or cleaning protocols on any re-usable medical devices decontaminated at unit level.

It is important to ensure that:

- Items marked as single use are not being cleaned and re-used, identified with the ‘Do not re-use’ symbol
- No instruments are being decontaminated in your area that could be returned to a central area or sterilising department
- Any new equipment is brought to the attention of the Infection Control Team, preferably before it is purchased.
Check Your Learning

Please answer these questions to check your learning for this unit. You can find the answers to the questions at the end of the unit.

Question 1

Which of these environments is most hostile to bacteria?
- Dirty and wet
- Dirty and dry
- Clean and wet
- Clean and dry

Question 2

Match the colours of cleaning equipment – Yellow, Blue, Green, Red - to their cleaning areas. Write your answer in the text box corresponding to the area you think is correct.

Catering
Isolation

Bathrooms
General ward areas

Question 3

Match the following items of equipment - Syringe needles, crockery, oral thermometers, floors - to the appropriate decontamination risk level. Write your answer in the text box corresponding to the risk level you think is correct.

Minimal risk
Low risk

Intermediate risk
High risk

Question 4

Match each term to their correct definition – Cleaning, Sterilisation, Disinfection, Decontamination.

Write your answer in the text box corresponding to the definition you think is correct.

Removing contaminants such as micro-organisms and dirt to reduce hazards

The removal of visible soiling from objects and surfaces

A process that removes many or all pathogenic micro-organisms except spores

A process that destroys or eliminates all forms of microbial life

Question 5

Which of these micro-organisms is not able to survive in dry conditions? Tick the correct answer.
- S. aureus
- Acinetobacter
- Pseudomonas
- C. difficile

Question 6

When should patient equipment be decontaminated? Tick all that apply.
- Before disinfection
- Before repair
- After use
- Routinely
Question 7
What does the symbol signify? Tick the correct answer.

Only one product in the box  Do not use 2 products at a time
Can be used single-handed  Do not reuse

Question 8
Is this statement True or False?
Items in close contact with a break in the skin or mucous membrane require sterilisation.
True  False

Question 9
Is this statement True or False?
Sanitary fittings should be disinfected with 1,000 ppm chlorine.
True  False

Question 10
Is this statement True or False?
Urine spillages should be decontaminated with 10,000 ppm chlorine.
True  False

Question 11
Which of the statements is False? Tick the False answer.
Clinical areas should be cleaned:
When visibly dirty  Immediately when spillages occur
Whenever a patient is discharged  Weekly
Summary and Conclusion

Summary

In this unit we have covered a range of issues linked to the clean environment, including cleaning and decontamination of equipment.

Conclusion

We raised the point that familiarity with local policies is crucial, as is being aware of whose role it is to ensure safety, cleanliness and the prevention and control of infection.

Assessment

Your next step is to complete the Folder of Evidence for Unit 6. Please remember that you could complete several Content Units in one session, before perhaps undertaking a block of Folder of Evidence activities.
References & Further Information

The following web resources and articles are those referred to within this unit. They have been grouped together for your convenience.

Further Information

You can find the full list of web links for the Cleanliness Champions Programme on the NHS Education for Scotland HAI website under Educational Programmes within the Cleanliness Champion section at:

www.nes-hai.info


Glossary

Acinetobacter  Bacteria which are a key source of infection particularly among debilitated hospital patients.

C. difficile  Clostridium difficile. A bacterium often associated with outbreaks of diarrhoea, especially in elderly patients who have received antibiotics.

Cleaning  Cleaning is the removal of visible soiling (e.g., organic and inorganic material) from objects and surfaces.

Decontamination  Decontamination is a means of removing contaminants such as micro-organisms and dirt to reduce hazards.

S. aureus  Staphylococcus aureus. A bacterium commonly found in the nose and on the skin. However, can cause life-threatening diseases such as pneumonia and sepsis. Resistance to antibiotics is an increasing problem.
Question 1

Which of these environments is most hostile to bacteria?
Correct answer: Clean and dry environments are most hostile to bacteria.

Question 2

Match the colours of cleaning equipment – Yellow, Blue, Green, Red - to their cleaning areas.
Correct answers:
Bathrooms - Red
Catering - Green
Isolation - Yellow
General ward areas – Blue
If you got any answers wrong, please have another look at the colour coding leaflet.

Question 3

Match the appropriate decontamination risk level – Minimal Risk, Low Risk, Intermediate Risk, High Risk – to the relevant item/area.
Correct answers:
Minimal risk: Floors
Low risk: Crockery
Intermediate risk: Oral thermometers
High risk: Syringe needles
If you got any answers wrong, please have another look at the Risk Assessment Guide.

Question 4

Match each term to their correct definition – Cleaning, Sterilisation, Disinfection, Decontamination.
Correct answers:
Removing contaminants such as micro-organisms and dirt to reduce hazards - Decontamination
The removal of visible soiling from objects and surfaces - Cleaning
A process that eliminates many or all pathogenic micro-organisms, except spores - Disinfection
A process that destroys or eliminates all forms of microbial life - Sterilisation
If you got any answers wrong, please have another look at the section How to Decontaminate Equipment.

Question 5

Which of these micro-organisms is not able to survive in dry conditions?
Correct answer: Pseudomonas – it requires damp conditions to survive.

Question 6

When should patient equipment be decontaminated?
Correct answers:
Before disinfection
Before repair
After use
Routinely
All these are indications for decontamination of equipment.
Question 7

*What does the symbol signify?*

Correct answer: Do not reuse

Question 8

*Is this statement True or False? Items in close contact with a break in the skin or mucous membrane require sterilisation.*
Correct answer: True

Question 9

*Is this statement True or False? Sanitary fittings should be disinfected with 1,000 ppm chlorine.*
Correct answer: True

Question 10

*Is this statement True or False? Urine spillages should be decontaminated with 10,000 ppm chlorine.*
Correct answer: False. Urine spillages should be decontaminated with 1,000 ppm chlorine.

Question 11

*Which of the statements is False?*
Correct answer: ‘Clinical areas should be cleaned weekly’ is the False statement

According to the National Cleaning Services Specification, clinical areas should be cleaned at least daily. In some environments, e.g., operating theatres, this might be after each patient.