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DECONTAMINATION OF PATIENT EQUIPMENT & THE PATIENT ENVIROMENT

(To be read in conjunction with the Infection Prevention Policy NGH-PO-248 and the Decontamination of Reusable Medical Devices Policy NGH-PO-418)

NGH-PC-870

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1. INTRODUCTION

In the hospital setting, effective decontamination is essential to remove micro-organisms from both the patient environment and patient equipment to prevent cross-infection or the transmission of micro-organisms from patient to patient. Therefore the Health Act 2008 (DH, 2010) requires that high standards of cleanliness are maintained to protect patients from the risk of infection. As all clinical and domestic staff have a responsibility to ensure that the cleanliness of the patient environment and patient equipment is upheld, the purpose of this procedural document is therefore to inform clinical and domestic staff of the correct procedures for:

- Cleaning and decontaminating patient equipment
- Conducting a daily isolation clean of a side room
- Conducting a deep isolation clean of a side room
- Conducting a deep isolation clean of a bed space or bay

2. DEFINITIONS

Cleaning	Is the process of using detergent to physically remove large numbers of micro-organisms and the organic material on which they survive, such as dust or dirt, from patient equipment or the patient environment. This level of decontamination is sufficient when the patient does not have an infection or suspected infection.
Disinfection	Is the process of using a disinfectant to remove most of the pathogenic organisms from an item of patient equipment or the patient environment. This level of decontamination is required when the patient has an infection or suspected infection.
Decontamination	The combination of processes, including cleaning, disinfection (and for reusable medical devices sterilisation), used to render an item safe for further use.
Infection Prevention and Control Team	The Director of Infection Prevention and Control (Director of Nursing, Midwifery & Patient Services) is a strategic role with responsibility to the chief Executive for overseeing the Trust's performance relating to infection preventative and control issues.

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3. PROCESS OF PROCEDURE

3.1. Decontamination of patient equipment

The Saving Lives (DH, 2010) decontamination care bundle provides a means for trusts to assure compliance with the Health Act 2008 (DH, 2010) Code of Practice and to ensure patient and public confidence that the cleanliness standards in healthcare organisations continue to rise. Therefore:

- Hands must be washed with soap and water before and after cleaning equipment
- Correct personal protective equipment (PPE) (gloves and apron) is worn when cleaning patient equipment
- Cleaning or disinfection is carried out immediately following use of the equipment
- Patient equipment located in general ward areas or used on patients with no infection risks can be cleaned with detergent wipes or detergent and water followed by effective drying
- Patient equipment located in isolation areas, or used on patients with an infection or suspected infection, must be cleaned and disinfected prior to its removal from that area with **Chlorclean** – a combined detergent and disinfectant solution that contains 1,000 parts per million of available chlorine
- Patient equipment that is contaminated with blood or heavily blood stained body fluid must be decontaminated with **HazTabs** – a disinfectant that contains 10,000 parts per million of available chlorine
- Patient equipment is cleaned systematically from the top down
- Clean equipment is stored separately from used items and away from areas where cleaning is taking place, to reduce risk of recontamination
- Cleaning is documented by the person who cleaned the item and the item is labelled as clean – see Appendix 4 for further information
- Equipment which cannot be cleaned must be risk assessed on a need-to-use basis, or alternatively designated for single patient use. Local decontamination guidance from the trust's infection prevention team and decontamination lead must be sought
- Single-use items should be used where possible and must not be used more than once and are identified by the following symbol: 
- When new items of equipment are considered for purchase, the manufacturer's advice on cleaning must be sought and training, if necessary, must precede use. The IPT do not recommend the purchase of any item of equipment that is not capable of being disinfected by chlorine or other sporicidal agents.

Please see Appendix 4 for further information on how to label clean equipment and Appendix 5 for further information on cleaning frequencies and responsibilities for specific items of patient equipment

3.2. Decontamination of the patient environment

The Saving Lives (DH, 2010) decontamination care bundle provides a means for trusts to assure compliance with the Health Act 2008 (DH, 2010) Code of Practice and the 2007 national specifications for cleanliness and, importantly, to ensure patient and public confidence that the cleanliness standards in healthcare organisations continue to rise. Therefore:

- Hands must be washed with soap and water before and after cleaning

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- Correct personal protective equipment (PPE) (gloves and apron) is worn when cleaning the patient environment
- All staff undertaking cleaning duties should have access to the appropriate cleaning materials and products
- A clutter-free environment and the adoption of local 'clean as you go' policies will provide the foundation for delivering high-quality care in a clean, safe place and facilitate effective environmental cleaning
- Clear identification of a visibly clean environment will provide reassurance to patients that they are receiving safe care in a clean environment
- Cleaning with detergent is sufficient for cleaning the environment where patients are free from infections or suspected infections
- Disinfection using Chlorclean is required for daily isolation cleaning and for deep clean isolation cleaning. It is especially important during outbreak situations. The Daily Isolation Clean and Deep Isolation procedures are detailed in Appendices 1-3
- **N.B.** Read instructions carefully and dilute Chlorclean to the correct strength with cold water. Chlorclean can be dangerous if incorrectly used and quickly becomes inactive after 24 hours so the bottle must be date labelled when diluted. If staff have an allergy to Chlorclean then they may have to use Sanichlor on Occupational Health advice.
- Mops, brushes etc. must not be stored in disinfectants and must always be stored inverted and dry. The following national colour coding system (NPSA, 2007) is used throughout the trust:

Yellow mops and cloths	Isolation areas
Red mops and cloths	Bathrooms, washrooms, showers, toilets, basins and bathroom floors.
Blue mops and cloths	General areas including departments, offices and basins in public areas.
Green mops and cloths	Catering departments, ward kitchen areas and patient food service at ward level.

Disposable aprons are effective barriers and when used correctly help to prevent cross infection:

- Discard after patient contact following a "dirty task"
- Always discard after cleaning spillage, etc.
- Apply fresh apron before undertaking "clean task" i.e. feeding patients.
- Apply fresh aprons before undertaking aseptic procedures (aprons should be readily available in all ward areas - preferably in designated dispensers).

For how to conduct:

- A daily isolation clean – refer to Appendix 1
- A deep clean of a bed space – refer to Appendix 2
- A deep clean of an isolation room – refer to Appendix 3

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For any other information regarding the decontamination of the patient environment, please refer to the trust Cleaning Services Policy.

4. TRAINING REQUIREMENTS

4.1. Training

All staff will undertake infection prevention training that includes how to effectively decontaminate equipment and the importance of effective hand hygiene in the prevention of infection to patients on induction and annually thereafter, as defined in the Trust Mandatory Training Policy. The Domestic Supervisors Team provides training for domestic staff with regards to the effective decontamination of the patient environment.

4.2. Audit

The effective decontamination of patient equipment is audited locally every month in every clinical ward and department using the Saving Lives (DH, 2010) High Impact Intervention 8 audit tool: *Care bundle to improve the cleaning and decontamination of clinical equipment*. Results of these audits are reported on the matrons' dashboard to the Infection Prevention Committee every month for monitoring and actioning if non-compliance is noted.

The effective decontamination of the patient environment is audited locally every month in every clinical ward and department using the trust ward / department / theatres cleanliness audit tools. Guidance on how to complete these audit tools is available from the Infection Prevention Team or by accessing the following link on the intranet:

<http://thestreet/ClinicalInformation/Ward-Environment-and-Cleanliness-Audits/Ward-Environment-and-Cleanliness-Audits.aspx>

Results of these audits are also reported monthly on the matrons' dashboard to the Infection Prevention Committee for monitoring and actioning if issues arise.

The Infection Prevention Team also conduct an environmental audit every year on every ward to provide further internal assurance that the patient environment and equipment within it is clean, intact and fit for purpose. These audit results are also reported to the Infection Prevention Committee for monitoring and actioning where appropriate.

5. REFERENCES & ASSOCIATED DOCUMENTATION

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6. APPENDICES

Appendix 1 DAILY ISOLATION CLEANS

A high standard of daily cleaning is an essential element of isolation nursing practice. This is especially important during an outbreak situation when a high standard of daily cleaning greatly assists to reduce spread. It is essential for isolation rooms to be cleaned daily. They do not need to be left until last. Good practice will ensure that there is no risk to other patients or staff.

The cleaning method used is as important as the materials and the following guidance is intended for all staff to follow. All the necessary equipment for cleaning should be routinely available on the wards.

Equipment needed

- Disposable gloves and aprons
- Chlorclean-Chlorine releasing agent tablets
- Disposable 'J' cloths
- Orange Waste plastic refuse sack
- Waste bag ties
- Yellow bucket (Should be left clean and dry)
- Yellow mop handle (Should be left clean and dry)
- 1 clean disposable mop head
- (In an outbreak there should be a spare yellow bucket and mop handle on the ward. If not use a clean one from an isolation room and return clean and dry after use).

Cleaning Method - Daily Isolation Clean

Wash and dry hands and put on disposable gloves and apron

In the domestic room or sluice make up the Chlorclean solution in the yellow mop bucket.

Using the solution ensure cloth is wrung as dry as possible and working from 'cleanest to dirtiest' clean and dry all horizontal surfaces – bed, locker, window ledges, door handles etc Clean bed frame underneath.

Clean en-suite or designated commode (if allocated) using the same method i.e. from 'clean to dirty', ensure door handles and toilet handle are cleaned.

Use lavatory brush to clean lavatory and cloth to clean outside of lavatory bowl.

Dispose of cloth into clinical waste bag.

Use mop and same bucket of Chlorclean solution to clean floor (ensure mop is wrung as dry as possible), cleaning from the back of the room to the door.

Change gloves and apron and wash hands

Take bucket and mop to domestic room / sluice, dispose of water in mop sink/slop hopper.

Clean, rinse and dry bucket and store in isolation room.

Dispose of mop head into clinical waste with gloves and apron.

Wash and dry hands thoroughly.

N.B. It is the responsibility of the nursing staff to clean any medical or patient equipment with Chlorclean after each use (see appendix 11).

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Appendix 2 DEEP CLEAN ISOLATION CLEANS – BEDSPACE

PLEASE READ THIS THOROUGHLY BEFORE COLLECTING EQUIPMENT

Ensure laundry has been removed BEFORE you collect equipment and start cleaning. Also check if curtains are required to be changed. Any patient equipment must be thoroughly cleaned, disinfected with Chlorclean and dried before being used by other patients.

N.B. Curtains need changing following an outbreak of viral diarrhoea and vomiting infection, Clostridium difficile infection or airborne infection i.e. Tuberculosis or Chicken pox. Curtains around bed-spaces occupied by patients with MRSA only need changing if the patient has occupied the bed for two weeks or more, or if visibly soiled – check with nursing staff. Otherwise curtains should be routinely changed or replaced every six months.

Two curtains will be required unless bed is next to window when only one bed curtain will be needed. If window has curtains then one pair of window curtains will also be needed and a water-soluble bag and blue transportation linen bag. (Note: Most wards now have disposable curtains, check availability before replacing)

- Wear disposable gloves and apron to take down curtains before beginning cleaning.
- Dispose of disposable curtains into clinical waste
- Place reusable fabric curtains in water-soluble bag and inside blue linen bag, label bag with ward name and contents to ensure curtains are returned safely.
- Remove gloves and apron and place in clinical waste at nearest wash basin.
- Wash and dry hands thoroughly.

All the necessary equipment for cleaning should be routinely available on the wards.

Equipment Needed

- Disposable gloves and aprons
- Chlorclean-Chlorine releasing tablets
- Disposable 'J' cloths
- Orange plastic refuse sack
- Waste bag ties
- Yellow bucket (Should be left clean and dry)
- Yellow mop handle (Should be left clean and dry)
- There should be a spare yellow bucket and mop handle on the ward.
- If not use a clean one from an isolation room and return clean and dry after use
- 1 x clean disposable mop head (if not available on ward should be collected from Hotel Services Supervisors Office on Hospital Street)
- Water-soluble liner for blue laundry bag (Only needed if changing curtains)

Collect equipment – (as above)

- Equipment should stay outside curtained area of bed space.
- It should be placed on a clean small trolley or chair until needed.
- Try to avoid going in and out of bed space

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Cleaning Method - Bed Space

- Wash and dry hands and put on disposable gloves and apron.
- In the domestic room or sluice make up Chlorclean 1000ppm solution in the yellow mop bucket.
- Using the Chlorclean solution ensure cloth is wrung as dry as possible and progress from 'cleanest to dirtiest'.
- Thoroughly clean and dry all furniture including door handles, fixtures and fittings including pillows, mattress (it is very important to thoroughly dry underneath the mattress). NB – not all mattresses should be turned – Please check if you are unsure.
- Clean bed frame underneath and commode if allocated.
- Dispose of cloth into clinical waste bag.
- If the bed is next to a window with a blind it may be necessary to use the clean floor mop (well wrung out) to reach the top of the blind.
- Use mop and same bucket of Chlorclean solution to clean floor (ensure mop is wrung as dry as possible). Cleaning from the back of the room to the door.
- Dispose of mop head into clinical waste with gloves and apron.
- Change gloves and apron and wash hands
- Dispose of clinical waste bag into yellow skip and take bucket and mop to domestic cupboard or sluice and dispose of water in the mop sink or slop hopper.
- Clean, rinse and dry bucket and store inverted.
- Remove gloves and aprons, discard gloves and aprons in clinical waste and wash and dry hands thoroughly.
- Hang clean curtains.
- Bed space is ready for use – inform relevant nursing staff.

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Appendix 3 DEEP CLEAN ISOLATION CLEANS – ROOMS

PLEASE READ THIS THOROUGHLY BEFORE COLLECTING EQUIPMENT

Ensure laundry and any equipment including any sharps boxes etc. has been removed BEFORE you collect equipment and start cleaning

All the necessary equipment for cleaning should be routinely available on the wards.

Equipment needed

- Disposable gloves and aprons
- Chlorclean – chlorine releasing tablets
- Disposable 'J' cloths
- Orange plastic refuse sack (may use the one already in room if not too full)
- Waste bag ties
- Yellow bucket used for daily room cleaning (Should be left clean and dry in room or en-suite)
- Yellow mop handle used for daily room cleaning (Should be left clean and dry in room or en-suite)
- Clean disposable mop heads (if not available on ward should be collected from Hotel Services Supervisors Office on Hospital Street)
- Water-soluble liner for blue terylene laundry bag (Only needed if changing curtains)

If room has window curtains, remove them prior to cleaning the room and hang new ones after the room has been cleaned (see procedure for cleaning of bed space).

Cleaning Method - Rooms

- Wash and dry hands and put on disposable gloves and apron
- In the cleaners room or sluice make up the Chlorclean solution in the yellow mop bucket from the room.
- Take to isolation room. Equipment should stay outside room. It should be placed on a clean small trolley or chair until needed. Do NOT go in and out of room.
- Dispose of unused paper towels, toilets rolls etc into clinical waste bag and place near door of room.
- Using the Chlorclean solution ensure cloth is wrung as dry as possible and progress from 'cleanest to dirtiest'.
- Clean washbasin and surrounding area, including soap and alcohol gel dispensers. (It is NOT necessary to throw away cartons)
- Thoroughly clean and dry all furniture including door handles, fixtures and fittings including pillows, mattress (it is very important to thoroughly dry underneath the mattress). NB – not all mattresses should be turned – please check if unsure.
- It may be necessary to use the clean floor mop (well wrung out) to clean the top of the blind if you cannot reach
- Clean bed frame underneath and commode if there is one.
- Dispose of cloth into clinical waste bag.
- Use mop and same bucket of Chlorclean solution to clean floor (ensure mop is wrung as dry as possible).
- Dispose of mop head into clinical waste with gloves and apron and wash hands.
- Put clean gloves and apron on

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- Dispose of clinical waste bag into yellow skip and take bucket and mop to domestic cupboard or sluice and dispose of water in the mop sink or slop hopper.
- Clean, rinse and dry bucket and store inverted.
- Remove gloves and aprons, discard into clinical waste and wash and dry hands thoroughly.
- Hang clean curtains if necessary.
- Room is ready for use – inform relevant nursing staff

If the room has an en-suite

1. Using the Chlorclean solution and wringing cloth as dry as possible, thoroughly clean
2. the door handle, sink, pipes, mirror and ledges, lavatory handle.
3. Clean the lavatory with the toilet brush and outside of lavatory and lavatory seat with solution cloth.
4. Dispose of cloth into clinical waste.
5. Using the Chlorclean solution thoroughly mop clean the floor in the room (and en-suite starting in the room first if possible) without walking on the floor you have cleaned.
6. Work your way towards the door of the room.
7. When finished take the mop and bucket to the sluice/cleaners room.
8. Squeeze out the mop as thoroughly as possible.
9. Empty the water down the slop-hopper.
10. Rinse and dry the bucket well.
11. Remove mop-head and dispose of into clinical waste
12. Collect clinical waste bag from outside of room, swan neck and attach tie
13. Take to waste collection point
14. Remove gloves and apron and dispose of into clinical waste bag in sluice/cleaners room
15. Wash and dry hands thoroughly
16. Restock paper towels in room (and toilet rolls if en-suite)
17. Hang clean curtains if necessary
18. Room is ready for use – inform appropriate nursing staff

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Appendix 5 CLEANING FREQUENCIES AND RESPONSIBILITIES FOR PATIENT EQUIPMENT

Equipment	Minimum Cleaning Frequency & Method		Responsibility
	Patient does not have an infection or suspected infection	Patient does have an infection or suspected infection	
Commodes	Clean after each use with Chlorclean	Clean after each use with Chlorclean	Nursing Staff
Bedside equipment e.g. oxygen and suction connectors, headphones, tables, lockers, chairs	Clean after each use with detergent wipes or detergent and water	Clean after each use with Chlorclean	Nursing Staff
Manual handling equipment	Clean after each use with detergent wipes or detergent and water	Clean after each use with Chlorclean	Nursing Staff
Medical equipment belonging to the ward e.g, drip stands, pulse oximeters, beds and foam mattresses	Clean after each use with detergent wipes or detergent and water	Clean after each use with Chlorclean	Nursing Staff
Trust shared equipment e.g. feeding pumps, infusion pumps, pressure relieving mattresses, pressure relieving chair cushions and VAC systems	Clean after each use with detergent attach yellow decontamination status label and for collection from Medical Equipment Library (MEL) for decontaminating.	Clean after each use with Chlorclean attach yellow decontamination status label and for collection from Medical Equipment Library for decontaminating.	Nursing Staff and MEL Staff
Other patient equipment e.g. wheelchairs, portering trolleys, zimmer frames, walking sticks	Clean after each use with detergent wipes or detergent and water	Clean after each use with Chlorclean	Porters Therapists and Nursing Staff

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Patient fans (only use if necessary)	1 full clean daily and between patient use with detergent wipes (Case only)	1 full clean daily and between patient use with Chlorclean (Case only)	Domestic Staff
	NOTE: Fans should be checked on regular bases by the Nursing staff for dust contamination on blades and protective grills. If fan requires a thorough clean contact Estates Helpdesk on Ext 400. For further information please refer to the Trust Estates Guidance Note 2: Portable Fan Cleaning Guide		Estates Department
Weighing Scales	Clean after each patient use with detergent wipes	Clean after each patient use with Chlorclean	Nursing Staff
Mattresses	Please refer to the Trust Mattress Policy		Nursing Staff
Toys	Please refer to the Trust Guideline for cleaning toys and play equipment		Nursing Staff

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		Decontamination of patient equipment and the patient environment
		Yes
		NGH-PC-870
		N/A
		Version:1
		April 2014
		March 2017 (3 years)
		Highlight 1yr: 2yr: 3yr:
		No – it’s an appendix to the Infection Prevention & Control Policy that has been E&D impact assessed so does not need to be
		Patricia Wadsworth
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		Cleaning, patient equipment,disinfection,decontamination,patient environment, isolation cleans
Anaesthetics & Critical Care	Gynaecology	Medicine
Child Health	Haematology	Nursing & Patient Services
Corporate Affairs	Head & Neck - inc Ophthalmology	Obstetrics
Diagnostics	Human Resources	Oncology
Facilities	Infection Control	Planning & Development
Finance	Information Governance	Trauma & Orthopaedics
General Surgery		Trust wide

Infection Prevention Committee members (including head nurses and matrons)	11/2/14	This procedural document is easy to follow & understand. Fiona Pimm Senior Quality Improvement Manager	
			YES / NO
			YES / NO

FORM 3- RATIFICATION FORM (FOR PROCEDURAL DOCUMENTS GROUP USE ONLY)			
Read in conjunction with FORM 2			
Document Name:	Decontamination of patient equipment and environment	Document No:	NGH-PC-870
Overall Comments from PDG re the Policy	See track changes		
	YES / NO / NA	Recommendations	Recommendations completed
Consultation Do you feel that a reasonable attempt has been made to ensure relevant expertise has been used?	YES		
Title -Is the title clear and unambiguous?	YES		
Is it clear whether the document is a strategy, policy, protocol, guideline or standard?	YES		
Summary Is it brief and to the point?	YES		
Introduction Is it brief and to the point?	YES		
Purpose Is the purpose for the development of the document clearly stated?	YES		
Scope -Is the target audience clear and unambiguous?	YES		
Compliance statements – is it the latest version	YES		
Definitions –is it clear what definitions have been used in the	YES	Add definition of IPT	Completed
Roles & Responsibilities Do the individuals listed understand about their role in managing and implementing the policy?	YES		
Substantive Content is the Information presented clear/concise and sufficient ?	YES		
Implementation & Training – is it clear how this will procedural document will be implemented and what training is required?	YES		
Monitoring & Review (policy only) -Are you satisfied that the information given will in fact monitor compliance with the policy?	YES		
References & Associated Documentation / Appendices - are these up to date and in Harvard Does the information provided provide a clear evidence base? Are the reference provided using Harvard Referencing format?	YES	Appendix 1 - Need all changed to reflect new bags Appendix 3 Check sharps reuse not dispose	Completed Completed
Are the keywords relevant	YES	Check library references attached	Amended and updated.
Name of Ratification Group	Ratified Yes:	Date of Meeting: 17/07/2014	
	Ratified No:		
PDG	Ratified subject to amendments and chair approval		
Name of Ratification Group	Ratified Yes: Chair approved	Date of Meeting: 10/12/2014	
	Ratified No:		
PDG			