



Toolkit for managing carbapenemase-producing Enterobacteriaceae in non-acute and community settings

Annex F: Terminal decontamination

Terminal decontamination refers to the cleaning and disinfection process(es) done once a patient or resident is no longer occupying a room. Adherence to high standards of decontamination should be promoted and audited. Decontamination is important when a colonised or infected individual leaves a specific care 'area' – for example a bedroom following discharge, a treatment room or rehabilitation space following an episode of care

The **risk assessment** (toolkit Section A7) and patient condition will help you determine the type of cleaning required. It is important to ensure that all contaminants, such as body fluids from colonised or infected individuals, are removed and surfaces and equipment are disinfected before use by another individual to prevent the spread of infection.

For **advice on disinfectants**, ask your usual IP&C advisor about which to use, eg hypochlorite.

The organisation of effective decontamination needs **coordination and communication** between domestic, ancillary and care staff, including carers and rehabilitation staff, as appropriate.

Where a **positive individual requires outpatient care**, their status should be clearly communicated to those providing this care (Annex A, Annex E) and where possible their care should be planned at the end of the day's list when the room and equipment can be more thoroughly cleaned.

Appendix F: Terminal decontamination

Surface cleaning of **hand-touch / contact areas**:

- scrupulous cleaning and disinfection of all surfaces is required with particular attention to hand touch surfaces

Mattresses are of particular importance:

- conventional mattress covers should be cleaned and disinfected; the integrity of mattress covers should be assessed—contaminated/damaged mattresses should be disposed of
- dynamic mattresses should be disassembled and all components cleaned and disinfected, usually by specialist external contractors or in specialist facilities within a care setting

Other **close-patient contact equipment and items**:

- subject to a risk assessment single use patient equipment should be disposed of in line with local policies, this may include wrapped unused items
 - blood pressure cuffs, stethoscopes and thermometers should be single-patient use only
- use a designated cleaning sink to discard patient wash water, body fluids or secretions, or when cleaning/disinfecting equipment used with a colonised or infected individual. Using a hand wash basin poses a high risk of environmental contamination
- scrupulous attention should be given to the decontamination of reusable equipment which should be undertaken in accordance with local policies before use with another individual
- soft fabric items and covered furnishings should be removed and laundered or steam cleaned before use with another individual; single-use fabrics should be disposed of in line with local policies
- privacy curtains should be removed and laundered or limited to single-use curtains