



Toolkit for Managing Carbapenemase-producing Enterobacteriaceae in Non-acute and Community Settings

Annex F: Terminal Decontamination

Terminal decontamination refers to decontamination once a patient or resident is no longer occupying a room. No increased frequency of routine cleaning is required (unless there is evidence of transmission) – but scrupulous cleaning is required.

Cleaning and decontamination includes the following:

- removal of contaminants e.g. faecal matter by physical cleaning is an important prerequisite to effective disinfection of the environment
- adherence to high standards of cleaning which should be promoted and audited
- routine but stringent decontamination of equipment after use with a positive individual, especially when the equipment may be shared with other service users
- dedicated / single-patient/resident or single-use equipment is preferable

Decontamination is most crucial following a positive individual leaving a specific care 'area' – for example a bedroom following discharge, a treatment room or rehabilitation space following an episode of care.

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 and the care should be planned at the end of the day's list. The room, where the procedure was undertaken, and equipment should be terminally cleaned and decontaminated. Single use items should be disposed of after use in line with organisational waste disposal policies.

Appendix G: Terminal Decontamination

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

- scrupulous cleaning and disinfection of all surfaces is required with particular attention to those that may have had patient/resident or staff hand contact

Mattresses are of particular importance:

- conventional mattress covers should be cleaned and disinfected
- dynamic mattresses should be disassembled and all components cleaned and disinfected – usually by specialist external contractors or in specialist facilities within care setting

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

- pulse oximeters require normal cleaning and disinfection or single-patient use only
- blood pressure cuffs should be single-patient use only
- stethoscopes and thermometers should be single-patient use only
- there are no extra decontamination requirements for endoscopes above the normal organisational procedures. Any attached cameras / equipment which cannot be steam sterilised, should be protected using a single-use covering and thoroughly chemically disinfected between patients once the covering has been removed
- privacy curtains should be removed and laundered or single-use only
- unused wrapped single-use items in the patient's immediate vicinity (that may have become contaminated by hand contact) should be discarded. The burden of this may be minimised by keeping limited stocks near the patient
- tubes of ointment and lubricant should be disposed of

NOTE: No special type of disinfectant is required - use that which is in line with your organisational policy