

Safe Management of Care Equipment

Printable learning resource

What is this resource?

This resource is based on the e-learning module “NES: Safe Management of Care Equipment” from the **Scottish Infection Prevention and Control Education Pathway**.

The aim of this document is to make the e-learning content available to learners who

- do not have regular access to a computer and/or a network
- do not yet have the necessary IT skills or confidence to complete e-learning
- have different needs and therefore e-learning is not suitable for them.

All screen captures from the original module are included.

How should this resource be used?

This resource can either be

- uploaded as a PDF file to tablets or other digital devices without internet access, or
- printed. (Printing in black and white is sufficient.)

- All navigational instructions on the screens in this document should be ignored.

- We have given instructions on how to complete interactivities and questions.

- A space has been provided for staff to make any additional notes after each topic.

Internet access

Internet access is required for the following:

Online feedback form and web links for additional resources. Staff should be enabled to use web links and complete the feedback form if at all possible.

Online assessment. The online version of this resource consists of the e-learning module and a separate online assessment, and staff should be enabled and encouraged to complete this online assessment locally.



Safe management of care equipment

The **best care** you can give is **clean care!**



[Learn how to navigate this module.](#)

Start

Aim and target audience

The aim of this module is to enable you to make sure that all care equipment is clean, fit for purpose and in a good state of repair at the point of care.

This module is ideal for **all staff new to health and social care** who have a responsibility for **cleaning care equipment**.

It's also suitable for **more experienced staff in any setting** who want to refresh their knowledge or update skills.

Safe Management of Care Equipment is one of the 10 standard infection control precautions (SICPs).



It's important that you complete the **Personal Protective Equipment (PPE)**, **Hand Hygiene** and **Safe Management of Blood and Body Fluid Spillages** modules before starting this module.



Learning outcomes

After completing this module, you'll be able to:

- **assess** infection risks associated with care equipment
- **identify** when equipment needs to be decontaminated
- **take actions** to decontaminate equipment
- **show evidence** that equipment is decontaminated
- **escalate** any concerns you have regarding equipment safety.



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Cleanliness of care equipment – our biggest challenge

We know from reports by health inspectors, members of the public and those receiving care, that **dirty equipment** is witnessed in care settings across Scotland, particularly in hospitals.



WATCHDOG WARNS HOSPITALS OVER DIRTY EQUIPMENT

Health inspectors [reported] basic failings in relation to patient equipment ... beds, mattresses and commodes.



[HEI Annual Report](#)



< PREV NEXT >

PATIENT SEES BLOODSTAINS IN A&E

I was at A&E last night. There was blood and body fluids on several areas of the bed and also blood on the curtains.

PATIENT COMPLAINS OF FILTHY HOSPITAL

I was appalled to see the state of the place. The armchair had splits in the arms that could harbour germs, and the entire chair was encrusted with grime. It was disgusting. No wonder there is so much infection.



Could this happen where you provide care?

Imagine if someone used dirty equipment on you or your family.

Sources:

HEI Annual Report link:

http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/hei_annual_reports/hei_annual_report_2013-14.aspx

Patient opinion web site link: <https://www.careopinion.org.uk/>

Overview

There are 3 topics in this module:

- **Topic 1:** Care equipment – the challenges
- **Topic 2:** Decontaminating care equipment
- **Topic 3:** Monitoring and improvement

In this module, you'll learn from a series of **activities** and real life scenarios that will help you put your knowledge into practice where you work.

You can learn more by using the links provided in the **Resources** page.

Once you've visited **all the screens** in this module, you can access the separate assessment. You need to **score 80%** in the assessment to pass and get a certificate of completion.



This module will take you about 20 **minutes** to complete.

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Topic 1: Care equipment – the challenges

In this topic, you'll discover what **your colleagues** say about the challenges of safely managing care equipment.

You'll learn why it's important to keep equipment **fit for use**.

You'll take a look at **infection risks** associated with some common equipment.

And you'll explore **what you can do** to help safely manage care equipment.



Remember, you can use the **Menu** to jump to any screen or to check where you are in this topic.

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Care Equipment – whose responsibility?



Care equipment is equipment used to provide **direct care** for a person.

Who do you think has the overall responsibility for making sure that **care equipment** is clean, fit for purpose and in a good state of repair in a care area?



Select an **option**, then select **SUBMIT**.

- person in charge
- cleaning staff
- administrative staff
- clinical staff



< PREV SUBMIT

Please try to answer the question above and then check the answer and the feedback on the following page.



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Select an **option**, then select **SUBMIT**.

- person in charge
- cleaning staff
- administrative staff
- clinical staff

That's correct.

A named person, the person in charge of the area, has **overall** responsibility for all aspects of environmental cleanliness within their care area.

In general, **cleaning staff** are responsible for the **environment**, including fixtures and fittings. And **clinical staff** are responsible for **care equipment that is used to provide direct care**.

But it's all about teamwork.

Continue >

< PREV SUBMIT

Why is care equipment sometimes dirty?

Staff delivering care say that equipment is sometimes dirty or soiled for a number of reasons.

I clean the best I know how, but I was never trained!

I don't know what's clean or dirty – nobody records what they've done.

I never have the right cleaning materials!

It's not my job to clean equipment!

I don't have enough time to clean properly between people.

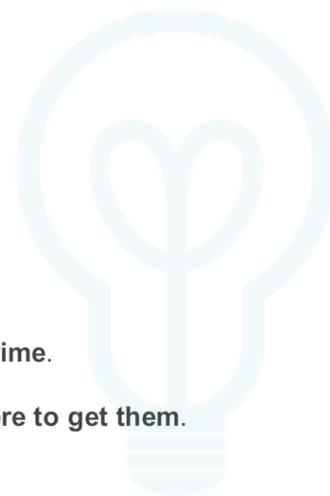
What can we do about it?

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What YOU can do about dirty care equipment

- Regularly **check your equipment** to see if it's dirty.
- **Ask your colleagues** how to clean equipment if you're not sure.
- **Agree who's responsible** for decontaminating what in your area.
- **Follow the manufacturer's instructions** for cleaning equipment.
- **Take time** to clean properly as this will prevent a build up of **dirt and grime**.
- Know **what decontamination products are used** in your area and **where to get them**.
- **Ask your colleagues** how you can do things better.



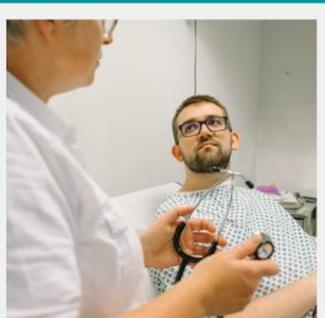
Why clean and safe care equipment matters

It's important that the public and those receiving care have confidence that care is being provided in a clean and safe environment.

Care equipment can easily be contaminated with blood, body fluids or micro-organisms which can spread during care delivery. If care equipment is seen to be dirty, people might assume that **all** standards of care in your area are poor and that they're at risk of infection.



Select each image to learn how clean and safe care equipment benefits everyone.



Person receiving care



Organisation



Staff

**Clean and safe equipment:**

- minimises their risk of preventable infection from equipment
- helps them feel safe in the care environment
- builds their confidence in staff and the organisation.

Organisation**Clean and safe equipment:**

- contributes to a good service user reputation
- helps build customer satisfaction, with fewer complaints
- leads to improved internal and external inspection reports.

Staff**Clean and safe equipment:**

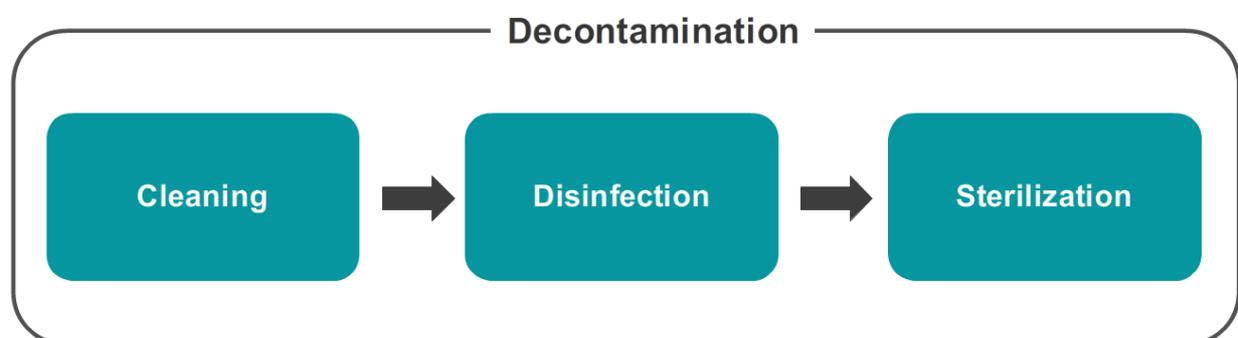
- earns praise from service users and the public
- gains approval from the organisation and inspection bodies
- contributes to effective and efficient processes
- builds pride in work.

Three levels of decontamination

Decontamination is a process which can include cleaning, disinfection and sterilization. Decontamination involves removing or killing micro-organisms on an item or surface to make it safe for handling, re-use or disposal.



Select each label to learn more.

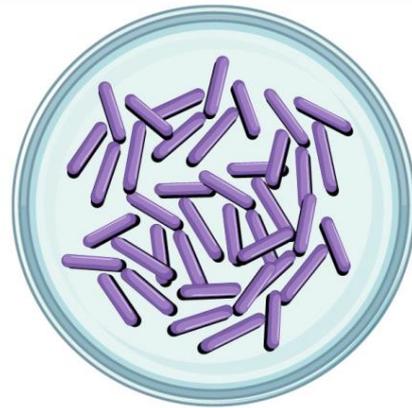




Cleaning

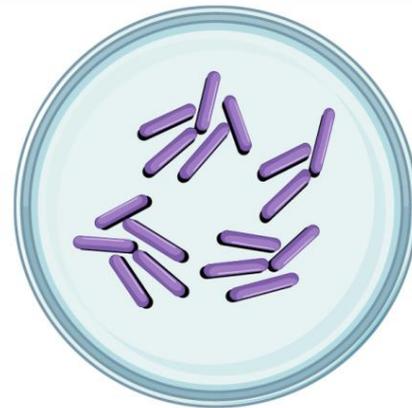
The physical removal of dirt, blood, vomit, etc. by use of an appropriate cleaning agent such as a detergent.

Cleaning is an essential part of decontamination and must be carried out effectively before undertaking disinfection or sterilization.



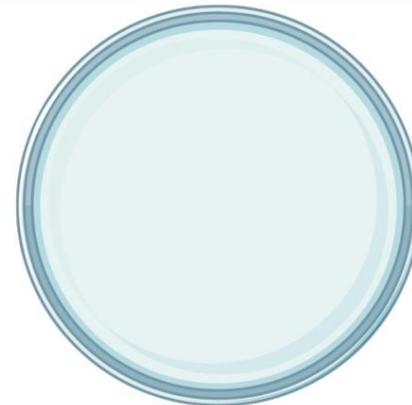
Disinfection

A process, for example using a chemical disinfectant, to reduce the number of micro-organisms from an object or surface to a safer level.



Sterilization

The process used to make an object free from micro-organisms (usually by heat or chemical means).



> Topic 1: Care equipment – the challenges

Categories of care equipment

You must understand how different **types** of care equipment are generally **categorised** and **decontaminated** so you don't put people in your care at risk of infection. **Always follow the manufacturer's guidance** on the correct use and decontamination methods.



Select each type of equipment to learn how it's used.

- Single-use
- Single patient use
- Reusable invasive
- Reusable non-invasive (communal)

Single-use equipment includes things like needles, syringes, dental files, reamers and dressings packs.

Single-use equipment is used once on a person.

NEVER reuse even if equipment appears in good condition.

NEVER decontaminate.

DISCARD after a single use.



< PREV NEXT >

- Single-use
- Single patient use
- Reusable invasive
- Reusable non-invasive (communal)

Single patient use equipment includes things like oxygen masks and nebulisers.

Single patient use equipment is reused on the same person only.

You need to decontaminate and store item according to the manufacturer's instructions between uses. It should never be re-used on a different person and should be disposed of when no longer in use.



- Single-use
- Single patient use
- Reusable invasive
- Reusable non-invasive (communal)

Reusable invasive equipment includes things like surgical instruments and endoscopes.

Reusable invasive equipment is USED ONCE then decontaminated.

Sterilization is preferred. However, disinfection may be required for items which are not compatible with heat processes.



Single-use

Single patient use

Reusable invasive

Reusable non-invasive (communal) ✓

Reusable non-invasive (communal) equipment includes things like beds, commodes, dental chairs, trolleys, blood pressure monitoring cuffs, basins, stethoscopes, wheelchairs, and walking aids.

This equipment is reused on more than one person following decontamination between use.

It is regularly cleaned and/or disinfected.



Assessing care equipment infection risks

The risk of contaminating equipment is always high. However, the infection risk from care equipment varies. When assessing for infection risk, you need to consider if the equipment will come in contact with **mucous membranes** or with **broken skin**, or enters a person's **sterile body cavity**.



Try to match the **groups of care equipment** with the **infection risk** associated, then select **SUBMIT**.

High risk

Drop zone

- flexible endoscope (not for sterile cavities)
- respiratory nebulisers

Intermediate risk

Drop zone

- blood pressure cuff
- stethoscope
- infusion device stands

Low risk

Drop zone

- rigid endoscopes
- sterile instruments
- implanted medical devices

< PREV SUBMIT

Please try to answer the question above and then check the answer and the feedback on the following page. You can match the items with numbers or letters.

> Topic 1: Care equipment – the challenges



Correct

That's correct. The **high risk equipment** comes into **close contact** with **broken skin** or is introduced into **sterile body cavities**.

The **intermediate risk equipment** comes into **contact** with mucous membranes, such as the mouth, nasal passages etc.

The **low risk equipment** comes into **contact** with **intact skin**.

High risk

- rigid endoscopes
- sterile instruments
- implanted medical devices

Intermediate risk

- flexible endoscope
(not for sterile cavities)
- respiratory nebulisers

Low risk

- blood pressure cuff
- stethoscope
- infusion device stands

[< PREV](#) [SUBMIT](#)

Notes for Topic 1: Care equipment – the challenges



Topic 2: Decontaminating care equipment

This topic focuses on **reusable non-invasive care equipment and cleaning/disinfection**. This equipment is shared between people in your care and there may be a risk of infection if you don't decontaminate it properly.

You'll learn about:

- key areas to decontaminate
- how to develop a decontamination schedule
- the basics of decontamination
- tips to help you safely manage care equipment.



Remember, you can use the **Menu** to jump to any screen or to check where you are in this topic.

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> Topic 2: Decontaminating care equipment

Key areas to decontaminate

Micro-organisms can be spread to others and equipment by staff, people in your care and visitors, mainly through hands. **Care equipment is frequently touched by many hands when it's in use.**

It's **your responsibility** to pay particular attention to frequently touched areas when you're cleaning.

These can include parts of the care environment.

For example, in the dental setting surfaces of reusable non-invasive (communal) equipment e.g. dental chairs, light sources, etc. and clinical contact surfaces e.g. worktops around the dental chair are commonly touched during care/treatment, so they need to be cleaned after each patient use/patient care episode.

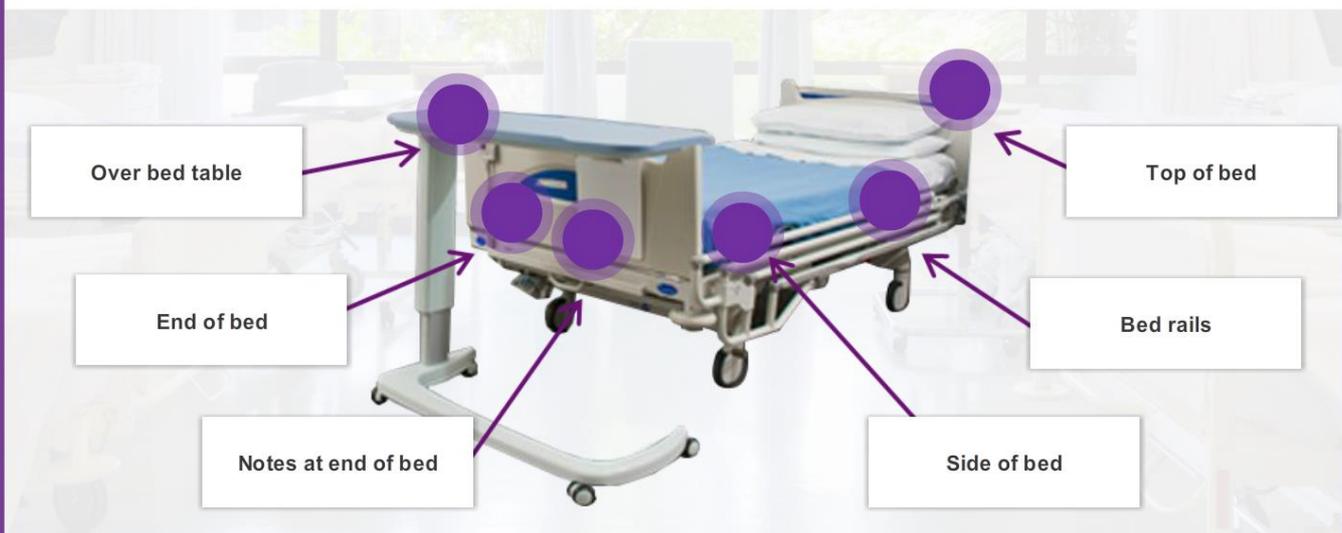


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> Topic 2: Decontaminating care equipment

Frequently touched areas to clean on a bed/trolley

Take a look at the bed or trolley diagram. Note the frequently touched areas which you must pay special attention to during cleaning.

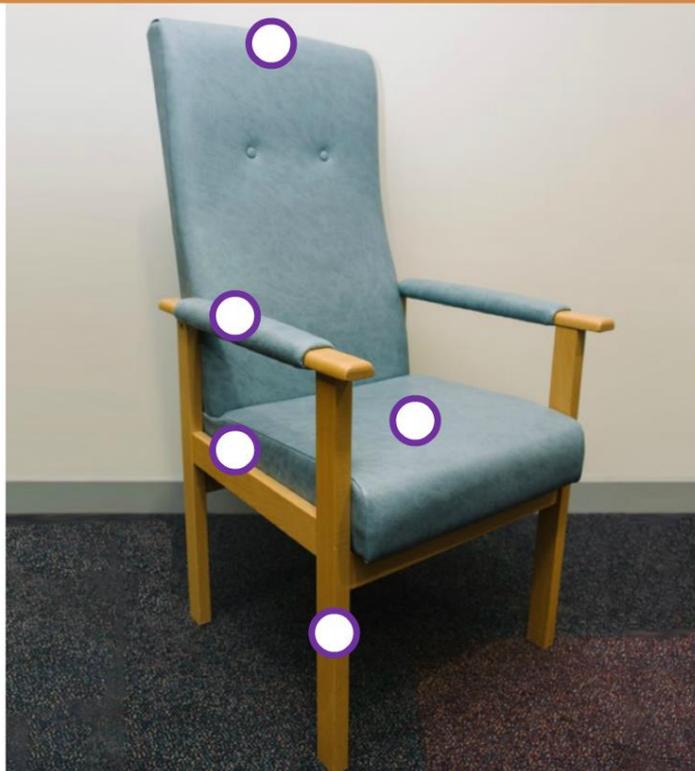


< PREV NEXT >

> Topic 2: Decontaminating care equipment

Frequently touched areas to clean on a chair

 Select the frequently touched areas you think require regular cleaning on this chair, then select SUBMIT.



Please try to answer the question above and then check the answer and the feedback on the following page.

Correct

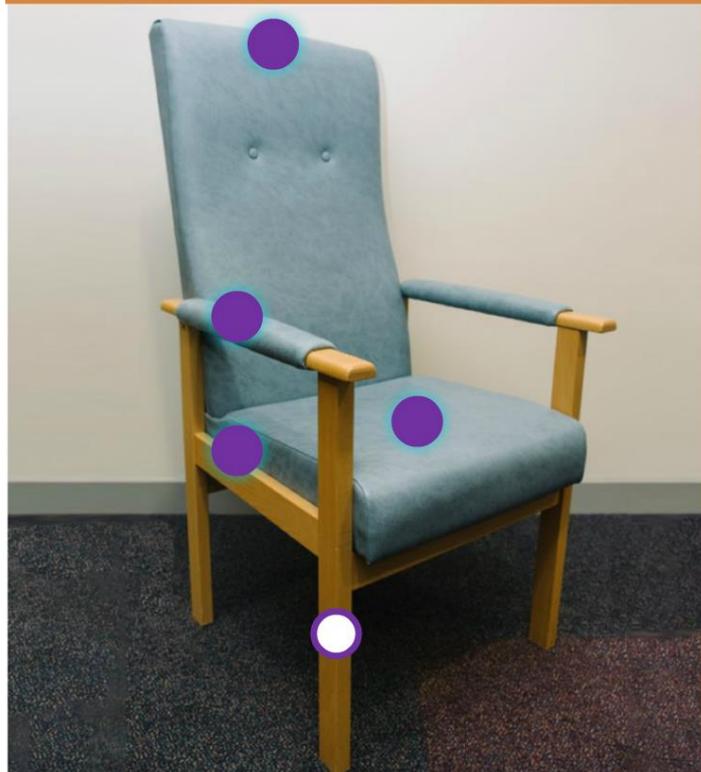
That's correct. A chair's sides, seat, arms and top of back are all frequently touched and require regular cleaning.

Sometimes staff concentrate on cleaning parts of equipment they can see and forget about underneath. Always check these areas as they may be splashed with blood or body fluids or have a build up of dirt.



Remember, **ALL** parts of the chair, including the legs and underneath, should be cleaned as part of normal routine cleaning.

Continue >



< PREV SUBMIT

> Topic 2: Decontaminating care equipment

When to decontaminate



Now let's consider **when** reusable non-invasive care equipment should be decontaminated.

Let's say a colleague in your area isn't sure when to decontaminate reusable non-invasive care equipment and comes to you for advice? What would you tell them? Think of equipment you work with.



Select **the options** that apply, then select **SUBMIT**.

- At regular predefined intervals as part of a cleaning schedule
- After blood and/or body fluid contamination
- Before inspection, servicing or repair
- Between each use



Please try to answer the question above and then check the answer and the feedback on the following page.

> Topic 2:

Decontaminating care equipment



When to decontaminate



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Let's say a colleague in your area isn't sure when to decontaminate reusable non-invasive care equipment and comes to you for advice? What would you tell them? Think of equipment you work with.



Select **the options** that apply, then select **SUBMIT**.

- At regular predefined intervals as part of a cleaning schedule
- After blood and/or body fluid contamination
- Before inspection, servicing or repair
- Between each use

That's correct. Equipment **MUST** be cleaned between each use.

You **MUST** clean after blood and/or body fluid contamination. If you don't, the fluids may dry out making it harder to decontaminate later. This could put others at risk from micro-organisms.

You **MUST** decontaminate at regular, predefined intervals as part of a cleaning schedule. If you don't have cleaning schedules, staff will vary their decontamination frequencies and techniques.

Decontaminating equipment before inspection, servicing or repair protects those who may handle it from infection.

Continue >

< PREVIOUS SUBMIT

> Topic 2:

Decontaminating care equipment

Why schedules are needed

Your care environment should have a **schedule** for decontaminating reusable (communal) **non-invasive care equipment** that covers **who** decontaminates **what, when** and **how!**

Schedules provide:

- a **guide for staff** on the correct decontamination **methods** and **frequencies**
- a way of **reducing variances** in decontamination practices and duplication of work to **save staff time**
- **evidence of decontamination** for the person in charge and inspectors/auditors.



This [job aid](#) contains a schedule template that you can use.

You might have to adjust your schedule if you have an outbreak of infection in your area or if your equipment is not always as clean as it could be. Ask your Infection Prevention and Control/Health Protection Team for advice.

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How to decontaminate reusable non-invasive care equipment

You must follow the **national guidance** in **Appendix 7 of the National Infection Prevention and Control Manual** for assessing and decontaminating reusable non-invasive care equipment as it reduces the chance of human error.



Try this activity

Open [Appendix 7](#) of the National IPC Manual and use it to help you decide how to decontaminate the equipment below. Then **select each image** to see if you were right. (SAS and SNBTS staff use products that differ from those in Appendix 7.)



Wheelchair contaminated with blood



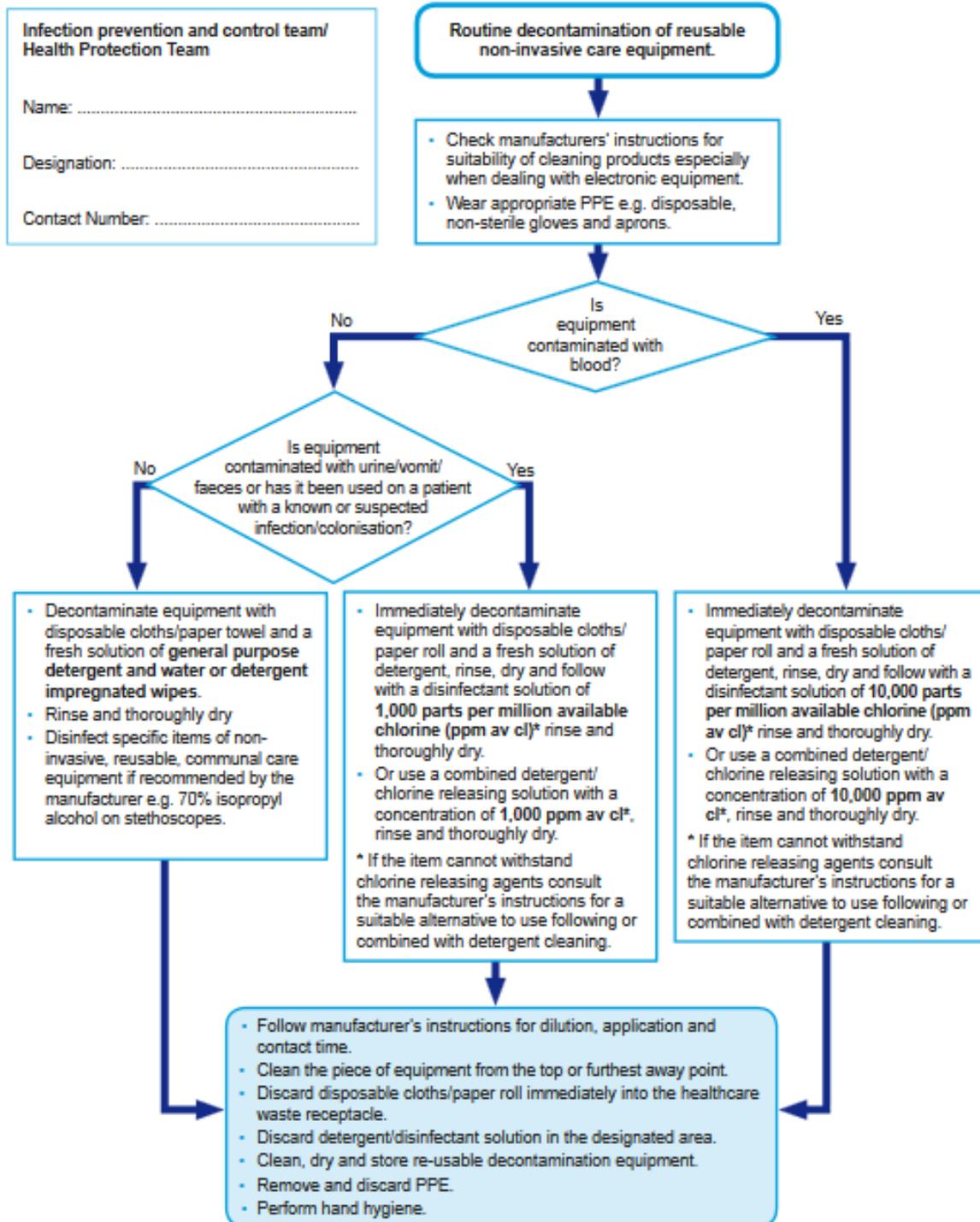
Shower chair contaminated with vomit



Monitoring equipment with no blood or body fluid contamination or visible dirt

Please check Appendix 7 on the next page and try to find out how to decontaminate the items above. Then check the answers and the feedback on the following pages.

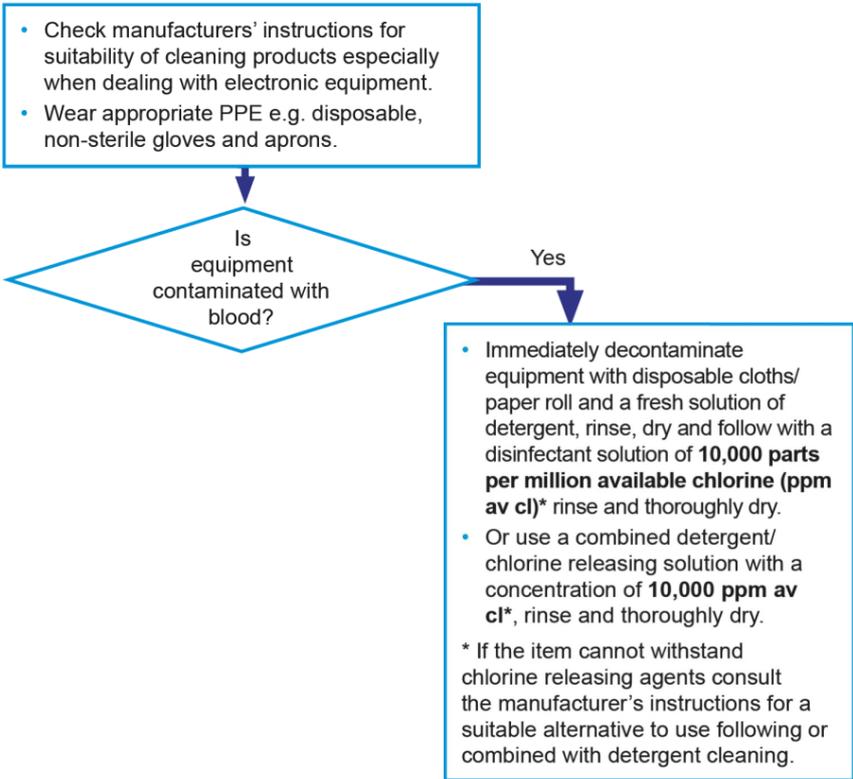
Appendix 7 - Decontamination of reusable non-invasive care equipment



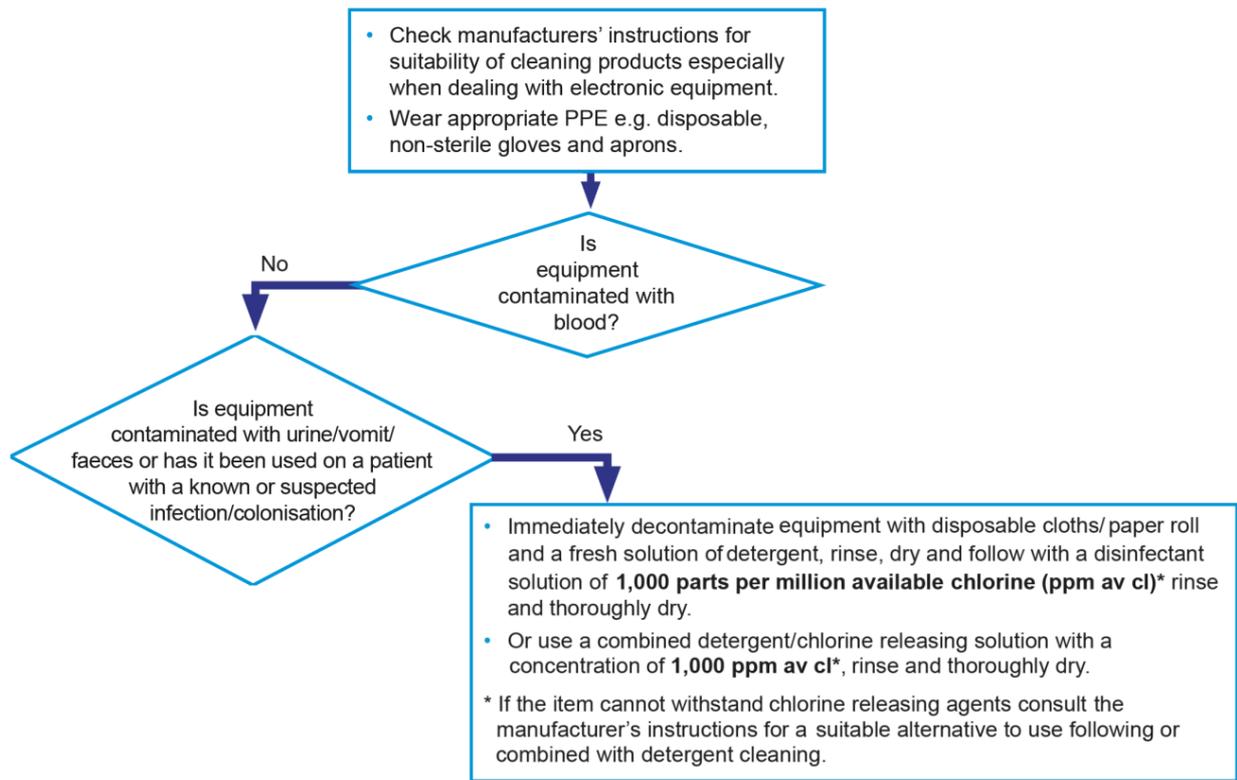
* Scottish National Blood Transfusion Service and Scottish Ambulance Service use products that differ from those stated in the National Infection Prevention and Control Manual.

See the relevant parts of Appendix 7 on the next pages.

A wheelchair contaminated with blood ✕

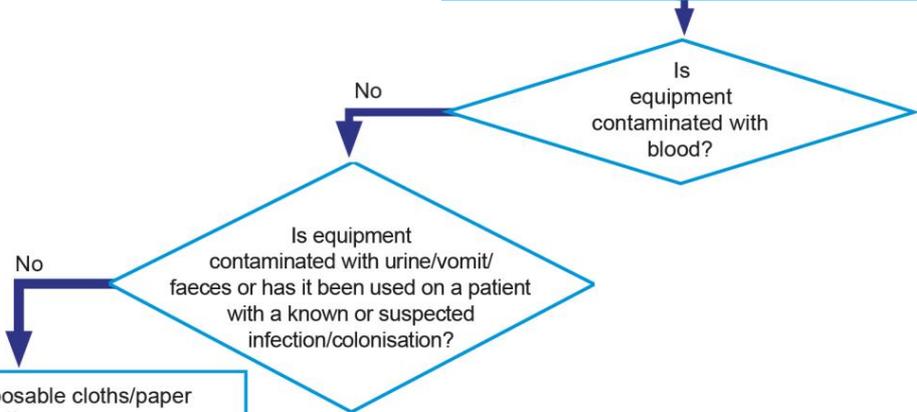


A shower chair contaminated with vomit ✕



An infusion stand with no blood or body fluid contamination or visible dirt ✕

- Check manufacturers' instructions for suitability of cleaning products especially when dealing with electronic equipment.
- Wear appropriate PPE e.g. disposable, non-sterile gloves and aprons.



- Decontaminate equipment with disposable cloths/paper towel and a fresh solution of **general purpose detergent and water or detergent impregnated wipes**.
- Rinse and thoroughly dry.
- Disinfect specific items of non-invasive, reusable, communal care equipment if recommended by the manufacturer e.g. 70% isopropyl alcohol on stethoscopes.

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> Topic 2: Decontaminating care equipment

Good cleaning technique tips

You should always clean well, and document your cleaning. But remember that the **cleaning techniques** you use are key to clean equipment. Check out these tips from staff.

“ Clean from the top to the furthest away point. ”

“ Rinse off products to prevent build up. ”

“ Dry equipment – bacteria multiply in moisture. ”

“ General purpose detergent and thorough physical cleaning is usually enough for routine cleaning. ”

“ Clean dirty equipment away from clean equipment. ”

“ Use a large designated sink not a clinical wash hand basin. ”

“ Always follow manufacturer's guidance! ”



Do you have other ideas not listed here? Share them with your colleagues.

< PREV NEXT >

Frequently asked questions



Here are some questions care workers regularly ask.

Q: Where and how should I store clean equipment?

Q: How can I thoroughly clean a bed when someone's in it long-term?

Q: What should I do if I go to clean equipment and discover it's ripped, cracked or damaged?

Q: Who can I contact to get advice on the decontamination of equipment?

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Please check the answers below.

Frequently asked questions

A: Equipment that's not floor standing should be stored off the floor on shelves or in cupboards. ✓

A: You could change them onto a fresh bed regularly or see if they are able to sit in a chair to allow you to clean the bed and check the mattress. ✓

A: You can't properly clean equipment that's not fit for purpose. Report it to the person in charge of the area and ask for a replacement. If in someone's home, mention it to the person you care for or their family. ✓

A: You can contact your local Infection Prevention and Control or Health Protection team who can give you local advice. ✓

< PREV NEXT >

Notes for Topic 2: Decontaminating care equipment



Topic 3: Monitoring and improvement

In this topic, you'll work through a couple of scenarios where you'll solve some common problems.

You'll also learn how to escalate any concerns that you might have about care equipment.

And you'll explore the importance of working together to improve standards where you work.



Remember, you can use the **Menu** to jump to any screen or to check where you are in this topic.

> Topic 3:

Monitoring and improvement

Monitor equipment all the time



Susan finds an item of non-invasive re-usable equipment which is still contaminated with blood after the previous use.

Consider if this happened in your area. It could be a commode with faeces, a dental chair with blood present, a trolley with dried vomit.

What should Susan do?



Select the options that apply, then select **SUBMIT**...

- decontaminate the equipment before using it
- complain to her colleagues at break time
- use the equipment anyway and clean it after use
- remind all staff to decontaminate equipment after use



< PREV SUBMIT

Please try to answer the question above and then check the answer and the feedback on the following page.

> Topic 3: Monitoring and improvement

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< PREV SUBMIT

> Topic 3: Monitoring and improvement

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What should Susan do?



Select the options that apply, then select **SUBMIT**...

- decontaminate the equipment before using it
- complain to her colleagues at break time
- use the equipment anyway and clean it after use
- remind all staff to decontaminate equipment after use

Correct

That's correct! Susan must decontaminate the equipment before using it. She should then remind all staff to decontaminate equipment after use.

By reminding **all** staff to decontaminate equipment, Susan can reinforce the importance of how micro-organisms spread. While complaining to colleagues may offload her concerns, it's unlikely to spread the message to **all staff**.

You can see why monitoring the cleanliness of equipment is really important. In this case, Susan removed a risk of infection for the person she cares for by providing them with clean and safe equipment.

Continue >

SUBMIT

> Topic 3:

Monitoring and improvement

Monitor equipment all the time



John works in a care home. He needs to use a shower chair. It looks clean, but it's cracked.

What should John do?



Select **the options** that apply, then select **SUBMIT**.

- clean it before use
- use it anyway
- take it out of use
- look for another chair



< PREV SUBMIT

Please try to answer the question above and then check the answer and the feedback on the following page.

> Topic 3: Monitoring and improvement

Monitor equipment all the time



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< PREV SUBMIT

> Topic 3: Monitoring and improvement

Monitor equipment all the time



John works in a care home. He needs to use a shower chair. It looks clean, but it's cracked.

What should John do?



Select the options that apply, then select **SUBMIT**.

- clean it before use
- use it anyway
- take it out of use
- look for another chair

Correct

That's correct. If the chair is cracked it might be unsafe to use and the person using it could be hurt.

John should look for another chair to use and take the cracked one out of use so that nobody can get hurt. He shouldn't clean it, as it's not going to be used.

Cracks in equipment will make it difficult to decontaminate, and micro-organisms could still be left in the cracks. It's important to check that equipment is fit for purpose before you use it!

He could also put a note on it so that it doesn't accidentally get used.

Continue >

SUBMIT

Escalating concerns

Poor practice can result in unsafe equipment that's not fit for purpose and puts people at risk of infection. It's important you report any poor practice you witness. Don't assume that someone else has reported it!



NOT ENOUGH DECONTAMINATION PRODUCTS?

Discuss with the person who orders the supplies and ask them to take action.



< PREV NEXT >

PEOPLE USING THE WRONG CLEANING TECHNIQUES?

Find out why this is happening.
Arrange training or show them how to clean correctly.



DON'T HAVE ENOUGH TIME TO CLEAN?

Ask the people who do most of the cleaning for ideas to make it easier for everyone to do the right things. Look at your processes and pick out areas that could be improved.



Always raise your concerns with the person in charge of your area.



> Topic 3:

Monitoring and improvement

Working together to make improvements

Nobody comes into work to do a bad job. Sometimes the **way** things are done can make tasks more **difficult** than they should be. There could be **better** ways of doing things.

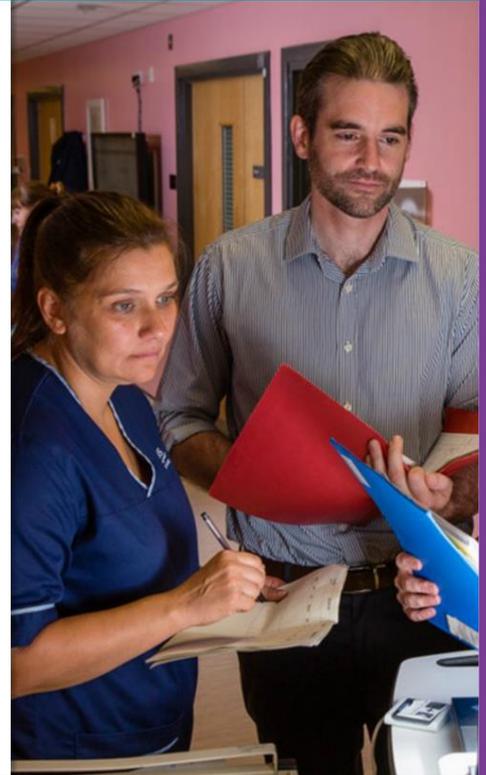
Very small changes can often make big improvements. But you need your colleagues on board to help – this will make sure that your improvements are sustainable.

It's important to:

- **ask** colleagues if they find decontaminating care equipment difficult
- **listen** to colleagues and ask them for ideas to make it easier
- **ask** colleagues in other areas if they have the same challenges
- **learn** from other areas who are doing it well
- **test** new ways of working and learn from what you find.



Do you have other ideas not listed here? Share them with your colleagues.



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Notes for Topic 3: Monitoring and improvement

Summary

Here are the key points of this module:

- The person in charge of the area is responsible for the overall cleanliness of their environment.
- Reusable (communal) non-invasive care equipment is at high risk of contamination.
- You should know how to evidence when equipment is decontaminated and who's responsible.
- Equipment should be clean, fit for purpose and in a good state of repair.

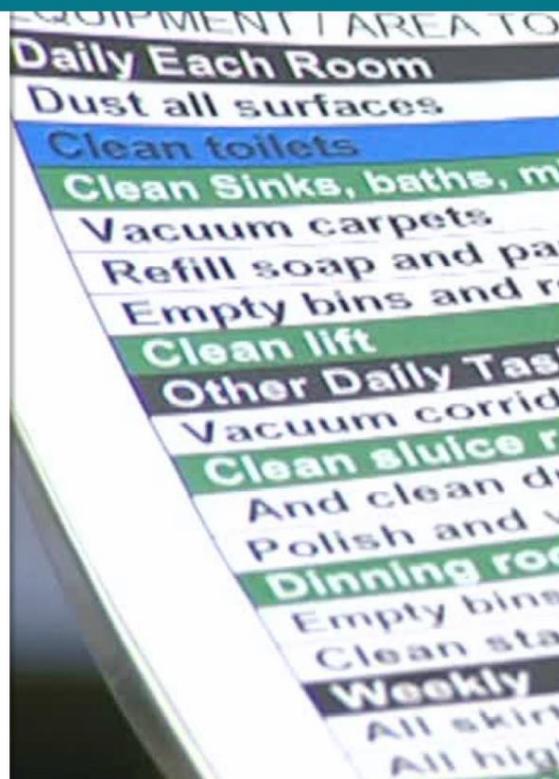


Remember, you can use the Menu to revisit any screen in this module.

Next steps

Here are some examples of what you could do to help you ensure that that all care equipment is clean, fit for purpose and in a good state of repair at the point of care:

- Find out if you have a cleaning schedule in your area.
- Do regular spot checks on your care equipment.
- Identify if you need specific training to decontaminate care equipment.
- Ask colleagues for ideas on how to make improvements.
- Share your ideas for improvement or learn from other areas.



> Topic 3: Monitoring and improvement

Feedback and assessment

Before you start the assessment, we'd like to get your feedback on this module.



Please complete the [Care of Equipment – Feedback Questionnaire](#).

After you've answered the questionnaire, you must complete the assessment.



Copyright



Alternative formats



Please close this browser window to exit the module and then open the assessment.

< PREV

Feedback questionnaire link:

<https://response.questback.com/nhseducationforscotland/sipcep07equipment>

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Transcriptions of any videos within this resource are available on request.



Please close this browser window to exit the module and then open the assessment.

Printable learning resource – Completion Record

Learning outcomes:

- **assess** infection risks associated with care equipment
- **identify** when equipment needs to be decontaminated
- **take actions** to decontaminate equipment
- **show evidence** that equipment is decontaminated
- **escalate** any concerns you have regarding equipment safety.

Anticipated learning time: 20 minutes

I confirm that I have completed the above module.

Learner name:

Learner role and location:

Learner signature



**Scottish Infection
Prevention and Control
Education Pathway**

A route to excellence

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how we can best meet your requirements.



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