



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

CAUTION

REMOVE FROM DEVICE BEFORE OPERATING

DO NOT ENTER

UV cycle in progress.
UV exposure can be harmful
to bare skin and eyes.

clinell UV-360
powered by *UVDI* technology

Process Information -

Person requesting: _____

Contact number: _____

Date: _____

Area being decontaminated: _____

Rationale (IC code): _____

Start time: _____

Expected finish time: _____

Step 1 - Prepare room for cleaning

Step 2 - Cleaning the room

Step 3 - Setting up the room

Step 4 - Finishing the decontamination
cycle

Step 5 - Hand room back to nursing
staff to be remade

For a *Clostridium difficile* case, please use a combined detergent/chlorine releasing agent, or other sporicidal agent as advised by IPC Team

For all other infections; please use cleaning/ disinfection products such as **Green** Clinell Universal wipes or a combined detergent/chlorine releasing agent

4D Ultra Violet-C (UV-C) Disinfection Checklist

KEY - B - Both Nursing & Domestic

N - Nursing staff

D - Domestic

Step 1 - Prepare the entire room for -

DECLUTTER and DECANT

- B** - Decontaminate hands & don appropriate PPE
- N** - Carefully remove all linen from all beds and place in Alginate bag; for removal from room (DO NOT remake the beds prior to clean)
- N** - Check each patient locker is empty and dispose of any used items & other disposable equipment, inc. suction sleeve, tubing, foam pads for patient earphones and dispose in to health care waste bag
- D** - Remove all hand towels, gloves & aprons from dispenser and open soap dispensers
- D** - Remove all curtains and clean the blinds
- D** - Remove dust from high surfaces including ventilation grilles
- D** - Remove and clean all radiator covers and debris from around radiator

Nurse In Charge Signature		Date:
Domestic/ Supervisor Signature		Date:

Step 2 - Cleaning the entire room

- N** - Clean each bed - remove and clean base plates, mattress, pillows, frame, inc. extending cot sides and base. If air mattress is used, place in bag for removal.
- N** - Check inside each mattress for strikethrough
- N** - Place each mattress on its side against cot side
- N** - Clean each patient call bell, oxygen and suction unit
- N** - Clean all patient equipment: locker, tables, chairs, monitoring equipment, pumps, etc.
- D** - Clean all surfaces in the room including bathroom areas and frequent touch points
- D** - Remove waste bags from room
- D** - Mop the floor
- B** - Remove PPE and decontaminate hands

Nurse In Charge Signature		Date:
Domestic/ Supervisor Signature		Date:

Step 3 - Setting up the room

- D** - Ensure all personnel have left the room
- D** - Place 'DO NOT ENTER' sign on door
- D** - Inform Nurse in Charge of the need to keep staff, patients and public out of the room which will be UV-C disinfected
- D** - Check the UV unit and the monitoring equipment are working correctly, as per manufacturers guidelines/ SOP
- D** - Position device as per pictorial guidelines for maximum UV exposure
- D** - Plug device into the nearest socket and turn on device.
(The device will take 30 seconds to warm up as indicated on screen)
- D** - Seal off any gaps under or side of the door, where possible lock doors
- D** - Start first deployment cycle

Domestic/ Supervisor Signature		Date:
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Step 4 - Finishing the decontamination cycle

- D** - Wait for the cycle to end completely
- D** - Only enter room when the UV device has switched off
- D** - Remove signs and any taping from doors
- D** - Replace all radiator covers
- D** - Hang new curtains
- D** - Inform Nurse in Charge that the room is ready
- N** - Remake all beds and add required patient consumables, i.e. O2 mask, suction tubing, etc.
- B** - Both Rapid Response Team/ Domestic Supervisor & Nurse in Charge must sign bottom of this form
- D** - Return the device back to designated locked storage

Nurse In Charge Signature		Date:
Domestic/ Supervisor Signature		Date:

We can confirm this area has been decontaminated on - **Date:** _____

Nurse In Charge name: _____

Name of Rapid Response: _____

Signature: _____

Signature: _____