

Document Details	
Title	Cleaning Toys, Games and Play Equipment
Trust Ref No	2103-69208
Local Ref (optional)	
Main points the document covers	<p>To provide guidance in order to establish safe and effective procedures to minimise the risks of transmission of micro-organisms when using toys and therapeutic play equipment as part of service delivery</p> <p>To ensure all toys, games and play equipment for use within the Trust are clean, fit for use and stored safely when not in use</p> <p>To ensure toys/games/play equipment are checked regularly for signs of damage and wear and tear</p>
Who is the document aimed at?	All staff who use toys and play equipment for use with patients and children as part of their role and job description. This includes all toys in any waiting rooms, family visiting rooms and in-patient areas etc.
Author	Head of Infection Prevention and Control
Approval process	
Who has been consulted in the development of this policy?	This policy has been developed by the IPC team in consultation with appropriate Senior Operations and Quality Managers, Locality Clinical Managers, Specialist Nurses, Medicine Management and Public Health England
Approved by (Committee/Director)	Infection Prevention and Control Governance Meeting – notified to Quality and Safety Committee
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No	Date	Amendment
1		
2		

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1 Introduction

The Health and Social Care Act 2008: Code of Practice for the NHS for the Prevention and Control of Healthcare Associated Infections (*revised January 2015*) stipulates that NHS bodies must, in relation to preventing and controlling the risk of Health Care Associated Infections (HCAI), have in place appropriate core policies/procedures, including procedures for the decontamination of equipment. Implementation of this procedure will contribute to the achievement and compliance with the Act.

The sharing of toys between children/patients/clients can be a potential source of infection as they can become contaminated by dirty hands, dust or bodily fluids and toys have been implicated in outbreaks of infection.

2 Purpose

This policy is intended to provide guidance on the cleaning of toys, games and play equipment used within the Trust.

The policy also applies to individuals employed by agencies and other contractors.

3 Definitions

Term / Abbreviation	Explanation / Definition
Cleaning	A process that physically removes contamination but does not necessarily destroy microorganisms
DIPC	Director of Infection Prevention and Control
Disinfection	A process used to reduce the number of microorganisms but may not destroy bacteria spores or some viruses but is considered to reduce the number to a level that is safe
HCAI	Healthcare Associated Infection
IPC	Infection Prevention and Control
PIR	Post Infection Review
RCA	Root Cause Analysis
SaTH	Shrewsbury and Telford Hospitals
SIP	Service Improvement Plan
Toys and Games	Refers to all toys/games used for recreational, therapeutic or educational purposes by children, young people, patients and their families or by healthcare staff
Wear and Tear	Damage that naturally and inevitably occurs as a result of normal wear or aging

4 Duties

4.1 The Chief Executive

The Chief Executive has overall responsibility for ensuring infection prevention and control is a core part of Trust governance and patient safety programmes.

4.2 Director of Infection Prevention and Control

The Director of Infection Prevention and Control (DIPC) is responsible for overseeing the implementation and impact of this policy, make recommendations for change and challenge inappropriate infection prevention and control practice.

4.3 Infection Prevention and Control Team

The Infection Prevention and Control (IPC) team is responsible for providing specialist advice in accordance with this policy, for supporting staff in its implementation, and assisting with risk assessment where complex decisions are required.

The IPC team will ensure this policy remains consistent with the evidence-base for safe practice, and review in line with the review date or prior to this in light of new developments.

4.4 Managers and Service Leads

Managers and Service Leads have the responsibility to ensure that their staff including bank and locum staff etc. are aware of this policy, adhere to it at all times and have access to the appropriate resources in order to carry out the necessary procedures.

Managers and Service Leads will ensure compliance with this policy is monitored locally and ensure their staff fulfil their IPC mandatory training requirements in accordance with the Trust Training Needs Analysis.

4.5 Staff

All staff have a personal and corporate responsibility for ensuring their practice and that of staff they manage or supervise comply with this policy.

4.6 Committees and Groups

4.6.1 Board

The Board has collective responsibility for ensuring assurance that appropriate and effective policies are in place to minimise the risks of healthcare associated infections.

4.6.2 Quality and Safety Committee

Is notified of all IPC incidents.

4.6.3 Infection Prevention and Control Governance Meeting

Is responsible for:

- Advising and supporting the IPC team
- Reviewing and monitoring individual serious incidents, claims, complaints, reports, trends and audit programmes
- Sharing learning and lessons learnt from infection incidents and audit findings
- Agreeing and escalating key risks/items of concern to the appropriate Directors and/or the Quality and Safety Committee
- Approval of IPC related policies and guidelines

5 Selection of Toys, Games and Play Equipment

Age appropriate toys, games and equipment will be available for patients within the clinical setting as required of a type which does not increase the risk of spread of infection. This procedure applies to all toys/games/play equipment used by staff, patients and visitors.

In areas where mental health risk is a key consideration, an appropriate risk assessment should be undertaken and be documented in the patient's notes.

- Careful consideration must be given to how toys will be kept clean before they are purchased and adjustments must be made to facilitate effective cleaning.
- All children must be encouraged to decontaminate their hands before handling the toys/play equipment.
- Toys/games will be chosen with hard non-porous surfaces (which can be thoroughly cleaned).

- Where toys/games with fabric parts must be used, these must be able to be laundered in the SCHAT's washing machines at temperatures held at 71°C for 3 minutes or 65°C for 10 minutes to achieve thermal disinfection and thorough drying as required following the manufacturer's instructions and be included on a cleaning schedule or if items are unable to be washed as above, the washing instructions for decontamination of the item must be followed washing at the maximum temperature the item allows.
- Washing machines by prior arrangement are available at Monkmoor Children's Development Centre, Shrewsbury, Stepping Stones Telford and also by prior arrangement Shropshire Rehabilitation Centre, Shrewsbury and Community Equipment Services, Hortonwood, Telford.
- Items **must not** be taken home to launder in domestic washing machines.

6 Donated Toys/Games and Equipment etc.

Toys etc. which are donated by the public must be of BS Standard and appropriate to the age, i.e. no toys with small parts should be given to children under 3 years of age.

All donations should be discarded if damaged and should comply with infection prevention and control standards and be easily cleaned or decontaminated. If appropriate, instructions on cleaning should accompany the item.

- Safety equipment must not be accepted second hand e.g. car seats.
- Toys/games received from members of the public will be checked by department's Manager, Team Leader or IPC Link staff member for suitability.
- The Trust will not receive soft toys made of fabric which cannot be cleaned in accordance with these procedures and infection prevention and control guidelines.

7 Storage of Toys/Games

- Toys/games will be stored in a dedicated lidded box/cupboard (or play area if large) which is fit for purpose and is the subject of an identified, visible and documented regular cleaning schedule.
- Only clean toys/games will be stored in this box/cupboard/area. A new green decontamination label is to be placed on the lid after a toy is cleaned and is replaced.
- The storage boxes (if placed within the assessment area) must be cleaned after each use or at the end of the clinic/day whichever is deemed appropriate by the individual – a new label to be placed on the lid.
- The storage boxes and contents should be deep cleaned on a 6 monthly basis which is clearly documented
- Please see Appendix 1 for details of specific toys

8 Group Play/Therapy

Where children/patients may benefit from sharing toys/play equipment, staff have a responsibility to support safe play – this may require a documented risk assessment.

Children to start the session with hand washing.

All toys/equipment must be cleaned at the end of all communal use sessions before placing back into storage as per locally agreed policy/checklist. This should also be recorded and documented.

9 Outpatient Areas/Visitors Rooms

- The department manager must have a written system in place for staff to ensure that toys are cleaned and inspected regularly e.g. weekly or at the end of the clinic session.
- Toys will be kept to a manageable minimum so that appropriate cleaning can be undertaken after use and at least weekly.
- Staff will examine each toy/game regularly (at least weekly or at the next available visit) or when soiled to ensure that it is fit for purpose.

- Any toys that have been used during a clinic session or during the day will be placed in the appropriate box and cleaned at the end of each clinic session.
- A notice will be displayed in each waiting area advising parents/ patients to report any dirty toys to a member of staff.

10 Cleaning/Decontamination of Toys/Play Equipment

- Toys awaiting cleaning should be stored in a box labelled as 'dirty toys' and kept in an area that children/patients cannot access.
- Evidence of the toy cleaning should be kept in each department, and an example of a checklist can be seen in Appendix 3.
- Completed schedules should be retained for a minimum of 3 months.
- Play equipment and storage containers for use within the Trust, must be made of materials which can easily be cleaned using general purpose detergent and water or a disposable detergent wipe.
- Storage boxes must be used whenever practicable; these should be covered/lidded and washable.
- Each practitioner who comes into contact with play equipment will ensure that the play equipment used and its storage are checked after their session weekly, cleaned as necessary and compliance documented as agreed for that clinical area which should be kept within each department. Each service manager must have a written system in place for staff to ensure that toys are cleaned and examined between patient use.
- Staff must examine each toy/game after use to ensure that it is fit for re-use i.e. check for broken parts/faults/loose parts etc.
- Toys/games/play equipment will be cleaned using detergent and warm water or a detergent wipe (for patients in isolation a chlorine releasing agent should be used) prior to returning the toy to storage.
- Broken or damaged toys must be disposed of in the appropriate waste stream as per SCHAT Waste Policy.

11 Consultation

This policy has been developed by the IPC team in consultation with appropriate clinical services managers, link staff, advisors/specialists (e.g., Specialist Nurses, Medicine Management) and PHE.

A total of three weeks consultation period was allowed and comments incorporated as appropriate.

11.1 Approval Process

The IPC Governance Meeting members will approve this policy and its approval will be notified to the Quality and Safety Committee.

12 Dissemination and Implementation

This policy will be disseminated by the following methods:

- Managers informed via Datix who then confirm they have disseminated to staff as appropriate
- Staff – via Team Brief and Inform
- Awareness raising by the IPC team
- Published to the Staff Zone of the Trust website

The web version of this policy is the only version that is maintained. Any printed copies should therefore be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments. When superseded by another version, it will be archived for evidence in the electronic document library.

12.1 Advice

Individual Services' IPC Link staff act as a resource, role model and are a link between the IPC team and their own clinical area and should be contacted in the first instance if appropriate.

Further advice is readily available from the IPC team or the Consultant Microbiologist.

12.2 Training

Managers and service leads must ensure that all staff are familiar with this policy through IPC induction and update undertaken in their area of practice.

In accordance with the Trust's mandatory training policy and procedure the IPC team will support/deliver training associated with this policy. IPC training detailed in the core mandatory training programme includes standard precautions and details regarding key IPC policies. Other staff may require additional role specific essential IPC training, as identified between staff, their managers and / or the IPC team as appropriate. The systems for planning, advertising and ensuring staff undertake training are detailed in the Mandatory Training Policy and procedure. Staff who fail to undertake training will be followed up according to the policy.

Further training needs may be identified through other management routes, including Root Cause Analysis (RCA) and Post Infection review (PIR), following an incident/infection outbreak or following audit findings. Additional ad hoc targeted training sessions may be provided by the IPC team.

13 Monitoring Compliance

Compliance with this policy will be monitored as follows:

- Hand hygiene will be audited in accordance with the Hand Hygiene Policy and via peer Hand Washing Assessments
- Cleaning standards within Community Hospitals will be monitored in accordance with the Publicly Available Specification (PAS) 5748 framework
- Environmental and patient equipment cleaning will be monitored as part of local routine cleanliness audits
- Audited locally using the HCAI Prevention audits undertaken by the IPC team and by staff as Self- audits as part of the IPC audit programme
- Additional periodic auditing and self-audits by clinical teams
- The IPC Governance Meeting will monitor compliance of the cleanliness audit scores and the IPC team audit programme

Numbers of staff undertaking IPC training, which includes Standard Precautions, will be monitored by the Organisational Development and Workforce Department

As appropriate the IPC team will support Services' Leads to undertake IPC RCAs/PIRs. Managers and Services' Leads will monitor subsequent service improvement plans and report to the IPC Governance Meeting.

Knowledge gained from RCA/PIR and IPC audits will be shared with relevant staff groups using a variety of methods such as reports, posters, group sessions and individual feedback.

The IPC team will monitor IPC related incidents reported on the Trust incident reporting system and, liaising with the Risk Manager, advise on appropriate remedial actions to be taken.

14 References

British Standards Institution (2014) Publicly Available Specification 5748:2014. Specification for the planning, application, measurement and review of cleanliness services in hospitals. BSI, London.

Department of Health (2012) Water sources and potential *Pseudomonas aeruginosa* contamination of taps and water systems: Advice for augmented care units. DH, London.

Department of Health (2010) The Health and Social Care Act 2008: Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance. (Revised 2015). London DH.

Department of Health (2010) Saving Lives: reducing infection, delivering clean and safe care, High Impact Intervention No 8: Care bundle to improve the cleaning and decontamination of clinical equipment. London, DH.

Department of Health (2003) National Service Framework for Children, Young People and Maternity Services. DH, London

Health and Safety Commission (1998) Control of Substances Hazardous to Health Regulations. HSE books, Sudbury.

National Patient Safety Agency (2009) The Revised Healthcare Cleaning Manual. NPSA, London.

National Patient Safety Agency (2007) The National Specifications for Cleanliness in the NHS: A framework for setting and measuring performance outcomes. London. NPSA.

The Control of Substances Hazardous to Health Regulations (2002) (as amended). Statutory Instrument 2002, No. 2267. London: The Stationery Office Department of Health.

15 Associated Documents

This policy should be read in conjunction with the following policies which are all available from the Trust's website <https://staffzone.shropcom.nhs.uk/smii/s00cont.asp?shid=35>

- Cleaning and Disinfection Policy
- Community Hospital Cleaning Policy
- Hand Hygiene Policy
- Linen and Laundry Policy
- Standard Infection Control Precautions: Hand Hygiene and Personal Protective Equipment Policy
- Waste Policy

17 Appendices

Appendix 1 – Cleaning Procedure for Toys/Games/Play Equipment

All toys should be cleaned after each use/end of play session. (It is recognised that some sessions include more than one child/patient, cleaning therefore is only necessary at the end of these sessions).

All children must be encouraged to clean their hands at the start of the session to reduce viral/bacterial load

Books	<ul style="list-style-type: none"> Books and posters should be examined for visible soiling with body fluid and disposed of as necessary. At the end of the group session, wipe the book cover with a detergent wipe. Books with signs of dampness or mildew must be discarded. Patients in isolation – the Infection Prevention and Control Nurse will advise.
Ball Pools	<ul style="list-style-type: none"> These should be inspected daily for cleanliness, debris and foreign items. Routine cleaning should be undertaken at least six monthly but should be risk assessed after every use. When cleaning ensure all parts are cleaned using warm water and a neutral detergent solution, then rinsed and dried thoroughly. Children who attend unwell with symptoms such as influenza like illness with a runny nose should not enter.
Construction toys e.g. Lego and Mega Blocks etc.	<ul style="list-style-type: none"> Ensure the child has cleaned their hands and have no obvious skin conditions or cuts/grazes- the Lego/blocks can then be returned to the box after use If children put the blocks into their mouth cleaning must be carried out at the end of play, wash all parts thoroughly in warm water and neutral detergent. Lego/blocks to be soaked for a period of 5 minutes in a chlorine based solution e.g. Milton 1,000 parts per million) should they become contaminated with bodily fluids such as vomit or blood after they have been cleaned with detergent Alternatively place in a 'net bag' on their own and wash in a SCHAT dishwasher or washing machine. Items must not be taken home to launder in a domestic washing machine.
Dressing up clothing	<ul style="list-style-type: none"> Due to the fragile nature of dressing up clothes unless these became visibly contaminated they do not require washing. However the activity should be risk assessed. All clothing must be laundered in a SCHAT machine Storage boxes should also be cleaned weekly or at the next visit. If the clothes are visibly soiled they must be removed immediately and laundered. Items must not be taken home to launder in a domestic washing machine.
Hand held mechanical or electronic toys	<ul style="list-style-type: none"> Damp wipe with a disposable detergent wipes between patient use and thorough drying before returning to storage
Hard surface toys	<ul style="list-style-type: none"> Must have a smooth, non-porous surface that is easy to clean. N.B. toys with moving parts or openings can harbour dirt and germs in the crevices Use detergent wipes to wipe clean toys after use. If wipes are not available use a fresh solution of detergent made up as per manufacturer's instructions, using disposable cloth. Rinse and dry thoroughly. DO NOT store toys wet

Play dough and therapeutic putty	<ul style="list-style-type: none"> • ALWAYS encourage user to wash hands before start of play/use • Play dough must be discarded at the end of the session if the child has put it in their mouth • Playdough should be avoided for those with skin conditions and/or with cuts and abrasions • Therapeutic putty ideally should be single person use but the manufacturer's guidelines must be followed if the product is not labelled as single patient use • Home-made play dough MUST be discarded at the end of the session as this contains no preservatives and will enable microbial growth • For all dough/putty which is not single person use, records must be maintained which include date the dough/putty was first used and how many sessions it is re-used and when it is due for replacement as per Manufacturer's Guidelines
Play sand	<ul style="list-style-type: none"> • ALWAYS encourage user to wash hands before start of play/use • Sand pits are not recommended for general play purposes. However, for individual play therapy, sand must be discarded should it become contaminated with bodily fluids. • Children must not use sand if they have skin conditions including cuts/abrasions or threadworms
Stuffed soft toys and puppets	<ul style="list-style-type: none"> • If used by the child directly these should be for one child/patient use only and given to the child/patient as a gift to take home. • There may be occasions when soft toys form an essential part of a therapy session used by the Health Professional only i.e. puppets • Where this is the case soft toys must be subject to machine washing after each episode of care and thorough air/tumble drying (according to the manufacturer's instructions). Repeated decontamination of soft toys can compromise the integrity of the fabric and create a choking hazard, therefore ensure thorough checking takes place before and after and discard if needed. Items must be laundered in a SCHAT washing machine and must not be taken home to launder in a domestic washing machine.
Therapeutic toys	<ul style="list-style-type: none"> • All therapeutic toys including soft bodied toys must be made of wipeable material • All users should be encouraged to wash their hands before touching any play equipment • There must be a local protocol in place for cleaning/replacement
Toy storage boxes	<ul style="list-style-type: none"> • Check integrity weekly if any broken/missing parts replace as needed • Remove all toys and clean weekly with detergent and water and dry thoroughly before replacing cleaned contents
Twiddle Muffs	<ul style="list-style-type: none"> • These are single patient use items and must be either given to the patient on discharge or disposed of in the appropriate waste stream. Twiddle muffs are to be replaced if soiled during use by a patient.
Wall mounted and large toys/games	<ul style="list-style-type: none"> • Clean all areas using disposable detergent wipes after each use. • Store dry between uses
Water play	<ul style="list-style-type: none"> • This should be on a one-to-one basis only • Water MUST be discarded at the end of the session • All toys should be cleaned and dried thoroughly prior to storage • N.B. hollow toys e.g. bath squirters, rubber ducks, may support the growth of moulds internally and should be checked prior to use and storage if suspicion or evidence of mould then the toy must be disposed of in the appropriate waste

Wooden toys	<ul style="list-style-type: none"> • Wooden toys are porous and difficult to clean and therefore should not be used in hospital/clinical settings
Toys/games soiled with body fluids	<ul style="list-style-type: none"> • Consider disposal in the appropriate waste stream if grossly contaminated as per SCHAT Waste Policy • All blood/body fluid should be decontaminated (see Cleaning and Disinfection Policy)

All toy cleaning and inspections undertaken must be documented (see Appendix 2 and 3)

Additional Cleaning Measures

- If toys become contaminated with any blood/body fluids they need to be removed immediately from the area and cleaned using a chlorine releasing agent (10,000 parts per million)
- Where toys have been contaminated with specific microorganisms for example during an outbreak or when a patient is in source isolation, additional decontamination procedures may be required
- If this is not possible the toy must be discarded (clinical waste stream)
- If uncertain seek guidance from the Infection Prevention and Control Team

Appendix 2 – Toys/Play Equipment Cleaning Checklist

Depending on the use and function of the play equipment/toys in use, cleaning requirements may be classified as either:

- After patient use
- Between patient use
- After each clinic or session
- On a daily basis
- On a weekly basis

All equipment should be assessed and cleaned thoroughly. The cleaning checklist should be completed as directed by the ward/department manager or person undertaking the cleaning.

Equipment must be cleaned using disposable detergent wipes.

The exception to this is:

If a blood or blood-stained fluid spillage is identified, the area must be cleaned immediately using a Biohazard Spill Kit and staff must wear PPE (disposable gloves and aprons) during this procedure.

Please see Standard Precautions including Surgical Hand Scrub, Gowning and Gloving Policy

The toys must be soaked for a period of 5 minutes in a Chlorine based solution (10,000 parts per million) e.g. Haz-Tabs or Milton and air dried after blood and body fluids have been removed using detergent wipes and paper towel.

If any equipment is found to be in a poor state of repair, it must be taken out of use and reported, repaired or replaced as soon as possible.

Appendix 3 – Condition Check and Cleaning Record for Toys/Games and Play Equipment

Site:			Ward/Dept.:		
Date and Time dd/mm/yy	Item detail If more than one of the same item available, ensure able to identify one from the other by marking with permanent marker	Condition checked and fit for purpose ✓	Item cleaned with: (give details e.g. washing machine @ 60°C or used disposable detergent wipes etc.	Comments Detail any specific actions taken e.g. item destroyed, sent for repair, laundered at xx°C temperature etc.	Name Print/Sign Of the person completing the checks/cleaning