

**Management of non-invasive,
reusable, shared care
equipment literature review
Executive Summary**

Version 1.0

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Executive Summary

This literature review informs the 'Safe Management of Care Equipment' content in the National Infection Prevention and Control Manual (NIPCM) and the Care Home Infection Prevention and Control Manual (CHIPCM).

- See NIPCM Chapter 1 [section 1.5 Safe Management of Care Equipment](#)
- See NIPCM Chapter 2 [section 2.2 Safe Management of Patient Care Equipment in an Isolation Room/Cohort Area](#), [section 2.3 Safe Management of the Care Environment](#), [section 2.4 Personal Protective Equipment \(PPE\): Respiratory Protective Equipment \(RPE\)](#), and [section 2.5 Infection prevention and control during care of the deceased](#)
- See CHIPCM Chapter 1 [section 5 Safe management of non-invasive, reusable, shared care equipment](#) and Chapter 2 [section 2 Safe Management of non-invasive, reusable, shared care equipment in an isolation room](#).

There are three documents to note:

- **The Literature review** which provides a comprehensive systematic review of the evidence
- **Considered judgement forms** which outline the evidence base and expert opinion used to develop the recommendations and good practice points for each literature review research question. Also detailed are the benefits, potential harms, feasibility of implementation, value judgements, intentional vagueness, and exceptions associated with the recommendations and good practice points.
- **Evidence tables** which detail all the included studies and provide an assessment of the evidence for each research question of the literature review.

Scope

Research questions

There are 11 research questions (RQ) in this literature review. One new RQ (RQ1), added in this update, examined the legislative requirements or standards that should be adhered to when decontaminating non-invasive, reusable, shared care equipment. The other 10 RQs were restructured for clarity.

- RQ2 focused on how care equipment should be categorised.
- RQ3 focused on describing the risk of healthcare associated infection (HAI) from non-invasive, reusable, shared care equipment.
- RQ4 focused on the definition of decontamination for non-invasive, reusable, shared care equipment.
- RQ5 focused on how decontamination methods should be categorised.
- RQ6 and RQ7 focused on when and how detergents and disinfectants should be used to decontaminate non-invasive, reusable, shared care equipment.
- RQ8 focused on where non-invasive, reusable, shared care equipment should be decontaminated.
- RQ9 focused on when non-invasive, reusable, shared care equipment should be decontaminated.
- RQ10 covers who has responsibility for decontaminating non-invasive, reusable, shared care equipment.
- RQ11 covers where non-invasive, reusable, shared care equipment should be stored following decontamination.

Change to Practice

Whilst there are no significant changes to practice expected as a result of this literature review update, the findings emphasise the importance of complying with recognised industry efficacy standards, rather than prescribing specific actions or

highlighting particular active ingredients, such as chlorine within cleaning and decontamination products.

This approach ensures that practice is guided by robust, evidence-based performance criteria rather than individual product components. The NIPCM and CHIPCM and supporting resources have been updated to reflect this.

Change to Recommendations and Good Practice Points

- New GPPs now place emphasis on compliance with industry standards, rather than focusing on specific actions or active ingredients within cleaning and decontamination products (GPP1.1, GPP6.2, GPP6.3, GPP7.2, GPP7.3, and GPP7.4).
- Recommendations within the previous version (V1.0) of this literature review regarding the use of specific types of detergents and disinfectants (Chlorine releasing agents) for decontaminating non-invasive, reusable, shared care equipment have been removed. This is due to a lack of evidence to support selection of specific types of disinfectants for certain tasks or anticipated exposure. This has been replaced with GPPs advising that detergents and disinfectant products should be:
 - selected based on compatibility with the equipment being decontaminated, as stated in manufacturer's instructions (GPP6.2, and GPP7.2)
 - prepared and used according to manufacturer instructions, whilst taking into account the specific equipment manufacturers instructions (GPP6.3, GPP7.3, and GPP7.4)
- Recommendations stating the definition of decontamination, decontamination methods and equipment categories were included in previous version of this review. This has been removed during this update but described in the literature review, see RQ2, RQ4 and RQ5.

Summary of Recommendations (R) and Good Practice Points (GPP)

Research Question 1: What legislative requirements or standards should be adhered to when decontaminating non-invasive, reusable, shared care equipment?

R1.1 The following legislation must be adhered to when decontaminating non-invasive, reusable, shared care equipment in Scottish health and care settings:

- The Biocidal Products Regulations 2001
- The Medical Device Regulations 2002
- Medical Device Regulation (EU) 2017/745
- The Control of Substances Hazardous to Health Regulations (COSHH) 2002
- The Health and Safety at Work etc Act 1974
- Public Health etc. (Scotland) Act 2008.

GPP1.1 Chemical disinfectants intended for decontaminating non-invasive, reusable, shared care equipment in Scottish health and care settings should have broad-spectrum antimicrobial activity and meet the relevant standards for any claimed antimicrobial effects (for example bactericidal, virucidal, yeasticidal, fungicidal and sporicidal). Appendix 4 of the literature review provides a non-exhaustive list of relevant standards.

Research Question 2: How should care equipment be categorised?

Not applicable.

Research Question 3: What is the risk of healthcare associated infection (HAI) from non-invasive, reusable, shared care equipment?

GPP3.1 Although evidence of transmission of infection from non-invasive, reusable, shared care equipment is limited, risk is present where there is contamination with viable infectious agents. Therefore, non-invasive, reusable, shared care equipment should be considered a potential source or vector for transmission of healthcare-associated infections.

Research Question 4: What is the definition of decontamination for non-invasive, reusable, shared care equipment?

Not applicable.

Research Question 5: How should decontamination methods be categorised?

Not applicable.

Research Question 6: When and how should detergents be used to decontaminate non-invasive, reusable, shared care equipment?

GPP6.1 Detergents should be used as part of the 'cleaning' phase of decontaminating non-invasive, reusable, shared care equipment.

GPP6.2 Local policy should inform which detergent should be used for decontamination of specific non-invasive, reusable, shared care equipment, based on surface compatibility and manufacturer's instructions.

GPP6.3 Detergent products should be prepared according to the manufacturer's instructions and used to clean equipment following the equipment manufacturer's instructions.

GPP6.4 The process of cleaning non-invasive, reusable, shared care equipment should be carried out from the cleanest or least soiled area to the dirtiest or most soiled area.

Research Question 7: When and how should disinfectant be used to decontaminate non-invasive, reusable, shared care equipment?

GPP7.1 Disinfectant products should be used to decontaminate non-invasive, reusable, shared care equipment when it has been contaminated with blood or body fluids, or when it has been used for an individual with a suspected or confirmed transmissible infection.

GPP7.2 Disinfectant products should be selected based on compatibility with the equipment being decontaminated, as stated in manufacturer's instructions.

GPP7.3 Disinfectant products should be prepared and used according to manufacturer instructions including chemical concentration, application style and contact time, whilst taking into account the specific equipment manufacturers instructions.

GPP7.4 Non-invasive, reusable, shared care equipment should be cleaned prior to disinfection. Cleaning should involve the use of detergent (unless a combined detergent and disinfectant product is used), as part of the decontamination process.

GPP7.5 Local policy should inform when and how disinfectants should be used for decontamination of specific non-invasive, reusable, shared care equipment based on surface compatibility and the manufacturer's instructions.

GPP7.6 When disinfecting non-invasive, reusable, shared care equipment, the process should be carried out from the cleanest or least soiled area to the dirtiest or most soiled area.

GPP7.7 Appropriate steps, including rinsing and drying, should be taken to remove residues of disinfectant agents from non-invasive, reusable, shared care equipment after decontamination.

Research Question 8: Where should non-invasive, reusable, shared care equipment be decontaminated?

GPP8.1 If possible, non-invasive, reusable, shared care equipment (for example, blood pressure cuffs, stethoscopes) should be decontaminated at the point of care where they are used.

GPP8.2 Equipment that has been used on an individual with a suspected or confirmed transmissible infection, or within an isolation area, should be decontaminated prior to removal from the area.

GPP8.3 A designated facility or dirty utility room should be provided for decontaminating equipment that cannot be decontaminated at the point of care. This should include facilities for:

- cleaning and disinfecting equipment
- temporarily holding items which require reprocessing
- disposal of body fluids and
- hand hygiene

GPP8.4 Local policy should outline procedures for decontamination and transport of equipment including clean and dirty flows, segregation of equipment, and use of markings, which may include labels where appropriate (such as those identifying that an item has been decontaminated).

Research Question 9: When should non-invasive, reusable, shared care equipment be decontaminated?

GPP9.1 Decontamination of non-invasive, reusable, shared care equipment should take place:

- as soon as practicable after use
- between use on each individual
- when visibly soiled
- after blood or body fluid contamination
- following the resolution of an outbreak
- before and after inspection, servicing or repair
- before being loaned out and following return
- before decommissioning, recycling and disposal
- at regular, pre-defined intervals as part of an equipment cleaning schedule

GPP9.2 Local decontamination policy development should involve conducting risk assessments to determine appropriate decontamination schedules or necessary adaptations for non-invasive, reusable, shared care equipment, based on the level of associated infection risk. Any deviation from the manufacturer's decontamination instructions should be clearly documented and justified in accordance with local governance procedures.

Research Question 10: Who has responsibility for decontaminating non-invasive, reusable, shared care equipment?

GPP10.1 A senior staff member or named individual, for example sister or senior charge nurse, should have overall responsibility for ensuring safe working conditions, including the decontamination of non-invasive, reusable, shared care equipment.

GPP10.2 Multiple staff may be responsible for different elements of equipment decontamination. A local decontamination policy should be in place to define which staff or groups of staff are responsible for the decontamination of non-invasive, reusable, shared care equipment.

GPP10.3 All staff should have a clear understanding of their specific responsibilities for decontaminating non-invasive, reusable, shared care equipment and should be appropriately trained to perform relevant decontamination protocols.

Research Question 11: Where should non-invasive, reusable, shared care equipment be stored following decontamination?

GPP11.1 Equipment that has been decontaminated should be stored separately from dirty or used equipment to prevent the contamination of clean equipment.

GPP11.2 Storage of non-invasive, reusable, shared care equipment should align with manufacturer's instruction.

GPP11.3 Storage areas or facilities should be clean, well ventilated, and in a good state of repair, providing protection from dust, moisture, insects, temperature, humidity and environmental contaminants or accidental contamination.

GPP11.4 All health and care premises should have a storage area for large items of equipment, such as beds, mattresses, hoists, wheelchairs, and trolleys which are clean but not in use.