

Cleaning and Disinfection Protocol

Patient Care Equipment or Device Cleaning and Disinfection Protocol



This document has been developed in accordance with current applicable infection control and regulatory guidelines. It is intended for use as a guideline only. At no time should this document replace existing documents established by the facility unless written permission has been obtained from the responsible facility manager.

PREFACE

The overall goal of infection prevention practices is to eliminate the risk of the transmission of pathogens between patients and between patients and the health care worker. The following recommendations should be implemented when cleaning and disinfecting. These procedures follow the Spaulding Classification of the level of care required for surfaces and instruments.

Non-critical equipment is devices or equipment that comes in contact with intact skin but not mucous membranes. Intact skin acts as an effective barrier to most microorganisms. Examples of non-critical equipment are bedpans, blood pressure cuffs, crutches, and patient care equipment like lifts, keyboards and monitors. There is virtually no risk of transmitting infectious agents to patients via non-critical items; however, these items could potentially contribute to secondary transmission by contaminated hands of Health Care Workers or by contact with medical equipment that will subsequently come in contact with patients.

PREPARATION

Although microorganisms are ubiquitous in health care settings, inanimate materials are seldom responsible for the direct spread of infections. Cleaning and maintenance prevent the build-up of soil, dust or other foreign material that can harbour pathogens and support their growth. Cleaning and disinfection of patient care equipment or devices after each use is important in limiting the transmission of organisms.

Appropriate personal protection should be taken for those responsible for the decontamination of a room or area.

PROTECTIVE BARRIERS

1. Disposable gloves. Gloves should be changed as required, i.e., when torn, when hands become wet inside the glove or when moving between patient rooms.
2. Household gloves can be worn, but they must be discarded when the cleaning is complete.
3. Protective Eye wear (goggles, face shield or mask with eye protection)
4. Masks (surgical or procedural masks sufficient)
5. Gowns



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PRODUCTS

All disinfectant or disinfect-cleaner products to be used for cleaning and disinfection of Patient Care Equipment and Devices must be approved by Health Canada and carry a Drug Identification Number (DIN). Products claiming to be a disinfectant but do not carry a DIN have not been approved for sale in Canada and should not be used.

Disinfectant Chemistries Approved for Low Level Disinfection include:

1. Alcohol
2. Accelerated Hydrogen Peroxide
3. Sodium Hypochlorite
4. Quaternary Ammonium Compounds
5. Phenolics

The concentration and contact time for each product will differ. For that reason it is important to read the product label prior to commencing any cleaning and disinfection process.

RECOMMENDED PROCEDURES FOR CLEANING AND DISINFECTION OF PATIENT CARE EQUIPMENT

Contaminated patient care devices should be clearly identified and kept separate from clean patient care devices. Patient care devices include: Blood Pressure Cuffs, Stethoscopes, Thermometers, Glucometers, Otoscopes, pulse oximeter, Wheel Chairs and Commodes etc. The contaminated devices should be cleaned in the dirty zone. Cleaning removes soil and body materials (e.g. blood, organic soils) and must occur as an integral first step before.

Summary of Procedure:

Apply the solution to either the device surface or to cloth. Clean all horizontal surfaces in the room ensuring that the cloth is changed when soiled. Place used cloth in a marked plastic-lined waste receptacle. Disinfect all horizontal surface of the room by applying the disinfectant and allowing for contact time as per the product label. If using cloth & bucket method with double dipping, once room has been cleaned discard all unused cleaning solution before proceeding to the next room. Allow surfaces to air dry or wipe dry if surfaces are still wet after the contact time as been achieved. Periodic rinsing of soft surfaces such as vinyl or naugahyde is suggested as well as equipment regularly handled by hand.

1. Gather all equipment, cleaning solutions and materials required to clean the patient care devices.
2. WASH hands and put gloves prior to cleaning the devices. Personal protective equipment should be changed if torn or soiled.



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3. Visible or gross soil present and/or blood or body fluid spills must be removed prior to cleaning. [See Protocol for Cleaning & Disinfecting a Blood or Body Fluid spill.]
4. As appropriate clean all surfaces of the patient care equipment or devices using a detergent or enzymatic solution. Where appropriate, dismantle the devices to ensure that all surfaces can be cleaned. To ensure that cross contamination does not occur use clean cloths for each device to be cleaned. If using an open bucket system, ensure that solutions do not become contaminated (NO DOUBLE DIPPING).
5. To disinfect all surfaces of the patient care devices, apply the disinfectant and allow surfaces to remain wet for the appropriate contact time as specified on the product label.
6. If using a 1-Step Cleaning-Disinfecting Solution a separate cleaning step is not necessary unless the surfaces are visibly soiled. To ensure disinfection occurs, the cleaner-disinfectant solution may need to be applied multiple times in order to achieve the contact time as specified on the product label.
7. Soiled rags should be placed in a bag for laundering. Disposable cloths should be disposed as regular waste in garbage bags.
8. Remove and discard gloves, WASH hands.

RECOMMENDED PROCEDURES FOR CLEANING AND DISINFECTION OF BLOOD & BODY FLUID SPILLS

Appropriate personal protective equipment should be worn for cleaning up a body fluid spill. Gloves should be worn during the cleaning and disinfecting procedures. If the possibility of splashing exists, the worker should wear a face shield and gown. For large spills, overalls, gowns or aprons as well as boots or protective shoe covers should be worn. Personal protective equipment should be changed if torn or soiled, and always removed before leaving the location of the spill, and then wash hands.

1. WASH hands and put on gloves.
2. If the possibility of splashing exists, the worker should wear a face shield and gown. For large spills, overalls, gowns or aprons as well as boots or protective shoe covers should be worn. Personal protective equipment should be changed if torn or soiled and always removed before leaving the location of the spill.
3. Apply the Disinfectant Solution to spill.
4. Blot up the blood with disposable towels. Dispose of paper towel in plastic-lined waste receptacle.



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5. Spray or wipe surface with the Disinfectant Solution to the area and ensure the appropriate contact time is met as specified on the product label. Wipe dry with disposable paper towel. Discard paper towel as above.
6. Remove gloves and dispose in plastic-lined waste receptacle.
7. WASH hands.

DISPOSAL OF INFECTION MATERIAL

All cleaning cloths gloves and handled tools used for the decontamination of a suspected Avian Flu virus case must be placed in a clearly marked plastic lined waste receptacle. Decontaminate all wastes before disposal; steam sterilization, chemical disinfection and or incineration.

REFERENCES

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