


Name of Policy:	<u>Equipment Cleaning</u>	 THE UNIVERSITY OF TOLEDO <small>1872</small>						
Policy Number:	3364-109-EQP-306							
Department:	Infection Control Hospital Administration Medical Staff							
Approving Officer:	Chair, Infection Control Committee Chief of Staff Chief Operating and Clinical Officer							
Responsible Agent:	Infection Control Practitioner							
Scope:	The University of Toledo Medical Center and its Medical Staff							
		Effective Date: 05/30/2017 Initial Effective Date: 5/16/2005						
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> New policy proposal</td> <td style="width: 33%; text-align: center;"><input checked="checked" type="checkbox"/> Minor/technical revision of existing policy</td> <td style="width: 33%;"></td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td style="text-align: center;"><input type="checkbox"/> Reaffirmation of existing policy</td> <td></td> </tr> </table>			<input type="checkbox"/> New policy proposal	<input checked="checked" type="checkbox"/> Minor/technical revision of existing policy		<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy	
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(A) Policy Statement

Equipment cleaning will be managed after patient use by cleaning within the department or in Central Services department.

(B) Purpose of Policy

To ensure that appropriate cleaning is performed as required to aid in preventing the transmission of infection, and to ensure actions are taken to keep equipment maintained in optimal functionality and cleanliness.

(C) Procedure for Inpatient areas


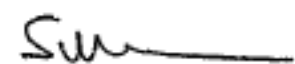
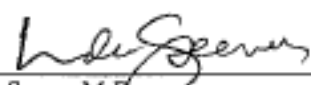
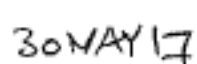
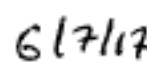
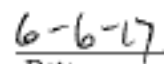
1. Moveable equipment (e.g., IV poles, wheelchairs, blood pressure monitors, etc.) must either be sent to the Distribution Services Department for cleaning or must be wiped down at the point of use with a hospital-approved disinfectant or disinfectant wipe. Gloves must be worn when using disinfectant wipes.
2. Beds must be wiped down with an approved hospital disinfectant or disinfectant wipes after patient discharge or during a patient’s stay if gross contamination occurs. Wiping all “hand contact” or “touchable” surfaces/equipment during routine daily cleaning is essential.
3. When cleaning non-critical equipment, the disinfectant should be applied in sufficient quantity and must allow adequate dry time in order to meet the manufacturer’s recommendation (located on the product label).
4. Follow the Isolation Guide for choosing which disinfectant is most appropriate (e.g., use bleach products for rooms labeled contact -D isolation).
5. All equipment requiring High Level Disinfection (HLD) will be processed following departmental protocol(s) or sent to Sterile Processing Department for processing. Note: HLD requires a separate protocol or policy as well as annual staff competency review.
6. All equipment labeled as “single use” must be disposed of or sent for reprocessing when part of an FDA approved reprocessing / sustainability program (e.g., pulse oximetry).
7. All equipment present in the patient’s room upon patient discharge is cleaned by Environmental Services during the discharge room clean.
8. Equipment in isolation rooms will be cleaned according to the isolation guide/policy.
9. Lead Aprons are to be cleaned and disinfected with hospital approved disinfectant when visibly soiled according to manufacture recommendations.

(D) Procedure for Outpatient/Diagnostic areas

1. Moveable equipment (e.g., IV poles, Blood Pressure Monitors, etc.) must either be sent to Distribution Services Department for cleaning or must be wiped down at a determined routine frequency in the clinic at least once a day with a hospital-approved disinfectant or disinfectant wipe. Gloves must be worn when using disinfectant wipes.
2. If equipment becomes contaminated with body fluids or is in constant contact with the patient's skin it must be wiped down at the point of use with a hospital-approved disinfectant or disinfectant wipe. Gloves must be worn when using the disinfectant wipes.
3. Glucometers must be wiped down at point of use with a hospital-approved disinfectant or disinfectant wipe due to risk for contact with blood.
4. Exam tables, chairs and pillows should be wiped with hospital-approved disinfectant wipes after each patient use.
5. Wheelchairs will be cleaned weekly or when visibly soiled.
6. Lead Aprons are to be cleaned and disinfected with hospital-approved disinfectant when visibly soiled according to manufacture recommendations.

References:

APIC Text of Infection Control and Epidemiology 2014, 4th Edition, Volume 1, 31:10-11. E
CDC: Guidelines for Environmental Infection Control in Healthcare Facilities. 2003 (2014 update).

<p>Approved by:</p> <p> _____ Michael Ellis, M.D. Chair, Infection Control Committee</p> <p> _____ Thomas Schwann, M.D. Chief of Staff</p> <p> _____ Linda Speer, M.D. Interim, Chief Medical Officer</p> <p><i>Review/Revision Completed By: Infection Control Committee</i></p>	<p>Review/Revision Date:</p> <p>4/25/2011 07/01/2014 10/27/2015 05/10/2017</p> <p> _____ Date</p> <p> _____ Date</p> <p> _____ Date</p> <p>Next Review Date: 05/2020</p>
<p>Policies Superseded by This Policy: 31:EQP-301</p>	