Name of Policy:	**High Level Disinfection (HLD)**
Policy Number:	3364-139-1-03
Department:	Sterile Processing University Health Services Hospital Administration
Approving Officer:	Chair, Infection Control Committee Chief Medical Officer Chief of Staff
Responsible Agent:	Endoscopy Operations Supervisor Infection Preventionist
Scope:	The University of Toledo Medical Center and its Medical Staff

THE UNIVERSITY OF TOLEDO MEDICAL CENTER

Effective Date: 06/01/2024

Initial Effective Date: 08/22/2016

_____ New policy proposal
_____ Major revision of existing policy
__X__ Minor/technical revision of existing policy
_____ Reaffirmation of existing policy

(A) Policy Statement

High Level Disinfection (HLD) will be performed on all semi-critical equipment used at University of Toledo Medical Center (UTMC). The HLD processes utilized will follow industry standards and manufacturer's recommendations for use. All areas using semi critical equipment must ensure that HLD is being performed properly. Endoscopy management will provide oversight for all HLD performed within UTMC in conjunction with the Infection Prevention and Control Department (IPC).

(B) Purpose of Policy

To ensure that the processes used to attain high level disinfection of semi-critical equipment are of the highest standards and achieve the highest level of patient safety.

(C) Definitions

1. Semi-critical equipment
   (a) Equipment that comes in contact with intact mucous membranes or non-intact skin and requires high level disinfection following use (e.g., nasal specula, vaginal/anal ultrasound probes, gastrointestinal/nasopharyngeal endoscopes, laryngoscopes, TEE probes).

2. High Level Disinfection (HLD)
   (a) Complete elimination of all microorganisms in or on an instrument, except for small numbers of bacterial spores.

   (b) The FDA definition of high-level disinfectant is a sterilant used for a shorter contact time to achieve a 6-$\log_{10}$ kill of an appropriate *Mycobacterium* species. Cleaning followed by high-level disinfection should eliminate enough pathogens to prevent transmission of infection.

(D) Procedure

1. All Departments seeking to use semi-critical equipment must first receive the approval from IPC and Endoscopy management. Notification must also be made to the Environmental Health and Radiation Safety Department.

2. Prior to utilization of semi-critical equipment, the management of Endoscopy will assure that the proper HLD process is in place and proper staff training occurs on hire and at least annually.

3. A listing of all sites approved for performing HLD and using semi-critical devices will be maintained by IPC and Endoscopy management.

4. Department managers where HLD is performed will maintain a working knowledge of HLD and be responsible for ensuring all staff performing HLD complete annual education and competencies.

5. Endoscopy management will provide any necessary support and guidance to Department Manager's related to HLD.

(E) Process

1. Cleaning of semi-critical equipment must be done at point-of-use immediately after each procedure to prevent drying excretions, blood, or secretions.

2. Disassembly, cleaning, and disinfection of these devices will be followed according to the manufacturer's instructions for use. Inspection of the equipment for damage is imperative at all stages of handling. If damage is detected, the device must be high level disinfected prior to shipping the device for repairs. Per the manufacturer, disinfection of the device is performed while staying attached to the leak tester. Consult the Biomedical Department regarding the damage.

3. All reusable biopsy forceps, cytology brushes, or critical pieces of equipment will be cleaned per the manufactures instructions for use (IFU) of the device at the point of use. They are then taken to the Sterile Processing Department and sterilized per the manufactures IFU of the device.

4. Ultrasound probes that are contaminated with blood or bodily fluid will be cleaned per the device manufactures instructions for use (IFU) at the point of use. They are then taken to the Sterile Processing Department to have high level disinfection performed per the manufactures IFU of the device.

5. All surfaces and equipment that may have been contaminated with secretions during the procedure are washed with the EPA hospital-approved disinfectant.

6. Cleaning processes will be considered when scheduling procedures.

7. Documentation and tracking will be maintained for the individual who performs point-of-use cleaning and the individual who performs manual cleaning.

(F) Monitoring

1. Endoscopy Management and IPC will complete at a minimum an annual review of process, practice, and compliance for each area where HLD is performed.

Approved by: /s/ Michael Ellis, MD — Date Chair, Infection Control Committee /s/ Puneet Sindhwani, MD — Date Chief of Staff /s/ Michael Ellis, MD — Date Chief Medical Officer *Review/Revision Completed By:* *Infection Control Committee*	**Review/Revision Date:** 07/28/2017 11/15/2018 11/09/2021 08/26/2022 05/21/2024 **Next Review Date**: 05/2027
Policies Superseded by This Policy: *3364-109-EQP-302 Cleaning/Disinfection of Flexible Fiber optic (FFE) or Video Endoscopes*	