Name of Policy:	**Cleaning of equipment and preventative maintenance in the sleep center**
Policy Number:	3364-171-06-01
Department:	Sleep Disorders
Approving Officer:	Senior Hospital Administrator
Responsible Agent:	Director, Sleep Disorders
Scope:	The University of Toledo Medical Center Pulmonary Services Department

THE UNIVERSITY OF TOLEDO MEDICAL CENTER

Effective Date: 3/17/2023

Initial Effective Date: 3/17/2023

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

(A) Policy Statement

All qualified and trained Polysomnographic Technologists will clean and disinfect all equipment according to manufactures Information for Use (IFU) and hospital guidelines. Equipment will be inspected, and preventative maintenance will be performed when appropriate or sooner if a defect is found.

(B) Purpose of Policy

To provide for a safe and sanitary testing environment for all patients. The guidelines below will explain the process for ensuring all equipment is processed using manufacturer's recommendations and provide for detection and tracking of faulty equipment.

(C) Procedure

Inspect all equipment for apparent defects and document on the defective equipment log. As needed, if a defect is seen, taken out of service and notify the Sleep Disorders Center manager. Electrical safety is monitored and recorded by Biomedical Engineering Services, Reference Electrical Safety in Procedure No: S-08-020. All patient related equipment will be evaluated and documented annually by Biomedical Engineering Services. Any repairs to patient related equipment will be performed and documented by Biomedical Engineering Services.

Home Sleep Apnea Testing (HSAT) devices or sensors associated with failed test, no data, inadequate data, or corrupt data, must be removed from service and tested for proper function before putting back into service. Quarterly audits will be used to track this information for the purpose of identifying trends related to service and/or device issues. The manager of the Sleep Disorders Center is responsible for maintaining the log and performing the quarterly audits.

1. After using proper handwashing techniques (see Policy Hand Hygiene 3364-109-GEN-102), gloves will be donned for equipment removal.
2. Removal of testing equipment after a study
    a. After removal of all non-disposable equipment from the patient (belts, electrodes, sensors) place equipment in the red biohazard bin and secure the lid.
    b. Transport equipment to the "dirty" equipment area of the Sleep Disorders Center for immediate cleaning and disinfection.
    c. Follow manufacture's guidelines published on the IFU for the cleaning of all non-disposable equipment.
        i. It is the department manager's responsibility to provide just-in-time training to staff when any manufacturer IFU changes for non-disposable products.
    d. The red biohazard bins will be cleaned and disinfected in the dirty room and stored until the next opportunity for use.

i. Electrodes - Electroencephalogram (EEG), Electromyogram (EMG), Electrocardiogram (ECG)
    a) After removal of all gauze and tape, soak the electrodes in a mixture of warm water and mild manufacturer recommended cleaning agent.
    b) Use a new/unused soft bristled brush to remove any paste. Discard brush after use.
    c) Remove electrodes from the cleaning mixture and rinse with warm water.
    d) Adhesive remover will be used to remove all traces of tape residue from the wires and electrodes.
    e) Soak the electrodes in a manufacturer and hospital approved disinfectant maintaining recommended contact time.
    f) Rinse the electrodes in running water.
    g) Hang electrodes in the appropriate designated "Clean" area to dry.

ii. Continuous Positive Airway Pressure (CPAP) mask and tubing
    a) Each mask, and all associated parts, including the headgear will be discarded after single patient use.
    b) All tubing and bacterial filter will be discarded after single patient use.

iii. Respiratory belts and sensors. Single patient use equipment should be used whenever available.
    a) Remove any debris from the belts
    b) Clean belts according to IFU
    c) Rinse thoroughly with warm water
    d) Squeeze out excess water
    e) Hang to dry
    f) Sensors should be cleaned with the manufacturer's recommended cleaning agent with attention to appropriate contact time. And allowed to dry.

iv. Home Sleep Apnea Testing (HSAT) devices, snore sensor and assorted cables
    a) Remove all tape
    b) Use adhesive remover to remove any residual adhesive residue
    c) Wipe down all equipment according to manufacturer's IFU paying close attention to contact times.
    d) Return to clean storage area

v. All touch screens will be cleaned with hospital approved screen wipes.

vi. Keyboards, desk surfaces, and computer mouse will be wiped down with hospital approved disinfectant wipes after each shift.

vii. It is the responsibility of the Sleep Lab manager to ensure all cleaning guidelines are current, and any changes are communicated with the staff of the Sleep Center.

Linen will be removed from the bed by the Sleep Lab staff at the conclusion of the study. Gloves will be worn when handling soiled linen and hand hygiene will be performed before and after donning and doffing gloves. All soiled linen will be handled with standard precautions. The linen will be placed in the appropriate linen bag, tagged, and placed in the appropriate bin. Processing of linen will be in accordance with policy" Linen Processes, includes Contracted Services" # 3364-109-EQP-802. Housekeeping will be notified a room is vacant and available for cleaning.

Approved by:		**Review/Revision Date:** 3/23
/s/ Michael Taylor Director, Pulmonary Services	3/20/2023 Date	
/s/ Andre Aguillon, M.D. Medical Director	3/19/2023 Date	
/s/ Russell Smith Senior Hospital Administrator	3/20/2023 Date	
Review/Revision Completed By: *Director, Sleep Disorders Center*		**Next Review Date: 03/26**
Policies Superseded by This Policy:		

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.