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:	Operations Supervisor, Sterile Processing Infection Preventionist
Scope:	The University of Toledo Medical Center and its Medical Staff

THE UNIVERSITY OF TOLEDO MEDICAL CENTER

Effective Date: 11/15/2018

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. Sterile Processing 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., vaginal specula, nasal specula, vaginal/anal ultrasound probes, gastrointestinal/nasopharyngeal endoscopes, laryngoscopes).

(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-log10 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 of the IPC and Sterile Processing 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 Sterile Processing 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 Sterile Processing 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) The Sterile Processing 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, do not soak the equipment; consult the manufacturer. A scope or probe sent for repair should be considered contaminated and labeled accordingly prior to shipping. Brush the channels without immersing if appropriate for the type of repair being performed.

(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 are taken to the Sterile Processing Department and sterilized per the manufactures IFU of the device.

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

(5) Cleaning processes will be considered when scheduling procedures.

(6) Documentation, including person who pre-cleaned and processed the equipment will be maintained regarding cleaning and disinfection of all semi-critical equipment.

(F) Monitoring

(1) Sterile Processing 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/
Geehan Suleyman, MD — Date
Chair, Infection Control Committee

/s/
Samer Khouri, 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

Next Review Date: 11/2021

• **Policies Superseded by This Policy:** *3364-109-EQP-302 Cleaning /Disinfection of Flexible Fiber optic (FFE) or Video Endoscopes*