| Name of Policy:Transporting TEE ProbePolicy Number:3364-106-E05       | UT UTOLEDO<br>HEALTH                 |   |  |
|---|--------------------------------------|---|--|
| Approving Officer: Chief Executive Officer                            | C Effective date: 3/24/2025          |   |  |
| Responsible Agent: Director of Cardiovascu                            | ices Original effective date: 6/2007 |   |  |
| Scope: University of Toledo Medical Center                            |                                      |   |  |
| Key words: Echo, Echocardiography, TEE Probe, Procedure, Cardiologist |                                      |   |  |
| New policy proposal   |                                      | Minor/technical revision of existing policy |  |
| Major revision of existing policy                                     | $\square$                            | Reaffirmation of existing policy            |  |

## (A) Policy Statement

The safe transportation of the TEE Probe to and from the procedure room in order to protect the patient and personnel from a variety of pathogens is essential to the operations of the ECHO Lab.

## (B) **Purpose of Policy**

To provide safe transportation of the TEE Probe.

- (C) Procedure
- 1. The TEE transducer is transported in a designated bin with a green protective cover to the patient's room or catheterization laboratory to begin the procedure. Use a disposable sponge cover to protect the tip of the probe.
- 2. When the procedure is complete the cardiologist will hand the contaminated probe to the echo technologist.
- 3. The contaminated probe will be wrapped in a towel and placed in a plastic patient bag in the designated bin with a red protective cover.
- 4. Clean the handle with germicidal disposable wipe (sani-cloth) and then remove your gloves.
- 5. Wash your hands.
- 6. Transport the TEE probe to the echo lab for cleaning and disinfecting immediately.

| Approved by:   | Policies Superseded by This Policy: |
|--|-------------------------------------|
|  | • None                              |
| /s/  |                                     |
|  | Initial effective date: 6/2007      |
| Todd Korzec, RN, BSN   |                                     |
| Director, Cardiovascular Services                                  | Review/Revision Date:               |
|  | 6/07                                |
| 1/31/2025  | 8/25/2010                           |
|  | 5/25/2011                           |
| Date   | 6/2013                              |
|  | 3/2016                              |
| /s/  | 3/2019                              |
|  | 3/2022                              |
| Samer J. Khouri MD   | 3/24/2025                           |
| Medical Director, Non-Invasive                                     |                                     |
| Cardiac Imaging  | Next review date: 3/24/2028         |
|  |                                     |
| 3/7/2025   |                                     |
|  |                                     |
| Date   |                                     |
|  |                                     |
| /s/  |                                     |
|  |                                     |
| Christine Stesney-Ridenour, FACHE                                  |                                     |
| Chief Operating Officer  |                                     |
| 2/24/2025  |                                     |
| 3/24/2025  |                                     |
| Date   |                                     |
| Date   |                                     |
| Raman/Ramicion Completed hu  |                                     |
| Review/Revision Completed by:<br>Director, Cardiovascular Services |                                     |
| Director, Curutoousculur Services                                  |                                     |
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