Name of Policy: Cleaning and Disinfecting Items from a Patient Care Area USP 825 **Policy Number**: 3364-106-N15 **Approving Officer**: Chief Operating Officer **Responsible Agent**: Director of Cardiovascular Services, Medical Director, Non-Invasive Cardiac Imaging **Scope**: University of Toledo Medical Center	UTOLEDO HEALTH **Effective date:** 3/24/2025 **Original effective date**: 2/2022
Key words: Radiation, Nuclear Testing, Stress Test, Disinfecting, Cleaning	

☐	New policy proposal	☐	Minor/technical revision of existing policy
☐	Major revision of existing policy	☒	Reaffirmation of existing policy

(A) Policy Statement

The Licensed, Registered Nuclear Medicine Technologist will comply with USP 825 Standards for Cleaning and Disinfecting Items from A Patient Care Area.

(B) Purpose of Policy

To ensure high quality Nuclear Cardiology services are performed in a clean and safe environment through the establishment of guidelines to correct or solve problems when identified.

(C) Procedure

1. All equipment must be cleaned with a low-level disinfectant after use on a patient (e.g., blood pressure cuffs, pulse oximeters, exam tables) allowing the appropriate disinfectant contact/dry time per the manufacturer. Clorox Bleach wipes must be used for sterilization of equipment following use on patients in isolation status. The contact/dry time for disinfection Super Sani-Cloth wipes (purple container), is 2 minutes. The contact/dry time for sterilization with Clorox Bleach wipes, is 3 minutes.

2. Radiation shielding and equipment that is exposed to patient care areas during the process of dose administration must be cleaned and disinfected as low-level, low-risk disinfection after each exposure. Syringes that have been used in a patient care area must not be brought back into the hot lab for re-assaying or disposal unless the syringe is placed inside a plastic bag or plastic insert and lead pig. Equipment that has been exposed to needles or syringes contaminated with blood borne pathogens and radioactive materials are considered mixed waste (e.g., syringe shields, and syringe carrying containers). This equipment must be cleaned and disinfected. Equipment that contained or was in contact with mixed waste must be cleaned and disinfected with an appropriate agent for blood. Critical sites (e.g., vial stoppers) must be wiped with sterile 70% IPA and must be allowed to dry before piercing critical site.

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Approved by: /s/ _____ Todd Korzec, RN, BSN Director, Cardiovascular Services 1/31/2025 _____ Date /s/ _____ Samer Khouri, MD Medical Director, Non-Invasive Cardiac Imaging 3/7/2025 _____ Date /s/ _____ Christine Stesney-Ridenour, FACHE Chief Operating Officer 3/24/2025 _____ Date *Review/Revision Completed by:* *Director, Cardiovascular Services*	**Policies Superseded by This Policy:** • *None* Initial effective date: 2/2022 Review/Revision Date: 2/2022 3/24/2025 Next review date: 3/24/2028