(A) Policy Statement

Equipment cleaning will be managed after patient use by Environmental Services, Distribution Services Department and Sterile Processing Department. It is the responsibility of all healthcare staff using multi-patient equipment (e.g., workstations on wheels) to manage, with manufacture-approved products, the cleaning and disinfection of these devices to minimize risk, prevent cross-contamination, and the prevent the spread of pathogens within the facility.

(B) Purpose of Policy

To ensure that appropriate cleaning is performed as required to aid in preventing the transmission of infection, and to ensure actions are taken to keep equipment maintained for optimal functionality and cleanliness. Disinfecting high touch objects decreases the potential of cross-contamination to patients and healthcare staff.

(C) Procedure for Inpatient areas

1. Moveable equipment (e.g., IV poles, wheelchairs, blood pressure monitors) must either be sent to Distribution Services department for cleaning or must be wiped down at point of use with a hospital-approved disinfectant. Gloves are worn according to manufacture recommendations when using disinfectant wipes.

2. Beds must be wiped down with an approved hospital disinfectant after patient discharge or during a patient’s stay if gross contamination occurs. Wiping all “high touch” or “touchable” surfaces/equipment during routine daily cleaning is essential.

3. When cleaning non-critical equipment, the disinfectant should be applied according to manufacture recommendations and must allow adequate dry time in order to meet this recommendation (located on the product label).

4. Follow the Infection Control Precautions Policy (3364-109-ISO-404) for choosing which disinfectant is most appropriate (e.g., use bleach products for rooms labeled Contact-D isolation, unless product manufacture states otherwise).

5. All equipment requiring High Level Disinfection (HLD) will be processed according to facility protocol(s) or sent to Endoscopy or Sterile Processing Departments for processing.

Note: HLD requires a separate protocol or policy as well as annual staff competency review.
(6) All equipment labeled as “single use” must be disposed of or sent for reprocessing when part of an FDA approved reprocessing/sustainability program (e.g., pulse oximetry).

(7) All equipment present in the patient room upon patient discharge is cleaned by Environmental Services during the discharge room clean. This includes the computers in room and the associated keyboards, mice, and bar scanners.

(8) Equipment in isolation precaution rooms will be cleaned according to the Infection Control Precautions Policy.

(9) Lead Aprons are to be cleaned and disinfected with hospital approved disinfectant when visibly soiled according to manufacture recommendations.

(10) Healthcare employees and office staff using the workstations of wheels (WOW) are responsible for intermittent cleaning of the devices, including but are not limited to, computer keyboards, mice, and bar code scanners before and after use in patient care areas using the following process:
   (a) Clean and disinfect the WOW as needed when visibly soiled.
   (b) A WOW that enters a patient room/care area, specifically the keyboard, barcode scanner, mouse, and other high touch surfaces on the computer, will be cleaned and disinfected by the “user” prior to entry and upon exiting the patient room/care area, using a hospital approved disinfectant (e.g., PDI Sani wipes, bleach wipe for C-diff)
      (i) Staff must follow all safety precautions and adequate dry time for product used.
   (c) All staff must clean their hands after patient contact and prior to using the computer equipment.
   (d) Only use appropriate hospital approved cleaner on the computer screen (e.g., product with 70% isopropyl alcohol).

(D) Procedure for Outpatient/Diagnostic areas

(1) Moveable equipment (e.g., IV poles, Blood Pressure Monitors) must either be sent to Distribution Services Department for cleaning or must be wiped down at a determined routine frequency in the clinic (at least once a day) with a hospital-approved disinfectant or disinfectant wipe. Gloves may be worn when using disinfectant wipes unless manufacture recommendations state otherwise.

(2) If equipment becomes contaminated with bodily fluids or is in constant contact with the patient’s skin, it must be wiped down at the point of use with a hospital-approved disinfectant. Gloves may be worn when using disinfectant wipes unless manufacture recommendations state otherwise.

(3) Glucometers must be wiped down at point of use with a hospital-approved disinfectant due to the risk of contact with blood.

(4) Exam tables, chairs, and pillows should be wiped with hospital-approved disinfectant wipes after each patient use.

(5) Wheelchairs will be cleaned weekly or when visibly soiled.

(6) Lead Aprons are to be cleaned and disinfected with hospital-approved disinfectant when visibly soiled according to manufacture recommendations.

(7) Healthcare employees and office staff using the workstations of wheels (WOW) are responsible for intermittent cleaning of the devices, including but are not limited to, computer keyboards, mice, and bar code scanners before and after use in patient care areas using the following process:
   (a) Clean and disinfect the WOW as needed when visibly soiled.
(b) A WOW that enters a patient room/care area, specifically the keyboard, barcode scanner, mouse, and other high touch surfaces on the computer, will be cleaned and disinfected by the “user” prior to entry and upon exiting the patient room/care area, using a hospital approved disinfectant (e.g., PDI Sani wipes, bleach wipe for C-diff)

(i) Must follow all safety precautions and allow for adequate dry time of product.

(8) All staff must clean their hands after patient contact and prior to using the computer equipment.
(9) Only use appropriate hospital approved cleaner on the computer screen (e.g., product with 70% isopropyl alcohol).

References:


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<tr>
<th>Approved by:</th>
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<tbody>
<tr>
<td>/s/ Michael Ellis, MD</td>
<td>04/25/2011</td>
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<tr>
<td>Chair, Infection Control Committee</td>
<td>07/01/2014</td>
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<tr>
<td>/s/ Andrew Casabianca, MD</td>
<td>10/27/2015</td>
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<tr>
<td>Chief of Staff</td>
<td>05/10/2017</td>
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<td>/s/ Michael Ellis, MD</td>
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<tr>
<td>Chief Medical Officer</td>
<td>05/13/2021</td>
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Next Review Date: 05/2024

Policies Superseded by This Policy: 31:EQP-301