


Name of Policy: <u>Equipment Cleaning</u> Policy Number: 3364-109-EQP-306 Department: Infection Control Hospital Administration Medical Staff Approving Officer: Chair, Infection Control Committee Chief of Staff Chief Medical Officer Responsible Agent: Infection Preventionist Scope: The University of Toledo Medical Center and its Medical Staff	 Effective Date: 6/1/2024 Initial Effective Date: 5/16/2005
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

(A) Policy Statement

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

(B) Purpose of Policy

To ensure that appropriate cleaning and disinfection 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 Central Distribution Services for cleaning and disinfection or must be wiped down at point of use with a hospital-approved disinfectant. Gloves are worn according to manufacturer 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 and equipment during routine daily cleaning is essential.
- (3) When cleaning non-critical equipment, the disinfectant should be applied according to manufacturer 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 manufacturer states otherwise).
- (5) Non-invasive Ultrasound Probes that come into direct contact with blood or bodily fluids must be processed using High-Level Disinfection (HLD) to prevent cross contamination of infectious disease. All Ultrasound Probes shall be cleaned immediately at the point of use with device manufacturer approved disinfectant wipe (see [HLD Trophon Protocol](#)).

- (6) All other equipment requiring High Level Disinfection (HLD) will be processed according to facility protocol(s) or sent to Endoscopy or the Sterile Processing Department for processing (see [3364-139-1-03 High Level Disinfection](#)).
- (7) All equipment labeled as “single use” must be disposed of or sent for reprocessing when part of a FDA approved reprocessing/sustainability program (e.g., pulse oximetry). (see [3364-100-53-04 Reprocessing Single Use Medical Devices – Third Party Provider](#))
- (8) All equipment present in the patient room upon patient discharge is cleaned by multiple disciplines during the discharge room clean process. For example, Environmental Services cleans feeding pumps, traction units, in-room computers & EPC pumps. Nursing discards suction canisters, cleans heating pads and cooling equipment. Respiratory Therapy removes and cleans ventilators, CPAP & BiPAP units.
- (9) Equipment in isolation precaution rooms will be cleaned according to the [Infection Control Precautions Policy](#) (3364-109-ISO-404).
- (10) Lead Aprons are to be cleaned and disinfected with hospital approved disinfectant when visibly soiled according to manufacturer recommendations.
- (11) Healthcare employees and ancillary staff using the workstations of wheels (WOW) and all WOW accessories (e.g., keyboards, mice, bar code scanners) are responsible for cleaning and disinfection of this equipment before and after use in patient care areas.
 - (a) Clean and disinfect the WOW at least daily and when visibly soiled.
 - (b) Clean and disinfect the WOW and its ancillary equipment prior to entry and upon exiting the patient room or patient’s bedside 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.
 - (j) The WOW is not to be taking into isolation rooms unless it can be dedicated to that patient for the duration of their stay and must be cleaned and disinfection after stay.
 - (c) Perform hand hygiene before and after using the WOWs.
 - (d) Computer screen are to be cleaning using appropriate hospital approved cleaner (e.g., product with 70% isopropyl alcohol).
- (12) Glucometer cleaning and disinfection must follow a 2-step process:
 - (a) Cleaning with the first wipe to ensure all soil and organic matter are removed. Waiting for the proper contact/dwell time is not required in this step.
 - (b) Disinfect with the second wipe to destroy pathogenic microorganisms, ensuring the surface of the Glucometer remains moist for the specified contact/dwell time.
 - (c) Clean and disinfect the area around the test strip port, the meter display (touchscreen) and the meter housing (entire meter surface).

(D) Procedure for Outpatient/Diagnostic areas

- (1) Moveable equipment (e.g., IV poles, Blood Pressure Monitors) must either be sent to Central Distribution Services for cleaning and disinfection 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 manufacturer 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 manufacturer recommendations state otherwise.
- (3) Ultrasound probes that come into contact with blood or body fluids must be High Level Disinfected (HLD). Ensure probe is cleaned immediately after point of use with disinfectant wipe. Probe must be taken to the Sterile Processing Department for further High-Level Disinfection (HLD).
- (4) Glucometer cleaning and disinfection must follow a 2-step process:
 - (a) Cleaning with the first wipe to ensure all soil and organic matter are removed. Waiting for the proper contact/dwell time is not required in this step.
 - (b) Disinfect with the second wipe to destroy pathogenic microorganisms, ensuring the surface of the Glucometer remains moist for the specified contact/dwell time.
 - (c) Clean and disinfect the area around the test strip port, the meter display (touchscreen) and the meter housing (entire meter surface).
- (5) Exam tables, chairs, and pillows should be wiped with hospital-approved disinfectant wipes after each patient use.
- (6) Wheelchairs will be cleaned weekly or when visibly soiled.
- (7) Lead Aprons are to be cleaned and disinfected with hospital-approved disinfectant when visibly soiled according to manufacturer recommendations.
- (8) Healthcare employees and ancillary staff using the workstations of wheels (WOW) and all WOW accessories (e.g., keyboards, mice, bar code scanners) are responsible for cleaning and disinfection of this equipment before and after use in patient care areas.
 - (e) Clean and disinfect the WOW when visibly soiled.
 - (f) Clean and disinfect the WOW and its ancillary equipment when in patient rooms or patient care areas, 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).
 - (k) Staff must follow all safety precautions and adequate dry time for product used.
 - (g) Perform hand hygiene before and after using the WOWs.
 - (h) Computer screen are to be cleaning using appropriate hospital approved cleaner (e.g., product with 70% isopropyl alcohol).

References:

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Approved by: <u>/s/</u> Michael Ellis, MD Chair, Infection Control Committee <u>/s/</u> Puneet Sindhvani, MD Chief of Staff <u>/s/</u> Michael Ellis, MD Chief Medical Officer <i>Review/Revision Completed By:</i> <i>Infection Control Committee</i>	Review/Revision Date: 04/25/2011 07/01/2014 10/27/2015 05/10/2017 08/10/2020 05/13/2021 05/21/2024 Next Review Date: 05/2027
Policies Superseded by This Policy: 31:EQP-301	