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 Operating and Clinical Officer
Chief of Staff

Responsible Agent: Operations Supervisor, Sterile Processing
Infection Preventionist

Scope: The University of Toledo Medical Center and its Medical Staff

Effective Date: 08/22/17
Initial Effective Date: 08/22/2016

(A) Policy Statement

High Level Disinfection (HLD) will be performed on all semi-critical equipment used at UT Health. 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 UT Health in conjunction with the Department of Infection Prevention.

(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) Semi-critical equipment is equipment that comes in contact with intact mucous membranes or non-intact skin and requires high level disinfection following use. (vaginal specula, nasal specula, vaginal/anal ultrasound probes, gastrointestinal/nasopharyngeal endoscopes, laryngoscopes, etc.)

2. High Level Disinfection (HLD)
   (a) High-level disinfection is the complete elimination of all microorganisms in or on an instrument, except for small numbers of bacterial spores. 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
All Departments seeking to use semi-critical equipment must first receive the approval of the Infection Prevention Department and Sterile Processing Department. Notification must also be made to the Environmental Health and Radiation Safety Department.

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.

A listing of all sites approved for performing HLD and using semi-critical devices will be maintained by the Infection Prevention and Sterile Processing Departments.

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.

The Sterile Processing Department will provide any necessary support and guidance to Department Manager’s related to HLD.

(E) Process

Cleaning of semi-critical equipment must be done at point of use immediately after each procedure to prevent drying excretions, blood, or secretions.

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 a contaminated medical device and labeled accordingly prior to shipping. Brush the channels without immersing if appropriate to type of repair being performed.

All reusable biopsy forceps, cytology brushes, or critical pieces of equipment are first rinsed in the cleaning room with tap water then placed in an enzymatic soak solution. At the end of the day they are taken to the Sterile Processing Department where they are ultrasonically cleaned and then autoclaved.

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

Cleaning processes will be considered when scheduling procedures.

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

(F) Monitoring

Sterile Processing and Infection Prevention will complete at a minimum an annual review of policy, practice and compliance for each area where HLD is performed.
Approved by:

Geehan Suleyman, MD
Chair, Infection Control Committee

Samer Khouri, MD
Chief of Staff

Michael Ellis, MD
Chief Medical Officer

Review/Revision Date:
7/28/2017

Next Review Date: 8/22/2017

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