


Name of Policy: <u>Respiratory Care Infection Control</u> Policy Number: 3364-136-06-01 Department: Respiratory Care Approving Officer: Chief Pharmacy, Quality & Safety Officer Responsible Agent: Director, Respiratory Care Scope: The University of Toledo Medical Center Respiratory Care Department	 Effective Date: May 24, 2021 Initial Effective Date: July 1, 1979
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

All Respiratory Care personnel will follow the guidelines hereafter listed for personal hygiene in all hospital environments, as well as guidelines for cleaning and/or disinfection of respiratory care equipment, and medications associated with patient use.

(B) Purpose of Policy

To provide good infection control techniques for all respiratory care personnel to follow while working in critical care and floor care areas. To ensure that proper cleaning and/or disinfecting procedures are followed consistently, to prevent equipment, employee, patient, and/or environmental cross-contamination.

(C) Procedure

1. Personnel:

- (a) Good personal hygiene should be practiced by all personnel.
- (b) When assigned to any patient care area, personnel should adhere to the proper dress code pertaining to the infection control criteria of that unit. Dress Code Policy: 3364-25-06.
- (c) Proper hand hygiene should be performed upon entering the unit, before entry and after exiting the patient’s room, and upon leaving the unit. Hand Hygiene Policy: 3364-109-GEN-102.
- (d) Appropriate personal protective equipment (PPE) will be worn by staff. Infection Control Precautions: 3364-109-ISO-404.

2. Equipment:

a. Disposable equipment will be changed and dated in the following manner:

- 1) Equipment to be changed as needed and when visibly soiled.
- 2) Oral care devices (e.g., Yankauer and tubing) will be changed daily on all ventilator patients. Suction canisters will also be changed daily.
- 3) Adult ventilator circuits and BiPap or CPAP circuits will be changed when visibly soiled or mechanically malfunctioning.

- 4) Periodically, drain and discard any condensate that collects in the tubing of the mechanical ventilator, taking precautions not to allow condensate to drain toward the patient. At the completion of the procedure or after handling the fluid, remove gloves and perform hand hygiene. If continuing to work with the patient put on a clean pair of gloves.
- 5) Resuscitation Bags will be changed PRN. PRN is defined as when the device is visibly stained or soiled. Closed suction systems will be changed based on the manufacturer's recommendation. Oxygen masks, nasal cannulas, and oxygen tubing are single patient use items. These may be changed PRN.
- 6) Disposable items will be properly discarded promptly after use (see Section C. 2.c. & 2.d. of this policy).
- 7) Clear nipple adapters (Christmas trees) on flowmeters are reusable and will be wiped down, after a patient's hospital stay by Environmental Services, using appropriate disinfecting wipes (e.g., PDI Sani-wipes)

b. Cleaning of non-disposable equipment will be handled by following the Equipment Cleaning Policy 3364-109-EQP-306:

- 1) Small instruments/equipment will be processed in/Sterile Processing:
 - i. Following patient use, all small non-disposable items will be washed with an approved detergent and warm water. All surfaces of the item will be thoroughly scrubbed free of secretions, pus, blood, or other debris that clings to it, using brushes of appropriate size. Scrubbing will be performed beneath the surface of the water to help prevent the aerosolization of pathogens. If debris is difficult to remove by scrubbing, the equipment may be soaked for two hours in detergent and warm water then re-scrubbed. The items will be rinsed well with tap water and towel and/or air dried for 24 hours. All equipment will be totally free of moisture before additional steps are taken.
 - ii. Following the initial cleaning procedure, all small instruments will be sterilized per Sterile Processing recommendations using a) steam under pressure, b) the Sterrad unit (hydrogen peroxide) or c) Steris (peracetic acid) depending on the material contents of the equipment. All instruments will be cleaned per manufacturers' recommendations.
 - iii. Appropriate personal protective equipment (PPE) will be worn.

c. Large equipment cleaning/disinfection:

- 1) Ventilators and other large equipment (e.g., CPAP/BiPap units) will be cleaned and disinfected between patient uses. The equipment will be stripped down of all disposable tubing and parts prior to being returned to the Respiratory Care Department dirty equipment area for processing. The equipment will be disinfected with the appropriate disinfecting wipes (e.g., PDI Sani-wipes). If equipment has visible blood or organic material present, it will first be cleaned with the appropriate bleach wipe.
 - i. *After cleaning, the ventilator will be set up with a new breathing circuit and appropriate accessories. A SST will be completed on the ventilator then taken*

to the clean equipment area of the RC department. A plastic equipment cover will be placed over the ventilator. The clean area will also store BiPap's, code carts, the INOvents and assorted RT equipment. All ventilators, BiPap's and INO vents will be plugged into electrical outlets.

d. Contaminated Equipment:

- 1) Disposable equipment will be discarded in the isolation area, in the red biohazard bags provided for this purpose.
- 2) Small non-disposable equipment will be properly placed in isolation bags and sent to Sterile Processing for decontamination and sterilization.
- 3) Large non-disposable equipment will be disinfected with the appropriate disinfectant prior to leaving the area of isolation for the return to the Respiratory Care Department. In the event of questionable contamination by a potentially hazardous pathogen, the Infection Control department will be consulted as to the necessity of sending the equipment to a suitable facility for decontamination. There also may be situations whereby the Infection Control Practitioner may request a different cleaning method for an outbreak.

3. Medications:

- (a) Unit dose medications must be utilized where applicable, via the Accudose system.
- (b) Perform hand hygiene immediately prior to administration.
- (c) If the medication comes into contact with anything other than the patient's nebulizer cup, it is considered contaminated and immediately discarded.

4. Hand Hygiene will follow the Hand Hygiene Policy 3364-109-GEN-102

- (a) Hand hygiene with either waterless hand sanitizer or soap and water is required:
 - i. Before entering and after exiting every patient room
 - ii. Between patient contact
 - iii. Before and after touching a patient who is not in a room, (e.g., on a stretcher)
 - iv. Before and after every contact with inanimate objects in a patient's immediate environment including prior to administration of medications
 - v. Before donning and doffing gloves, including when gloves are changed as part of a multi-step procedure, such as wound dressing changes, or when providing care to a patient that includes different levels of contamination
 - vi. Before handling an invasive device (regardless of whether or not gloves are used)

