



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

CLEANING OF NON-CRITICAL, REUSABLE PATIENT CARE EQUIPMENT

Effective Date: September 30, 2019

Policy: IC- 19

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- I. **PURPOSE:** To establish a process for the cleaning of non-critical, reusable patient care equipment.
- II. **POLICY:** In accordance with existing infection prevention and control policies and procedures, Montana State Hospital will implement and maintain processes to ensure all non-critical, reusable patient care equipment is routinely cleaned before and after reuse.
- III. **DEFINITIONS:**
 - A. ***Cleaning:*** The physical removal of foreign material, examples being dust, oil, organic material such as blood, secretions, excretions and micro-organisms. Cleaning reduces or eliminates the reservoirs of potential pathogenic organisms. It is accomplished with water, detergents and mechanical action.
 - B. ***Disinfection:*** The inactivation of disease producing organisms. Disinfection does not destroy high levels of bacterial spores. Disinfectants are used on inanimate objects. Disinfection usually involves chemicals, heat or ultraviolet light. Levels of chemical disinfection vary with the type of product used.
 - C. ***Non-Critical Equipment:*** Those items that either touch only intact skin but not mucous membranes or do not directly touch the patient.
 - D. ***Personal Protective Equipment (PPE):*** Equipment to be worn if hazardous situations cannot be engineered out or controlled by other methods. PPE will either prevent or reduce the severity of an injury should an accident occur. PPE can include, but is not limited to: Safety Goggles, Safety Shoes, Respirators, Gloves, Protective Gowns.
 - E. ***Reprocessing:*** The steps performed to prepare a used medical device for reuse. Reprocessing includes the collection and transportation of soiled devices, cleaning, inspection, disinfection, sterilization, packaging, clean transportation and storage of clean and disinfected/sterilized devices.
 - F. ***Reusable Equipment:*** A device designed and tested by the manufacturer, which is suitable for reprocessing prior to reuse.
 - G. ***Routine Practices:*** A set of infection prevention control precautions and practices used for all direct care, regardless of the patient's presumed infection status or diagnosis.
- IV. **RESPONSIBILITIES:** Cleaning is a shared responsibility between the Nursing, Non-nursing, and Housekeeping departments.

V. PROCEDURE:

- A. All equipment must be cleaned immediately if visibly soiled, and immediately after use on patients with contact precautions regardless of cleaning schedule.
- B. Patient care equipment should be dedicated to the use of a single patient and cleaned, disinfected and/or reprocessed before reuse with another patient or before placement in storage. All units will set up a schedule for cleaning with specific assignments to ensure tasks are completed.
- C. Cleaning and maintenance processes will follow manufacturer's recommendations.
- D. The application of tape on patient care equipment is discouraged.
- E. All health care workers must exercise routine practices and wear the required PPE appropriate for the task.
- F. Any damaged equipment must be reported to the department manager for decision regarding replacement or the ability to clean.
- G. Additional cleaning may be required in an outbreak situation. Procedures will be determined in consultation with the infection control nurse.
- H. Disposable patient care equipment and supplies shall be immediately discarded after use.
- I. Personal care items/effects are single use patient items and are not to be shared between patients.
- J. All horizontal and frequently touched surfaces shall be cleaned daily and immediately when soiled.
- K. The housekeeping manager and the infection control nurse must approve all products used for the stages of cleaning/disinfection process.
- L. Steps in Cleaning:
 - 1. Follow device manufacture's recommendations for cleaning and maintaining medical equipment.
 - 2. In the absence of recommendations, clean non-critical medical equipment surfaces with a mild detergent followed by cleaning with a disinfectant.
 - 3. Follow product recommendations for disinfectants.
 - 4. Use protective equipment such as gloves, goggles and gowns as needed.

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5. Glucometers must be cleaned between each use or before going into storage.
6. Allow equipment to dry before using.
7. Monitors and LCD screens should not be cleaned with a disinfectant. They can be dusted with a soft, lint free cloth.

VI. REFERENCES: CDC, APIC

<https://www.cdc.gov/infectioncontrol/guidelines/disinfection/healthcare-equipment.html>

<https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html>

[https://www.ajicjournal.org/article/S0196-6553\(13\)00005-9/pdf](https://www.ajicjournal.org/article/S0196-6553(13)00005-9/pdf)

<https://www.beckershospitalreview.com/quality/implementing-and-sustaining-best-practices-in-mobile-equipment-disinfection.html>

VII. COLLABORATED WITH: Medical Director, Director of Nursing, Infection Control Nurse.

VIII. RESCISSIONS: IC-19, *Cleaning of Non-Critical, Reusable Patient Care Equipment* dated September 5, 2014; IC-19, *Cleaning of Non-Critical, Reusable Patient Care Equipment* dated March 1, 2010.

IX. DISTRIBUTION: All hospital policy manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Infection Control Nurse.

XII. ATTACHMENTS: For internal use only.
A. Equipment Cleaning Guidelines

Signatures:

Kyle Fouts
Hospital Administrator

Thomas Gray, MD
Medical Director