


<b>Name of Policy:</b> <u>Equipment Cleaning</u> <b>Policy Number:</b> 3364-109-EQP-306 <b>Department:</b> Infection Control Hospital Administration Medical Staff <b>Approving Officer:</b> Chair, Infection Control Committee Chief of Staff Chief Medical Officer <b>Responsible Agent:</b> Infection Preventionist <b>Scope:</b> The University of Toledo Medical Center and its Medical Staff	  <b>Effective Date:</b> 6/1/2021 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, 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:**

APIC Text Of Infection Control and Epidemiology (2014). Fourth Edition, Volume 1, 31:10-11. E.

Centers for Disease Control and Prevention. (2019, July). *Guidelines for Environmental Infection Control in Health-Care Facilities 2003*. Retrieved on May 3, 2021 from:  
<https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf>

Centers for Disease Control and Prevention. (2021, April). *Cleaning and Disinfecting Your Facility*. Retrieved on May 3, 2021 from: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee (2019, July). *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*. Retrieved on May 19, 2021 from:  
<http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>

<p><b>Approved by:</b></p> <p><u>      /s/      </u>                              <u>06/01/2021</u>                  Michael Ellis, MD                  Chair, Infection Control Committee                  Date</p> <p><u>      /s/      </u>                              <u>06/01/2021</u>                  Andrew Casabianca, MD                  Chief of Staff                  Date</p> <p><u>      /s/      </u>                              <u>06/010/2021</u>                  Michael Ellis, MD                  Chief Medical Officer                  Date</p> <p><i>Review/Revision Completed By:</i>                  Infection Control Committee</p>	<p><b>Review/Revision Date:</b></p> <p>04/25/2011                  07/01/2014                  10/27/2015                  05/10/2017                  08/10/2020                  05/13/2021</p>	
	<p><b>Next Review Date:</b> 05/2024</p>	
	<p><b>Policies Superseded by This Policy:</b> 31:EQP-301</p>	