Ultrasound Guidelines



Title: TROPHON PROTOCOL

Responsibility: Ultrasound technician/RN

Purpose of Guidelines: High Level Disinfection (Trophon Protocol) is to be utilized for all

vaginal/rectal and ultrasound probes following each use.

Procedure:

1. Put on gloves, 2 on the dominant hand, 1 on the non-dominant hand

- 2. Place probe cover over ultrasound probe and complete study
- 3. Holding probe in your left hand, take a manufacturer approved disinfectant wipe in the right hand and remove probe cover by sliding the wipe and the probe cover up and off of the probe
- 4. Carefully encase wipe and probe cover in right glove and roll glove off of the hand so as to contain the probe cover and wipe. Dispose of in trash
- 5. Use alcohol-free disinfectant wipe (e.g., Green top PDI wipe) to clean gel off probe. Use another disinfectant wipe to clean the cord and all attached mechanisms
- 6. Place red biohazard bag over probe and set down on counter
- 7. Remove gloves and clean hands
- 8. Put on one clean glove and carry bagged probe in the gloved hand, using ungloved clean hand to open doors, to the dirty utility room and place in dirty sink
- 9. Remove right glove and perform hand hygiene according to policy
- 10. Put on gloves and remove red biohazard bag from probe and discard in biohazard trash
- 11. Ensure the probe, mechanics and cord are clean and free of all visible debris, bioburden, gel or other soil and dry by wiping with disposable soft low linting or lint free cloth and ensure the probe is completely dry
- 12. Load the clean, dry probe into the Trophon 2 disinfection chamber, ensuring:
 - a. Probe is secured high in the chamber with tip of probe above the embossed line;
 - b. Probe does not contact the chamber wall at any point
- 13. Scan the RFID tag on the probe
- 14. Place a new Trophon Chemical Indicator (CI) into the indicator holder with the red side facing up NOTE: A new chemical indicator is required for every cycle
- 15. Close the chamber door and confirm that the probe is both clean and dry
 - a. If yes, press START
 - b. If no, follow the LCD screen prompts
- 16. Remove gloves and perform hand hygiene according to policy

- 17. Scan the employee RFID badge
- 18. Record the high-level disinfection cycle Start time on the log using the patient demographics sticker
- 19. At the end of the seven-minute HLD cycle, Trophon 2's LCD screen states: CYCLE COMPLETE REMOVE AND WIPE PROBE
- 20. Put on gloves, retrieve a clean, disposable low linting or lint free towel and probe cover
- 21. Open the chamber door
- 22. Remove Chemical Indicator(CI), check color against the color chart on the carton
 - a. Both the CI and LCD screen must indicate a successful cycle for the probe to be ready for use
 - b. If either the CI or the Trophon LCD screen indicates a fail, repeat the cycle
- 23. Remove and wipe the probe using a dry, single-use disposable low linting or lint free cloth
- 24. Place the probe in a clean steri pouch for transportation and storage
- 25. Close the chamber door
- 26. Scan the employee assigned RFID badge to confirm cycle PASS
- 27. The Trophon Unit will print two stickers indicating the cycle details
 - a. Record the high-level disinfection cycle completion on the log using the first printed Trophon sticker
 - b. Place the second cycle completion sticker on the steri pouch containing the clean probe
- 28. Remove gloves and perform hand hygiene according to policy
- 29. Take probe and hang in position (with steri pouch protector) in the US room

In order to be able to complete High Level Trophon Disinfection, annual education requirements include the following: completion of the Trophon educational video and online quiz as well as a demonstration of competency. Record of all trainings is to be kept in the employee personnel file per department procedures.

| Assessment Completed by: | | | Department: | |
|--------------------------|----------------|-------------|-------------|-------|
| | (Trained | l Assessor) | | |
| Employee: | | Employee: | | Date: |
| | (Printed name) | | (Signature) | |

Reviewed by: Amy Rettig, RT(R), BA; Melissa Ahrens, MPH, CIC Approved by: Michael Ellis, M.D., Chair, Infection Control Committee

Approved: 1/2020, 6/2022 Revised: 1/2020, 6/2022