



Vancouver Community Client Care Guidelines

VANCOUVER COMMUNITY
Infant Child Youth, Adult Older Adult and Primary Care Practice Guidelines

TITLE: Cleaning and Reprocessing (disinfection or sterilization) of Reusable Medical Equipment and other Equipment used for Infant Child Youth; Adult Older Adult; and Primary Care Programs

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BACKGROUND

The purpose of this guideline is to provide a standardized approach to manage the cleaning and reprocessing of re-usable medical equipment and devices and other equipment that may be used to provide care in the Infant Child & Youth (ICY), Adult Older Adult (AOA) and Primary Care programs to ensure the safety of the clients and staff. Recommendations in this document are based on federal, provincial and local standards. Items that are not mentioned in this document should be cleaned according to manufacturer's guidelines and need to follow the same standards. Equipment that is used to support the provision of care should be cleaned when visibly soiled and be included in regular housekeeping schedules, e.g. equipment boxes, bins, shelves, privacy curtains, oxygen tanks, etc.

All activities included in the cleaning and reprocessing of medical equipment and devices are based on the consistent application of Routine Practices and Hand Hygiene

CLINICAL DIRECTIVES

- Vancouver Community staff will use the recommendations outlined in this document and the attached Appendix A "Reprocessing Methods" and B "Reprocessing Requirements for Specific Equipment in the ICY, AOA and Primary Care programs" to determine the necessary requirements for reprocessing re-usable equipment in these programs.
- Although certain community staff are identified to have the primary responsibility for cleaning and disinfection, other staff may be required to clean and disinfect equipment to ensure the item is available for use in a timely manner.
- Prior to re-use on another client, a medical device or equipment must be reprocessed to render it safe for reuse.
- The reprocessing method required and products required for a medical equipment/devices will depend on the intended use of the equipment/device, the potential risk of infection involved in the use of the equipment/device and the amount of soiling. Cleaning is always essential prior to disinfection or sterilization. In general:
 - Sterility is required for critical items that will touch sterile tissues (e.g., surgical instruments)
 - Intermediate to high-level disinfection is required for items that will touch non-intact skin or mucous membranes (e.g., respiratory equipment, ear syringe equipment, vaginal specula, thermometers, etc.)
 - Low-level disinfection is required for items that will touch intact skin. (e.g. stethoscopes, baby scales, bedpans, blood pressure cuffs, etc.)
- If it cannot be cleaned and reprocessed, it must not be reused
- Critical and semi-critical medical devices and patient care equipment that are intended for, and licensed as single use are not to be reused unless they have been reprocessed by a licensed third-party reprocessor certified by Health Canada or another regulatory authority.
- Equipment will be inspected for breaks, defects or malfunctions so that it can be repaired, discarded or replaced prior to reprocessing.
- Items that have been reprocessed must be stored in a manner to prevent contamination.
- Integrity of re-processed items must be maintained until the point of use.

- Single use medical devices and equipment that are used by a client in their home may be re-used on the same client only if they are safe for reuse and can be adequately cleaned and reprocessed prior to reuse. For cleaning of specific client care equipment in the client's home, refer to Home Support Guidelines-specific equipment. (e.g. nebulizers, humidifiers, suction equipment) See definitions for more details on methods.
- Soiled equipment/devices must be handled in a manner that reduces the risk of exposure and/or injury to personnel and clients/patients/residents, or contamination of environmental surfaces.
- Remove visible soil as soon as possible after use (e.g. wipe off gross soil, rinse with tepid water, etc.) The same process should be applied to devices and equipment used in the home as much as possible.
- Any soiled or used equipment or device that is used in the home or clinic should be placed in the appropriate receptacle, e.g., plastic bag, covered container for transport back to the Community Health Centre.
- Reusable sharps and other contaminated instruments capable of penetrating human tissue must be secured in a puncture-resistant container for transport.
- Covered containers with easily cleanable surfaces should be used for handling and transporting soiled equipment/devices for off-site processing.
- The Community Health Nurse, (CHN)*, Health Unit Worker (HUW), or identified off-site reprocessing center share the responsibility for reprocessing. There are off-site processing contracts in place throughout Vancouver Coastal Health (VCH), e.g., George Pearson Hospital (GPC) in Vancouver, Lion's Gate Hospital on the North Shore, etc. There may be other contracts in place and it is important that these meet the same standards as well. The decision about who is responsible for providing the service will depend on the degree of reprocessing required and the resources required to do this safely and effectively. Some items cannot be processed by a high level disinfectant safely at the local health unit but can be sent for sterilization (a higher level of reprocessing) to the off-site center.

***Note:** (CHN) refers to all classifications of nurses working within VCH Community settings.

- Community Staff will follow the VCH Community Practice Guidelines "Routine Infection Control Practices in the Community" to prevent and control the spread of infection to clients and staff in the community health care setting, e.g., client's home, community health centers, walk-in clinics. These guidelines are available at:
http://www.vcha.ca/policies_manuals/vc_services/policies_guidelines/docs/infection_prev_control/binary_43113.pdf
- VCH staff will follow the WorkSafe BC and manufacturer's guidelines as required when preparing and using solutions, e.g., using personal protective equipment, proper concentration, expiry date and contact time.

DEFINITIONS

Cleaning

"leaning is always essential prior to disinfection or sterilization. An item that has not been cleaned cannot be assuredly disinfected or sterilized. The purpose of cleaning is to remove soil, dust, foreign material or contaminants. "Soil or other foreign materials can shield microorganisms and protect them from the action of disinfectants or sterilants or interact with the disinfectant or sterile to neutralize the activity or the process." (Health Canada 1998 p.10)

Disinfection

Disinfection is a process that kills most disease-producing microorganisms, but rarely kills all spores. There are three levels of disinfection:

- **Low-level disinfection (LLD)** - a process capable of killing most vegetative bacteria, some viruses, and some fungi.
Note: This class of disinfection cannot be relied on to kill microorganisms such as mycobacteria, including *Mycobacterium tuberculosis*, or bacterial spores.
- **Intermediate-level disinfection (ILD)**- a process capable of killing vegetative bacteria, mycobacteria including *Mycobacterium tuberculosis*, fungi, lipid and nonlipid viruses. This class of disinfection will not necessarily kill bacterial spores
- **High-level disinfection (HLD)**- a process capable of killing vegetative bacteria, mycobacteria including *Mycobacterium tuberculosis*, fungi, and lipid and nonlipid viruses, and most but not all spores.
Note: High-level disinfection is considered to be the minimum level of decontamination required for semi-critical medical devices.

Sterilization

Sterilization is the process, which results in the destruction of all forms of microbial life including bacteria, viruses, spores and fungi. During the sterilization process, items are subjected to either thermal energy in the form of dry heat or moist heat (e.g. steam), a chemical vapor (usually ethylene oxide, formaldehyde vapour or other gases), or a liquid chemical. The Canadian Standards Association defines it as a validated process used to render a product free from viable microorganisms.

GUIDELINE DEVELOPMENT AND REVIEW

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References:

- Best Practice Guidelines for the Cleaning, Disinfection and Sterilization of Medical Devices in Health Authorities, March 2007, BC Ministry of Health.
http://www.health.gov.bc.ca/library/publications/year/2007/BPGuidelines_Cleaning_Disinfection_Sterilization_MedicalDevices.pdf
- Health Canada (1998). Canada Communicable Disease Report, 24s8, Supplement Infection Control Guidelines, Hand washing, Cleaning, Disinfection and Sterilization in Health Care.
<http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/98pdf/cdr24s8e.pdf>
- BC Ministry of Health Policy Communiqué, Reprocessing of medical devices and patient care equipment, June 2007.
- Infection Prevention and Control in Office-based Health Care and Allied Services, CSA-Plus 1112. 2004. Canadian Standards Association.
- Decontamination of Reusable Medical Devices, CSA 7314.8. 2008 Canadian Standards Association.
- Vancouver Coastal Health Infection Control Manual, 2007.
<http://vchconnect.vch.ca/icmanual>

APPENDIX A – REPROCESSING METHODS

APPENDIX A – REPROCESSING METHODS

Table 1: Spaulding’s Classification Of Medical Equipment/Devices and Required Level of Processing/Reprocessing

Classification	Definition	Level of Processing
Critical equipment/device	Equipment/device that enters sterile tissues including the vascular system	Cleaning followed by sterilization
Semi critical equipment/device	Equipment/device that comes in contact with non-intact skin or mucous membranes but do not penetrate them	Cleaning followed by High-level disinfection (HLD) as a minimum. Sterilization is preferred.
Non critical equipment/device	Equipment/device that touches only intact skin and not mucous membranes, or does not directly touch the client/patient/resident	Cleaning followed by Low level disinfection (LLD) (In some cases cleaning alone is acceptable)

The reprocessing method required for a specific item will depend on the item’s intended use, the risk of infection to the client and the amount of soiling.

Table 2: Description of Processes

Definition of Process	Description of Process	Products*	Product examples*
Cleaning Physical removal of soil, dust or foreign material. Thorough cleaning is required before disinfection or sterilization may take place.	Cleaning usually involves soap and water, detergents or enzymatic cleaners. Clean thoroughly to remove all soil, foreign material and contaminants. Chemical, thermal or mechanical aids may be used to assist with cleaning, e.g. brushes, warm water. Equipment with removable parts must be disassembled prior to cleaning.	<ul style="list-style-type: none"> • Quaternary ammonium compounds (Quats) • Soap and water • Detergents • 0.5 % accelerated hydrogen peroxide • Enzymatic Cleaners 	Liquid soaps Detergents A33, Virex Caviwipes, Sani-cloths, Virox
Low level disinfection Level of disinfection required when processing non-critical equipment/devices or some environmental surfaces. Low-level disinfectants kill most vegetative bacteria and some fungi as well as enveloped (lipid) viruses. They do not kill mycobacteria or bacterial spores.	Soak equipment/device in disinfectant or wipe with a cloth that is wet with the disinfectant or with a pre-manufactured disinfectant wipe following manufacturer’s directions for concentration and contact times. Levered instruments should be left open when processing, e.g., scissors.	Low level disinfectants include: <ul style="list-style-type: none"> • Quaternary ammonium compounds (Quats) • 3 % hydrogen peroxide • Alcohol 60-95% • Hypochlorite (1000 ppm) • 0.5% Accelerated hydrogen peroxide, • Phenolics (should not be used in nurseries) • Iodophors 	A33, Virex, Virox, Sani-cloth, Cavi-wipes and alcohol, Presept, Bleach

APPENDIX A – REPROCESSING METHODS

Definition of Process	Description of Process	Products*	Product examples*
<p>High level disinfection Level of disinfection required when processing semi critical equipment/devices. High-level disinfection processes destroy vegetative bacteria, mycobacteria, fungi and enveloped (lipid) and non-enveloped (non-lipid) viruses, but not necessarily bacterial spores.</p>	<p>Methods include pasteurization or use of chemicals that require prolonged exposure times with appropriate environmental controls. Many items that require this method are also suitable for steam sterilization.</p>	<p>Resources to achieve high-level disinfection by the chemical method are not available in VCH community. Items may be sent to a reprocessing centre for high-level disinfection or sterilization.</p>	<p>See sterilization.</p>
<p>Sterilization The level of reprocessing required when processing critical equipment/devices. Sterilization results in the destruction of all forms of microbial life including bacteria, viruses, spores and fungi.</p>	<p>Steam under pressure. There are other methods, but this method is the one that is available for equipment that is used in the community.</p>		<p>Available at George Pearson Centre (GPC) and other off-site processing departments.</p> <p>Refer to “Preparing Reusable Equipment / Instruments For Reprocessing (Cleaning / Sterilizing) at GPC.</p>

Source: Best Practice Guidelines for the Cleaning, Disinfection and Sterilization of Medical Devices in Health Authorities, March 2007, BC Ministry of Health.

*Concentration and contact time are dependent on manufacturers instructions

Note: products may change over time. Please check to ensure they meet the recommendations. If uncertain, please consult your Educator or contact VCH-Community Infection Control Educator.

APPENDIX B – REPROCESSING REQUIREMENTS FOR SPECIFIC EQUIPMENT

APPENDIX B – Reprocessing Requirements for Specific Equipment That May Require Re-use in the ICY, AOA and Primary Care Programs

- All reusable equipment must be examined, disassembled and cleaned prior to disinfection. All equipment must be cleaned thoroughly before it can be disinfected or sterilized.
- All reprocessed items must be stored in a manner to prevent contamination.
- Integrity of re-processed items must be maintained until the point of use.
- For semi-critical and sterile equipment, the role of the local CHC staff is to prepare items to be sent to the reprocessing site as per the guidelines in Appendix D. The reprocessing site will perform the necessary processing to render the item safe for re-use.

CHN-Community Health Nurse- refers to all classifications of nurses working in VCH Community Settings

HUW- Health Unit Worker **GPC** -George Pearson Centre **LLD**-Low Level Disinfection

HLD-High Level Disinfection

Equipment	Class	Process Required	Frequency Of Action	Responsibility For Cleaning & Reprocessing
Blood pressure equipment	Non-critical	Low Level Disinfection (LLD)	Cuff: weekly and when visibly soiled Monitor: Weekly and when visibly soiled	Health unit worker or CHN/Physician using cuff if visibly soiled between clients
Breast pump -bottle, tubing, shield, piston, valve, white flap, rings	Semi Critical	Single patient use or High Level Disinfection (HLD) or Sterilization.	Between clients	HUW and George Pearson Centre (GPC)
Breast pump-electric case and pump motor	Non-critical	LLD. Follow manufacturer's directions.	Weekly or if visibly soiled	Health unit worker/CHN
Camera and Pixelare Equipment	Non-critical	As per manufacturer's directions	When visibly soiled See Appendix E-steps 1-6	
Centrifuge	Non-critical	As per manufacturers directions		Health unit worker
Chair cushions (Used for patient positioning)	Non-critical	Laundered-full cycle	Between clients	Health unit worker
Client assist equipment e.g., bath boards, transfer boards, bath chairs, wheelchairs, canes, crutches, walkers	Non-critical	Low level disinfection	Between clients When visibly soiled	Health unit worker/PHN. Community health worker.
Clinic room carts, lamps, work surfaces, etc	Non-critical	Low level disinfection	At end of clinic or when visibly soiled	Health unit worker or CHN/Physician using the room if visibly soiled between clients
Commode Chairs	Non -critical	Low level disinfection	Between clients Daily and when visibly soiled for same client	Health unit worker/CHN/Community health worker

APPENDIX B – REPROCESSING REQUIREMENTS FOR SPECIFIC EQUIPMENT

Equipment	Class	Process Required	Frequency Of Action	Responsibility For Cleaning & Reprocessing
Cord clamp remover	Non-critical	Single use only	Discard after use	Community Health Nurse
Cutting trays	Critical	Sterilization	Between clients	Health unit worker and GPC
Diaphragm fitting rings	Semi-critical	Single use or HLD or Sterilization	Between clients	Health unit worker and GPC
Ear syringe kits	Critical	HLD or Sterilization	Between clients	Health unit worker and GPC
Electrotherapy modalities (e.g. TENS, high-volt, interferential)	Non-critical	Carbon-electrodes-reusable-cleaned with warm water and soap. Disposable-discard between clients Exterior: LLD	Between clients	User
Exam tables/Stretchers	Non-critical	Low level disinfection: A new barrier (paper, sheet) should be used between clients	Between clients if no barrier is used If barrier used change barrier between clients and disinfect when visibly soiled	Health unit worker or person using room. Thorough daily cleaning by housekeeping staff
Flashlight	N/A Non-critical	Low level disinfection	Between uses involving mucous membrane contact	Health unit worker or person using the equipment
Foot care equipment	Critical	Sterilization	Between clients	Health unit worker and GPC
Glucometer	Non-critical	Low-level disinfection as per manufacturer's directions.	Between clients and when visibly soiled	User
Goniometer	Non-critical	Low level disinfection	Between clients and when visibly soiled	Health unit worker
Intravenous Poles	Non-critical	Low level disinfection	Between clients and when visibly soiled	Health unit work/CHN
Mats for parent-infant groups, physio	Non-critical	Low level disinfection	Between activities and when visibly soiled	Health unit worker
Metal probes for wound care	Critical	Sterilization	Between clients	Health unit worker and GPC
Mirrors used to assist clients to view procedures/wounds	Non-critical	Low level disinfection	Between clients	Health unit worker
Needle exchange tongs	Non-critical	Low level disinfection	Daily or when visibly soiled	Health unit worker
Nipple shields	Semi-critical	Single use or HLD or sterilization	Between clients	Health unit worker and GPC
Otoscope, Ophthalmoscope	Non-critical	Ear and nasal specula single use only. Machine: as per manufacturer's directions.	Specula-single use only Machine: Daily or when visibly soiled	Health unit worker or person using.

APPENDIX B – REPROCESSING REQUIREMENTS FOR SPECIFIC EQUIPMENT

Equipment	Class	Process Required	Frequency Of Action	Responsibility For Cleaning & Reprocessing
Pressure mapping equipment	Non-critical	Low level disinfection as per manufacturers directions	Between clients	Health unit worker
Respiratory equipment- e.g. Spirometer machine with filter	Non-critical	As per manufacturer's direction		User
Peak flow meters	Non-critical	Low level disinfection	Between clients and when visibly soiled	User
Disposable mouth piece for peak flow meters	Semi-critical	Single Use only	Discard after use	
Valved spacer (e.g.aero-chamber, opti-chamber)	Semi-critical	Single use only or high level disinfection or sterilization	Between clients	Health unit worker and GPC
Mask/nebulizer/nasal prongs, Incentive spirometers	Semi-critical	Single client use disposable	Discard after use	
Oximeter probe	Non-critical	Low-level disinfection as per manufacturer's directions. Do not immerse in solution.	Between clients	Health unit worker/User
Reflex hammers	Non-critical	Low level disinfection	Between clients	Health unit worker
Roho cushions	Non-critical	Low-level disinfection. CCClean and disinfect thoroughly while inflated. Deflate to clean and disinfect base.	Between clients. Not suitable for re-use unless it can be cleaned thoroughly. Gel cushions cannot be cleaned.	Health unit worker
Scales-infant/adult	Non-critical	Low-level disinfection. Infant scale: A new barrier (paper, sheet) should be used between clients Adult Scale: may use barrier as needed	Between clients if no barrier is used. If barrier used change barrier between clients. Thorough cleaning once a week* and when visibly soiled Weekly and when visibly soiled	Health unit worker/CHN *Frequency of thorough cleaning may change depending on how often scales are used.
Scissors for non-sterile procedures	Non-critical	Low level disinfection	Between clients	Health unit worker and GPC
Scissors/forceps for sterile procedures	Critical	Single use (supplied sterile) Sterilization if re-usable	Single use Between clients	Health unit worker and GPC
Speculum-non disposable	Semi-Critical	Sterilization Disposable recommended	Between clients	Health unit worker and GPC
Speculum light	Non-critical	Low level disinfection	Between uses involving mucous membrane contact	Health unit worker, CHN/Physician

APPENDIX B – REPROCESSING REQUIREMENTS FOR SPECIFIC EQUIPMENT

Equipment	Class	Process Required	Frequency Of Action	Responsibility For Cleaning & Reprocessing
Staple remover-non disposable	Critical	Sterilization	Between clients	Health unit worker and GPC
Stethoscope	Non-critical	Low level disinfection	After each use Thorough weekly cleaning and when visibly soiled	User or health unit worker
Supplementary Nursing System equipment (SNS)	Semi-critical	Single use or sterilization	Between clients	Health unit worker and GPC
SNS tubing	Semi-critical	Single use discard after use	Single use only	
Swallowing assessment kits	Non-critical	Use dishwasher with sanitizing cycle or wash in soap and hot water and sanitize in a 0.05% bleach solution.	Between clients	Health unit worker
Thermometers-covered with plastic sheath	Semi-critical	Low-level disinfection. Wipe entire thermometer with alcohol and allow to air dry	Between clients	CHN
Tourniquet	Non-critical	Single use recommended or low-level disinfection. Discard if visibly soiled	Between clients	Health unit worker/CHN
Toys	Non-critical	Low level disinfection	See toy-cleaning guidelines. Appendix C	Health unit worker
Transfer belts	Non-critical	Laundered	Between clients	Health unit worker
Ultrasound /Doppler on intact skin	Non-critical	Low-level disinfection as per manufacturers guidelines for agents.	Between clients	Health unit worker/CHN/Physician

For items that require reprocessing and are not on this list, please refer to the *Best Practice Guidelines for the Cleaning, Disinfection and Sterilization of Medical Devices in Health Authorities*, March 2007, BC Ministry of Health which can be found at http://www.health.gov.bc.ca/library/publications/year/2007/BPGuidelines_Cleaning_Disinfection_Sterilization_MedicalDevices.pdf or consult with your Educator or the VCH-Community Infection Control Educator.

APPENDIX C - Guidelines for Cleaning Toys in the Outpatient Setting/Clinics/Child Care Centres

- Regular cleaning is required for all shared toys.
- Choose toys that are washable, sturdy and of appropriate sizes and shapes to avoid aspiration and other injuries.
- Do not have stuffed animals or other toys that cannot be easily cleaned.
- Attempt to keep children with suspect communicable diseases out of the play area.
- Establish a schedule and assign responsibility for cleaning toys.
- Toys that children have placed in their mouths or that are otherwise contaminated by body fluids should be removed from the play area until they can be cleaned.
- Toys should be cleaned when visibly soiled and at least once a week or more often if indicated. (e.g. daily in busy play areas).
- Check toys when cleaning for sharp, splintered or jagged edges and small pieces that could easily be broken off. If toys cannot be fixed, they should be discarded.

Cleaning Toys

Options include:

1. A dishwasher with a sanitizer cycle. The toy can be allowed to air dry before storage, or
2. Clean toy thoroughly with soap and warm water and then disinfect with a mixture of one-teaspoon (5ml) household bleach (5%-6% chlorine) in two cups (1/2 litre) of water. Rinse toy with clear running water. Allow item to air dry, or
3. Clean toy thoroughly with soap and warm water, wipe toy with a cloth soaked with a disinfectant. Follow manufacturer's directions for concentration and contact times. Allow to air dry then rinse toy thoroughly with lukewarm water, as some chemicals may be harmful to children who chew toys. Allow to air dry.

Note: There are many disinfectants on the market. Ensure that the disinfectant being used is safe and suitable for the intended purpose and that the manufacturer's directions for dilution and contact time are followed. In general disinfectants that contain a quaternary compound, 70% alcohol, a dilute sodium hypochlorite (1:500) or 0.5% accelerated hydrogen peroxide may be used if they are rinsed thoroughly after disinfecting.

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APPENDIX D – Preparing Reusable Equipment / Instruments to George Pearson Centre for Reprocessing (Cleaning/ Sterilizing)

1. Wear gloves and other Personal Protective Equipment (PPE) such as liquid resistant aprons, face/eye protection as needed.
2. All contaminated items/equipment should have visible dirt/protein matter removed (blood, mucous, milk etc) prior to sending to GPC for reprocessing. As soon as possible after use, remove visible dirt (e.g. wipe off gross soil, rinse with water etc.) from the equipment and place item(s) in the bin marked for sending to GPC.

Note: Blood is removed easily by cold/tepid water. Soaking can make the instruments rusty especially if they are not rinsed out and dried properly. They do not need any specific solution for cleaning before sending over to GPC.

3. Do not put disposable items in the GPC bin. Discard them in the appropriate waste receptacle.
4. Place bin for equipment pick up in a designated area.
5. Remove gloves and wash hands thoroughly.

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APPENDIX E: Care of Computer Equipment in the Home and Community Setting (e.g. Laptops, Tablets, etc.)

1. Use a “clean hands” approach: Wash hands with soap or use an alcohol based hand sanitizer:
 - a. Prior to touching the device (refers to any computer equipment e.g., computer, laptop, tablet)
 - b. After touching the device and before providing care to the client
2. Keep the device away from spills, splashes, sprays and other sources of water.
3. Place the device on a clean surface or use a barrier, e.g., cloth, plastic, paper.
4. Avoid:
 - a. Going back and forth between the device and the client.
 - b. Taking the device into areas where there is a high risk of contamination.
5. Keep the device clean.
6. Store the device in a safe, dry place away from liquids that might leak or spill.
7. Cleaning recommendations: Always turn the device off before cleaning.
 - a. LCD Monitor/Regular Monitor
 - i. Use computer-monitor specific cleaner only.
 - ii. Spray cleaner onto non-abrasive cloth (e.g., soft, cotton, lint-free, eye-glass cloth). Never apply the cleaner directly to the computer. Ensure cloth is damp only.
 - iii. Wipe screen with cloth in one direction from the top of screen to the bottom. Do not use other products, e.g., Windex, hand sanitizers or wipes, alcohol, acetone, or ammonia based products etc, as these can damage the screen or film.

Note: Do not press on LCD screen with your fingers. Grasp the LCD by the surrounding case.

- b. Other parts of the computer:
 - i. Use an isopropyl alcohol swab to wipe computer, mouse, and keyboard.
 - ii. Portable air dusters, mini vacuums, screen cleaners and wipes are available at Grand and Toy and London Drugs and can be used according to manufacturer’s instructions if needed.
 - iii. Tablets should be inverted while wiping keypads to avoid getting liquid into device.
8. If device becomes soiled with blood or a body substance, clean as described above. Disinfect the computer, keypad, mouse, and/or stylus by wiping with a second alcohol swab and allowing it to air dry. Cleaning LCD monitors that are easily damaged by disinfecting agents as described above is sufficient. Monitors are unlikely sources of transmission of infectious agents as they are not high touch items.
9. If the device becomes grossly soiled with blood or a body substance, turn the device off, put in a plastic bag and contact Information Systems for advice on cleaning.

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