 Department of Health Government of Nunavut		NURSING POLICY, PROCEDURE AND PROTOCOLS	
		Community Health Nursing	
TITLE:		SECTION:	POLICY NUMBER:
Handling of Used Equipment and Supplies		Infection Control	10-007-00
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
February 10, 2018	February 2021		4
APPLIES TO:			
Community Health Nurses			

POLICY 1:

All client-related equipment and instruments shall be decontaminated, disinfected and/or sterilized appropriately to reduce the transmission of microorganisms.

1. All instruments or items that enter a sterile cavity must be cleaned and then sterilized.
2. All instruments or items that touch mucous membranes or non-intact skin must receive high-level disinfection.
3. The remainder of medical equipment, that is those items only in contact with intact skin, is decontaminated with a low-level product.
4. All soiled instruments or items must be rinsed at the point of use before placing in the designated *decontamination area* and before disinfection or sterilization. Items not to be soaked in water.
5. Flash sterilization, or emergency processing, may only be utilized when full sterilization procedures are impossible.

POLICY 2:

Where possible, all reprocessing of medical equipment, which requires high level disinfection or sterilization, should be done by health and social services staff who received additional training in such techniques. It is the User's responsibility to understand the operational function of the sterilization method practiced in their department (time, temperature, pressure, etc.) as well as maintaining records.

PRINCIPLES:

Careful handling of used client-care items prevents unnecessary exposure of healthcare workers to blood and other biological materials. It also prevents contamination of the environment, thus protecting those who come in contact with it.

DEFINITIONS:

Sterilization: the complete elimination or destruction of all forms of microbial life. Includes steam under pressure, dry heat, low temperature sterilization processes (ethylene oxide (ETO) gas, plasma sterilization) and liquid chemicals are the principal sterilizing agents used.

Disinfection: a process that eliminates many or all pathogenic micro-organisms, with the exception of bacterial spores, from inanimate objects. Generally accomplished by the use of liquid chemicals or wet pasteurization.



High-level disinfection: destroys all microorganisms with the exception of high numbers of bacterial spores. Used for cold processing of scopes and other instruments that comes into contact with mucous membranes and non-intact skin.

Intermediate-level disinfection: inactivates *Mycobacterium tuberculosis*, vegetative bacteria, most viruses and most fungi, but does not necessary kill bacterial spores. Occasionally used for disinfection of non-critical client care equipment.

Low-level disinfection: kills most bacteria, some viruses, and some fungi. Routinely used for disinfection of non-critical client care equipment

Cleaning: the removal of all foreign material from objects. It is normally accomplished with water, mechanical action and detergents or enzymatic products. Failure to remove foreign matter from an object before disinfection or sterilization process is likely to render the process ineffective.

RELATED POLICIES, GUIDELINES AND LEGISLATION:

Policy 10-003-00	Infection Control
Policy 10-006-00	Housekeeping
Guideline 10-007-01	Guidelines for Handling Used Equipment and Instruments
Policy 10-008-00	Clean, Disinfect and Sterilize
Policy 10-009-00	Sharps

REFERENCES:

BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office*.

Health Canada (1999). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care*.

Qikiqtani General Hospital Infection Control Policy "Handlings of Used Client Care Equipment / Instruments"



GUIDELINE 10-007-01

1. Disposable equipment should be used when possible. Single use equipment should not be reused unless cleaning and disinfection procedures are provided by the manufacturer
2. Contaminated disposable instruments should be discarded in the appropriate manner.
3. Gloves should be worn when handling used client-care related items. Avoid carrying soiled items against clothing or placing them on “clean” surfaces.
4. Used needles and other sharp instruments should be appropriately handled (Sharps Policy 10-009-00) to avoid injuries during disposal or re-processing. Sharp items should be disposed of immediately in puncture-resistant containers located in the area where the items were used and not left for housekeeping to dispose of.
5. Protect reusable equipment from gross contamination with blood and body fluid as much as possible.
6. The Supervisor of Health Programs (SHP) shall assign the responsibility for routine cleaning of client-related equipment to a staff member(s).
7. Reusable equipment that has been in direct contact with the client should be cleaned and reprocessed before use in the care of another client. Items that are in contact with intact skin only should have a routine cleaning schedule if cleaning between clients is not feasible (if visibly soiled, must be cleaned before client use).
8. Equipment is cleaned and disinfected according to Policy 10-008-00 Clean, Disinfect and Sterilize; Guidelines 10-008-01 and 10-008-02.
9. Reusable instruments that are contaminated with blood, blood products or other biological fluids should be rinsed with cold water to remove all visible debris, prior to being returned to the dirty utility room for disinfection and sterilization. Instruments should not be soaked in water as this may create pits or rust.
10. Large pieces of equipment (including stretchers) should be decontaminated (using paper toweling and appropriate cleaner) when soiled with blood or other body fluids between clients.
11. Items such as stethoscopes, otoscope/ophthalmoscope handles, etc. should be cleaned regularly and whenever they have become contaminated with blood, or body fluids.

Stethoscopes: Use soap and water OR an alcohol wipe for routine cleaning
 Use diluted bleach mixture if contaminated with biological fluids.

BP Cuffs: Use soap and water if soiled. BP cuffs should only be used on intact skin.

12. Thermometers should be used with a disposable protective sheath. The thermometer should be cleaned and disinfected if it becomes contaminated. The casing for the electronic thermometer should be cleaned with soap and water or an alcohol wipe whenever soiled.
13. Equipment such as **urinals, bedpans, graduated urine measuring containers and commodes** in particular, should be washed with soap & water after each use.
14. Mouthpieces and resuscitation bags should be available for staff performing CPR. This equipment requires cleaning and disinfection if used.



15. Other office equipment should be cleaned regularly and whenever contaminated by client secretions.

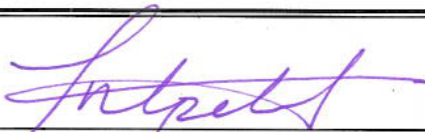

Items should never be used for more than one client without being decontaminated with the recommended cleaning agent.

REFERENCES:

BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office.*

Health Canada (1999). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care.*

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Approved by:	 11 FEB 2011	Effective Date:
Chief Nursing Officer	Date	April 1, 2011
 February 11, 2011	Date	
Deputy Minister of Health and Social Services	Date	

