SAMPLE – Cleaning, Disinfecting and Sterilizing Guidelines

Cleaning, disinfecting and sterilizing

Appropriate cleaning, disinfecting and sterilizing of patient care equipment are important for limiting the transmission of organisms related to reusable patient care equipment. Clearly written policies and procedures should be in place for cleaning, disinfecting and sterilizing instruments in the office setting. Staff members performing these tasks should be fully educated and monitored for compliance policies and procedures.

Products and equipment used for cleaning, disinfecting and sterilizing should be selected and used according to manufacturers’ guidelines and be appropriate for the level of processing and type of patient care equipment being processed.

Definitions

Critical Items: Items that enter sterile tissue or vascular system must be sterile.1 They include surgical instruments, cardiac and urinary catheters, implants, and ultrasound probes used in sterile body cavities.2 They must undergo sterilization (steam autoclaving is recommended).3

Semicritical Items: These items contact mucous membranes or non-intact skin.4 They include respiratory therapy and anesthesia equipment, some endoscopes, laryngoscope blades, esophageal manometry probes, cystoscopes, anorectal manometry catheters, and diaphragm fitting rings.5 Semicritical items require, at a minimum, high-level disinfection using chemical disinfectants.6

Noncritical Items: These items come in contact with intact skin, but not mucous membranes.7 They are usually reusable items (e.g., blood pressure cuffs, bedpans, crutches) and may be cleaned with low level disinfectants.8

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| Pre-Cleaning     | Thorough pre-cleaning should always be performed to remove organic and inorganic material prior to sterilization and high-level disinfection. | • Pre-cleaning should be done using water and detergents or enzymatic products.9  
• Enzymatic cleaners are not disinfectants.10  
• Enzymatic cleaners should be used in accordance with the manufacturer’s instructions.11  
• Sinks used to clean instruments should be labeled as dirty and not used as eyewash stations or as a disposal receptacle for other potentially infectious material (OPIM), such as lab specimens. |
| Sterilization | All critical equipment (i.e., instruments and equipment that enter normally sterile tissue or the vascular system, such as surgical instruments) must be sterilized. | • The manufacturer’s instructions must be followed for the cleaning and sterilization of instruments and equipment.\(^\text{12}\) The cleaning/reprocessing/sterilization room should be a separate room clearly designed to separate the dirty side from the clean side, with enough counter space\(^\text{13}\) and large enough sinks to properly soak, disinfect and scrub the instruments. |
| High-Level Disinfection | Semi-critical equipment (i.e., items that come into contact with non-intact skin or mucous membranes, such as reusable flexible endoscopes, laryngoscope blades) must at a minimum, undergo high-level disinfection. | • Precleaning must be done to remove organic and inorganic material before undergoing high-level disinfection.\(^\text{14}\) • High-level disinfection does not sterilize and therefore cannot be used on critical equipment. |
| Cold Sterilants | If a practice is using cold sterilants, such as gluteraldehyde or Cidex\({}^\text{®}\) as a high-level disinfectant, written protocols should be developed. | • Employee education and training • Personal protective equipment • Use of hood or vented area • Dipstick to check efficacy of the solution used • Cleaning instruments before soaking • Frequency and dating of solution changes • Exposure monitoring • Disposal of solutions • Spill control and clean up |
| Autoclaves | If the office setting is using autoclaves to sterilize equipment, appropriate procedures must be developed. | • Written competency training on the use of the autoclave should be in place, to ensure that everyone is using the autoclave sterilizer properly and adhering to the manufacturer’s recommendations. Office staff members should learn how to package instruments properly and how to load and operate the autoclave correctly. • Spore testing of the autoclave should be performed weekly\(^\text{15}\) (monthly if autoclave is used less frequently than daily). In addition to conducting routine biological monitoring, equipment users should perform biological monitoring: o “Whenever a new type of packaging material or tray is used.”\(^\text{16}\) o “After training new sterilization personnel.”\(^\text{17}\) o “After a sterilizer has been repaired.”\(^\text{18}\) o “After any change in the sterilizer loading procedures.”\(^\text{19}\) • The results should be documented and maintained in a log.\(^\text{20}\) • A policy should address the steps to be taken when spore testing reveals the presence of spores. The steps should include, but not be limited to, identifying patients who may be at risk for infection, disclosure to patients, and if necessary, providing antibiotic prophylaxis. |
• “It is critical that steam-sterilized packs be subject to a drying cycle prior to handling for storage.”
• “Wrapped packs should be carefully stored in clean, dry, dust-free areas (closed shelves), not at floor level, and should be away from debris, drains, moisture and vermin to prevent contamination and maintain sterility until the time of use.”
• Sterile supplies should never be stored near, under or on surfaces that can get wet easily.

References

2. Ibid.
3. Ibid.
4. Ibid.
5. Ibid.
6. Ibid.
7. Ibid.
8. Ibid.
9. Ibid.
10. Ibid.
11. Ibid.
12. Ibid.
16. Ibid.
17. Ibid.
18. Ibid.
19. Ibid.
20. Ibid.
22. Ibid.
23. Ibid.