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| Best Practice Guideline | Management of patient supplies on discharge or transfer |
| Date | June 7, 2017 |
| Reviewed Date | |
| Revised Date | |

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Site Applicability

All VCH acute care, long-term care, ambulatory, and community sites.

Purpose

- To prevent contamination of patient supplies and the spread of organisms from contaminated patient supplies, while minimizing waste.
- To support existing protocols, procedures and standards related to patient supply management.

Background

- Items stored near the point of care are more likely to become contaminated than those stored in a clean central area.
- Excess supplies in patient care areas contribute to clutter, impede environmental cleaning and increase waste.
- Unused supplies that are inappropriately removed from a patient room/area on discharge or transfer can contaminate other patient supplies and/or spread organisms.

Procedure

1. Hand Hygiene

- Clean hands before accessing clean and sterile supplies, including non-sterile gloves. Refer to the [VCH Hand Hygiene Policy](#) for more details.
- Do not wear gloves when accessing clean supplies.



2. Supplies in Patient Care Areas & Procedure Rooms

- Minimize supplies in patient rooms/care areas.
- Establish quotas and maximums for each care area (e.g., supplies required for a 24-hour period).
- Do not top up or refill cardboard manufacturer dispensers (e.g., glove or mask boxes). Remove the top two to three items (gloves or masks) on patient discharge.
- Never return to stock unused supplies that have been taken into the patient room or within 2 meters of a patient unless the outer packaging is intact and can be cleaned and disinfected.
- Consider developing a standard kit for potential urgent situations on each unit/care area. Standard kits must be contained in a cleanable container/sealable bag, labeled and with an integrity seal.
- In ambulatory and short stay care areas (e.g., clinics, ER, surgical day care), keep open carts/bags/trays containing extra supplies at least 2 meters from the patient, or separated by a physical barrier (e.g., in clean enclosed storage drawers and cabinets with doors).
- If supply carts in patient care areas are used for supplies shared between patients, they must be:
 - accessed with clean hands only;
 - externally cleaned on patient discharge and on a regularly scheduled basis;
 - emptied and internally cleaned on a regularly scheduled basis;
 - not used as a work surface for patient care activities; and
 - emptied and restocked on patient discharge if there was any concern for contamination of supplies within (e.g., accessed with contaminated hands or inadvertently left open in an emergent situation).
- Refer to the Storage of Clean and Sterile Supplies in Acute Care Infection Prevention and Control best practice guideline.

3. Discharge & Transfer

- User group and Environmental Services (EVS) for each unit/care area should pre-determine which items are cleanable.
- Each unit and area must work with EVS to determine the responsibility for cleaning those items which are determined to be cleanable.
- Remove used suction container liners and other medical supplies before EVS staff begins cleaning the room following unit/area guidelines.
- Supplies that are unopened in **cleanable**, original packaging may be re-issued if



cleaned/disinfected first.

- Return reusable **semi-critical** and **critical** patient items (e.g., tracheotomy kits, speculums, respiratory equipment) to the medical device reprocessing department (MDRD) for reprocessing following unit protocols (e.g., in MDRD return bin in soiled utility rooms).
- Discard (or if transferred, send with patient) any other single-use or single patient use supplies that remain in the room or within 2 meters of the patient.
 - Supplies contained in enclosed storage or behind physical barriers are considered clean. If any concern for contamination of supplies (e.g., not accessed with clean hands or inadvertently left open in an emergent situation) then empty and discard or reprocess supplies within on patient discharge.
- Keep the contents of a standard kit that has an intact integrity seal. Clean the exterior of any standard kits.
- Discard any supplies that are opened, or if there is any concern regarding the integrity or contamination of the items.
- Do not reuse any patient-specific personal products (e.g., soap, lotion, razors, and blue pads) on another patient. These items must be discarded or can be sent with the patient.
- Send all linens, used and unused, to laundry. Clean linens in covered carts may remain.
- Clean and disinfect all non-critical reusable equipment. Refer to the [Master Equipment Cleaning Manual](#) and use a VCH-approved disinfectant.

4. Outbreaks or Ongoing Micro-organism Transmission

- When there is known, suspected or ongoing micro-organism transmission, IPAC may make additional recommendations for management of patient supplies (e.g., discarding open boxes of gloves).



References

1. BC Ministry of Health. (2011). Best Practice Guidelines for Cleaning, Disinfection and Sterilization of Critical and Semi-Critical Medical Devices in BC Health Authorities.
2. Canadian Standards Association. (2015). CSA Z314.15-15 Storage, transportation and distribution of single use and reusable medical devices.
3. [Public Health Agency of Canada. \(2012\). Routine Practices and Additional Precautions for Preventing Transmission of Infection in Health Care Settings](#)

