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| Best Practice Guideline | Modified IV Pump Cleaning & Disinfection between patient cases by clinical staff when no isolation/terminal cleaned/disinfected pumps are available |
| Date | October 11, 2017 |
| Reviewed Date | |
| Revised Date | |

A printed version of this guideline may not be the most recent version. The OFFICIAL version is located at www.ipac.vch.ca.

Site Applicability

All VCH.

Scope of Practice

Clinical staff cleaning & disinfecting between patient cases.

Purpose

To establish IV pump cleaning & disinfecting standards to prevent risk of transmission of microorganisms by direct or indirect contact of contaminated items.



Blue = Infusion Module



White = PC Unit (aka 'the brain')



Purple = PCA Module

Procedure

- Inspect contaminated (i.e. dirty/soiled) IV pumps for any attached IV bags, tubing, cartridges or patient information. Clinical staff to remove. Nursing staff to follow standards for cartridge waste & disposal.
- Using ABHR (alcohol-based hand rub) do hand hygiene (HH).
- Using Ultra Swipes Plus Wipes (79% Ethanol Alcohol), **clean & disinfect** the Infusion pump & Pole by:
 1. Open the door latches of the PCA, PCU and Infusion modules. Applying friction & rub/scrub motion **clean** any foreign matter (e.g. IV solution, blood) from the exterior & interior of the pump modules using clean wipe(s), **immediately followed by** new wipe(s) to **disinfect** all of the same areas using same technique as was used for cleaning. Leave the door latches open. Items must remain wet enough to maintain the product label stated 'wet contact' or 'dwell time' (3 min) followed by air-drying to complete the disinfection process. Do NOT wipe dry.
 2. Clean & disinfect PCA cord.
 3. Clean & disinfect IV and allow to air-dry.
 4. Attach 'I AM CLEAN' green tag with today's date and your name on the monitor screen (standardized placement).
 5. Transport to designated clean equipment room/clean designated & labelled parking zone.
 6. Plug-in to keep fully charged.

