Infection Prevention and Control

Best Practice Guideline

Cleaning and Low-Level Disinfection of Non-Critical Medical Devices & Equipment

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 Vancouver Coastal Health (VCH)

Scope
All Vancouver Coastal Health (VCH) employees, medical staff, contracted staff, students and service providers

In Scope:
Commonly used non-critical medical devices and equipment that require cleaning and low-level disinfection

Out of Scope:
- Semi-critical and Critical medical devices and equipment that require reprocessing through the medical device reprocessing department.

Purpose
This guideline outlines the requirements to ensure non-critical multi-use medical devices and equipment in the healthcare environment undergo appropriate cleaning and low-level disinfection, in addition to supporting the following:
- Appropriate use and application of hospital-grade cleaner-disinfectant products.
- Program or unit-specific allocation of roles and responsibilities for cleaning and disinfection.
- Evaluation and compliance requirements for unit or program-based management of non-critical medical equipment.
- Related educational requirements for all staff.

All VCH programs and units must develop and maintain local cleaning and disinfection guidelines for non-critical medical devices and equipment. These guidelines must:
- Align with the principles in this Best Practice Guideline.
- Define unit/program-specific workflows, storage, and labelling of clean and soiled equipment.
- Assign clear roles and responsibilities for cleaning and disinfecting shared medical equipment.
- Include education and auditing processes to ensure compliance.

Vancouver CoastalHealth

Infection Prevention and Control

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Background

Low-level cleaning and disinfection of non-critical medical equipment is essential for maintaining a safe healthcare environment. Devices (e.g. stethoscopes, infusion pumps, mobile workstations) which contact intact skin, but not mucous membranes or sterile tissue can cause healthcare-associated infections (HAIs) if not properly maintained.

Studies have identified non-critical equipment as reservoirs for pathogens like *Clostridioides difficile* and *Staphylococcus aureus* (including MRSA). Despite intact skin providing a natural barrier, contaminated surfaces can facilitate pathogen transfer between patients and healthcare providers.

Due to their frequent handling and shared use, non-critical devices pose a risk of cross-contamination when cleaning and disinfection is inconsistent. National regulatory bodies, including Accreditation Canada and Public Health agencies, emphasize routine environmental cleaning and disinfection as a critical component of infection prevention, reinforcing organizational accountability and supporting audit readiness.

Program and Unit-Specific Guidelines

Every unit and program must develop and maintain their own cleaning and disinfection guidelines, aligned with the principles outlined in this document.

These local guidelines are required to operationalize this policy and ensure consistency, accountability, and readiness for accreditation review. A template to support development of a program or unit specific guideline is available in Appendix A.

Classification of Medical Equipment

Spaulding's classification system is used to determine the appropriate level of cleaning, disinfection or sterilization required for medical devices and equipment based on the risk of infection associated with their use. The table below outlines the characteristics of each category of classification, including examples of devices that would fit in each category and the associated level of sterilization or disinfection required.

Spaulding's Classification System		
Non-Critical:	**Semi-Critical**:	**Critical**:
• Items that do not touch the patient or their environment • Items that touch only intact skin • Items DO NOT touch mucous membranes	• Items that contact non-intact skin • Items that contact intact mucous membranes • Items DO NOT penetrate body surfaces	• Items penetrate body tissues allowing contact with the bloodstream or other sterile cavity • Semi-critical items with potential for contact with open lesions, irritated mucous membranes are treated as critical items
Examples:		
• Wheelchairs • Treatment surfaces (e.g. mats, plinths, tables) • Toys • Stethoscopes • Audiometers • Walking aids	• Re-usable ear syringe nozzles • Trans-rectal probes • Vaginal/nasal/rectal specula	• Surgical instruments • Dental instruments • Foot and nail care equipment
Reprocessing Requirements:		
• Cleaning followed by low-level disinfection	• Cleaning followed by high-level disinfection (at minimum); sterilization preferred.	• Cleaning followed by sterilization

Cleaning and Low-Level Disinfection

The foundation of safe non-critical equipment lies in the consistent application of cleaning and low-level disinfection principles.

- Cleaning is the essential first step and involves the physical removal of organic material, such as dirt, blood, or body fluids which can inhibit the effectiveness of disinfectants.
- Low-level disinfection occurs once items are visibly clean which eliminates viruses, most vegetative bacteria, and some fungi thereby reducing microbial loads to safe levels.

Cleaning and disinfection may be accomplished through a two-step process involving water or a detergent followed by the application of a disinfectant product once the item is visibly clean. In

the healthcare setting, this can often be achieved using a product that is identified by the manufacturer as both a cleaner and a disinfectant.

Key principles guiding this practice include:

1. Routine and Timely Cleaning and Disinfection:
    a. Equipment is cleaned and disinfected after every patient use.
    b. Equipment is cleaned and disinfected when visibly soiled.
    c. Equipment dedicated to a specific patient may be cleaned between uses but must undergo cleaning and low-level disinfection once it is no longer needed for that patient.
    d. Equipment and devices should be cleaned and disinfected as soon as possible after use to prevent build-up of bioburden and development of biofilm.
2. Cleaning and Disinfectant Products:
    a. Cleaning and disinfectant products must be hospital-grade, Health Canada approved and have an associated Drug Identification Number (DIN).
    b. Staff have access to VCH approved cleaning and disinfecting products.
    c. Staff must follow the cleaning/disinfection product's manufacturer's instructions for use (MIFU) to ensure the required wet contact time for effective disinfection. If the surface dries before the contact time is reached, the disinfectant should be reapplied
    d. Cleaning and disinfection products should be broad-spectrum, and effective against the usual micro-organisms present in the healthcare environment.

Manufacturer's Instructions for Use (MIFU)

Manufacturer's instructions for use (MIFU) for medical equipment are mandatory, detailed guides explaining the safe and effective use, reprocessing (cleaning/disinfection), storage, and troubleshooting, essential for patient safety, preventing infections, ensuring efficacy, and maintaining regulatory compliance for healthcare providers and patients. The MIFU is considered the primary source of guidance for cleaning and low-level disinfection of medical equipment. When common medical devices and equipment are procured for use at VCH, the MIFU is reviewed during the purchasing process and relevant information related to low-level cleaning and disinfection is reflected in our Master Equipment Cleaning Manual. The Master Equipment cleaning manual is used as a surrogate for a repository of vendor MIFU's.

Master Equipment Cleaning Manual

The Master Equipment Cleaning and Disinfection Manual is a resource that supports staff to understand the requirements for cleaning and low-level disinfection of commonly available non-critical equipment used within VCH. The manual details compatibility of cleaner/disinfectant products, frequency of required cleaning, and identifies the discipline responsible for carrying out the reprocessing of equipment. Leadership may choose to consult this manual to support the development of program or unit-specific guidelines.

Specialized Care Equipment

Certain pieces of specialized care equipment may not appear in the Master Equipment Cleaning and Disinfection Manual. This may include equipment purchased by specific units or programs to support the care needs of a defined patient population and is not used broadly across the organization. For the purposes of this guideline, non-critical specialized equipment is defined as equipment that is:

- Owned by a specific program or unit, having been purchased for use by a designated clinical service or department.
- Designated for frequent or routine use within the program on multiple patients.
- Not included in general hospital equipment pool.

The unit or program is responsible for:

- Developing an equipment- or device-specific set of instructions that outline safe operation, maintenance, storage and cleaning and disinfection requirements.
- Following the Manufacturer's Instructions for Use (MIFU) to ensure safe and effective use.
- Consulting with relevant multidisciplinary team members when purchasing medical equipment or devices, including but not limited to:
  - Unit or program manager
  - Biomedical engineering
  - Procurement and supply
  - Infection Prevention and Control
  - Information Technology
  - Frontline staff

If unit or program specific standard operating procedures have been developed for the non-critical specialized equipment, no further steps are required.
Appendix B includes a template to support development of unit- or program-specific instructions for specialized care equipment.

Handling Soiled Non-Critical Medical Devices and Equipment

Proper handling of soiled non-critical medical devices is essential to prevent the spread of infectious organisms and maintain a safe environment for patients and healthcare workers. It is important for clinical teams to create site or program specific workflows that address safe handling practices for soiled equipment.

General Principles for Handling Soiled Equipment:

1. **Dedicated Cleaning Areas**: Cleaning and disinfection may occur at the point of use, in a properly equipped soiled utility room or designated reprocessing area. Soiled equipment should never be cleaned and disinfected in a designated hand hygiene sink or patient care sink.

2. **Hand Hygiene**: Hand hygiene should be performed before and after handling contaminated medical equipment and devices, using the closest available method of hand hygiene (e.g. Alcohol-Based Hand Rub or Soap and Water).
3. **Personal Protective Equipment**: Staff should conduct a point-of-care risk assessment and don appropriate PPE to avoid contamination of hands or clothing. Staff should also consider occupational exposure to cleaning and disinfection products and refer to Safety Data Sheets to ensure appropriate protective equipment is used.
4. **Prompt Processing**: Clean and disinfect soiled equipment as soon as possible after use to prevent drying of organic material and reduce infection risk.
5. **Avoid Cross-Contamination**: Soiled and clean equipment should always be separated. Ensure clean equipment is not stored near soiled equipment or in dirty utility areas.
6. **Safe Transport**: Items that are soiled should be transported in a manner that prevents injury, minimizes contamination of the physical environment and HCW's and includes identification that items in transit are soiled. Depending on the device, the size of the device or the setting, safe transport may include puncture resistant rigid containers, designated bins/containers/bags, fluid impervious bins/containers/bags or immediate movement of equipment to designated soiled utility spaces. Items that are being transported should be clearly labelled as "soiled" or "contaminated" until the equipment has been thoroughly cleaned and low-level disinfected.
7. **Decommissioning of Non-Cleanable Equipment**
   Any equipment that can no longer be effectively cleaned and disinfected- due to damage, deterioration, design limitations, or visible contamination that cannot be fully removed- must be promptly removed from service and decommissioned. Continued use of such equipment poses a risk for pathogen transmission and undermines infection prevention efforts. Units should follow its established process for safe removal, tagging, and decommissioning of equipment that can no longer be adequately cleaned and disinfected.

Setting Specific Principles for Handling Soiled Equipment:

Acute Care:

1. High patient turnover and increased risk of exposure to resistant organisms requires frequent and more rigorous equipment cleaning/disinfecting protocols.
2. Shared equipment is cleaned and disinfected between every patient use.
3. There are areas in the clinical setting designated for performing cleaning and disinfection of medical equipment as well as separate areas for storing equipment that has been effectively cleaned, disinfected, labelled as clean and is safe for use.
4. Medical devices must be cleaned, disinfected and clearly labelled as "clean" prior to sending to designated equipment depots, or being sent for repair to biomedical engineering departments.

Community Settings:

1. Limited access to designated cleaning areas requires portable cleaning and disinfecting supplies and the ability to disinfect equipment on-site.
2. Staff must carry approved cleaning/disinfectant products, appropriate PPE and ensure safe transport of clinical equipment back to clinical offices if onsite disinfection is not feasible.

Long-Term Care:

1. Equipment may remain with individual residents for extended periods. Cleaning between uses and terminal low-level disinfection once the equipment is no longer needed is critical.
2. Shared equipment is cleaned and disinfected between each resident.
3. Given the vulnerability of residents, cleaning schedules for dedicated equipment should be proactive and may be based on risk (e.g. after episodes of incontinence or exposure to body fluids), when visibly soiled or as per the MIFU.

Procedure for Cleaning and Low-Level Disinfection of Non-Critical Medical Devices and Equipment

1. **Inspection**: Prior to cleaning and disinfecting, inspect the device to ensure it is in good working order. If the device is broken, cracked, chipped or showing signs of excessive wear – the item should be removed from service and sent for repair. If repair is not possible, the item should be discarded.
2. **Work clean to dirty**: Always move from the cleanest to the dirtiest areas of the device to prevent recontamination.
3. **Select the appropriate cleaner/disinfectant**: Staff will select the appropriate cleaner/disinfectant based on program/unit-specific guidelines or by consulting the Master Equipment cleaning manual.
4. **Clean using friction**: Use a rubbing or scrubbing motion to physically remove soil and organic material from all surfaces.
5. **Use additional wipes as needed**: Large or complex devices may require multiple wipes to ensure full coverage.
6. **Disinfect immediately after cleaning**: Apply the disinfectant directly after cleaning to prevent recontamination.
7. **Maintain wet contact time**: Ensure the surface remains visibly wet for the full duration specified in the manufacturer's instructions for use (MIFU). Reapply disinfectant if the surface dries prematurely.
8. **Allow to air dry**: Let the device air dry completely to complete the disinfection process.
9. **Address product residue if needed**: If a hazy or opaque film remains after drying, wipe with a well-wrung cloth dampened with plain water, then allow to air dry.

Handling and Storage of Cleaned and Disinfected Non-Critical Medical Devices and Equipment

Proper handling of cleaned and disinfected non-critical equipment is essential to maintain the integrity of the disinfection process and prevent recontamination prior to patient use. The

following principles apply across all healthcare settings to support infection prevention and control and ensure safe patient care:

1. **Hand Hygiene**:
   a. Perform hand hygiene before handling clean equipment.
2. **Storage and Transport**:
   a. Store cleaned and disinfected equipment in a clean, dry, and designated area, away from soiled equipment and soiled utility rooms.
   b. Clean equipment should not be stored in high-traffic areas (e.g. hallways) where they can become contaminated.
   c. Ensure equipment is fully dry before storage to prevent microbial growth.
   d. Use clean carts or containers when transporting equipment to designated storage areas.
   e. Designated storage spaces should have an orderly appearance and be free of clutter.
   f. Equipment that is damaged or broken should be removed from service, sent for repair or disposed if repair is not possible. Storage of damaged or broken equipment contributes to clutter in designated storage spaces and could pose a safety risk if accidentally used for patient care.
   g. Designated storage spaces should be thoroughly cleaned on a regularly scheduled basis as per environmental services policy and protocol.
3. **Avoiding Recontamination**:
   a. Do not place equipment on floors, beds, or other potentially contaminated surfaces.
   b. Equipment used infrequently (e.g. seasonal use) should be covered – size permitting – or stored in sealed containers (e.g. plastic lidded bins) to prevent dust accumulation. Devices must be cleaned and disinfected prior to returning to service.
   c. Do not handle equipment with soiled gloves or while wearing PPE used for patient care.
4. **Labelling and Status Identification**:
   a. Clinical items that have been cleaned and low-level disinfected should be clearly labelled as “Clean”. Programs may choose to use the green “I Am Clean” stickers, laminated signage or tags affixed to the item itself or collective storage bin.
5. **Inspection**:
   a. Visually inspect equipment before use to ensure it is clean, intact and free of visible soiling.
   b. If any doubt exists about the cleanliness or disinfection status of the item, the equipment should be reprocessed before use.

Roles and Responsibilities

Given the diversity across healthcare settings—including staffing models, physical layouts, patient populations, and equipment usage—tailored workflows are essential. A one-size-fits-all approach is not practical across acute care, community, and long-term care environments.
Developing unit-specific processes ensures that cleaning practices are relevant, feasible, and aligned with both organizational and regulatory standards. Clearly defined roles and

responsibilities within these workflows support effective staff training, improve compliance, and helps to identify and address gaps proactively—ultimately enhancing safety and care quality.

1. **Organizational and Program-Based Leadership**
    a. **Strategic Direction and Oversight**: Set expectations for safe practices aligned with regulatory standards, accreditation requirements and organization practices laid out in this best practice guideline
    b. **Resource Allocation**: Ensure appropriate staff, education, time, and equipment (e.g. disinfectant wipes, storage) are available to support effective cleaning workflows.
    c. **Role Allocation**: Identify specific roles within your program that are responsible to clean and disinfect non-critical equipment. Program leaders must develop and maintain unit/program-specific guidelines that clearly assign responsibilities. The Master Equipment Cleaning and Disinfection Manual will serve as a reference resource to support this work.
    d. **Collaboration**: Work closely with EVS and IPAC to clarify expectations and seek support when needed.
    e. **Accountability Structures**: Support quality assurance mechanisms and ensure leadership engagement across programs and units.
    f. **Education**: Leadership ensure staff have completed education related to cleaning and low-level disinfection.
    g. **Auditing**: Units and programs are required to conduct regular audits of non-critical medical equipment to verify compliance with their unit/program specific guidelines. Audits must also support identification of gaps in workflows, including equipment not being routinely cleaned and disinfected.
2. **End-User**
    a. **Cleaning and Disinfection**: Perform cleaning and low-level disinfection of non-critical medical equipment as per unit-specific workflows.
    b. **Documentation and Storage**: End-users are responsible to follow unit-specific guidelines for both labelling and storing of equipment.
    c. **Escalation**: Report equipment that is damaged or requires enhanced cleaning to the appropriate department (e.g. Equipment Depot, Biomedical Engineering).
3. **Environmental Services**
    a. **Scope Clarification**: Perform cleaning and disinfection of non-critical equipment only where it falls with their defined scope (e.g. shared equipment in common areas, stretchers, certain portable devices). Review the Master Equipment Cleaning and Disinfection Manual for suggested role allocation.
    b. **Support Role**: Assist with enhanced cleaning in response to clusters, outbreaks or as directed by IPAC.
    c. **Collaboration and Communication**: Work with unit leadership and staff to ensure appropriate division of responsibilities and maintain standards.

d. **Quality Control**: As a quality control initiative, environmental services uses a variety of quality tools to verify cleaning and disinfection of the healthcare environment including:
   i. Canines 4 Care.
   ii. ATP Testing
   iii. Auditing

4. **Infection Prevention and Control**
   a. **Expert Guidance**: Provide evidence-based recommendations for cleaning and disinfection practices.
   b. **Workflow Consultation**: Advise on the development and review of unit-specific workflows to ensure alignment with best practices and applicable standards.
   c. **Education and Auditing**: Support training, answer practice-related questions, and contribute to quality monitoring or audits as needed.
   d. **Environmental Auditing**: Conduct environmental auditing to systematically evaluate cleanliness of surfaces and equipment, verify cleaning and disinfection practices and reinforce accountability.
   e. **Cluster and Outbreak Support**: Offer direction during cluster, outbreaks or exposures that require targeted cleaning responses. Additional auditing may be completed on an as needed basis in response to clusters, outbreaks or exposures.
5. **Quality & Safety/Accreditation Teams**
   a. **Role**: Supports quality improvement initiatives through consultation and resources
6. **Biomedical Engineering/Information Technology**
   a. **Role**: Acts as a technology resource and manages medical devices throughout their entire life cycle; supports planning for purchase and development of specifications, through purchasing, implementation, maintenance, end of life and disposition.
7. **Clinical Educators**
   a. **Role**: Support onboarding and ongoing education related to cleaning and disinfection workflows specific to the unit or program.

Staff Education

- Infection Prevention and Control Basics for Health Care Workers in Patient Care Areas and/or Direct Care Roles
- Infection Prevention and Control Basics for Non-Direct Care Health Care Workers

References

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Associated Documents

Chemical Hazards and Spill Response Standard
Low Level Cleaning and Disinfection
Hand-Held Tono-Pen Cleaning and Disinfection Process
Master Equipment Cleaning and Disinfection Manual
Ultra Swipes – Safety Data Sheet
Accel Rescue Sporicidal Wipes – Safety Data Sheet
Accel INTERVention Wipes One Step Surface Cleaner and Disinfectant – Safety Data Sheet

Definitions

Biofilm – a structured community off microorganisms encased within a self-produced protective matrix that adheres to surfaces, including medical devices, tissues, and environmental surfaces. Biofilms can be resistant to disinfectants and antimicrobial agents, making them difficult to eliminate and a persistent source of contamination and infection in healthcare settings.

Bioburden – The number and types of microorganisms – such as bacteria, viruses, or fungi – present on a surface, object, or within a substance before cleaning, disinfection, or sterilization. High bioburden can reduce effectiveness of disinfection processes and increase risk of infection transmission.

Cleaning – the physical removal of foreign (e.g. dust, soil) and organic materials (e.g. blood, secretions, excretions). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.

Critical Equipment – Medical devices or instruments that enter sterile body sites or the vascular system and must undergo sterilization between uses.

Detergent – A synthetic cleaning agent that can emulsify oil and suspend soil. A detergent contains surfactants that do not precipitate in hard water and may also contain protease enzymes (see enzymatic cleaner) and whitening agents.

Disinfectant – a product that is used on surfaces or medical equipment/devices which results in disinfection. Disinfectants are applied only to inanimate objects. Some products combine a cleaner with a disinfectant.

Disinfection – the inactivation of disease-producing microorganisms. Disinfection usually involves chemicals, heat or ultraviolet light.

End User – the individual who most recently used a piece of medical equipment during patient care and is responsible for ensuring it is appropriately cleaned and disinfected after use. The end-user is typically a health-care provider (e.g. nurse, allied health professional) and is accountable for following approved cleaning and disinfection protocols before the equipment is returned to shared storage.

Environmental Services – a dedicated healthcare support service responsible for maintaining a clean, safe, and hygienic environment through routine and enhanced cleaning and disinfection of patient care areas, public spaces, and clinical support zones. Environmental services staff play a critical role in infection prevention by reducing environmental contamination and supporting the control of healthcare-associated infections.

Enzymatic Cleaner – a pre-cleaning agent containing protease enzymes that breaks down proteins such as blood, body fluids, secretions and excretions. Most enzymatic cleaners also

contain a detergent. Enzymatic cleaners are used to loosen and dissolve organic substances on surfaces and equipment prior to cleaning.

High-Level Disinfection – a process capable of killing vegetative bacteria, mycobacteria including Mycobacterium tuberculosis, fungi, and lipid and nonlipid viruses, as well as some, but not necessarily high numbers of bacterial spores. High-level disinfection is the minimum level of disinfection required for semi-critical medical devices. Medical devices shall be thoroughly cleaned prior to high-level disinfection.

Hospital-Grade Disinfectant – a disinfectant that has a drug identification number (DIN) from Health Canada indicating its approval for use in Canadian hospitals.

Low-Level Disinfection - a process capable of killing most vegetative bacteria, some viruses, and some fungi. This class of disinfection cannot be relied on to kill microorganisms such as mycobacteria, including Mycobacterium tuberculosis, or bacterial spores. Level of disinfection required when processing non-critical medical devices and some environmental surfaces.

High-Touch Surfaces – surfaces that have frequent contact with hands. Examples include, but are not limited to doorknobs, call bells, bedrails, overbed tables, light switches, wall areas around the toilet, and privacy curtains.

Non-Critical Equipment – medical equipment/devices that touch only intact skin (but does not touch mucous membranes) or does not directly touch the patient. Reprocessing of non-critical medical equipment/devices involves cleaning and may also require low-level disinfection.

Semi-Critical Equipment – medical devices that come into contact with mucous membranes or non-intact skin, but do not normally penetrate sterile body tissues. These devices carry a higher risk of infection transmission than non-critical items and therefore require high-level disinfection (sterilization preferred) between uses.

Spaulding's Classification of Equipment and Medical Devices – a system for determining the appropriate level of disinfection or sterilization required for medical devices and equipment based on their intended use. The classification system divides items into three categories: critical items, semi-critical items and non-critical items.

Specialized Care Equipment - Medical devices or tools that come into contact only with intact skin and are not intended to contact mucous membranes, non-intact skin, or sterile body sites. Classified as *non-critical* under the Spaulding Classification, these items require low-level cleaning and disinfection between patient uses. In this context, such equipment is program- or unit-owned, purchased for use by a specific clinical service, used routinely across multiple patients or settings, and not managed through general hospital equipment pools.

Sterilization – A validated process used to render product free from viable microorganisms.

Two-Step Process – A sequential method used to ensure that surfaces are both physically clean and microbiologically safe.

Wet Contact Time – the amount of time a disinfectant must remain visibly wet on a surface to effectively kill microorganisms

Appendix A – Site/Unit/Program Specific Guideline: Low-Level Cleaning and Disinfection of Non-Critical Medical Devices & Equipment Template

Site/Unit/Program Specific Guideline: Low-Level Cleaning and Disinfection of Non-Critical Medical Devices & Equipment	
Date Developed:	**Date Reviewed:**
Site/Unit/Program Name:	
Roles Responsible to Clean and Disinfect Non-Critical Equipment (Select all that apply): ☐ Nursing ☐ Physician ☐ Allied Health (OT/PT) ☐ Health Care Aid ☐ Equipment Depot Staff ☐ Other (please specify additional roles):	
Pre-checked boxes are mandatory	
Cleaning and Disinfection Frequency: ☒ After every patient use ☒ When visible soil present ☐ Dedicated to a specific patient/resident/client • Cleaned between uses • Cleaned and disinfected once it is no longer required by the patient/resident/client ☐ Identify any site/unit/program specific routine cleaning schedules as needed:	
Cleaning and Disinfection Products (Select all that apply): ☐ Accel INTERVention ☐ Ultra Swipes ☐ Accel Rescue ☐ Other (specify product and include link to safety data sheet): Comments:	
Personal Protective Equipment (PPE): ☐ Staff use a Point-of-Care Risk Assessment (PCRA) to determine required PPE ☐ Gown ☐ Gloves ☐ Medical Mask	**PPE Storage Location**: ☐ Point-of-Care (e.g. PPE carts; wall mounted; patient/resident/client rooms) ☐ Soiled Utility Room ☐ Other (specify where staff can access PPE):

☐ Eye Protection (e.g. face shields, safety glasses, safety goggles)	

Handling of Soiled Equipment:

Transportation of Soiled Equipment:

☒ Staff perform hand hygiene and don appropriate PPE as per PCRA when handling soiled equipment

☐ Immediate movement of equipment to designated soiled utility space

☐ Puncture resistant rigid containers

☐ Fluid impervious bins/bags/containers

☐ Other (please specify):

Identification of Soiled Items:

☐"I Need to Be Cleaned" indicator tags (ePro: 00122675)

☐ Site specific laminated labels identifying items as "soiled"

☐ Wall mounted laminated posters, signage or decals identifying "soiled" storage areas

☐ Transportation bins labelled as "soiled"

Comments:

Designated Areas for Cleaning and Disinfection:

☐ Device(s) are cleaned and disinfected immediately after use at point-of-Care

☐ Items moved to soiled utility or designated service room if risk of contamination to surrounding patient care area (specify location):

☐ Staff have portable cleaning/disinfecting supplies, labelled storage bins for soiled and clean equipment and accessible PPE to reprocess items when off-site (specify process):

☐ Soiled items are transported from client home to work site for reprocessing (specify process and location(s) for cleaning and disinfection):

Cleaning and Disinfecting Equipment:

Prior to cleaning:

☒ Perform hand hygiene, don appropriate PPE as per PCRA

☒ Equipment is inspected for damage (e.g. chipped, cracked, exposed electrical), functionality, missing parts

☒ Damaged equipment is removed from service and sent for repair or is discarded

☒ Follow 2-step process to clean and disinfect the item according to the Master Equipment Cleaning Manual
☒ Allow equipment to air dry according to manufacturer recommended wet contact time
Comments:

Handling and Storage of Clean Equipment:

☒ Always perform hand hygiene prior to handling clean equipment
☐ Clean equipment is identified using "I Am Clean" indicator tags (ePro: 14111500)
☐ Clean equipment is identified using site specific laminated labels identifying the item as "clean"
☐ Clean equipment is identified using wall mounted laminated posters or decals identifying "clean equipment" storage areas
☐ Specify space(s) where clean equipment is stored:

☐ Clean equipment is immediately moved to designated clean storage area(s)
☐ Clean equipment is stored in lidded, puncture proof, fluid impervious bins/containers
Comments:

Education and Awareness:

☐ Staff are oriented to site/unit/program specific cleaning and disinfection protocols
☐ The site/unit/program specific guideline and associated resources are stored in a manner that is accessible to staff (e.g. unit binder; electronic team site etc.)
☐ Other:

Comments:

Appendix B – Specialized Care Equipment Low-Level Cleaning and Disinfection Instructions Template

Site/Program Specific Guideline: Care and Management of Specialized Care Equipment		
Date Developed:	**Date Last Reviewed**:	
Unit/Program Name:		
Name of Device:	**Manufacturer**:	**Date Purchased**:
Vendor Representative Name and Contact Information:	**Manufacturer's Instructions for Use (please add electronic link)**:	

Multidisciplinary Teams Consulted Prior to Equipment Purchase (check all that apply):

☐ Site Leadership (e.g. Manager; Director)
☐ Biomedical Engineering
☐ Procurement and Supply
☐ Infection Prevention and Control
☐ Information Technology
☐ Frontline Staff
☐ Other:

Equipment Specific Instructions:

Roles Responsible to Clean and Disinfect Non-Critical Equipment (Select all that apply):

☐ Nursing ☐ Physician ☐ Allied Health (OT/PT) ☐ Health Care Aid
☐ Other (please specify additional roles):

Pre-checked boxes are mandatory

Cleaning and Disinfection Frequency:

☒ After every patient use
☒ When visible soil present
☐ Dedicated to a specific patient/resident/client
- Cleaned between uses
- Cleaned and disinfected once it is no longer required by the patient/resident/client

☐ Identify if there is a routine cleaning and disinfection schedule associated with the device:

Cleaning and Disinfection Products (Select all that apply):

☐ Accel INTERVention

☐ Ultra Swipes
☐ Accel Rescue
☐ Other (specify product and include link to safety data sheet):

Comments:

Personal Protective Equipment (PPE):	**PPE Storage Location**:
☐ Staff use a Point-of-Care Risk Assessment (PCRA) to determine required PPE ☐ Gown ☐ Gloves ☐ Medical Mask ☐ Eye Protection (e.g. face shields, safety glasses, safety goggles)	☐ Point-of-Care (e.g. PPE carts; wall mounted; patient/resident/client rooms) ☐ Soiled Utility Room ☐ Other (specify where staff can access PPE):

Handling Soiled Device:

Transportation of Soiled Device:
☒ Staff perform hand hygiene and don appropriate PPE as per PCRA when handling soiled device
☐ Device is not transported, it is immediately cleaned and disinfected at point-of-care
☐ Device is transported in enclosed puncture resistant, fluid impervious rigid containers, bins, containers or bags
☐ Other (please specify):

Identification of Soiled Device:
☐ Device is not labelled as it is cleaned and disinfected immediately after use at point-of-care
☐ "I Need to Be Cleaned" indicator tags (ePro: 00122675)
☐ Wall mounted laminated posters, signage or decals identifying "soiled" storage areas
☐ Transportation bins labelled as "soiled"
Comments:

Designated Area for Cleaning and Disinfection:
☐ Device is immediately cleaned and disinfected after use at point-of-care
☐ Device is moved to soiled utility or designated service room if risk of contamination to surrounding patient care area (specify location):

☐ Staff have portable cleaning/disinfecting supplies, labelled storage bins for soiled and clean equipment and accessible PPE to reprocess items when off-site (specify process):

☐ Soiled items are transported from client home to work site for reprocessing (specify process and location(s) for cleaning and disinfection):

Cleaning and Disinfecting Equipment:

Prior to cleaning:

☒ Perform hand hygiene, don appropriate PPE as per PCRA

☒ Equipment is inspected for damage (e.g. chipped, cracked, exposed electrical), functionality, missing parts

☒ Damaged equipment is removed from service and sent for repair or is discarded

Disassembly/Reassembly:

☐ Device does not need to be disassembled for cleaning and disinfection

☐ Device has multiple pieces and must be disassembled prior to cleaning and disinfection

☐ Refer to Manufacturer's instructions for use for instructions to disassemble prior to cleaning and disinfection and how to reassemble device after cleaning and disinfection is complete

☐ Consider adding photographs to support disassembly and reassembly of device.

Cleaning and disinfection:

☐ Clean and disinfect device as per manufacturer's instructions for use

Comments:

Handling and Storage of Clean Device:

☒ Always perform hand hygiene prior to handling clean equipment

☐ Device is labelled as "Clean" using unit specific process (e.g. "I Am Clean" indicator tag, laminated label etc).

☐ Specify space where clean device is stored:

Education and Awareness:

☐ Staff are oriented to device specific cleaning and disinfection protocols

☐ The device specific guideline and associated resources are stored in a manner that is accessible to staff (e.g. unit binder; electronic team site etc.)

First Released:			
Last Revised:			
Last Reviewed:			
Review Due By (Q 3 Y):			
Approved By:		Date:	
Revision History			
Revision #:	Description of Changes:	Revised By:	Effective Date: