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[<http://ipac.vch.ca/Documents/Community/Equipment%20and%20Supplies%20in%20Home%20and%20Community%20Care.pdf>]

IPAC BEST PRACTICES GUIDELINE
Equipment and Supplies in Home and Community Care

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PURPOSE

To provide infection prevention and control guidance on use of equipment and supplies in home and community care settings.

BACKGROUND

- All equipment and supplies used for client care must adhere to infection control best practices for storage, transport, handling and reprocessing regardless of the health care setting, including within the client's home.

PROCEDURE

1. Clean and Sterile Supplies

- Handling
 - Perform hand hygiene before accessing clean or sterile supplies
 - Handle supplies as little as possible
 - Remove items from shipping boxes before storage to prevent contamination with soil/debris from packing container
 - Discard or reprocess any item dropped on the floor. Dropping supplies onto the floor can create enough force to push bacteria and dust into package without creating any visible indication of compromise.
- Storage
 - Store in a clean, dry, and protected area with minimal risk of exposure to moisture, dust, dirt, or vermin (e.g., not under sinks or near exposed pipes)
 - Store supplies away from windows and air vents
 - Separate sterile from non-sterile supplies with a functional barrier (e.g., drawer, bin or shelf)
 - Store dirty or used supplies in a separate area away from clean or sterile supplies
 - Arrange supplies in a manner that prevents crushing, bending, compressing or puncturing the package
 - Have a stock rotation system (e.g., first in, first out)

- Shelving/Cabinets
 - Select materials that are non-porous, non-shedding, easily cleaned, free of burrs and sharp or rough edges
 - Ensure top and bottom shelves of a shelving unit are impervious and:
 - 25 cm (10 in) off the floor to permit routine cleaning
 - 45 cm (18 in) in from the ceiling to ensure adequate functioning of fire extinguishers
 - 5 cm (2 in) in from an outside wall to eliminate moisture damage created by temperature changes
 - Restrict access to storage areas to minimize traffic. If supplies are located in a large storage room, locate sterile supplies away from doorways and high traffic areas.
 - Choose closed or covered cabinets. Open shelving may be used if the area has limited access and is frequently cleaned and disinfected.
 - If clean and sterile supplies must be stored within the same cupboard or on the same shelving unit, store sterile items above clean items to reduce the risk of lint, dust and other debris falling from clean items onto sterile items.
- Storage Bins
 - Always use impervious, smooth, cleanable bins for storage
 - Never store clean or sterile supplies in outside shipping cartons or corrugated cardboard boxes. Corrugated cardboard boxes are porous and cannot be cleaned.
- Inspection
 - Check package integrity prior to use (e.g., no punctures, no evidence of water stains or water damage)
 - Consider supplies sterile unless package is damaged or dropped
 - Check for manufacturer expiry date as some materials can deteriorate over time (e.g., latex, rubber)
 - Discard or reprocess if the package integrity is compromised
- Cleaning Logs
 - Clean storage areas on a regularly scheduled basis
 - Cleaning procedures should always be available to staff and indicate cleaning frequency
 - Cleaning logs should be dated with time and signed after every cleaning

2. Reusable Medical Devices and Equipment

- Use single-use or single-client use equipment and supplies whenever possible.
- Cleaning requirements for reusable medical devices and equipment are based on risk of infection to clients. Medical devices and equipment are classified as non-critical, semi-critical or critical based on the Spaulding Classification System, (refer to Appendix 1).
- Responsibility for cleaning and disinfection should be clearly assigned.
- Refer to manufacturer's instructions for cleaning and disinfection requirements
- [Use only VCH-approved cleaning and disinfection products.](#)
- Refer to the [VCH Master Equipment Cleaning Manual.](#)

- Refer to Vancouver Community Client Care Guidelines: [Cleaning and Reprocessing \(disinfection or sterilization\) of Reusable Medical Equipment and other Equipment used for Infant Child Youth; Adult Older Adult; and Primary Care Programs](#)
 - Appendix B – Reprocessing Requirements for Specific Equipment That May Require Reuse in the ICY, AOA and Primary Care Programs.
- Low Level Disinfection:
 - Low-Level Disinfectants (LLD) are used for non-critical medical devices and equipment (e.g., stethoscopes)
 - Follow manufacturer instructions for use
 - Refer to Material Safety Data Sheet (MSDS) for safety information
 - Wear Personal Protective Equipment (PPE) as required for cleaning and disinfecting medical devices and equipment.
 - Use a two-step cleaning and disinfection process. One wipe is used to clean and another new wipe for disinfection. Refer to the [VCH LLD process](#)
 - Clean equipment starting at the cleanest part of the equipment moving towards the dirtiest.
 - Ensure the item is sufficiently wet with the chemical to ensure the wet contact time is achieved as recommended by the manufacturer.
 - Place the item on a clean surface to air dry. Do not actively dry the item with a towel or other device.
- High Level Disinfection and Sterilization
 - Clean item to remove visible soil, blood and body fluids as soon as possible after use and before placing in bin for transport to reprocessing area.
 - All facilities in BC performing high level disinfection or sterilization are subject to annual audits as mandated by the BC Ministry of Health.
 - Refer to the [VCH Regional Reprocessing Standards & Guidelines](#) or contact Infection Prevention and Control for more information.

3. Equipment or Supplies in Client Home

- Limit the amount of reusable equipment brought into the client's home
- Dedicate client care equipment and supplies until the client is discharged from services whenever possible
- Dispose of single-use and single-client use equipment as per manufacturer written instructions
 - Single use medical devices and equipment that are used by a client in their own home may be reused on the same client only if they are safe for reuse and can be adequately cleaned and disinfected in between uses in the clients home.
- Educate clients regarding cleaning and storage of equipment and supplies left in their home
- Keep client equipment and supplies out of reach from pets, children and confused individuals
- Store contaminated, reusable items in a sealable plastic container labelled "dirty" for transport to an appropriate facility for cleaning and disinfection
- Discard all unused disposable supplies kept in the client's home upon discontinuation of services, do not return to stock.

4. Professional Supply Bags

- Professional supply bags are any type of bag or container used to transfer supplies from one place to another. This includes supplies used for home visits or outreach clinics.
- Professional supply bags should be made of a wipeable, non-porous material.
- When in the client's home, the bag should be placed on a clean, dry surface away from small children, pets and individuals with reduced capacity or signs of delirium/dementia. If there are environmental concerns where care is provided (e.g., bed bugs) or the patient is on Additional Precautions, do not bring the supply bag into that area. When this is not possible, use a disposable supply bag or place a disposable barrier under the bag and wipe the outside of the bag upon leaving the care area.
- The professional bag will have ready access to at least two (2) compartments:
 - Clean
 - Contaminated
- Perform hand hygiene prior to accessing the supply bag
- Remove all required supplies prior to performing care
- Store documentation items in a separate panel in the clean compartment, or preferably in a clean external compartment of the professional bag. A second bag for documentation is also a viable option. Perform hand hygiene between contact with the client and documentation.
- Clean professional bags and contents at least weekly, and when visibly soiled
- Clean all pockets, seams and straps inside and outside with a low-level disinfectant, according to manufacturer's directions
- Paper/disposable bags may be used in lieu of reusable supply bags provided they are used for clean supplies only, approached with clean hands and placed on a clean dry surface as indicated above. If a paper/disposable bag is used for contaminated supplies or equipment, it must be discarded after every use. Discard paper/disposable bags used for clean supplies:
 - Any time they become visibly soiled/contaminated or damaged (torn, wet). Consider all supplies within a contaminated paper/disposable bag to be contaminated and do not return to stock.
 - Any time they are brought into a home where additional precautions are indicated (i.e., GI or respiratory infection, bed bugs, shingles, etc.).
 - Routinely on a weekly basis

REFERENCES

- Alberta Health Services. (2016). Routine Practices with Additional Precautions. Community-based Services Resource Manual. Retrieved from:
- BC Ministry of Health. (2011). Best Practice Guidelines for Cleaning, Disinfection and Sterilization of Critical and Semi-Critical Medical Devices in BC Health Authorities. Retrieved from: <http://www.health.gov.bc.ca/library/publications/year/2011/Best-practice-guidelines-cleaning.pdf>
- CSA. (2010). Warehousing, storage, and transportation of clean and sterile medical devices.
- PICNet. (2014). Infection Prevention and Control Guidelines for Providing Healthcare to Clients Living in the Community. Retrieved from: https://www.picnet.ca/wp-content/uploads/PICNet_Home_and_Community_Care_Guidelines_2014_p
- PIDAC. (2015). Infection Prevention and Control for Clinical Office Practice. Retrieved from: http://www.publichealthontario.ca/en/eRepository/IPAC_Clinical_Office_Practice_2013.pdf

Appendix 1: Spaulding's Classification of Equipment & Medical Devices

	Non-Critical	Semi-Critical	Critical
Definition	<ul style="list-style-type: none"> Items that do not touch the client or touch only intact skin, but no mucous membranes 	<ul style="list-style-type: none"> Items that come into contact with non-intact skin or intact mucous membranes, but do not penetrate body surfaces 	<ul style="list-style-type: none"> Items penetrating body tissues allowing for direct contact with the bloodstream or another sterile area of the body Semi-Critical items with the potential for contact with open lesions, or irritated mucous membranes, are treated as Critical items
Examples	<ul style="list-style-type: none"> Environmental surfaces, shared wheelchairs in clinics, treatment surfaces (mats, plinths and tables), blood pressure cuffs, toys, stethoscopes, audiometers, shared walking aids 	<ul style="list-style-type: none"> Reusable ear syringe nozzles, trans-rectal probes, vaginal, nasal and rectal specula 	<ul style="list-style-type: none"> Surgical and dental instruments, foot and nail equipment
Reprocessing Requirements (Minimum Requirements)	<ul style="list-style-type: none"> Cleaning followed by low level disinfection In some cases, cleaning alone is acceptable. 	<ul style="list-style-type: none"> Cleaning followed by high level disinfection (at minimum), sterilization preferred. After every use, between clients and if item becomes contaminated. Contact Infection Prevention and Control for more information 	<ul style="list-style-type: none"> Cleaning followed by sterilization after every use, between clients and if item becomes contaminated Contact Infection Prevention and Control for more information