POLICY

High Peaks Hospice (HPH) staff members will disinfect used equipment and supplies utilizing an appropriate agent in compliance with OSHA’s Bloodborne Pathogen Standard. Work surfaces will be cleaned and decontaminated after any procedure that may result in surface contamination with potentially infectious materials. Any protective coverings will be replaced when contaminated.

DEFINITIONS

Cleaning – removal of gross contaminants, dirt and dust
Sterilization – intended to destroy all viruses and living bacteria, fungi and their spores on inanimate surfaces; sterilization is the highest level of anti-microbial activity.
Common Disinfectant – destroy or irreversibly inactive specific viruses and/or bacteria. Hospital Disinfectant – product shown to be affective against Staphylococcus aureus, Salmonella choleraesuis, Pseudomonas aeruginosa, Mycobacterium tuberculosis, HBV and HIV.

PROCEDURE

1. HPH staff will determine an appropriate cleaning and disinfecting agent. These products are required to be registered with the Environmental Protection Agency (EPA) with regard to effectiveness against specific organisms.

2. In choosing an agent, choose one effective against specific organisms (i.e., M tuberculosis, HIB, HBV, Staph aureus, Pseudomonas aeruginosa).

3. Rental equipment, reusable supplies and equipment used to care for patients will be cleaned/disinfected prior to patient use.

4. All gross contamination will be removed by cleaning prior to disinfecting (cleaner and disinfectant may be the same). When bleach is used, it will be diluted to 1:10 with water.

5. The manufacturer recommendations are followed when applying any disinfecting agent (if applicable). The effectiveness of the agent is usually directly related to recommended contact time.
6. Gloves will be worn when using a cleaning/disinfecting agent to clean any contaminated surface to avoid exposure to the skin.

7. A green sticker with date of cleaning and cleaner’s initials is placed on equipment that has been cleaned and disinfected.

PROCEDURES FOR DECONTAMINATION

Work surfaces will be cleaned and decontaminated after any procedure that may result in surface contamination with potentially infectious materials. Cleaning will be done to remove any debris and will be followed by disinfection, or protective coverings will be replaced. At a minimum, surfaces will be cleaned and disinfected when visibly contaminated and at the end of each visit.

Any protective covering will be replaced when contaminated. If visibly contaminated, these surfaces are to be decontaminated with solution using a spray-wipe-spray technique. They will be inspected following each patient procedure and if contaminated, be cleaned and decontaminated prior to visiting the next patient. Personal protective equipment (PPE), at minimum gloves, will be worn while performing cleaning and disinfecting procedures.

* In compliance with OSHA’s Bloodborne Pathogen Standard, clean all contaminated surfaces to physically remove debris and then disinfect those surfaces with an acceptable disinfectant as follows:

   **Bleach**, diluted 1:10 will be used daily and stored in an opaque container (not glass), behind closed doors when not in use.

   **-OR-**

   An **EPA-registered** tuberculocidal, bacteriocidal, and viricidal product, examples include but are not limited to the following:
   - Amphyll
   - Cavicide
   - Citrace Hospital Germicidal Deodorizer
   - Clorox Disinfectant Spray III
   - Dispatch Hospital Cleaner/Disinfectant
   - Lysol Brand Disinfectant Spray
   - Precise Hospital Foam Clearer/Disinfectant
   - Omin II
   - Sani Cloth Germicidal Disposable Cloths

   Bins, pails, cans and similar receptacles will be cleaned and disinfected when visibly contaminated.
General housekeeping, such as dusting, sweeping, and floor mopping, vacuuming carpet, cleaning bathrooms, and emptying trash is done on an as-needed basis.

LAST REVIEW DATE: IDT 03/07/18

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