WASHINGTON ADVENTIST HOSPITAL
RESPIRATORY CARE POLICY MANUAL

CLEANING and PROCESSING Respiratory Equipment

Effective Date:	9/94	**Policy No: 219**
Cross reference:	IC WAH.7031, IC WAH.7402C	Origin: RCC
Reviewed:	12/00, 8/02, 6/06, 1/07, 10/08	Approved: PMD
Revised:	2/97, 6/04, 2/10, 9/14	**Page: 1 of 3**

PURPOSE:

To insure optimal infection control and quality control standards and prevent cross contamination of nondisposable respiratory equipment in all areas of the hospital.

POLICY:

1. All processing and preparation of reusable respiratory equipment will be done in the respiratory equipment area. Further sterilization, if required will be completed in central processing.
2. Respiratory Equipment Technicians are primarily responsible for cleaning and processing equipment with Respiratory Care Practitioners as a back up.
3. Universal precautions are used when processing respiratory equipment.
4. All contaminated equipment is to be taken into the respiratory department through the "contaminated" door and cleaned in the contaminated room. All clean equipment is to be taken out through the door going into the clean side for final processing.
5. Clean work surfaces will be maintained.
6. A hospital approved detergent mixture will be mixed when needed. The detergent mixture will be replaced at the beginning of each 8 hour shift as needed.
7. All exterior surfaces of ventilators and Bipap machines will be wiped down with hospital approved germicidal wipes while in the patient's room prior to transporting to the respiratory department.
8. Disposable respiratory equipment and ventilator circuits are to be changed when visibly soiled.

PROCEDURE:

1. Reusable GE flow transducers:
    a. A collection of several flow transducers will be made prior to cleaning process.
    b. Separate all parts and soak in hospital approved high foam pH neutral detergent mixture (2 tablespoons of said detergent mixed in 1 gallon of warm water) for a minimum of 10 minutes.
    c. Gently agitate in clear water until suds free. Shake free of standing water.
    d. Wipe outside with disposable cloth containing ethyl alcohol.
    e. Allow parts to air dry prior to reassemble and placement in approved plastic bag for storage.

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2. Laryngoscope blades and handles
    a. Laryngoscope blades are disposable as of February 2014. In the event the stock of reusable blades are needed, the following procedure will be followed.
    b. Spray handles and blades with hospital approved enzymatic solution. Scrub to loosen and remove debris to prepare for sterilization in Central Processing.
    c. Use equipment tracking form for equipment going to Central Processing.
    d. Pick up sterilized blades and complete equipment tracking form.
    e. Test for bulb function and seal individually in approved plastic bags for storage.
    f. Handles are rinsed with clean running water, wiped with approved germicidal wipes and dried. Prior to placement in ET trays for use battery function is tested and replaced as needed.
4. Work surface cleaning:
    a. Wipe down work surface areas with hospital approved germicidal wipes daily prior to processing equipment.

5. Ventilator, BIPAP machines, Vapotherms:
    a. A ventilator is ready for the cleaning process when the disposable tubing has been removed.
    b. Prior to removing the equipment from a room, all ventilators will be wiped down with a hospital approved germicidal wipe including the outside of the machine, the hoses and the outside of the flow transducer.
    c. All surface areas, cubbies and hoses on the ventilator will be wiped down again in the equipment area with a hospital approved germicidal wipe prior to setting up each ventilator.
    d. Ventilators will be stored in the clean equipment area set up and covered with a plastic bag.
6. Individual Pulse Oximeters are to be wiped with alcohol or hospital approved germicidal wipes between patients.
7. Respiratory Care Practitioners are responsible for inspecting processed equipment prior to use.
8. All equipment cleaning changes are made in collaboration with the Infection Control Department.

Reference: AARC and CDC Guidelines for VAP 2003

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Effective 2/2010: This policy revision incorporates:
Respiratory Equipment Processing procedure 33.
Cleaning equipment policy 215